

EMPOWERMENT SERVICES FOR SEXUALLY ABUSED CHILDREN OFFERED BY NON-PROFIT ORGANISATIONS IN THE WESTERN CAPE

By

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Promoter: Professor Sulina Green

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DECLARATION

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ABSTRACT

Child sexual abuse (CSA) is a global pandemic which attains constant media attention. The scourge of child sexual abuse is ever-growing and resources to address the issues related to CSA are diminishing; this, despite South Africa being a forerunner in the development of policy and legislation to protect children against such abuse.

The ecological perspective was used as the theoretical framework for this study. The research question for the study was: “What is the nature of empowerment services rendered by non-profit organisations (NPOs) in the Western Cape?” Therefore, the goal of the study which is to contribute to an improved understanding of the nature of empowerment services rendered by non-profit organisations to sexually abused children was achieved. Appropriate recommendations could thus be made in keeping with current policy and legislative frameworks related to child sexual abuse.

A qualitative research approach was applied, using an exploratory and descriptive design. Semi-structured interviews were conducted with 20 participants, who are service providers at NPOs that render services in the field of child sexual abuse. Service providers working at NPOs in the Western Cape were selected through purposive non-probability sampling. Data analysis was guided by the eight step approach offered by Tesch (1990) in Creswell (2014).

Significant findings of the study were that service providers employed by NPOs have difficulty translating policy and legislation into direct service provision; as service provision is often hampered due to lack of adequate funding and resources. It became increasingly evident that substantial collaboration is required between NPOs and government in order to address the scourge of child sexual abuse. Even more significant findings are the apparent increase in peer related child sexual abuse and the lack of referrals of victims of child trafficking to service providers.

OPSOMMING

Seksuele kindermishandeling is 'n globale pandemie wat konstant media-aandag verg. Die plaag van seksuele kindermishandelings is aan die toeneem en hulpbronne om die bydraende faktore daarvan aan te spreek is aan die afneem. Dit gebeur ten spyte daarvan dat Suid Afrika aan die stuur is van die ontwikkeling van beleid en wetgewing om kinders teen seksuele kindermishandeling te beskerm.

Die ekologiese perspektief is gebruik as teoretiese raamwerk vir die studie. Die navorsingsvraag van die studie was: “Wat is die aard van bemagtigingsdienste aan kinders wat seksueel mishandel is deur nie-winsgewende organisasies (NROs) in die Wes-Kaap?” Dus was die doel van die studie om 'n bydrae te lewer tot die begrip van bemagtigingsdienste gelewer deur NROs aan seksueel mishandelde kinders. Toepaslike aanbevelings is dus gemaak aan die hand van huidige beleid en wetgewing wat verband hou met seksuele kindermishandeling.

'n Kwalitatiewe navorsingsbenadering is gebruik tesame met 'n verkennende en beskrywende ontwerp. Semi-gestruktureerde onderhoude is gevoer met 20 deelnemers wat diensverskaffers is by NROs wat dienste lewer in die veld van seksuele kindermishandeling. Diensverskaffers, werksaam by NROs in die Wes-Kaap, is deur middel van 'n doelbewuste en nie-waarskynlike steekproef geselekteer. Data-analise is gelei deur die agt stappe van data-analise soos voorgestel deur Tesch (1990) in Creswell (2014).

Betekenisvolle bevindinge is dat diensverskaffers in NROs dit moeilik vind om beleid en wetgewing te omskep in direkte dienslewering aan kinders wat seksueel mishandel is. Dienslewering word dikwels bemoeilik deur 'n gebrek aan genoegsame befondsing en hulpbronne. Dit het grotendeels duidelik geword dat heelwat samewerking nodig word tussen NROs en die staat om die plaag van seksuele kindermishandeling aan te spreek. Nog meer betekenisvolle bevindinge is die oënskynlike toename van eweknie seksuele mishandeling van kinders en die gebrek aan verwysings vir dienste aan slagoffers van kinderhandel.

In the name of Allah, Most Gracious, Most Merciful

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
 الْحَمْدُ لِلَّهِ رَبِّ الْعَالَمِينَ
 الرَّحْمَنِ الرَّحِيمِ
 مَالِكِ يَوْمِ الدِّينِ
 إِيَّاكَ نَعْبُدُ وَإِيَّاكَ نَسْتَعِينُ
 اهْدِنَا الصِّرَاطَ الْمُسْتَقِيمَ
 صِرَاطَ الَّذِينَ أَنْعَمْتَ عَلَيْهِمْ غَيْرِ الْمَغْضُوبِ عَلَيْهِمْ وَلَا الضَّالِّينَ

Surah Al-Fatiha (The Opening)

In the name of Allah, the Compassionate, the Merciful.

Praise be to Allah, Lord of the Universe, the Compassionate, the Merciful,

Master of the Day of Judgment.

You alone do we worship, and to You alone we turn for help.

Guide us to the straight path, the path of those whom You have favoured,

not of those who have incurred Your wrath, nor of those who have gone astray.

Quran: Al-Fatiha (1)

أَمْلاً وَخَيْرُ أَثْوَابٍ رَبِّكَ عِنْدَ خَيْرٍ بِقِيَّتِ الصَّلَاحِ وَالْأَلْحَيَاةِ الدُّنْيَا زِينَةُ وَالْبَنُونَ أَلْمَالُ

Wealth and children are allurements of the life of this world; the things that are endured, good deeds, are best in the sight of thy Lord, as rewards, and best as (the foundation for) hopes.

Quran: Al-Kahf (18:46)

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CHAPTER 1

INTRODUCTION

1.1 RATIONALE FOR THE STUDY

1.1.1 Extent of child sexual abuse in South Africa

Almost half the number of survivors of sexual abuse in South Africa is children (Waterhouse, 2008). Child sexual abuse is a widely studied topic, and also an issue which is constantly in the media spotlight. The South African Police Service (SAPS) Annual Report of 2009-2010 indicates a 36% increase in sexual offences against children, of which 39.5% were committed against children between the ages of 15 and 17 years, 60% against those younger than 15 years and a shocking 29.4% were committed against children between zero and 10 years (SAPS, 2009-2010:12). The SAPS Annual Report of 2010-2011 demonstrates a further increase of 2.6% of sexual offences against children. However, the SAPS Annual Report of 2012-2013 paints a different picture as it reflects a 1.16% decrease in reported cases year on year, with a total of 25,862 reported cases in 2011/2012 and 25,446 reported cases in 2012/2013 (SAPS, 2012-2013:117). These statistics are horrifying and demonstrate that South Africa faces a crisis in terms of the extent of sexual offences committed against children.

According to Rape Crisis SAPS, statistics are inaccurate as many cases are unreported (www.rapecrisis.org.za). This implies that the actual number of sexual abuse cases may be much higher than is reflected by SAPS statistics. This accentuates the need for social work intervention services, which includes prevention and statutory services.

These statistics are a reflection of the high incidence of sexual abuse and provide a clear indication of the level of need that exists for social work intervention to child survivors of sexual abuse and to their caregivers in terms of the Children's Act No 38 of 2005.

1.1.2 Adverse consequences of child sexual abuse

Sexually abused children often suffer from a wide variety of consequences including post-traumatic stress disorder, depression, suicidal tendencies and inappropriate sexual behaviour, fearfulness, withdrawal, hostility and aggression, low self-esteem, guilt and shame, physical

symptoms, cognitive disability, developmental delay and impaired school performance (Mathews, Loots, Sikweyiya & Jewkes, 2012:84; Corby, Shemmings & Wilkins, 2012:167). According to Cattanach (2008:26), the traumatic experience and the consequences of sexual abuse profoundly damage the lives of the children to such an extent that survivor empowerment is needed to aid with recovery.

1.1.3 Government response and legislation

In the World Report on Violence and Health (2002), it is recommended by Krug, Dahlberg, Mercy, Zwi and Lozano (2002) that there should be improved responses to child abuse. This means that all services, including family support services, should be safe for children to use and it should be of good quality and accessible (Krug et al., 2002). The report suggests that it is the responsibility of government to provide these services if it is not available. In order to make support services available to sexually abused children and to their caregivers/parents, government must draft policies which ensure that there is an adequately trained working force in the area of child abuse and provision of resources (support services) to families (Krug et al., 2002:78).

The South African government is a signatory to both the United Nations Convention on the Rights of the Child (1989) and the African Charter on the Rights and the Welfare for the Child (1990) since 1993 and 1997 respectively. Both these international legislative documents make special mention of protecting children against sexual abuse. This is a clear indication that children are valued by the government in South Africa.

It further demonstrates that South Africa values its children by creating policy and legislation to protect them from sexual abuse. The Constitution of the Republic of South Africa (1996) is the highest law of the country and it addresses child sexual abuse. Children are placed firmly as a priority in South Africa by the Constitution of the Republic of South Africa (1996) with special mention in the Bill of Rights (section 28), which states that every child has the right to be protected from abuse and to gain access to social services. With the protection of children's rights as a priority in South Africa, The White Paper for Social Welfare (1997) calls for the development of a National Programme of Action for South African Children to be developed in partnership with stakeholders, to provide legislation — a comprehensive framework for policy, planning and social programmes.

In response to this call by the White Paper for Social Welfare (1997), legislation, such as the Children's Act, No 38 of 2005; the Children's Amendment Act 41 of 2007 and the Criminal Law (Sexual Offences and Related Matters) Amended Act 32 of 2007 (commonly referred to as the "new Sexual Offences Act") have been designed specifically to address the increasing phenomena of child sexual abuse. This will assist in intensifying the country's efforts to fight sexual crimes against children (NISAA, 2012).

The Children's Act No 38 of 2005 provides a concrete definition for child sexual abuse, stating that it is sexually molesting or assaulting a child, or allowing a child to be sexually molested or assaulted; encouraging, inducing or forcing a child to be used for the sexual gratification of another person; using a child in or deliberately exposing a child to sexual activities or pornography, and procuring or allowing a child to be procured for commercial sexual exploitation; or in any way participating or assisting in the commercial sexual exploitation of a child.

The Criminal Law (Sexual Offences and Related Matters) Amended Act 32 of 2007 provides further legal guidelines for the protection of children against sexual abuse by dedicating an entire chapter to this matter and addresses three key issues:

- 1) it clearly stipulates the types of sexual offences against children;
- 2) it illustrates sexual exploitation, grooming and pornography; and
- 3) it addresses the exposure of children to sexual acts.

These legislative frameworks are further supported by policy documents such as the Integrated Service Delivery Model (ISDM) (RSA, 2006), the National Policy Guidelines for Victim Empowerment (RSA, 2009) and the Framework for Social Welfare Services (RSA, 2013).

The Integrated Service Delivery Model (ISDM) (RSA, 2006:8) indicates that the focus of the past decade has been social security and this has been to the detriment of other developmental social services which has led to amongst others the increase in child sexual abuse. The Framework for Social Welfare Services (RSA, 2013:8) supports the notions of the ISDM (2006) by firstly recognising the change within the social welfare service delivery environment brought about by the shift in the socio-economic and political climate in South Africa. The value of these two policy documents are strengthened by the National Policy Guidelines for Victim

Empowerment (RSA, 2009:18) which prioritises child survivors of sexual abuse in terms of service delivery.

Despite the updated policy and legislation to address child sexual abuse, the psycho-social and emotional needs of the survivor and the family after disclosure are still neglected (Mathews et al., 2012:91). What hinders social service delivery to sexually abused children is that structures may be in place at a governmental level, but the implementation of the policy and legislation is not fully actualised in practice within government and the non-profit organisations (NPO) sector (Parker & Dawes, 2003). The National Policy Guidelines for Victim Empowerment (RSA, 2009:3) seeks to address this issue as one of its aims is to create a common understanding of survivor empowerment amongst various government departments and the NPO sector. It is of significance to investigate whether this National Policy Guidelines for Victim Empowerment (RSA, 2009) is indeed achieving what it set out to achieve by making services accessible to sexually abused children.

1.1.4 Response to child sexual abuse by the NPO sector in the Western Cape

Social work intervention services specifically targeted at sexually abused children exist in the Western Cape in the form of individual, group and family therapy offered by a number of NPOs. These services are rendered in accordance with the ISDM (2006) with the purpose to promote the optimal functioning of the target system and improve the fit between people and their environment (Germain & Gitterman, 1996). It is further in line with the strategic focus area of the Framework for Social Welfare Services (2013) in terms of empowerment services, which is based on a principal of building interdependent relationships for clients to take control of their own lives.

Empowerment services are presented by trained people such as social workers and trained lay counsellors to children at sexual offences courts in the Western Cape. These services include court preparation as an empowerment service to sexually abused children and witnesses of sexual abuse and their caregivers/parents, and are offered in Atlantis, Cape Town, Khayelitsha, Paarl, Parow and Wynberg (www.rapcan.org.za). This service is offered by Lifeline/Childline applying a support model developed by RAPCAN, which is a non-profit organisation that specialises in children's rights (www.rapcan.org.za).

Although it is evident that empowerment services to sexually abused children and their caregivers/parents are rendered by limited resources, the extent to which these services are accessible as required by existing policies and legislation needs to be investigated.

1.2 PROBLEM STATEMENT

Databases such as Nexus and Proquest display a number of studies regarding social work intervention to sexually abused children in general. One focuses on empowerment specifically regarding programmes for the foster parents of the child sexual abuse survivor (Galloway, 2013). Other studies look into the forensic interview protocol of social workers regarding child survivor disclosure (Fouché, 2009), case management of sexually abused children by social workers (Letsholo, 2004) and also social workers' views regarding sexual abuse (Theron, 2013). This study aims at filling the gap in existing research by focusing specifically on the Western Cape and the nature of empowerment services that are offered by NPOs to sexually abused children in the Western Cape.

Sexually abused children can be viewed as severely traumatised as they have been exposed to both physical and emotional trauma (Lev-Wiesel, 2008). Waterhouse (2008), Richter et al. (2004) and Bannister (1998) hold similar views that sexually abused children suffer severe trauma. Waterhouse (2008) and Richter, Dawes and Higson-Smith (2004) also speak of the lack of empowerment services to sexually abused children. This view is strengthened by the rationale for the ISDM (RSA, 2006:8), which emphasises the increase in social pathologies and problems such as child sexual abuse, and that there is an inability of service providers in the non-profit sector to provide appropriate services. Government further emphasises the need for services to children within its National Framework for Victim Empowerment (RSA, 2009:18), as it identifies sexually abused children as a prioritised target group. From this it is evident that empowerment services are essential for those exposed to sexual abuse, and that the need exists to investigate the nature of empowerment services which are available.

Lev-Wiesel (2008) questions whether or not sexually abused children should receive therapeutic services, and whether those related to them should also be involved in empowerment services. Various authors (Waterhouse, 2008; Mullen, Martin, Anderson, Romans & Herbison, 1996; Bannister, 1998; Bolen, 2001; Saywitz, Mannarino, Beliner & Cohen, 2000; Corcoran & Pillai, 2008; Mathews, Loots, Sikweyiya & Jewkes, 2012) answer this question by emphasising the importance of these children receiving empowerment services

in the form of individual or group therapy, social support, debriefing and psycho-education amongst others. Lev-Wiesel (2008), in the conclusion of her paper, also alludes to the importance of empowerment in terms of specialised models of intervention (therapy) to sexually abused children. She suggests that these modalities of intervention should focus on two fundamental symptoms of those exposed to sexual abuse:

- 1) their bodies are no longer what she describes a “safe place”; and
- 2) they harbour negative feelings of weakness, worthlessness and helplessness.

Lev-Wiesel (2008) indicates that intervention modalities for child sexual abuse survivors need further research. The question to further research in the field of services to sexually abused children has been answered by UNICEF. Due to the extent of child sexual abuse the world over UNICEF established an International Rescue Committee, which is a compilation of the Caring for Child Survivors of Sexual Abuse Guidelines for health and psychosocial service providers in humanitarian settings (<http://www.unicef.org>). This document aims to empower service providers, including social workers, to provide high quality care and empowerment to sexually abused children and to their families (UNICEF, 2012:12), and is in line with existing legislation and policy documents in South Africa, such as the Constitution (RSA, 2006), the Children’s Act No 38 of 2005, the ISDM (RSA, 2006) and the Framework for Social Welfare Service (RSA, 2013). Therefore, it is clear that on a macro level South Africa appears to be successful in terms of addressing the need for empowerment services for child sexual abuse. However, closer attention needs to be given to understanding intervention on micro and meso levels, and how it is influenced by macro level intervention (policy and legislation).

1.3 THEORETICAL FRAMEWORK

1.3.1 Ecological perspective

In the 1970s Bronfenbrenner (2005) conceptualised the bio-ecological theory of human development which Germain and Gitterman (1996) assimilated and activated in the field of social work.

DuBois and Miley (2010:59-64) explain that the ecological perspective utilises elements of the systems theory and ecology which allow for a clearer understanding of the nature of interaction between people within their environments. The ecosystems perspective is used to explain empowerment-based social work that speaks to providing clients with the space which is

conducive to enhancing their functioning. This perspective is also adopted by The Framework for Social Welfare Services (RSA, 2013) as a point of departure as victim empowerment is a strategic focus area, particularly with regard to child abuse. This policy document like the ecological perspective, as conceptualised by Bronfenbrenner (2005) and adjusted by Germain and Gitterman (1996), offers a theoretical framework that is useful to empowerment services for child sexual abuse.

According to Germain and Gitterman (1996), the ecological perspective aims at improving the fit between people and their environment, thereby decreasing stressors, and increasing personal social resources in order to better cope. It is for this reason that the ecological perspective is chosen as the theoretical framework for the study as it allows for investigating both improvement of fit and development of interaction between people within their physical and social environments (Johnson & Yanca, 2010:392; Zastrow, 2005:55). The ecological perspective will be applied in this context in order to demonstrate the importance of empowerment services to sexually abused children in order to improve their interaction within their environments because when habitats are rich in resources, the people who live in them are able to thrive (Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2013:16).

According to Bolen (2001:138), the ecological model of child sexual abuse can be used to explain how the macro, exo and micro systems can influence the safety of a child within a community through societal norms, and further impact on the functionality of the family. Thus, both the direct and indirect impact on the child as a potential survivor of child sexual abuse becomes evident.

In addition, Scannapieco and Connel-Carick (2005:22) state that the ecological perspective allows social work service providers to place the client in an interdependent relationship with their circumstances. Hepworth et al. (2013:17) further supports this notion by explaining that people do not only react to environmental forces, but also act on the environment — therefore shaping their responses to others within their environment.

The ecological perspective, as explained by Hepworth et al. (2013), can be related to empowerment services offered to sexually abused children. On a macro level the beliefs, values and culture of a society regarding survivor empowerment services will have a direct influence on the availability and nature of the service. This in turn will have an impact on how the community perceives the service at exo level and impact on how the caregiver at micro level

will seek the service. According to Hepworth et al. (2013:17) the success of empowerment services is dependent on sufficient resources to offer the service and a positive interaction between the various systems.

1.4 GOAL AND OBJECTIVES

The goal of the study is to contribute to an improved understanding of the nature of empowerment services rendered by non-profit organisations to sexually abused children. The objectives of the study are:

- To describe the nature, extent of child sexual abuse and consequences thereof
- To discuss how relevant policy and legislation provide non-profit organisations with a mandate to render empowerment services for child sexual abuse
- To describe the nature of empowerment services for child sexual abuse within the framework of an ecological perspective
- To investigate the nature of existing empowerment services rendered by the non-profit sector for child sexual abuse
- To make recommendations for the rendering of empowerment services by NPOs for child sexual abuse.

1.5 RESEARCH METHOD

1.5.1 Research approach

A qualitative approach was applied in this study in order to attain an in-depth understanding of the nature of empowerment services rendered to sexually abused children by NPOs (Fouché & Schurink in De Vos, Strydom, Fouché & Delport, 2011:308).

Qualitative research is concerned with the ability to understand, rather than to offer explanations of naturalistic observations. This form of research begins with an idea which develops into a topic and later becomes a research question (Fouché & Schurink in De Vos et al., 2011:16). For the purpose of the study, phenomenology was applied as it is a form of research which is concerned with that which gives meaning to experiences of people. The study is also interested in providing descriptions of human experiences (Fouché & Schurink in De Vos et al., 2011:16).

This approach was applicable because it contributed to reach the aim of the study by allowing for an in-depth understanding of the nature of child sexual abuse and the nature and extent of empowerment services available to sexually abused children, rendered by NPOs in the Western Cape. Thus, it allows for recommendations for empowerment service provision in the field of child sexual abuse.

1.5.2 Research design

The research is a combination of exploratory and descriptive research designs (Fouché & De Vos in De Vos et al., 2011:96). The exploratory design allowed for the gaining of new knowledge and insight into the nature of the available empowerment services as rendered by non-profit organisations in the Western Cape (Fouché & De Vos in De Vos et al., 2011:96).

In addition, the a descriptive design allowed for the provision of an in-depth explanation of empowerment services rendered to sexually abused children by NPOs (Fouché & De Vos in De Vos et al., 2011:95-96 & Mouton, 2011:53-54).

Purposive sampling (Strydom in De Vos et al., 2011:232) as a form of non-probability sampling was applied. This means that the probability of a participant was not known to the researcher as the actual population had not been ascertained. For this study the population consisted of 20 service rendering employees. The criteria for inclusion were that participants:

- be employed at a registered NPO in the Western Cape, rendering empowerment services to sexually abused children,
- be a registered social worker,
- be a registered auxiliary social worker,
- be conversant in English.

Telephonic and written contact was made with the directors and/or deputy directors of NPOs in the Western Cape in order to gain permission to conduct the study. Directors or their deputies were asked to identify prospective participants rendering empowerment services. Those who were willing to participate were contacted telephonically and individual meetings were arranged, during which each participant was given a consent form to complete (Appendix B), before engaging in the data collection.

1.5.3 Data collection

A semi-structured interview schedule (Appendix C) was applied as a research instrument during face to face interviews with participants (Greeff in De Vos et al., 2011:347). This type of interview allows the researcher to gain an understanding of the nature of empowerment services rendered by the participants through human interaction (Greeff in De Vos et al., 2011:348). The author further explains that this type of data collection places the researcher in the position to attain information by engaging with participants and allows for the evaluation of the information. A semi-structured interview schedule was used as a guide to the interview which was recorded. Consent to record the interview was attained from the participants via the consent form (Appendix B) completed at the beginning of the interview.

The researcher is a qualified, registered social worker and employed various interviewing techniques as described in De Vos et al. (2011); Johnson and Yanca (2010) and Hepworth, Rooney, Rooney, Strom-Gottfried and Larsen (2013), in order to maximise the quality of the interviews.

1.5.4 Data analysis

Ultimately, the aim of the data analysis was to gain an understanding of and interpret the information received from participants (Mouton, 2011:108; Schurink & Fouché in De Vos et al., 2011:402). Participants were numbered 1 to 20. Recorded data was listened to several times and transcribed. From these transcriptions and notes made during the interviews data reduction was done as part of the spiral process of data analysis (Schurink, Fouché & De Vos, 2011:403). Furthermore, Tesch's eight steps for qualitative data analysis were applied as described in Creswell (2014). This process included what is described in Mouton (2011) and De Vos et al. (2011) as a form of data reduction, which involved thorough grouping of information according to themes, patterns and trends and further investigating relationships between concepts and variables by paying careful attention to recurring ideas, use of language and patterns of thought. A literature review on the nature of child sexual abuse and available empowerment services as well as relevant policy and legislation served as the basis for literature control in order to verify findings within the empirical study.

Data obtained from qualitative research was verified by assessing credibility, transferability, dependability and conformability (De Vos et al., 2011:419). These aspects were assessed

throughout the research process through analytical induction and researcher reflexivity. These findings will be presented in Chapter 6 of this report.

1.6 ETHICAL CONSIDERATIONS

As described by Strydom in De Vos et al. (2011:113), social science research makes people the objects of the study; therefore, delicate care must be taken in order to protect participants from any harm.

Ethical clearance was attained from the Department Ethical Screening Committee (DESC) of the University of Stellenbosch, prior to the initiation of this study (Strydom in De Vos et al., 2011:126-127) which was a study with low risk.

As a qualified and registered social worker the researcher is also bound by the Ethical Code of the South African Council for Social Service Professions (1986).

1.7 IMPACT

Although there are a number of studies which focus on child sexual abuse and social work services, there are limited research studies which specifically focus on empowerment services for child sexual abuse. Therefore, this study intends to fill this gap in order to enhance empowerment for sexually abused children.

1.8 CHAPTER LAYOUT

In conclusion, this section presents a layout of the chapters contained in this research study, which is demonstrated next.

Chapter 1 depicts the preliminary study and the rationale of the study, the problem statement, theoretical framework, goal and objectives, research method, ethical obligations and the impact of the study.

In Chapter 2 the research methodology of the study is described.

Chapter 3 illustrates the prevalence, nature and consequences of child sexual abuse, which is the first objective of the study.

Chapter 4 presents the demonstration of the second objective of the study, which is the explanation of how relevant policy and legislation provide non-profit organisations with a mandate to render empowerment services for child sexual abuse.

In Chapter 5 the third objective is achieved through the description of the nature of empowerment services for child sexual abuse within the framework of an ecological perspective.

Chapter 6 presents the empirical findings of the investigation of empowerment services rendered by NPOs for child sexual abuse.

In Chapter 7 the conclusions and recommendations are presented.

CHAPTER 2

RESEARCH METHODOLOGY

2.1 INTRODUCTION

Chapter 1 provides introductory descriptions related to the research methodology. In order to expand on this, this chapter aims to illustrate the research processes undertaken in conducting the study, applying the various research steps. Various authors present their views on which steps are most appropriate to guide the research. These include writers such as Creswell (2014) and Whittaker (2009). However, the researcher has decided to apply the steps as described by De Vos et al. (2011), which is characteristic of qualitative research. These steps are presented in Table 2.1 followed by an explanation of how the process was followed for this study.

2.2 RESEARCH PROCESS

Qualitative research is characteristic of the consecutive steps it follows to make it valuable. These steps are presented in the table below:

Table 2.1: Qualitative research process

Steps characteristic of the qualitative research process	
Phase 1: Select a researchable topic	
Step 1	Identify a researchable problem
Phase 2: Formal formalities	
Step 2	Consider the appropriateness of the research approach
Step 3	Formulation of the research question, goal and objectives
Step 4	Write the research proposal
Step 5	Consider the ethical implications of the study
Phase 3: Planning	
Step 6	Undertake an in-depth literature review
Step 7	Select a research design
Step 8	Select a method for data collection and analysis
Step 9	Select a sampling plan
Phase 4: Implementation	
Step 10	Conduct a pilot study
Step 11	Conduct the main research
Phase 5: Data analysis, interpretation and presentation	
Step 12	Process and analyse data and interpret results
Step 13	Write the research report

Source: De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2011: *Research at Grassroots For the Social Sciences and Human Services Professions* (4th edition).

Table 2.1 illustrates that the qualitative research process comprises of five phases, each containing detailed steps which are followed during each phase in the process. The phases of the research process, as they were executed during this study, will be discussed in relation to the 13 steps as demonstrated by De Vos et al. (2011).

2.2.1 Phase 1: Select a researchable topic

2.2.1.1 Step 1 – Identify a researchable problem

The first step in engaging in a research project is the selection of a topic (Whittaker, 2009). According to Creswell (2014) a topic is a form of foundation which is indicative of the idea of the study, not only to others, but to the researcher herself/himself. This idea may be borne through observation of issues of concern in practice and scanning of literature which are of interest to the researcher (De Vos et al., 2011). According to Blaikie (2008), it may also stem from reasons which may be personal, academic and social in nature. What is also important in

deciding on a topic, according to Mouton (2011), is that four key rules should be followed. These are that the topic should be:

- relevant to your own career
- intellectually stimulating
- researchable
- interesting and worthwhile

It is against this background and the years of practising as a social worker in the field of social welfare with direct service provision to children and rendering services within the realm of child sexual abuse, that the researcher became aware of the immensity of the scourge of child sexual abuse in South Africa and the apparent lack of resources for service rendition in this area. Although much has been written about child sexual abuse, not much literature is available on the nature of empowerment services that are offered by NPOs to sexually abused children in the Western Cape, as alluded to in Chapter 1.

Furthermore, the appropriateness of the topic for research is strengthened by the rationale of the ISDM (RSA, 2006:8), which emphasises the increase in social pathologies and problems such as child sexual abuse, and that it is a challenge for service providers in the non-profit sector to provide appropriate services. Government further emphasises the need for services to children with its National Framework for Survivor Empowerment (RSA, 2009:18) and identifies sexually abused children as a prioritised target group. This notion is further reiterated in the National Plan of Action for Children in South Africa (2012) which aims to serve as a holistic framework for the integration of policies and plans by government departments and civil society (NPOs) to promote the wellbeing of all children, specifically including aims to address child sexual abuse (RSA, 2012:72). The researcher is of the opinion that the topic of choice is not too broad and unrealistic, as this is, according to Whittaker (2009), a key criterion in deciding on the research question.

2.2.2 Phase 2: Formal formalities

2.2.2.1 Step 2 – Consider the appropriateness of the research approach

This step entails making a decision as to whether the study will employ a qualitative, quantitative or mix methods research approach (De Vos et al., 2011). The nature of the topic

lends itself to be qualitative as it is exploratory. This is because limited research on the topic is available, as explained in Chapter 1. The researcher listened carefully to participants in order to gain an understanding of the nature of empowerment services rendered to children affected by sexual abuse. Rich data was, therefore, gathered about the said topic (Creswell, 1998; Creswell, 2014). Creswell (1998) also explains that qualitative research requires the willingness of a researcher to:

- commit to extensive time in the field,
- engage in the complex, time consuming process of data analysis,
- write long passages, as evidence must be substantiated, and to
- participate in a form of social science research that is fluid.

These aspects have relevance to this study as the semi-structured interview, which was the choice for data collection, was timely and dependent on how much information participants were willing to share. Moreover, 20 interviews were done over a period of two months. Furthermore, transcribing the interviews was a very lengthy process as recordings had to be listened to multiple times in order to ensure the correctness of its transcription. This is a process which had to be done in silence without any interruptions. Therefore, the researcher was able to capture thick, rich descriptions, which were translated into long narratives (Babbie & Mouton, 2007) that serve as evidence of the research findings in Chapter 6. Lastly, the complexity of child sexual abuse allowed the researcher the opportunity to engage in a study which was fluid in its nature as data was gathered from the varying perspectives of different service providers.

2.2.2.2 Step 3 – Formulation of the research question, goal and objectives

Mouton (2011) explains that all research is borne from an idea. However, the challenge is that it needs to translate into a tangible research problem or question. For this he suggests the following four steps to ease the process:

- To read as much as possible about the research idea. This aspect forms part of the preliminary literature review and provides a road map for the study and gives the researcher an indication of what has already been researched in the chosen field and assists in demarcating the study. This aspect was engaged in from the onset of the study; it helped shape the research question, which is: What is the nature of empowerment

services rendered by NPOs to children who have been sexually abused in the Western Cape?

- To be clear about what exactly you want to research. This step requires clarity on the unit of analysis which is to be researched. As individuals were interviewed as participants, they were the units of analysis.
- To be clear about the objectives of the research. Goals and objectives must be clear and specific and need to be based on the question: “What do you wish to find out through your research?” Chapter 1 of this study stipulates the goal of this study, which is to contribute to an improved understanding of the nature of empowerment services rendered by non-profit organisations to sexually abused children. In order to achieve this goal, the following objectives were formulated:
 - To describe the nature, extent of child sexual abuse and consequences thereof, as presented in Chapter 3.
 - To discuss how relevant policy and legislation provide non-profit organisations with a mandate to render empowerment services for child sexual abuse. This is done in Chapter 4.
 - To describe the nature of empowerment services for child sexual abuse within the framework of an ecological perspective. Chapter 5 presents a description of empowerment services within the framework and an ecological perspective.
 - To investigate the nature of existing empowerment services rendered by the non-profit sector for child sexual abuse. In Chapter 6 the empirical findings of the investigation into empowerment services for sexually abused children are presented.
 - To make recommendations for the rendering of empowerment services by NPOs for child sexual abuse. Chapter 7 presents recommendations and conclusions.
- Ensure the feasibility of the research in terms of time, money and resources. The research question is: What is the nature of empowerment services rendered by NPOs to children who have been sexually abused in the Western Cape? This allows for the study to have clear geographical boundaries, as well as a clear area from which to draw a population sample. Furthermore, the researcher attained one year of study leave and was awarded funding by the National Research Foundation for the completion of this study. Collectively, these aspects aided to the feasibility of this study.

2.2.2.3 Step 4 – Write the research proposal

According to Blaikie (2008:15), the proposal aims to ensure that the research is well designed and meets institutional requirements. Mouton (2011) concurs and explains that the proposal is a crucial stage in the research process. It serves as a project planning document and forms the basis of the working relationship between the researcher and supervisor.

This research proposal was finalised and approved by a research panel at the end of 2015. In 2016 the researcher enrolled as a student, as it is the University's policy that the research proposal of a study should first be approved by a research panel before a student can officially register for studies.

2.2.2.4 Step 5 – Consider the ethical implications of the study

As most social research, according to Blaikie (2008:21), involves intervention with aspects of social life; it is the responsibility of the researcher to ensure that the research projects meet all ethical requirements (De Vos et al., 2011:72). For this reason ethical clearance was obtained from the Research Ethics Committee of Stellenbosch University, as the researcher is registered as a doctoral student at this university (see Appendix A). Whittaker (2009) explains that an important part of the planning of a research project is addressing ethical considerations and following the system of the university at which the study is undertaken.

Strydom, in De Vos et al. (2011) mentions that research is based on mutual trust, acceptance, cooperation, promises and well-accepted conventions and expectations. For this reason, aspects such as avoidance of harm, voluntary participation, informed consent, confidentiality, compensation, actions and competence of researchers and publication of findings were addressed at the advent of each interview, where a consent form was explained to participants and signed by both the researcher and the participant (Appendix B). The consent form aided in creating a safe environment for participants to be honest in sharing their opinions in order to attain the necessary data for the study.

2.2.3 Phase 3: Planning

2.2.3.1 Step 6 – Undertake an in-depth literature review

A literature review is essential in every research project, as it begins with the review of existing literature; and therefore forms an essential component of the study (Mouton, 2011). Mouton (2011) provides some guidelines for a good literature review:

- A good literature review should be indicative of exhausting the main aspects related to the study;
- It should further give fair treatment to the authors of the said topic;
- In social sciences research the literature should be topical rather than dated, as there may be some seminal studies that are of value, although older;
- It must be ensured that a variety of sources are used, not only the internet;
- A good literature review must be well-organised.

2.2.3.2 Step 7 – Select a research design

As indicated in Chapter 1 a phenomenological approach was selected for this study. This infers that research is concerned with that which gives meaning to experiences of people. It is also interested in providing descriptions of human experiences (Fouché & Schurink in De Vos et al., 2011:16). This approach, according to Crotty (2015:83), is geared towards collecting and analysing data in a way that does not bias its individual character. This was achieved in this study as data collection took place through semi-structured face to face interviews.

2.2.3.3 Step 8 – Select a method for data collection and analysis

Qualitative research generally employs semi-structured interviews (Blaikie, 2008). These interviews were used to gain detailed perceptions of the participants' views of empowerment services for children who have been sexually abused. This is in line with the view held by De Vos et al. (2011) who indicates that this form of data collection provides both the researcher and the participant flexibility. Participants were thus given the opportunity to provide their views on various issues related to empowerment services to children who have been sexually abused. Data was collected by applying open-ended questions in a semi-structured interview schedule (Appendix C).

2.2.3.4 Step 9 – Select a sampling plan

According to Whittaker (2009) sampling refers to the process of selecting participants. For the purpose of this study, purposive sampling was used which, according to Creswell (1998), is a key decision point in qualitative research as researchers need clear criteria. As stipulated in Chapter 1 participants for this study were selected after they have fulfilled the criteria for inclusion, which were that they should be:

- Employed at a registered NPO in the Western Cape, rendering empowerment services to sexually abused children
- Registered as a social worker
- Registered as an auxiliary social worker
- Conversant in English

Twenty participants were selected from various NPOs in the Western Cape who render services in the field child sexual abuse, according to the Western Cape Directory of Services for Victims of Crime and Violence (Western Cape Government, 2017). The strategy of gate-keeping (Creswell, 1998; Fouché & Schrink in De Vos et al., 2011) was employed in order to gain access to participants. Telephonic contact was made with the directors or deputy directors who serve as the gatekeepers of NPOs in the Western Cape in order to gain permission to conduct the study. Once a positive response was attained a formal letter was sent, asking the gate-keeper to identify prospective participants rendering empowerment services (see Appendix D). The prospective participants were approached and, if willing, an appointment was made with them to conduct the interview.

2.2.4 Phase 4: Implementation

2.2.4.1 Step 10 – Conduct a pilot study

During this phase the feasibility of the study is tested. Davies (2007) indicates that a pilot study be conducted and information gathered from the pilot, which may then also be used as part of the findings of the study. The need for the pilot using one or more participants is confirmed by De Vos et al. (2011). The semi-structured interview in this study was conducted with two participants. Information gathered from the two interviews was regarded as a part of the study data and was analysed accordingly. Adjustments were made in order to improve the structure

of the interview schedule to allow for more in-depth exploration of the views of the participants as is indicative of phenomenology (Crotty, 2015).

2.2.4.2 Step 11 – Conduct the main research

This step entails data collection, which for qualitative research can take the form of in-depth, face-to-face interviews, using a semi-structured interview schedule (Creswell, 1998; Blaikie, 2008; De Vos et al., 2011; Mouton, 2011; Crotty, 2015).

The semi-structured interview was particularly useful for this study as child sexual abuse is a complex phenomenon (Putman, 2003; Chan, 2011). This was particularly useful as it allowed for the researcher to be guided by the open-ended questions contained in the interview schedule and allowed the participants to relay their views as experts in their field (De Vos et al., 2011). Questions in the semi-structured interview schedule were developed from information gained through the literature study. This allowed the researcher to understand the backdrop against which questions needed to be structured. As multiple drafts of the interview schedule were put together, questions became more concrete and specific. The pilot study further allowed the researcher the opportunity to redraft certain questions, refining questions even further to elicit more specific concrete views on empowerment services for children who have been sexually abused. A process of funnelling was employed to provide clarity about particular issues related to direct service provision to children.

2.2.5 Phase 5: Data analysis, interpretation and presentation

The figure below provides an illustration of the process of data analysis as undertaken by the researcher. This hierarchical structure of data analysis serves as a guideline for processing data, as steps sometimes overlap and may be implemented in a different ways (Schurink, Fouché & De Vos in De Vos, 2011:403). Each step of the data analysis process will subsequently be discussed under step 12 below.

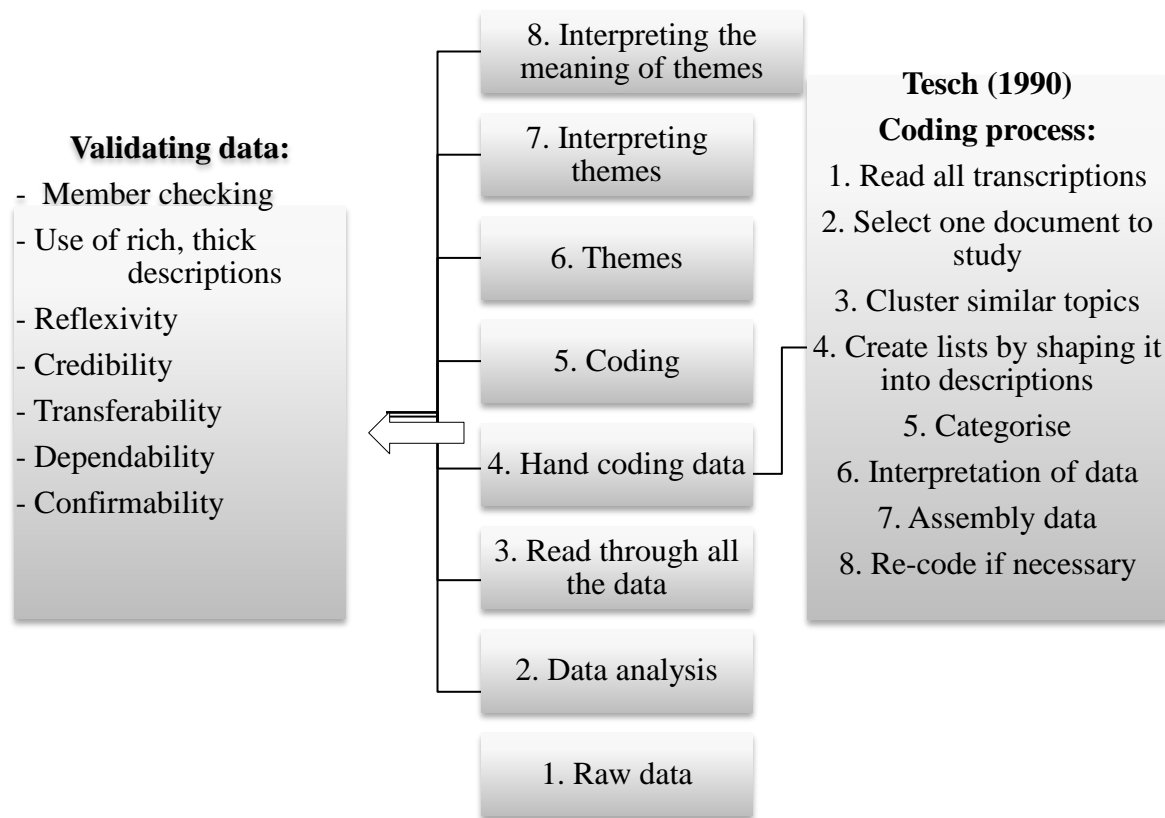


Figure 2.1: Data Analysis

Source: Adapted from CRESWELL, J.W. 2014: *Research Design, Qualitative, Quantitative and Mixed Methods Approaches*.

2.2.5.1 Step 12 – Process and analyse data and interpret results

Processing, analysing and interpreting of results are required once data has been collected. At this point the researcher only had **raw data** in the form of digital recordings of interviews, transcriptions and field notes. This raw data contain vast amounts of information and not all can be used in qualitative research (Creswell, 2014). It is for this reason that preparing and organising of data is essential as a form of **data analysis** (De Vos et al., 2011), in order to reduce data; therefore, scrutinizing information which is meaningful to the study. This is achieved through **reading through all the data** numerous times and combining answers to questions, highlighting links and thus attaining richer value to it (Blaikie, 2008). The process of coding begins to take shape as the researcher reads through the data numerous times. As illustrated in

Figure 2.1 *hand coding* was employed, making use of the step coding process as described by Tesch (1990) in Creswell (2014) as will be discussed below:

- Step 1 entailed *reading through transcriptions repeatedly* in order to fully appreciate and understand the information gained, allowing for the development of themes to come forth.
- Step 2 found the researcher leaning towards *selecting* transcriptions in which data gained contained richer and thicker descriptions of experiences and opinions related to empowerment services rendered in the field of child sexual abuse. This directed the researcher to clustering of information which is Step 3.
- Step 3 saw the *clustering* of similar topics in order to create a holistic picture of not only what empowerment services for CSA look like, but also what CSA entails and what makes children vulnerable to being sexually abused, and what is needed to provide adequate services. This then led to Step 4.
- Step 4 provided the opportunity to *create lists* of descriptions of views of participants on various issues related to CSA.
- Step 5 made way for the *categorising*, looking for similar notions as described by participants.
- Step 6 allowed for *interpreting of data*; thus, making sense of what was gained from participants within the context of the literature review.
- Step 7 was to *assemble the data*. At this point the researcher was able to see the emergence of themes develop.
- Step 8 Tesch (1990) in Creswell (2014) makes allowances for the *re-coding of data*. This, however, was not necessary for the purposes of this study as themes emerged clearly. Thus the interpreting and provision of meaning to findings was made possible through the in-depth literature study (Chapter 3, 4 and 5).

It is of importance for this study that Whittaker (2009) and Creswell (2014) suggest that themes are important findings in relation to data. Creswell (2014) further suggests that there are usually five to seven themes for a study. This study yielded eleven themes. The themes for this study emerged as follows and are discussed in detail in Chapter 6:

- Funding received by organisations
- Profile of service users
- Nature of child sexual abuse
- Risk factors for child sexual abuse
- Consequences of child sexual abuse
- Policy and legislation related to child sexual abuse
- Intervention services by NPOs
- Understanding empowerment services
- Empowerment approach for child sexual abuse
- Obstacles in rendering empowerment services for CSA
- Recommendations for the improvement of services.

Themes were divided into sub-themes and categories where applicable as characteristic of qualitative research (De Vos et al., 2011) and presented in Chapter 6.

2.2.5.1.1 Validating data

Figure 2.1 illustrates that throughout the process, starting at data analysis through to the interpretation of meaning of themes, it is necessary to ensure that the data which was gathered is a true representation. Validity means checking if the findings are accurate (Creswell, 2014).

Creswell (2014) suggests a number of strategies to ensure the accuracy of findings. These include, but are not exclusive to, what is illustrated in Figure 2.1:

- **Member checking**

Member checking, also known as participant-validation, is a technique which is used for exploring the credibility of results (Birt, Scott, Cavers, Campbell & Walter, 2016). Member checking can be used to actively involve the participants to check and confirm results. For the purpose of this study five of the transcriptions of interviews were returned to the participants in order to verify if it is a true reflection of the interviews. All participants verified the information with one indicating a correction, which was that of an organisation at which training was

attained. The correction was made and the participant's confirmation of satisfaction was attained.

- **Use of rich, thick descriptions**

According to Creswell (2014) thick data descriptions allow the reader to be transported to the setting in which the research was conducted. As is evident in Chapter 6, rich thick descriptions provide clear perspectives of participants in relations to the theme, sub-themes and categories which emerge from the data analysis.

- **Reflexivity**

According to Blaikie (2008), reflexivity is a basic part of daily social practices and should, therefore, be part of the activities of social researchers. It is thus important to recognise the involvement of the researcher as an active part of the research process, rather than a neutral data collector. Alvesson and Sköldberg (2009) are in agreement and explain that researchers need to recognise the ideological-political context in which the research takes place as it is embedded within an existing tension between the reinforcement of social order and challenging that order. These aspects were particularly relevant in this study as the researcher chose the topic of study as a result of working in the field of child sexual abuse as a practitioner, and experienced the challenges thereof within this field. These challenges are particularly entrenched within policy and legislative frameworks, as is evident in Chapter 4. Therefore, it is important that the researcher recognised personal values and self-biases at the onset of the study. To effectively do this, the researcher engaged in a thorough literature review and allowed the literature to guide and shape the pathway for data collection; however, still recognising that the researcher was the primary tool in data collection (Creswell, 2014). D'Cruz, Gillingham and Melenden (2007) explain that reflexivity in social research can be a way of articulating, acknowledging and examining the tacit knowledge of the researcher.

As a 38-year-old married Muslim woman and mother of two young girls, ages five years and eleven months respectively, the researcher feels that issues related to child sexual abuse is very relevant, particularly given the current climate of violence against children in South Africa. The researcher is also a social worker with social work practice experience in the field of child sexual abuse. Child sexual abuse is a relevant topic of interest, particularly due to the high rate of child sexual abuse in South Africa. Nevertheless, the need exists to protect our children,

particularly through research that aims to improve the understanding of the phenomenon and the services available to children affected by sexual abuse.

Morrow (2005) and De Vos et al. (2011) expand on the notion of validating qualitative research by assessing the credibility, transferability, dependability and conformability thereof, which will be discussed below:

- **Credibility**

The first criteria to prove the validity of a study is that of credibility, according to De Vos et al. (2011). According to De Vos et al. (2011), the goal of credibility is that the topic of the research study is truthfully identified and described. The goal of this study was to explore the nature of empowerment services rendered by non-profit organisations to sexually abused children in order to contribute to an improved understanding thereof. Therefore, it fulfilled the requirement of being a credible study, as the strength of the qualitative research which aims to explore a problem or a process of interaction is its validity (De Vos et al., 2011).

According to Shenton (2004:66), tactics to help ensure honest sharing of information by participants, further add to the credibility of the study. For the purpose of this study each participant was given the opportunity to refuse or withdraw from the interview, and was encouraged to be truthful and honest in their responses with a guarantee of their anonymity (Appendix B).

Furthermore, the data gathered contain thick descriptions, illustrating the complexities of child sexual abuse as is evident in Chapter 6. The data was analysed and presented within clear parameters of an in-depth literature study (Chapters 3, 4) and guided by a clear theoretical framework (Chapter 5), displaying that well-established research methods were employed, rendering the study credible (Shenton, 2004:64). Additionally, the researcher also conducted member checks (Creswell, 1998), as was explained earlier, adding to the validity of the study.

- **Transferability**

The second criteria to prove the validity of the study according to De Vos et al. (2011) is transferability. Transferability aims to ensure the trustworthiness of the study. In order to attain trustworthiness, it is of importance for the researcher to provide thick descriptions of data and clear detail on research methods employed (Shenton, 2004). Furthermore, Morrow (2005:252)

is of the view that transferability refers to the extent to which the reader is able to generalise findings.

In this study the research processes are clearly detailed in the proposal, as well as parts of this chapter. This aids in the transferability of the study (Shenton, 2004). The research process is detailed from the onset of the study and explanations given for how the study came about, as well as how access was gained to organisations where participants are employed. The process of interviewing, using a semi-structured interview schedule, is also explained through to how the data was analysed and presented. These aspects provide an element of transferability to the study.

- **Dependability**

The third criteria to ensure validity for a qualitative research study, is dependability (De Vos et al. (2011). Dependability questions whether the research process was executed in a logical manner and well-documented. Shenton (2004) stipulates that there are three aspects of relevance when considering the dependability of a qualitative study. These include:

- The research design and implementation – for this study the research design is clearly detailed and the implementation of the study illustrated in parts of this chapter.
- Operational detail of the data-gathering – this chapter provides details on how data was gathered and analysed, applying the 13 steps of the research process as described in the eight steps for data analysis by De Vos et al. (2011) and Tesch (1990) in Creswell (2014).
- Reflective appraisal of the project – in engaging in a process of reflexivity (Morrow, 2005; Gillingham & Melenden, 2007) as illustrated above, the researcher was able to evaluate the effectiveness of the research process.

- **Conformability**

The fourth criteria to ensure validity of a qualitative research study, is conformability (Morrow, 2005; De Vos et al., 2011). “Conformability is based on the acknowledgement that research is never objective” (Morrow, 2005:252). Shenton (2004) argues that the research report should provide detailed methodological descriptions which will enable an understanding and acceptance of data analysis and the emergence of research findings. Once again, this chapter

details the 13 steps of the research process as described by De Vos et al. (2011). Chapter 6 presents the findings of the study, using rich descriptions of direct quotes of participants; this led to the emergence themes. Finally, it informs the conclusions and recommendations of the study as presented in Chapter 7. Five participants were also given the opportunity to confirm that the transcriptions from interviews were accurate and a true reflection of the interview.

2.2.5.2 Step 13 – Write the research report

The final step in the research process is writing the report. This is a form of disseminating the results of the research study and is an essential part of the process (Mouton, 2011). De Vos et al. (2011) describes the writing of a qualitative research report as complicated, as it is less structured and not separated from the research process itself. It is also longer with more detailed descriptions. In writing this report the researcher aimed to put forth a coherent, logical, clear and persuasive argument demonstrating the findings of the study.

2.3 CONCLUSION

In conducting research, a clear process is essential. For this reason the researcher embarked on a five-phase journey, covering 13 steps. These phases started with a decision on the selection of a researchable topic, a process which involved many discussions with the supervisor. This led to phase three, where formalities were finalised, and where a well-formulated research proposal which set the tone for further planning, was presented to a research committee. Phase four saw the implementation of the study through an empirical process of data collection. This ultimately culminated into the final phase which is the final research report. This process was carefully followed through as explained in this chapter.

CHAPTER 3

PREVALENCE, NATURE AND CONSEQUENCES OF CHILD SEXUAL ABUSE

3.1 INTRODUCTION

Child sexual abuse (CSA) is complex in nature and described by Putman (2003) and Chan (2011) as a complex life experience with long-term negative consequences. It is more often a process, rather than an event, and so too is the disclosure thereof (WHO, 2003). This makes it difficult to protect children from the abuse, identify the abuse and manage it. Often, according to the National Society for the Prevention of Cruelty to Children (NSCPP, 2013), the abuse is only discovered once the child makes a disclosure. The complexity further manifests itself after disclosure which may result in protracted legal processes.

What complicate matters further is that when disclosure eventually takes place, there may be a sense of disbelief and distrust from the side of the caregiver after being informed (Wyatt, 1990:339). This may be for a variety of reasons, related to the nature of CSA, which will be discussed later in this chapter.

As indicated in Chapter 1, the goal of the study is to understand empowerment services rendered by non-profit organisations to sexually abused children. In order to achieve this goal, this chapter will describe child sexual abuse and provide an impression of the prevalence, nature and consequences thereof, according to the first objective of the study.

3.2 PREVALENCE OF CHILD SEXUAL ABUSE

CSA as phenomenon exists the world over. In 2002 the World Health Organisation estimated that 223 million children were victims of CSA globally; one in five women and one in thirteen men reported to have been victims of CSA (<http://www.who.int/mediacentre/factsheets/fs150/en/>). Unfortunately, no accurate data is available, due to the variations of legal definitions globally. These figures still remain shocking ([https://www.unicef.org/lac/Break_the_Silence_Initiative-Fact_sheet\(1\).pdf](https://www.unicef.org/lac/Break_the_Silence_Initiative-Fact_sheet(1).pdf)).

In South Africa the actual prevalence of child sexual abuse remains unknown. It is estimated that there is an under-reporting rate which ranges from 1 in 9 to 1 in 13 cases not being reported to the police (OPTIMUS Study, 2016:34). The OPTIMUS Study (2016) further reports that in cases where the perpetrator was known to the child, only 31% of girls reported and none of the boys in the study reported, noting that young boys are less likely to report abuse. These statistics, however skewed, is a clear indication of the vulnerability of children; and a demand for primary intervention strategies to address CSA, specifically focussing on environmental factors and societal norms (Davids et al., 2012:112), as well as the strengthening of empowerment services for those who have been subjected to CSA.

The following section aims to provide a discussion of what is portrayed to the public about the prevalence of CSA. This then raises questions regarding the accuracy of statistics; but more importantly, to what degree intervention is required and on what level? These are particularly relevant to the NPO sector that renders services in this field.

3.2.1 Child sexual abuse as portrayed by the Media

According to Lalor (2014:3), public awareness of CSA grew as media reports regarding the extent of child sexual abuse in sub-Saharan Africa increased; yet, a lack of empirical, peer-reviewed literature is evident, except in South Africa, which has a vast body of knowledge regarding CSA.

In South Africa there are continuous reports in the media regarding high statistics of rape and CSA. More often than not these statistics are inaccurate and debunked by research experts, according to Africa Check (www.africacheck.org). Examples of such headlines as highlighted by Africa Check are the following:

- i. “A rape every 4 seconds in South Africa.
- ii. United Nations statistics show a rape occurs every 26 seconds in South Africa.
- iii. South Africa is the ‘rape capital of the world’
- iv. South African women are more likely to be raped than learning how to read”

Worth noting is that the above media headlines can be viewed as inaccurate, for a number of reasons: (a) it does not correspond with SAPS statistics; (b) there is a general lack of accurate research regarding sexual abuse statistics in South Africa; and (c) given the various global

definitions of sexual abuse, there can be no accurate comparison (www.africacheck.org). The NSPPC (2013) concur that, although there is wide consensus on the more serious aspects of sexual abuse, literature does not provide succinct and accurate definitions to allow for accurate comparative studies. OPTIMUS (2016:15) holds a similar view and states that even international statistics are imprecise, due to the inconsistencies of the definition of CSA in legislation and literature, thus making it incomparable. The matter of defining CSA will be addressed later in this chapter.

In the United States of America it is reported that every 98 seconds someone is a victim of sexual abuse and every eight minutes one of those victims is a child (www.rainn.org/stats). This is substantially less than in South Africa, as is reported by the UN according to Africa Check (www.africacheck.org.za). It is reports such as these, which create panic within the public arena, irrespective of its validity.

The following section aims to unpack the prevalence of child sexual abuse, according to South African Police Services.

3.2.2 Prevalence of CSA according to the South African Police Services (SAPS)

“Sexual abuse is the single largest category of abuse against children, accounting for almost half of all reported cases of abuse per annum” (DWCPD, 2013:51), according to South Africa’s Periodic Country Report on the Rights of the Child on the United Nations Convention.

The SAPS Annual Reports statistics of 2014-2015 and 2015-2016 do not separate sexual offences against children from other sexual offences. There are only general statistics visible in the broad category of sexual offences, which is divided into two sub-categories — rape and sexual assault (SAPS, 2014-2015 & 2015-2016). What is clearly reported as merely a statement in the report is that a large number of victims are children and that this is a concern to the SAPS (SAPS, 2015-2016:45). Africa Check (2016) provides clarity on this statement as it stipulates in a fact sheet (www.africacheck.org/factsheets) that data on rape against children is provided by SAPS only on request.

Of importance is that the 2015/2016 SAPS Annual Report stated that 15,790 children were victims of rape. This figure excludes other sexual offences against children. These statistics which are not made visible by the SAPS in its Annual Reports, justify their concern about the vulnerability of child victims of sexual offences.

Sexual offences statistics are assessed as being on the decline with 2014-2015 seeing a 5.4% decrease, but 2015-2016 only showing a 3.2% decrease of reported incidence year on year (SAPS, 2015-2016). This decrease in offences, according to the Institute of Security Studies, can be attributed to a decrease in reporting to the police (ISS, 2015:3). This statement insinuates that what is reflected in the SAPS statistics is not a true reflection of the extent of sexual offences; thus, the disparity with findings of other studies (CJCP, 2016; Mathews, Loots, Sikweyiya & Jewkes, 2012; Pierce & Bozalek, 2004; Madu & Peltzer, 2000), which all report much higher rates of CSA.

Another questionable aspect of the SAPS reports is that the 2014-2015 Annual Report indicates that the reinstatement of the Family Violence, Child Protection and Sexual Offences Unit (FCS) has had a positive impact on crime (SAPS, 2014-2015:10). Yet, there is no clarity on the number of children who fall victim to sexual offences. This accentuates the view of Rape Crisis that the SAPS statistics are problematic (www.rapecrisis.org.za). It also negatively reflects on the SAPS in terms of victim support for CSA. Additionally, it indicates a disconnection between direct services rendered and that which is stipulated in South African policy and legislation, which places the country as forerunner in protecting children's rights.

Furthermore, the Institute for Security Studies (ISS, 2015) also criticises the presentation of the SAPS sexual offence statistics for clustering all sexual offences in one basket, which include the 58 different types of sexual offences, as stipulated in the New Sexual Offences Act No. 32 of 2007. This clustering gives little indication of trends of the various types of sexual offence; therefore, rendering it useless (ISS, 2015:3) as the fluctuation in these figures do not give any indication of which sexual offence crimes are driving the change (<https://africacheck.org/factsheets/factsheet-south-africas-201516-crime-statistics/>).

These inaccuracies are further noted in various studies. Madu and Peltzer (2000:259) found a shocking CSA prevalence rate of 54% in their study. It is important to note that the current situation in terms of sexual abuse has not improved. On the contrary, it appears to have worsened, with an average of 51 sexual offences against children being reported daily (CJCP, 2016). Therefore, the study emphasises that CSA rates are higher than that which is reflected in the SAPS Annual Reports.

This disparity is concerning to role players in the field of CSA for multiple reasons. It brings into question the method used by the SAPS to record reported incidence of CSA, the quality of

the victim empowerment services rendered by the SAPS and, most importantly, the seriousness with which CSA is dealt with. An example of such disparity in recording would be that one victim may have suffered abuse numerous times or rape may have occurred by multiple perpetrators, yet it is recorded as only one incident (OPTIMUS Study, 2016:14). The SAPS, however, continues to have an essential role to play in terms of CSA (RSA, 2012). These issues raise further questions in terms of placing children at risk and elevate the already harsh consequences of CSA.

3.3 THE NATURE OF CHILD SEXUAL ABUSE

In order to understand the nature of CSA, defining it is important. As mentioned in the previous section, globally there are variations of the legal definition of child sexual abuse. Despite the variations in the definitions, what is evident is that there is general consensus that CSA takes on many forms which include contact and non-contact abuse (American Academy for Paediatrics, 2015).

3.3.1 Defining Child Sexual Abuse

Over a period of twenty years various national and international policy and legislative frameworks provided varying definitions of what constitutes child sexual abuse. These include, but are not exclusive to the Encyclopaedia for Social Work (1995), guidelines from the World Health Report (2003), the Children's Act, No 38 of 2005, the World Health Organisation (2006) and the American Academy of Paediatrics (2015).

Table 3.1: Definition of Child Sexual Abuse

Encyclopaedia for Social Work (1995)	World Health Report (2003:75)	Children's Act, No 38 of 2005	World Health Organisation (2006:10)	American Academy of Paediatrics (2015)
<ul style="list-style-type: none"> • Forced, tricked or manipulated contacted by an older person for the purpose of sexual gratification 	<ul style="list-style-type: none"> • Engaging a child in an unwanted sexual act • Rape • Prostitution 	<ul style="list-style-type: none"> • Sexual molestation • Assaulting a child or allowing a child to be sexually assaulted • Encouraging, inducing or forcing a child to be used for sexual gratification of another person • Using or deliberately exposing a child to pornography • Procuring or allowing a child to be procured for commercial sexual exploitation • Assisting in commercial sexual exploitation. 	<p>“Involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else all that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position of responsibility, trust or power over the victim”</p>	<ul style="list-style-type: none"> • Any sexual act with a child <p>Contact sexual act:</p> <ul style="list-style-type: none"> • Touching of genitals <p>Non-contact sexual act:</p> <ul style="list-style-type: none"> • Exposure to genitals • Exposing a child to pornography • Making child pornography

Table 3.1 provides an overview of definitions for CSA, as described in policy and legislation. Similar elements can be noted and is highlighted in the above table. CSA is an act which is **forced** upon children and is for the **sexual gratification** of an adult. It includes **force** and **exposure** to unlawful sexual activity. It is evident that CSA can take on many forms, which can be non-contact or contact in nature. The non-contact abuse could develop into contact abuse; thus, inferring that exposure to **pornography** and **exploitation** for commercial gain may lead to **prostitution** which may result in **rape** and **molestation**.

The World Health Organisation (2006), in association with the International Society for the Prevention of Child Abuse and Neglect, put forth a comprehensive definition. Noteworthy in

this definition is that it stipulates that children can be both victims and perpetrators of sexual abuse; an aspect not highlighted by any other definition.

In addition to the definitions in policy and legislation, various authors offered broad-based definitions of what child sexual abuse is. For instance, Finkelhor (1999:101) indicates that CSA can be defined as the use of a child in a sexual relationship where there is a large age gap, a position of power, and where the use of violence and trickery is present. Similarly, Pierce and Bozalek (2004:821) define child sexual abuse as the physical violation of a child's body with exposure to sexually inappropriate stimulation. Dimitri-Stull (2014:6) merely states that sexual abuse is the use of a child for sexual gratification. The definitions offered by the various authors cover the same elements as can be seen in the definition tabled above.

The most concrete general working definition for this study is the Children's Act No 38 of 2005, which speaks of how important children are regarded in South Africa, providing specified guidelines to NPOs rendering services within the field of CSA. The table above illustrates various definitions of CSA contained in policies and legislation.

3.3.1.1 Definition of CSA specific to this study

Based on the above analysis of the various definitions for the purpose of this study, CSA is defined as any sexual interaction between any person and a child which include (but is not exclusive to) rape, sexual molestations, sexual assault, fondling of genitals, prostitution, pornography and sexual exploitation; it may be contact or non-contact in its nature.

Reflecting on the above definition of CSA, it becomes evident that there are significant risk factors which have to be considered by NPOs which render services in the field of CSA. These risk factors, described by Finkelhor (1994), the World Health Organisation (2003) and other authors, are discussed below.

3.4 RISK FACTORS LEADING TO CHILD SEXUAL ABUSE

Finkelhor (1994:31) indicates that child sexual abuse has been a prominent public concern, but few clear facts were available and many unanswered questions remain. Amongst these questions is that of "who is at risk?"

In keeping with being a forerunner in developing legislative frameworks to protect children in South Africa, a learner manual has been developed by the South African Department of Social

Development and UNICEF (2008) for safety and risk assessment of children in the field of child protection services. The manual affords social workers guidelines to assess safety and risk factors of children. This manual is subdivided into seven modules, each with a specific topic and clear objective. The topics and objectives of each of these modules are illustrated together with a summary of the content thereof in the table below:

Table 3.2: Safety and risk assessment of children

Module	Topic	Objective	Summary
1	Key concepts in the context of child safety and risk assessment	To familiarise the social worker with the most relevant key concepts related to safety and risk assessment of children.	<ul style="list-style-type: none"> • Indicators for CSA — physical, emotional and behavioural. • Defines CSA according to Children’s Act, No 38 of 2005. • Describes assessment as a process and product with focus of identifying strengths and unique circumstances of children in relation to CSA.
2	Rights and principles underpinning the assessment of children at risk	To describe the fundamental rights and principles that underpin the approach to the assessment of children at risk.	<ul style="list-style-type: none"> • Focus is here on children’s rights in terms of national and international policy and legislation as discussed in Chapter 4 of this study. • Focus is given to assessment in terms of a theoretical underpinning – ecological and strengths based perspective. • Intersectoral approach is also emphasised in correspondence with the National Policy Guidelines for Victim Empowerment (RSA, 2009:1) and Integrated Service Delivery Model (RSA, 2006:07).
3	Theoretical foundation for safety and risk assessment	To provide an overview of theoretical approaches that is relevant in the context of safety and risk assessment.	<p>There are four grounding theories:</p> <ul style="list-style-type: none"> • Developmental approach • Ecological perspective • Strengths perspective • Child-centred approach.
4	Framework for the assessment of children at risk	To describe the assessment framework for children at risk.	The framework is grounded within the ecological perspective, allowing social workers to gain a holistic view of the circumstances of the child using the assessment triangle as guide (see figure 3.1 below).

Module	Topic	Objective	Summary
5	The process of safety and risk assessment	To describe the process of assessment in the context of safety and risk assessment, which includes tools and guidelines for use thereof	Emphasis is placed on assessment not being a single event and ethics and professionalism is paramount.
6	Safety and risk assessment tools	To describe the safety and risk assessment tools, the relevant descriptors for each tool as well as the implementation of each of the tools.	Specific tools for assessment are provided with guidelines determining which tool is appropriate, depending on whether the assessment is to determine safety or risk of the child. The tools are: <ul style="list-style-type: none"> • The South African Safety Assessment Tool • The South African Actuarial Risk Assessment Tool • The South African Consensus-based Risk Assessment Tool.
7	Report writing	To describe key aspects related to effective report writing in the child protection services. Report writing in this context refers to case notes or process reports as well as reports for court purposes.	Emphasis is placed on the importance of keeping records of assessments as well as effective report writing in order to act in the best interest of the child.

Source: Department of Social Development & UNICEF. 2008. Learner Manual for Safety and Risk Assessment of Children in the Field of Child Protection Services

Table 3.2 provides an overview of the Learner Manual for Safety and Risk Assessment of Children in the Field of Child Protection Services (DSD & UNICEF, 2008) for use in the child protection sector. Each module has a specific topic with clear objectives which gives rise to content focuses that focuses on enhancing the assessment process to the best interest of the child. There is a clear theoretical underpinning relevant to determining safety and risk factors of child maltreatment, including CSA; and places the child at the centre of service delivery, as is demonstrated in the figure below which is given as a guide to social workers conducting the assessments.

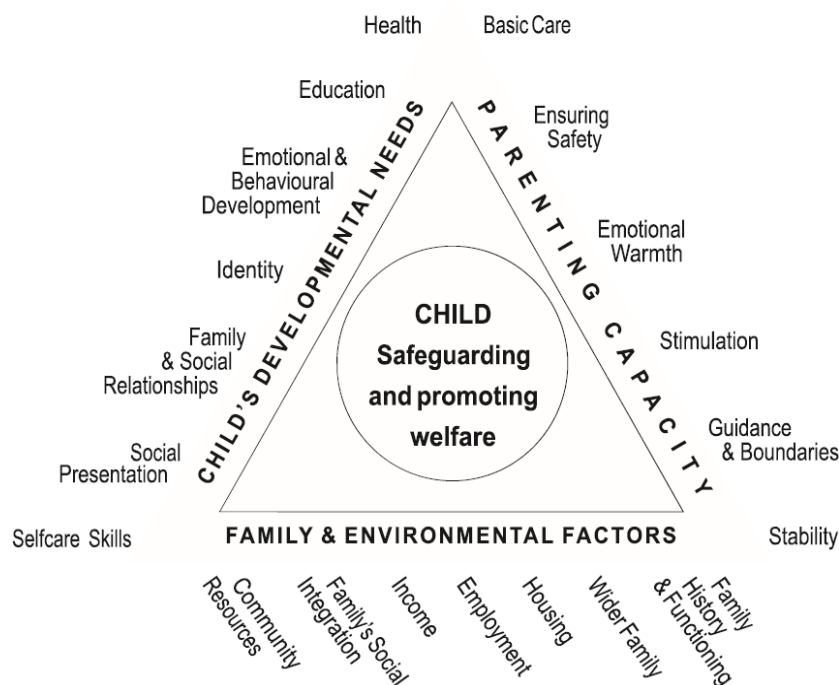


Figure 3.1: The assessment framework triangle

Source: The Framework of the Assessment of Children in Need and their Families, Department of Health, UK (2000:17)

Figure 3.1 demonstrates that the best interest of the child is at the core of the assessment process. Therefore, it is the duty of the social worker to safeguard the child and to promote the welfare of the child throughout the assessment process, applying theories such as the ecological perspective while rendering a service which is child-centred (DSD & UNICEF, 2008:49). This allows for the social worker to holistically assess the psycho-social circumstances of children to CSA and is in line with the National Plan of Action for Children in South Africa (RSA, 2012), which is discussed in Chapter 4. As psycho-social circumstances are of significant importance during assessment, it is discussed next.

3.4.1 Contribution of psycho-social circumstances of children to CSA

Despite this seemingly unanswered question of “who is at risk?” CSA is seen as a serious problem and is reported as such by the media the world over. More significantly, the past three decades has seen an increase in research efforts to understand this negative social phenomenon (Yoshihama & Horrocks, 2010). This increase in research has yielded various answers to this question, possibly depending on the variations of definitions ascribed to CSA. Acknowledging

the challenges in finding suitable risk factors of CSA, WHO (2003:76) identified twelve risk factors related to the psycho-social circumstances of children, which are:

- female children
- unaccompanied children
- children in foster care, adopted children, stepchildren
- physically or mentally handicapped children
- children with a history of past abuse
- children living in poverty
- children in war/armed conflict
- children with psychological or cognitive vulnerability
- children from single parent homes/broken homes
- children who are socially isolated
- children who have a parent/s with mental illness
- children who are exposed to alcohol or drug dependency of caregivers

Worth noting is that unanimity that these risk factors related to CSA do exist amongst various authors (NSPPC, 2013; Wolak & Finkelhor, 2013; Turner, Vanderminden, Finkelhor, Hamby & Shattuck, 2011; Turner, Finkelhor & Ormrod, 2010; Hornor, 2010; Finkelhor et al., 2005; Kvam, 2000; Madu & Peltzer, 2000; Elliot, Browne & Kilcoyne, 1995). Table 3.3 illustrates a categorisation of risk factors leading to CSA. Table 3.3, which illustrates the categories of risk factors for CSA, was composed from the views of the authors discussed above.

3.4.1.1 Categorisation of risk factors leading to CSA

For the purpose of this study risk factors leading to CSA are clustered into categories, sub-categories and individual/family characteristics. These are illustrated in the table below:

Table 3.3: Categorisation of risk factors leading to CSA

	Categories of risk	Sub-categories	Individual and family characteristics
1	Personal incapacity	Physical / Mental disability	
		Psychological vulnerability	<ul style="list-style-type: none"> • Low self-esteem • Social isolation • Emotional/behavioural disorders
		Cognitive vulnerability	<ul style="list-style-type: none"> • Learning difficulty
2	Demography	Gender	<ul style="list-style-type: none"> • Female vs male
		Poverty	<ul style="list-style-type: none"> • Low household income
		Geographic location	<ul style="list-style-type: none"> • Continent/Country • Rural vs Urban setting
		Ethnicity	<ul style="list-style-type: none"> • Race
3	Social background	Family problems	<ul style="list-style-type: none"> • Parental history; • Broken homes
		Perpetrator familiarity	<ul style="list-style-type: none"> • Foster-, step- or adoptive parent; • Parents / caregivers; • Family members / friends; • Partners of parents
		Substance abuse	<ul style="list-style-type: none"> • Alcohol and drugs
4	On-line platforms	Internet	<ul style="list-style-type: none"> • Pornography
		Social media	<ul style="list-style-type: none"> • “Sexting”

In the following section these risk factors leading to CSA will be discussed, according to aforementioned categories. It must be noted that although an attempt has been made to categorise risk factors leading to CSA into neat boxes, the risk factors often overlap, highlighting that there are often multiple risk factors present in terms of the vulnerability of children to potentially become victims of CSA. Some of these may also later translate into consequences of CSA. None of these aspects can be regarded in isolation or as sole cause for CSA, which highlights the complexity of this negative social phenomenon. Collectively, these aspects can be perceived to be cause for concern and be particularly stressful for children; therefore, placing all children potentially at risk of CSA. It is, thus, important for particularly NPO's who render empowerment service to note that all children are potentially at risk.

The categories, as illustrated in the table 3.3, are discussed next.

3.4.1.2 *Personal incapacity as a risk factor leading to CSA*

The first category to be discussed as a risk factor is personal incapacity. It is worth noting that according to Kvam (2000), a myth existed that no one would harm a **disabled** child; and that they are, therefore, at lesser risk of sexual abuse. This view, however, has been debunked, because a study conducted by this author concluded that children who are disabled are at higher risk. Turner, Vanderminden, Finkelhor, Hamby and Shattuck (2011) and Dimitri-Stull (2014:13) concur with this finding, stating that children with **physical disabilities** are more likely to become victims of sexual abuse. Similarly, Bulter (2013:644), the NSPPC (2013:3) and the WHO (2003) resonate with this view and states that disabilities of any kind make children more vulnerable.

In addition, Davids, Ncitalak, Penzi and Zungu (2012:112) specifically identify girl children with disabilities to be at risk, due to their **physical vulnerability** and dependence on the caregivers, who may also be the abusers. Butler (2013:650) further identifies girl children, who display a keen sense of curiosity, have a greater sense of adventure; and is, therefore, in danger to be at higher risk for CSA. A similar view is held by Elliot, Browne and Kilcoyne (1995); they identify children who are more curious, dress provocatively and have a **low self-esteem** as being at higher risk for CSA. These risk factors could thus be linked to what WHO (2003) refer to as psychological/cognitive risk factors, which places children at risk for CSA.

Of importance for this study is that in South Africa the risk of **disabled children** in general is recognised by the NPAC (RSA, 2012:20). Special reference is made to children with disabilities, stating that they are particularly vulnerable to sexual abuse and exploitation. As such, the policy makes special provisions for this vulnerable group. Two such provisions are the stipulation of the roles of the Department of Health and the Department of Basic Education in particular. These provisions are to ensure that medical examinations are done thoroughly; and that teachers are adequately trained to recognise and report abuse, in order to attain the necessary intervention services required.

Furthermore, **mental disorders** are noted by Turner et al. (2010:132) as a particular risk factor leading to CSA for adolescent children, suggesting that age may also be a potential risk factor. Similarly, Kvam (2000) refers to age as a risk factor, but more in relation to the consequences of CSA in terms of the onset of the abuse. On the same note Wolak and Finkelhor (2013)

pointed online socialisation out, particularly of adolescent children, also alluding to age being a potential risk factor leading to CSA.

Moreover, Turner, Vanderminden, Finkelhor, Hamby and Shattuck (2011) noted another factor which could be related to personal incapacity of children. They report that children with **emotional** or **behavioural disorders** were 75% more likely to become victims of sexual offences in comparison to those without a disorder.

It is noteworthy that it remains unclear if **intellectual disabilities** can be seen as a risk factor leading to CSA or consequence of CSA (Butler, 2013:644), due to a lack of longitudinal studies.

In addition, **demographic** factors, which also pose as risk factors leading to CSA, will be discussed in the next section.

3.4.1.3 Demography as a risk factor leading to CSA

In addressing the second category, which is demography as a risk factor leading to CSA, there are differences in opinion of various authors. These differences are dependent on the various demographic elements which include gender, poverty, geographic location and ethnicity. Dimitri-Stull (2014:13) is of the opinion that these risk factors are related to complex individual, human, social, environmental and cultural interactions factors, which are in turn related to individual and family characteristics, as illustrated in Table 3.3 and reflected on below.

According to WHO (2003), gender is listed as a risk factor for CSA. However, this opinion is not shared globally. In contrast, the CJCP OPTIMUS Study (CJCP, 2016) observed that gender equity in CSA is visible and that there is no discrimination in terms of gender amongst children. The study found that in South Africa, 36.8% of boys and 33.9% of girls reported sexual abuse. These findings display that boys have become equally as vulnerable to sexual abuse as girls; in 2012 between 7-37% of girls and 5-10% of boys were victims of CSA (Mathews et al., 2012:84). It is noteworthy that these findings demonstrate that gender has become less of a risk factor particularly in South Africa, and reiterates that opinions regarding risk factors are fluid and dependent on region.

In the United States, however, findings appear different; Molar et al. (2001:754) found a higher prevalence of CSA in girls (13.5%) versus boys (2.5%). In this regard Butler (2013:645) indicates that girls with particular characteristics are more likely to become victims of CSA, concurring with prior findings of Molar et al. (2001). It is indicated that girls who have

characteristics which include being unhappy, socially isolated, residing from single parent households or **broken homes**, having an **intellectual disability** and being impulsive, are at higher risk. These risk factors all correspond with what is listed in Table 3.3 above. It could be argued, however, that if these characteristics were present in boys, they would be equally at risk. Of importance is that it just so happens that the study focussed only on girls younger than eighteen and the study was not comparative in terms of **gender** (Butler, 2013). Butler (2013:648) further argues that mothers with lower educational qualifications place girl children at higher risk and girls with the presence of both parents decrease the risk leading to CSA. This finding again alludes to the complexities of CSA. It raises another question: Are the risks highlighted by Butler (2013) **gender** and/or **poverty** related?

Considering **poverty** as a risk factor, Seedat, Van Niekerk, Jewkes, Suffla and Ratele (2009) and Butler (2013) hold similar views that it may be a risk factor for CSA. Seedat et al. (2009) point out that the gap between the haves and the have-nots in South Africa displays the inequality in the country and increasing frustrations and anger about this, which may in turn lead to violent behaviour such CSA. Furthermore, Butler (2013) is of the opinion that well-educated, more affluent, two-parent households are able to raise children in safer neighbourhoods and afford well supervised activities; therefore, decreasing the risk of CSA and being in agreement that poverty is a potential risk factor leading to CSA.

For Finkelhor et al. (2005:14) **poverty** and **ethnicity** are not risk factors. Butler (2013:648) holds the same view that race is not a risk factor. Conversely, Madu and Peltzer (2000:263) as well as Dimitri-Stull (2014:13) hold different views, as they concur with the WHO (2003) that **ethnicity** and **poverty** are risk factors leading to CSA. The study by Madu and Peltzer (2000) found that children who were not from the ethnic population native to the Northern Province of South Africa, who live in **poverty**, were left alone, or were stepchildren within a household were at greater risk of being sexually abused. Findings by Dimitri-Stull (2014) are similar and related to studies in Europe, indicating that immigrant children were at higher risk. In addition, Wyatt (1990:341) held the view that ethnic minority children were at higher risk, due to institutional racism. Of importance is that it is this racism that Wyatt (1990) argues made **ethnicity** a risk factor leading to CSA. These opposing views of authors appear to add to the complexities of CSA and are of particular relevance to those who render empowerment services in this sector.

Within the context of **poverty**, **geographic** location may be of particular relevance as a risk factor leading to CSA. This argument is based on the fact that South Africa has unique dynamics related to the history of the country. Child-headed households is a particularly common phenomenon, as children are left orphaned with the burden of fending for themselves, thus being at higher risk of CSA (Maqoko & Dreyer, 2007:729). Furthermore, girls who reside in **poverty** more often turn to older sexual partners for financial gain (Davids et al., 2012:102), thus insinuating that **poverty** is a risk factor leading to CSA.

In addition, thorough assessments regarding the **social background** of each case is required in order to render adequate services as the unique, complex and diverse nature of CSA is clearly evident. This will be discussed in the next section.

3.4.1.4 Social background as a risk factor leading to CSA

The third category of risk factors is **social background**. This is a relevant category because in order to facilitate adequate empowerment services to those who experience CSA, it is vital to understand the social background of each child. Hence, the development of the safety and risk assessment tool discussed earlier.

Children may fall prey to sexual abuse unknowingly as the alleged **perpetrator** is often **familiar** to and trusted by the child and the family (WHO, 2003:76; NSPPC, 2013:3; CJCP, 2016:14). In this regard, schools and homes often provide an entry point for perpetrators, particularly where there is an absence of a primary caregiver (Davids et al., 2012:112).

According to the National Plan of Action for Children in South Africa (NPAC) (RSA, 2012:23), perpetrators are generally those closest to the child. They could be acquaintances, boyfriends, employees, family members, neighbours, people known by sight, parents or guardians (SAPS, 2015-2016:42; Finkelhor, Ormond & Turner, 2005:10). Although concurring that the **familiarity** of the **perpetrator** to the child is a risk factor, the NSPPC (2013:3) indicate a lesser likelihood of a parent being a perpetrator. Likewise, Kvam (2000:1074) and Chan (2011) also indicate that children the world over are at risk of being victims by family members, thereby reiterating the notion of **familiarity** of the perpetrator. Hassan, Gary, Killion, Lewin and Totten (2015:414) are in agreement with **familiarity** of the perpetrator to the child and add that children are also more vulnerable if unsupervised. It is noteworthy that a shocking 84% of perpetrators were known to the child in a study conducted by Pierce and Bozalek (2004:820).

A study by Dimitri-Stull (2004:10) in Europe found a 70-85% rate of **familiarity** with the perpetrator.

Additional factors related to children's vulnerability to CSA are that they may receive threats that loved ones may be killed or hurt if they do disclose abuse, or they are made to feel guilty (WHO, 2003:77). In addition, perpetrators may lead the child to believe that the abuse is their fault. Furthermore, bribery in exchange for silence, intimidation and shame could lead to non-disclosure (Meursing, Vos, Coutinho, Moyo, Mpofu, Oneko, Mundy, Dube, Mahlangu & Sibindi, 1995; Richter et al., 2004; Wolak & Finkelhor, 2013).

Due to online seduction and manipulation (**sexting**) having taken place, the child could be led to believe that the abuse is normal and not harmful as there was no violence involved, making **on-line platforms** a risk factor for CSA. This will be discussed next.

3.4.1.5 Online social media as a risk factor leading to CSA

The fourth category of risk factors is that of **online social media**. The online tendency of sexual abuse has been in the media spotlight for over a decade and begins to beg the question: "Are Crimes by Online Predators Different from Crimes by Sex Offenders who know the Youth In-person?" (Wolak & Finkelhor, 2013). **Online social media** as a risk factor have, however, not made it on the 2003 WHO list as risk factor for CSA.

Children have become even more vulnerable to CSA as **online** victims, creating yet another avenue for perpetrators to pursue children (www.childline.org.za; Wolak & Finkelhor, 2013). In this regard teenagers are becoming increasingly vulnerable with the emergence of phenomena, such as "**sexting**", which refers to sending and receiving of sexually suggestive text and semi-nude or nude pictures (www.childline.org.za). The NPAC (RSA, 2012) specifically emphasise sexting as a risk factor that is part of its strategy to address CSA. It is worth noting that according to Child Line adolescent curiosity about sex increases their vulnerability to CSA; particularly if they are not able speak to their parents about it. "**Sexting**" could serve as a practical example of what Finkelhor (1994) refers to as curiosity which may lead to sexual abuse. This curiosity places teenagers at even further risk of becoming not only victims of sexual abuse, but also being guilty of committing a sex offence, in terms of Chapter 3 Part 2 of the New Sexual Offence Act No 32 of 2007, regarding the distribution of child **pornography**. The offence may be committed unknowingly, but has the potential of ruining the child's own future as demonstrated in a Child Line case study (www.childline.org.za).

Furthermore, online platforms (**social media**) are increasingly used to communicate to victims what is termed by Wolak and Finkelhor (2013) “known-in-person” perpetrators. These perpetrators of online sexual offences are often evasive, without a criminal record and less likely to have forced victims into performing sexual favours. These perpetrators are also making themselves guilty of crimes such as statutory rape and other non-contact abuse, such as child pornography and solicitation of sex from a minor (Wolak & Finkelhor, 2013:737). Such crimes are less likely to be reported, therefore negatively impacting on the actual prevalence of CSA.

Moreover, the advancement of technology through various social media platforms increases the vulnerability of all children to CSA. This vulnerability is accentuated by the fact that the **online** perpetrator may not be a stranger to the child, and it is more likely that they are well acquainted and may even be peers (www.childline.org.za; Mitchell, Jones, Finkelhor & Wolak, 2013:1226). Given that the online perpetrator is personally known to the child, there is an increased risk that the child now becomes a victim in multiple ways in multiple environments (Mitchell et al., 2013).

The risk factors illustrated above demonstrate the complexities of CSA, the need to understand the extent thereof and why victim empowerment services are essential. The extent of vulnerability of children is further exacerbated as perpetrators are not adequately held accountable and are left unchecked by the system (OPTIMUS Study, 2016:16).

3.5 CONSEQUENCES OF CHILD SEXUAL ABUSE

It is evident that there are various risk factors leading to CSA which are complex and which in turn lead to even more complex consequences requiring the awareness of government, policy makers and NPOs who render empowerment services. These risk factors leading to CSA are relevant to be aware of in order to ensure holistic service rendering from a multi-disciplinary inter-sectoral perspective (White Paper for Social Welfare, 1997).

The complex and vast consequences of CSA, according to Maniglio (2009) and the National Policy Guidelines for Victim Empowerment (RSA, 2009) are psychological, behavioural, sexual, health related, social, economic, or it may lead to secondary or re-victimisation. Kvam (2000:1074) explains that these consequences may be dependent on a number of factors which also appear to be linked to the risk factors as stipulated in Table 3.3 and may include:

- the severity of the abuse

- the relationship with the perpetrator
- the age at onset of abuse
- the repetition of abuse
- the use of violence and threats
- the child's own personality
- the reaction of the caregiver to whom disclosure is made

This diverse range of consequences can also be associated with the unique nature of every person, defined by the social work principle of individualisation (Johnson & Yanca, 2010:150) and underpins the reason for children reacting in such different ways. It is universally accepted that every child exposed to CSA will suffer consequences at some point in their lives which could last a lifetime (Finkelhor, 1990; Hornor, 2010; NSPCC, 2017). Similar views are shared by Maniglio (2009) and Kvam (2000); Whitaker, Le, Hanson, Baker, McMahon, Ryan, Klein and Rice (2008) and De Jong and Dennison (2017), indicating that CSA may result in social and physical problems and reactive abuse, dependent on various factors, which could be linked to demographics, as demonstrated in Table 3.3.

Worth noting is that Finkelhor (1990) believes that the distinction between the reaction of different genders is less evident. In contrast, twenty years later the study of Hornor (2010) yields a different finding: her study concludes that boys and girls react differently. Girls are more likely to portray internalised behaviour such as depression and boys may display externalised behaviour, such as heavy drinking; in both cases displaying loss of power and control (Hornor, 2010:359), a view also held by Lev-Wiesel (2008).

The consequences of CSA has serious negative effects which are potentially of long term nature (South Eastern Centre against Sexual Abuse & Family Violence (SECASA), 2015), and are further elaborated on in the next section.

3.5.1 Psychological, behavioural and sexual problems

Psychological issues which may include depression and low self-esteem may manifest itself as a consequence of CSA. According to Kvam (2000), low self-esteem may have been a risk factor for becoming a victim in the first place. It is precisely this difficulty in distinguishing between risk factors leading to CSA and consequence of CSA which Butler (2013:643) highlights, and

which adds to the complexity of understanding the phenomena. In the absence of clarity regarding the distinction between risks and consequence, it could be argued that as a risk factor of CSA, low self-esteem could be exacerbated, leading to depression; therefore, resulting in even more devastating consequences such as suicide (Hornor, 2010:360; RAINN, 2016).

Post-traumatic stress disorder is another consequence which may become apparent during any life phase and may also be as a result of CSA (Hornor, 2010:360). This behaviour displayed by victims of CSA may only appear months or even years after the trauma was experienced and could result in severe negative consequences. These consequences could be irresponsible sexual behaviour, self-harm, substance abuse or criminal activity (Molnar, Buka & Kessler, 2001; Maniglio, 2009; Hornor, 2010; De Jong & Dennison, 2017; RAINN, 2016; NSPCC, 2017). Later in life these negative behaviours may further result in a lack of adequate parenting skills, particularly for women. They may even be drawn towards relationships in which their children become victims of sexual abuse and they too are exposed to re-victimisation (Hornor, 2010; Chan, 2011). Thus, they are getting drawn into an intergenerational abuse cycle. Whitaker et al. (2008) and Maniglio (2009) also noted that CSA may result in irresponsible sexual behaviour later in life and also in possible borderline personality disorders. Furthermore, victims of CSA may also become reactive offenders (Whitaker et al., 2008:539; De Jong & Dennison, 2017).

Whitaker et al. (2008) indicates that perpetrators of CSA often have a history of CSA, lower social skills, were subject to loneliness and subject to harsh discipline; thus, placing them at greater risk. These consequences correlate with the twelve risk factors leading to CSA as stipulated by WHO (2003). It would appear that there may be a link between those who are victims of child sexual offences and those who become offenders (De Jong & Dennis, 2017).

The complexities of CSA are many-fold and add to the difficulty of identifying, reporting, managing it and protecting children from it, which may further result in children suffering from various health related issues and secondary or re-victimisation. This is discussed next.

3.5.2 Health related issues

Health concerns are a reality as a consequence of CSA according to Maniglio (2009), the National Policy Guidelines for Victim Empowerment (RSA, 2009) and Molnar, Buka and Kessler (2001). Coid, Petruckevitch, Feder, Chung, Richardson and Moorey (2001:450) hold the same view and point out physical health issues as a consequence of CSA.

Physical health related issues have increasingly become problematic in South Africa, due to the high rates of CSA (Davids et al., 2012:97). HIV/AIDS, sexually transmitted infections and other chronic illnesses, such as pelvic pain not related to menstruation in women, pregnancy, eating disorders, self-abuse, suicide, sleep disorders, dissociation and substance abuse, are regarded as issues that need to be dealt with (www.rainn.org; Davids et al., 2012; Irish, Kobayashi & Delahanty, 2010; Mangilio, 2009:653). Likewise, Whitaker et al. (2008:530) found consensus amongst researchers that health issues related to CSA are becoming a growing concern. Irish et al. (2010) hold the same view and indicate five physical health conditions, which include gastro-intestinal symptoms, gynaecological problems, cardiopulmonary symptoms, general pain and obesity.

Obesity, in addition to aforementioned health issues, was also found to be a consequence of CSA by Pinas-Hamiel, Modan-Moses, Herman-Raz and Reichman (2009), particularly in girls and specifically with those who experienced contact with CSA. Their study indicates that these issues may be dependent on the various definitions explaining CSA and could be gender related. Irish et al. (2010:452) further indicate that understanding health related issues as a consequence of CSA is complex and requires further research. It can be concluded that health related issues as a consequence of CSA appears to be linked to demographic risk factors leading to CSA and are as complex as the nature thereof.

Despite the vastness of health care needs as discussed above, the New Sexual Offences Act No 32 of 2007 primarily focuses on the exposure to HIV and access to post-exposure prophylaxis for HIV. The Act thus falls short of providing for a comprehensive package of health care and psychosocial support for victims of sexual abuse (Artz & Roehrs, 2009:465); much of which could later translate into poverty due to a lack of adequate service provision to victims of CSA in terms of health care.

3.5.2.1 Poverty in relation to health related issues due to CSA

Poverty, as a risk factor for CSA (WHO, 2003) may also become a consequence thereof, particularly in South Africa, which has an unemployment rate of 27.7% (STATSSA, 2017). For them health issues as a consequence of CSA may thus translate into economic issues leading to exacerbated poverty, particularly because the majority of those who are unemployed are youth. Health care services may be unaffordable and leading to reliance on state services; and if these issues lead to disability, grant dependency also becomes a reality (www.sassa.gov.za).

Of importance is that the South African Social Security Agency (SASSA) statistics indicate that approximately 31% of the South African population is dependent on state grants, of whom 22% are children and almost 2% are on disability grants (<http://www.sassa.gov.za/index.php/statistical-reports>). These statistics reflect the reality of high levels of poverty in South Africa and reiterate the need for empowerment services in order to promote self-reliance in accordance with the aim of the ISDM (RSA, 2006) for service provision. This situation has led to the NPAC (RSA, 2012) to make provisions which stipulate the role of the Department of Health regarding intervention services for the promotion of adequate health care in order to sustain client self-reliance.

The abovementioned factors indicate that poverty can be seen as both a risk factor and consequence of CSA as alluded to Butler (2013). It may also exacerbate exposure to secondary or re-victimisation which will be discussed next.

3.5.3 Secondary or re-victimisation

Secondary or re-victimisation can be classified as victimisation suffered after the disclosure of CSA, which may happen immediately at the hand of those closest to the victim, service providers or years later by intimate partners. This re-victimisation may include, but is not exclusive to blaming, exacerbating guilt, shame and intimate sexual partner violence which could be sexual, emotional or physical in nature (Widom, Czaja & Dutton, 2008; Hébert, Lavoie, Vitaro, McDuff & Tremblay, 2008; Barnes, Noll, Putman & Trickett, 2009; Daigneault, Hébert & McDuff, 2009; Yoshihama & Horrocks, 2010; Chan, 2011; www.rapecrisis.org; www.childline.org). This is a sad and traumatic consequence of CSA faced by many after having being subjected to CSA. In fact, according to Claasen, Palesh and Aggarwal (2005:103), two out of three people suffer from re-victimisation after being subjected to CSA. This sad reality is recognised in the preamble of the New Sexual Offences No 32 of 2007, which stipulates that no adequate and effective protection services are available to victims of sexual offences; thus, subjecting them to secondary victimisation.

Claasen et al. (2005) indicates that re-victimisation is a common occurrence and women who suffered from CSA during adolescence are at higher risk. Coid et al. (2001) holds the same view and state that women are particularly at a higher risk of physical abuse, as a form of re-victimisation. Similarly, Barnes et al. (2009:417) also found that women were more likely to suffer from re-victimisation after having experienced CSA. This may be specifically

experienced at the hand of senior male perpetrators within the family. Significantly, they also found that women suffered re-victimisation at the hand of perpetrators who were older, resulting in serious injury. Thus, there appears to be a correspondence between the nature of the intimate relationship and where women and adolescent girls may be drawn into after suffering from CSA.

This begs the question: Is there a link with the findings of Hornor (2010) that women are more likely to enter into adult relationships where their children experience CSA? Furthermore, an association could be made with what Trickett, Noll, Reiffman and Putnam (2001) describe as women becoming complacent in the acceptance of being abused and just allowing re-victimisation, which may be related to low self-esteem which is a consequence of CSA (Kvam, 2000; Hornor, 2010; RAINN, 2016).

Chan (2011:225) also found women to be more susceptible to re-victimisation by intimate partners later in life. These women were more likely to display suicidal tendencies, which correlate with RAINN (2016); Hornor (2010:359) and Lev-Wiesel (2008) who indicate that as a consequence of CSA, women are more likely to display internalised negative behaviour. Chan's (2011:226) study not only concludes that there is a correlation between CSA and re-victimisation, but also that if the perpetrator was known to the victim, the likelihood is higher that re-victimisation would be at the hand of a perpetrator known to the victim, such as an intimate partner. This would be in agreement with the findings of Barnes et al. (2009), who indicated that there is a tendency amongst women in particular to enter into intimate partner relationships with partners who subject them to re-victimisation.

Noteworthy is that, according to Claasen et al. (2005:126), the risks for re-victimisation appear to be similar to the risks related to CSA social background as highlighted in Table 3.3, and include children who are physically abused and/or neglected by their parents. Claasen et al. (2005) further suggests that due to self-blame the likelihood of reporting abuse decreases and therefore increases the complexity of the intervention process.

Given the consensus amongst authors the world over regarding secondary or re-victimisation, the need for empowerment services becomes even more evident as vulnerability is exacerbated. Thus, the need for empowerment services to those exposed to CSA in order to promote self-reliance in accordance with the ISDM (RSA, 2006), becomes evident.

3.6 CONCLUSION

CSA is a reality faced by children the world over with risk factors, prevalence rates and consequences that are extensive. What is also apparent is that CSA is becoming a growing concern and children are becoming increasingly vulnerable.

There appears to be no blue print to protect children and no unambiguous subset of indicators of risk factors leading to CSA. This lack of absolute clarity is an indication of the vastness and complexities of consequences related to CSA. Furthermore, with the growing number of victims, there is also a growing risk of the cycle of sexual abuse increasing. Caregivers who do not respond adequately when the disclosure is made, may result in the abuse continuing and going unreported, aggravating the skewed view of the actual prevalence of CSA and the exacerbation of negative consequences.

Women are further noted to be more vulnerable and at higher risk, particularly for secondary and re-victimisation. It is for this reason that South Africa has developed an extensive body of policy and legislation aimed at identifying, preventing and managing CSA.

CHAPTER 4

POLICY AND LEGISLATIVE FRAMEWORKS GUIDING VICTIM EMPOWERMENT SERVICES OF NPOS FOR CHILD SEXUAL ABUSE

4.1 INTRODUCTION

The catastrophic nature, extent and consequence of CSA are deeply rooted as a societal problem in South Africa and the world over, as illustrated in Chapter 3. This catastrophe demands intervention on many levels, foremost of which is in terms of policy and legislation to address the issue. South Africa has displayed much success in developing policy and legislation to guide government and NPOs to render appropriate, holistic and integrated services.

The second objective of this study is to discuss relevant policy and legislation which provide NPOs with the mandate to render empowerment services for CSA. This chapter, therefore, aims to discuss the South African government's response to CSA in terms of developing relevant policy and legislation aligned to international frameworks such as the United Nations Convention on the Rights of the Child (1990) and The African Charter on the Rights and Welfare of the Child (1990) which recognise and promote children's rights and address the violation thereof, with specific focus on CSA.

4.2 GOVERNMENT'S RESPONSE TO CRIME IN SOUTH AFRICA

Data from Interpol demonstrates that South Africa has unacceptably high rates of crimes, of which many victims are children (RSA, 2009). This trend has remained a concern to the government and has consistently been high on its agenda, along with the vulnerable state in which children live in South Africa.

Since democracy a serious attempt has been made to develop a policy and legal framework to promote human rights. Legislation has been enacted which create equality particularly in terms of gender. This is visible within the ambit of the South African Constitution (1996) which has subsequently been accompanied by a comprehensive set of progressive policy and legislative frameworks (Prinsloo, 2006:305; Ritcher & Dawes, 2008:79).

In response to the high levels of crime in South Africa, government adopted the National Crime Prevention Strategy (NCPS) in 1996 (www.gov.za). The aim of the NCPS is to provide policy frameworks, develop national programmes, maximise public participation and facilitate ongoing research; all with the focus on addressing crime. These are clearly encapsulated in one of its key outputs, called the Victim Empowerment Programme. The following section will discuss policy and legislation.

4.2.1 Children's Rights affirmed in South Africa through policy and legislation

The extent to which crime is recognised as a serious issue is affirmed in that South Africa is a signatory to the United Nations Convention on the Rights of the Child (CRC) (1990). Article 19 of The Convention says that State parties need to put legislative, administrative, social and educational measures in place to protect children from sexual abuse. South Africa is also a signatory to the African Charter (1990) of which Article 27 section 1 stipulates that State parties undertake to protect children from all forms of sexual abuse.

The South African Periodic Country Report on the United Nations Convention on the Rights of the Child (1998-2013) as tabled by the Department of Women, Children and People with Disabilities (DWCPD) (2013) demonstrates the remarkable strides made with regards to creating an enabling legal and policy environment for the protection of children. The report, however, recognises that there are certain areas within the implementation of policy that require attention (DWCPD, 2013:17).

Examples of the development of progressive legislative frameworks are the Domestic Violence Act, No 116 of 1998, Children's Act, No 38 of 2005, Children's Amendment Act, No 41 of 2007 and the New Sexual Offences Act (Sexual Offences and Related Matters Amendment Act, No 32 of 2007). This consistency in the recognition of the aggressive rate at which violence, including sexual violence, impacts on children has been demonstrated over the past two decades. The legal frameworks which have been created is an attempt to support prevention of child sexual abuse and to create guidelines for the implementation of support systems and further demonstrates South Africa's renewed commitment to the implementation the Convention (DWCPD, 2013:11).

Additionally, the Ministry and Department of Women, Children and People with Disabilities was established along with the revised National Plan of Action for Children (RSA, 2012) to

strengthen the mainstreaming of children's rights and the coordination and oversight of the CRC (DWCPD, 2013:11).

4.2.1.1 South Africa as a forerunner for the recognition of children's rights

UNICEF has only recently begun to focus more on getting nations to place children higher up on their policy and legislative agendas. The UNICEF Thematic Report on Child Protection from Violence, Exploitation and Abuse (UNICEF, 2013) indicates a strategic paradigm shift which notes an improvement in the approach to child protection, making it more comprehensive; thereby extending child protection to include support services, particularly to abused children. The focus of the Strategic Plan (2014-2017) is to place child protection on the legal, policy and finance agendas of partnering governments with the aim of globally promoting child protection of abuse and to mitigate its impact. Of importance to note is that the United Kingdom has also only in recent years recognised child sexual exploitation as part of the broader child sexual abuse problem (NSPPC, 2013).

Therein, South Africa again successfully recognises the urgency required to address CSA. However, this recognition is primarily focused on a medical and legal perspective, not providing adequate, if any recognition to addressing the support services required by those subjected to CSA (Mathews et al., 2012:84).

The various bodies of legislation all allude to the notion that more needs to be done to support victims of CSA. It is worth noting that this is in conjunction with what is embedded within the provisions of the Convention on the Rights of the Child (1990). One example of this lies within the preamble of the Criminal Law (Sexual Offences and Related Matters) Amendment Act No 32 of 2007 which candidly states that sexual offences in our society is a 'social phenomenon which is reflective of a deep seated systemic dysfunction in our society'. The Act also indicates that not enough is being done to address the issue. Despite this recognition within its preamble, the Act also fails to adequately address the need for victim support services. In doing so, the Act makes itself guilty of focusing predominantly on the medico-legal aspects of CSA (Mathews et al., 2012).

Medico-legal support is not the only support required by victims of CSA. The Report on the Re-establishment of Sexual Offences Courts findings indicate that a more holistic approach to support services from a multi-disciplinary perspective, which includes a focus on victim empowerment, is needed (DJCD, 2013). UNICEF (2013:5) is in agreement that psycho-social

services are also needed and may serve as a starting point to identify vulnerable and at-risk children for further referral for support and empowerment services.

The legislation may be vague in stipulating clear guidelines in terms of victim support; however, this gap is addressed within the development of several subsequent policy documents. South African policy documents such as the ISDM (RSA, 2006), the National Policy Guidelines for Victim Empowerment (RSA, 2009), the Framework for Social Welfare Services (RSA, 2013) and the National Plan of Action for Children in South Africa (NPAC) 2012-2017 (RSA, 2012) emphasise the need for victim support services. Again, this places the country at the forefront of child protection within a policy and legal environment.

Furthermore, South Africa persistently demonstrates itself to be a forerunner in child protection with clear recognition that children have the right to a life that is free from sexual abuse as stipulated by the Centre for Justice and Crime Prevention (CJCP) OPTIMUS Study (CJCP, 2016). This is in accordance with section 28 of the SA Constitution and the Bill of Rights (RSA, 1996) which stipulate that children have the right to be protected from abuse. South Africa is a country which evidently has human rights high on its agenda and recognises children's rights as human rights, yet the vastness of wrongs being done to children remains, particularly in terms of sexual abuse. This is a country which is recognised worldwide for being at the forefront of protecting children's rights. Yet, due to the lack of resources children remain at high risk (Richter & Dawes, 2008) and victim empowerment services are lacking. The South African Periodic Country Report on the United Nations Convention on the Rights of the Child (1998-2013) ascribes the lack of services to the lack of resources which includes human resources, specifically highlighting the lack of social workers which poses challenges to the realisation of legislative objectives, but these issues are being addressed (DWCPD, 2013:13).

4.2.1.2 The translation of policy and legislation into support services

Despite progressive legislative moves towards equity and having an ideal child rights environment (in terms of policy and legislation) (Richter & Dawes, 2008:79), sexual abuse continues to be a serious problem particularly in schools, especially from 1999 to 2004 (Prinsloo, 2006:305), due to a lack of implementation of adequate support services.

According to Richter and Dawes (2008) and UNICEF (2013:5), support services are essential, but adequate funding, appropriate budgets, improved resources and a general change in societal attitude is required for the successful implementation thereof. The implementation, however,

may take some time and the enforcement of existing legislation remains challenging (UNICEF, 2013). The question then arises: How much more time, and at what rate will child sexual abuse continue in the absence of the implementation of victim support services, although policy, legislation and strategic plans are evidently in place in South Africa? A further question which arises is: What provisions does this body of policy and legislative documents make in order to protect children from CSA and how are these linked to each other?

The following sections aim to address these questions.

4.3 INTERNATIONAL FRAMEWORKS FOR THE PROTECTION OF CHILDREN AGAINST SEXUAL ABUSE

UNICEF and the African Union place children at the centre of development and protection by creating policy frameworks to which member states should subscribe in terms of policy formulation and direct service rendering (www.unicef.org; www.au.in). Two such policy documents are the United Nations Convention on the Rights of the Child (1990) and the African Charter on the Rights and Welfare of the Child (1990), of which South Africa is a signatory. It is important for NPOs rendering services in the field of CSA to be aware of this, because social workers employed by NPOs have multiple accountabilities and are guided by national, international legislation and social policies (Dominelli, 2009:16).

4.3.1 United Nations Convention on the Rights of the Child (1990)

The aim of this convention is primarily to protect the rights of children with Article 54 specifically stipulating that children should be protected from harmful influences, abuse and exploitation; and Article 34 making special provision against sexual abuse. This article states that governments should protect children from all forms of sexual exploitation and abuse, which include child prostitution and child pornography. These forms of protection are made provision for in South Africa within the Children's Act No 38 of 2005. Chapter 1 of this Act defines sexual abuse as sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted, encouraging and inducing or forcing a child to be used for the sexual gratification of another person, using a child in or deliberately exposing a child to sexual activities or pornography and procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child.

Additionally, the New Sexual offence Act No 32 of 2007 dedicates Chapter 3 to CSA. This chapter clarifies specific aspects related to sexual offences against children. These include types of sexual offences, highlighting sexual exploitation, grooming, pornography and the exposure of children to sexual acts.

This is an indication that legally South Africa as a country is adhering to the provisions stipulated within the United Nations Convention on the Rights of the Child (1990). However, in terms of direct service delivery this kind of protection may be questionable as CSA rates are seemingly on the increase and service provision difficult (CJCP, 2016; Mathews et al., 2012; Richter & Dawes, 2008; Pierce & Bozalek, 2004; Madu & Peltzer, 2000).

4.3.2 The African Charter on the Rights and Welfare of the Child (1990):

As with the United Nations Convention on the Rights of the Child (1990), the African Charter on the Rights and Welfare of the Child (1990) also aims to protect children, particularly African children, as children in Africa have protection issues unique to the continent, such as war and armed conflict (WHO, 2003:76). Child sexual abuse, however, is not unique to Africa and is specifically addressed within this charter.

Article 27 specifically addresses sexual exploitation and stipulates that children should be protected from all forms of sexual exploitation and sexual abuse with specific reference to:

- the inducement, coercion or encouragement of a child to engage in any sexual activity;
- the use of children in prostitution or other sexual practices;
- the use of children in pornographic activities, performances and materials.

Likewise, South Africa has succeeded to formulate policy and legislative frameworks to strive to achieve this through the vast array of legislative policy frameworks which are discussed in the next section.

4.4 SOUTH AFRICAN WELFARE POLICIES TO PROTECT CHILDREN FROM CSA

The development of various policies to promote the welfare of South Africans started as early as 1997, only three years after the birth of the New Democratic South Africa. What is noteworthy is that government's commitment to children's rights started when former President

Nelson Mandela accepted the first draft of the National Plan of Action for Children in South Africa (NPAC) in June of 1994, right at the advent of democracy. A year later the Convention of the Rights of the Child was ratified and the NPAC was accepted (RSA, 2012:11). Subsequently, in 1998 the Office on the Rights of the Child was established by the Presidency, which was replaced by the Ministry of Women, Children and People with Disabilities in 2009 (Abrahams & Matthews, 2011).

Dramatic strides have been made by government in developing policies in order to protect children from abuse in general, specifically underlining sexual abuse as an area of concern. Each of these policies demonstrates that children are seen as one of the most vulnerable groups of the South African society. This section will focus on the provisions made in the various policies to emphasise CSA and show the relation of it to victim empowerment services.

Worth noting is that all policies are firmly entrenched within the Constitution of South Africa (RSA, 1996), with recognition that children's rights are human rights. The policies together with the Constitution establish the framework for the rendering of services to child victims of sexual abuse and include, but are not exclusive, to the following:

- White Paper for Social Welfare (RSA, 1997)
- Service Charter for Victims of Crime (RSA, 2004)
- Integrated Service Delivery Model (RSA, 2006)
- National Policy Guidelines for Victim Empowerment (RSA, 2009)
- National Plan of Action for Children in South Africa (NPAC) (2012-2017) (RSA, 2012)
- Framework for Social Welfare Services (RSA, 2013)
- Sexual Offences Courts: National Policy Framework (RSA, 2012)
- Sexual Offences Courts: National Strategic Plan Draft (2016-2020) (RSA, 2016)

4.4.1 White Paper for Social Welfare (RSA, 1997)

The White Paper for Social Welfare (RSA, 1997) briefly aims to address CSA. It does not explore the problem in depth and has limited guidelines for the management thereof. This can be seen in the narrow definition, which indicates that rape and molestation of minors are seen as CSA. It further specifies two specific types of sexual exploitation, which is child prostitution

and pornography. Section 24 recognises that sexually exploited children are vulnerable and that street children are particularly at risk of sexual abuse. This policy makes no provision for victim empowerment services. According to the Review of the White Paper for Social Welfare, this may be because victim empowerment as an area of service delivery was only developed in subsequent years (RSA, 2016:173).

The White Paper for Social Welfare (1997) can be seen as paving the way for further development of the policy for the improvement of services to the most vulnerable of society, particularly victims of crime. It is worth noting that this policy, according to the Minister of Social Development, Bathabile Dlamini aims to give effect to government's constitutional obligation towards promoting human rights (Comprehensive Report on the Review of the White Paper for Social Welfare, 2016:1).

Meanwhile, it is worth noting that almost two decades after the inception of the White Paper for Social Welfare (1997), the welfare sector has felt the need to undergo serious changes as the needs of South Africans have progressed due to unfortunate negative societal degradation, which includes increased rates of CSA. This has given rise to a review of the White Paper for Social Welfare (1997) and the subsequent Comprehensive Report on the Review of the White Paper for Social Welfare, 1997 (RSA, 2016), displaying yet another positive indication of the recognition of human rights in South Africa.

4.4.2 National Policy Guidelines for the Handling of Victims of Sexual Offences (RSA, 1998)

The National Policy Guidelines for the Handling of Victims of Sexual Offences (RSA, 1998) resulted from a campaign on preventing violence against women in 1996, by the late Dr AM Omar, then Minister of Justice. This campaign was launched due to the high rate of violence against women. Ironically, two decades later violence against women is at an all-time high.

The campaign aimed to establish a task team, provide structure for guidelines and develop further guidelines to serve as practical tools for service providers and improve the experiences of victims in the legal system. The guidelines are directed at a number of government departments which include the Departments of Health, Justice, Correctional Services and Welfare. Guidelines directed at the Department of Welfare include service providers such as NPOs who render services to victims of sexual offences. It specifies the type of information to be imparted to the victim, what assistance should be given prior to and during the legal

proceedings, procedures for assessment and further intervention and clarifies the role of the social worker which is to:

- “If the victim seeks help, the social worker will eventually need to obtain intimate details from the victim. It is, therefore, essential to win the victim's trust during the first contact.
- Only state your name (not your rank). A victim will feel more at ease with a simple name by which she or he can call you.
- Obtain a brief description of what happened.
- Explain your role and the subsequent police procedures.
- Avoid victim blaming questions and do not pose questions that reflect a judgmental attitude.
- Offer support to the victim and show empathy for the victim's plight.
- Assure the victim that it is not his/her fault that he/she was raped or sexually abused, that help is available for the victim.
- Allay the victim's guilt feelings.
- Allow the victim to verbalise his/her anger.
- During the time that the victim awaits the AHCP examination, assure the victim continually, as he/she still carries the evidence of the rape. Remember that the victim has not bathed or washed and this may traumatise the victim further.
- One of the fears of a victim is that he/she may contract AIDS or other sexually transmitted diseases. Advice will be offered by the AHCP. Most victims of rape/sexual offences will require counselling to enable them to deal with the traumatic event. After the medical examination, refer the victim to specialised services available in the area, for example Rape Crisis and Life Line, should your agency not offer these services.”

It could be argued that these guidelines stimulated debate regarding the extensive rate of violence against women and could be seen as the forerunner of the multitude of policy and legislative frameworks developed in subsequent years for victims of sexual abuse, including children. What then followed was the development of the Service Charter for Victims of Crime (RSA, 2004), which will be discussed next.

4.4.3 Service Charter for Victims of Crime (RSA, 2004)

The Service Charter for Victims of Crime (RSA, 2004), commonly referred to as the Victims Charter, aims to promote the rights of victims of crime. The charter highlights seven primary rights of victims, which consequently begin to address victim empowerment services without directly referring to it as such.

Section 5 of the Charter appears to be specifically geared towards sexual offence victims. This section specifies the need for a multi-disciplinary approach to services, which include offering access to social, health, counselling and legal support services. It also offers the victims of sexual offences the right to testify in camera, thereby protecting the victim from facing the accused. This is in line with Section 170A of the Criminal Procedures Act No 51 of 1977. This also protects the witness from being exposed to the accused and offers intermediary services which acts as a protection mechanism between witnesses and the court. These measures may be regarded as a form of victim empowerment services.

Therefore, the Victims Charter emphasises the need to address the nature of the type of services which need to be made available to victims of crime, an aspect which is further unpacked within the ambit of the ISDM (RSA, 2006) on various levels in terms of prevention, early intervention, statutory intervention, reconstruction and aftercare services.

4.4.3 Integrated Service Delivery Model (ISDM) (RSA, 2006)

The goal of the ISDM (RSA, 2006) is to develop a comprehensive national framework, illustrating the nature, scope, extent and level of social services and serving as a basis for developing norms and standards for service delivery.

The argument is that this would be achieved through its focus of moving toward a developmental service rendering perspective which perceives people as masters of their own destiny. The focus, therefore, is empowering people and rendering improved services to the most vulnerable in society which include child victims of sexual abuse. Of importance is that it is within this policy that the need for victim empowerment comes to the fore more prominently.

Hence, empowerment is highlighted as a notion to shift power relations, giving people control and influence over their own decisions (RSA, 2006:11). This notion is directly linked to the social work principle of client self-determination, which states that clients have the right to make their own decisions (Hepworth et al., 2013:66). It is also in accordance with the view of

Dominelli (2009) cited in Payne (2016:6) who defines empowerment as a therapeutic social work approach which promotes and facilitates growth and self-fulfilment. This should, according to the ISDM (RSA, 2006), be achieved through capacity building within empowerment programmes.

It is important to note that within the rationale of this policy special reference is made to an increase in sexual exploitation of children, due to service providers adopting a “make-do” attitude. This attitude may stem from a lack of resources and budgetary constraints as mentioned by Richter and Dawes (2008) and UNICEF (2013).

Moreover, the ISDM (RSA, 2006) emphasises that protection services to children should take place on various levels which include prevention, early intervention, statutory intervention, reconstruction and aftercare services, as depicted in Figure 4.1 below. The policy, however, only specifies sexual exploitation due to monetary gain as an issue concerning child sexual abuse; therefore, neglecting other child victims of sexual abuse.

Furthermore, the policy makes provision for the development of social welfare service delivery, which aims to improve social functioning at various levels in order to promote optimal functioning of all clients, including children, who enter the system at any point.

The figure below illustrates the various levels of intervention:

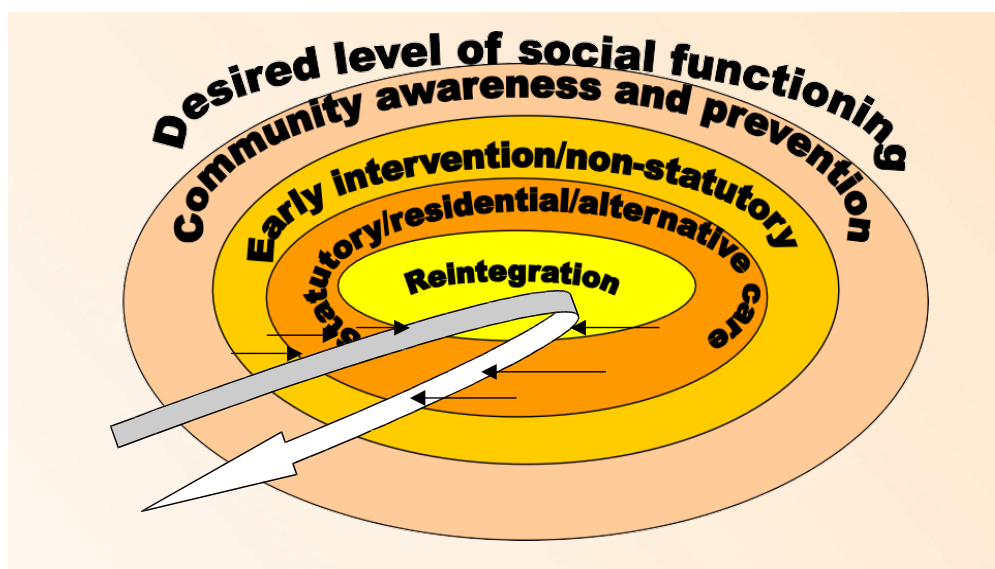


Figure: 4.1: Levels of intervention

Source: Integrated Service Delivery Model (RSA, 2006:19)

Figure 4.1 illustrates four levels of intervention, namely prevention, early intervention, statutory intervention and reconstruction and aftercare services. Child victims of sexual abuse would according to the ISDM (RSA, 2006) enter the system at statutory level, as abuse has already occurred with the focus of moving toward reconstruction and aftercare services within a multi-sectoral service delivery approach.

In addition, an integrated multi-sectoral approach to service delivery, with the aim of avoiding duplication and fragmentation of services to the maximum benefit of society, is emphasised. This need for a multi-disciplinary approach is also mentioned as a need by the Victims Charter (RSA, 2004), DJCD (2013) and UNICEF (2013), together with the need for monitoring and evaluating services. These are all aspects which allude to the need for more comprehensive services in order to empower victims of crime and have led to the development of the National Policy Guidelines for Victim Empowerment (RSA, 2009).

Of particular interest is that the focus of the ISDM (RSA, 2006) is that of developmental service delivery to all, including children. Yet, this policy and those that are also addressed in this section consistently refers to victims, which insinuates reactive service delivery. This is in contrast to the core of a developmental approach which in essence lies in prevention. Therefore, the terminology requires re-visiting in order to place greater emphasis on empowerment as cited in the previous chapter. Egan (2018:45) notes that despite people having been victimised, they should not be seen as helpless victims as “the cult of victimhood is already growing too fast in society”. Accordingly, those who have been subjected to crime should, therefore, be referred to as survivors; thereby promoting the notion of human rights and client self-determination (Hepworth et al., 2013:166), in accordance with the aim of a developmental service delivery approach (White Paper for Social Welfare, 1997).

4.4.4 National Policy Guidelines for Victim Empowerment (VEP) (RSA, 2009)

This policy gives recognition to the concern that services to victims are not integrated and streamlined, insinuating that service providers are not aware of what each other is doing. It indicates that empowerment services do exist, but these services are fragmented with no adequate elements of integration of services. It further indicates that victims may be further victimised due to the lack of integration and holistic service rendering.

What must be noted is that, despite the focus on empowerment and the developmental approach to social welfare in South African literature, policy and legislation speak of victims of CSA as

opposed to survivors of CSA; raising multiple questions related to the approach to services delivery, particularly from an empowerment perspective. Moreover, the policy recognises that more focus has previously been placed on the accused. A shift in focus within the criminal justice system is emphasised, from focussing on the accused to greater focus on the victim, thereby making the criminal justice process victim-centred.

Therefore, these National Policy Guidelines for Victim Empowerment (RSA, 2009) strive to pave the way for empowerment of the victim, with the aim of providing a framework for a holistic, multi-sectoral approach to victim empowerment for all, including NPOs, by establishing inter-departmental and inter-sectoral partnerships. These guidelines explain the notion of victim empowerment thoroughly. For instance, victim empowerment should provide victims opportunities to access services to build their own capacity and support networks. This should be done through the facilitation of client self-determination, an aspect which was already addressed in the ISDM (RSA, 2006), but not thoroughly explained; and also emphasised by the White Paper for Social Welfare (1997) with the developmental perspective as its approach to service delivery.

It is important to note that the client self-determination approach to victim empowerment aims to restore loss with an empathic, person-centred methodology through victim support services from a multi-disciplinary team approach; again aligning itself with the ISDM (RSA, 2006), which also places emphasis on a multi-disciplinary approach to service rendering. These guidelines further address one of the key outputs of the NCPS (1996), called the Victim Empowerment Programme. This programme is based on the premise that addressing crime lies in an inter-departmental and multi-sectoral approach; not in fragmentation and duplication of services, but in holistic service rendering (RSA, 2006).

These guidelines also has at the core of its objectives those roles and responsibilities of all role-players within this multi-sectoral approach, which include government and civil society (NPO, NGO and CBO sectors), be clarified and that clear monitoring and evaluation structures are put in place in order to ensure effective victim empowerment services.

The victim empowerment guidelines are further guided by seven key principles which are:

- 1) Empowerment
- 2) Human Rights

- 3) Participation and Self-determination
- 4) Family-centred Approach
- 5) Accountability, Effectiveness and Efficiency
- 6) Restorative Justice
- 7) Multi-disciplinary Approach.

These principles respect the rights of victims, applying the principles of Ubuntu and Batho Pele and are embedded in values (RSA, 2009:8).

To sum up: The National Policy Guidelines for Victim Empowerment (RSA, 2009) emphasises that empowerment services lie at the core of services rendered within social welfare. These guidelines have led to the development of a comprehensive Framework for Social Welfare Services (RSA, 2013), and the development of multiple national plans, such the National Plan of Action for Children in South Africa (RSA, 2012).

4.4.5 National Plan of Action for Children in South Africa (NPAC) (2012-2017) (RSA, 2012)

This National Plan of Action for Children in South Africa (2012) aims to serve as a holistic framework for the integration of policies and plans by government departments and civil society (NPOs and CBOs) to promote the wellbeing of all children. Its strategy not only aims to address child sexual abuse, but also to focus specifically on the services victims require (RSA, 2012:72), and has four guiding principles as contained in the Convention on the Rights of the Child, namely:

- 1) Best interest of the child
- 2) Non-discrimination
- 3) Right to survival, wellbeing and development
- 4) Respect of the views of the child.

In addition, the general goals of the NPAC (2012) include creating a safer environment for children by protecting them against sexual abuse and developing specific protocols for victim support services. This is in line with the Life Model within the ecological approach to service provision (Germain & Gitterman, 1996; Gitterman, 2009); and it is further aligned to the new

ecology, as described by Ungar (2002). In addition, the need for national indicators which are specific and concrete, clearly indicating the number of children who are victims of abuse and the type of abuse, is an aspect which is lacking in the SAPS statistics (SAPS, 2015-2016) and necessary to ensure a safer environment for children. The role of the SAPS in victim support services, which will be discussed later, is also described in this policy.

Furthermore, Section 4 Part C2 of this plan is specifically geared towards addressing sexual exploitation of children, child trafficking and child pornography. This section has a clear goal with specific objectives, strategies and national indicators related to CSA which is reflected in the table below:

Table 4.1: Goal, Objectives, Strategies and National Indicators for CSA

Goal (2012–2017)	<ul style="list-style-type: none"> • To protect all children from all forms of sexual abuse and exploitation
Objectives	<ul style="list-style-type: none"> • To implement prevention and early-intervention strategies to counter and address the sexual exploitation and trafficking of children (see Figure 4.1). • To ensure the safety, protection and security of all child victims of sexual exploitation. • To ensure a high level of digital awareness and safety among all children. • To ensure the provision of services to child victims of sexual exploitation that assist with their recovery and healing.
Strategies	<ul style="list-style-type: none"> • Review, develop and ensure the implementation of national protocols on the management of child pornography, sexual exploitation and child trafficking which include police, justice personnel, social workers, teachers. • Oversee the implementation of preventative, protective and rehabilitative strategies and services for children who are victims of trafficking. • Review, establish and implement programmes that ensure the safety, protection and security of all child victims of trafficking. • Facilitate the implementation of programmes that will educate children about online and digital safety, cyber bullying and related safety on new technologies. • Ensure the establishment and maintenance of management information systems on the incidences of child pornography, sexual exploitation and child trafficking. • Ensure that legislative frameworks are in place to protect children from exposure to pornography, which include the manner in which pornography is discarded. • Make education programmes available to parents about online and digital safety for their children. • Ensure the availability of programmes that will educate children about sexting (cyber).

	<ul style="list-style-type: none"> • Ensure the inclusion of aspects of cyber and online safety in the national school curriculum.
National indicators	<ul style="list-style-type: none"> • Number of children who were victims of sexual exploitation (by sex, location and age). • Number and type of services available to children who are victims of sexual exploitation and trafficking. • Number of children who are victims of human trafficking exploitation (by sex, age, location). • Number of prevention and early-intervention programmes to address the sexual exploitation and trafficking of children per province.

Source: National Plan of Action for Children in South Africa (NPAC) (2012-2017) (RSA, 2012:65)

From the clear detail in Table 4.1 where the goal, objectives, strategies and national indicators for CSA are stipulated, it can be deduced that government along with civil society (NPO, NGO & CBO) have a sound understanding of the nature and extent of child sexual abuse. The question which arises is whether policies such as this National Plan of Action for Children (RSA, 2012) translate into effective victim empowerment services. It is worth noting that this policy can be seen as a forerunner for a number of other policies such as the Framework for Social Welfare Services (RSA, 2013), which emphasises and has at its core, related goals and objectives concerning child protection and victim empowerment. These goals, objectives and strategies are directly aligned to the United Nations Convention on the Rights of the Child (1990) and the African Charter on the Rights and Welfare of Children (1990), which was discussed earlier in this chapter.

When considering strategies for online safety and child pornography, measures have been put in place in terms of policy and legislation. The Film and Publication Amendment Act 18 of 2004 makes provision for the prohibition of child pornography on all media platforms, including the internet. The Act also gives obligation to report child pornography and the increase of penalties involving child pornography. Government has also put in place the Department of Communication's Children Empowerment Directorate which is party to the Child Online Protection (COP) initiative, which is an international collaboration for the online protection of children (DWCPD, 2013:39).

Furthermore, the Learner manual for safety and risk assessment of children in the field of child protection services (DSD & UNICEF, 2008), as discussed in Chapter 3, could be seen as an

example of practical implementation of services in the field of empowerment which considers the Framework for Social Welfare Service (RSA, 2013).

4.4.6 Framework for Social Welfare Services (RSA, 2013)

Social welfare services have changed since the introduction of the White Paper for Social Welfare (RSA, 1997). Likewise, guidelines have to be adjusted for the implementation of welfare services; hence, the birth of the Framework for Social Welfare Services (RSA, 2013).

This framework has been developed in conjunction with the ISDM (RSA, 2006) and is applicable across sectors; therefore, directly promoting the notion of a multi-sectoral, multi-disciplinary approach to welfare services. It further follows a rights-based approach, thereby aligning itself to the Services Charter for Victims of Crime (RSA, 2004) which has at its core the rights of victims.

The Framework (RSA, 2013) sets out structured values which include recognising people's potential to change, which links directly to the notion of victim empowerment, and is succinct with the social work principle of client self-determination (Hepworth et al., 2013:66). These values align the framework directly to the ISDM (RSA, 2006) and the National Policy Guidelines for Victim Empowerment (RSA, 2009). A clear structure has been given to the nature and scope of services, which can be seen in the figure below. Support services on various levels are indicated, with specific reference to children within the section on life-stages and victim empowerment as a focus area (RSA, 2013:36).

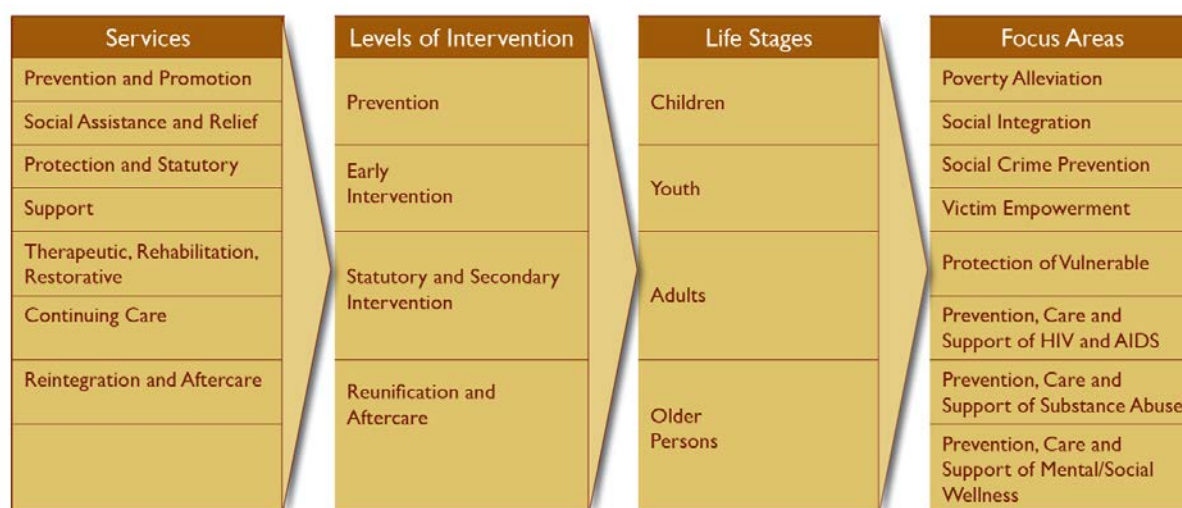


Figure 4.2: Integrated Framework for Social Welfare Services

Source: Framework for Social Welfare Services (RSA, 2013:36)

Figure 4.2 illustrates the conceptualisation of an integrated framework for social welfare services which clarifies planning and implementation strategies and highlights the importance of monitoring and evaluation. It places emphasis on what is referred to as an exit strategy (services are not everlasting). This aligns well with the notion of victim empowerment which encourages self-reliance (RSA, 2013). In addition, research is not only encouraged, but seen as part of the core values in order to promote the development of new knowledge and to improve services — this ties in well with the role of the social worker as a researcher (Patel, 2005:149; Hepworth et al., 2013:31) — as well as continuous professional development, as expected of registered social workers by the South African Council for Social Service Professions (www.sacssp.co.za).

Additionally, social welfare as an enabling service is emphasised by the framework, but it should be noted that this requires adequate funding and resources in order to be effective. Resources include, amongst others, human resources in terms of having people trained with specified competencies, as well as adequate infrastructure. These requirements are well aligned with what is specified by UNICEF (2013) and Richter and Dawes (2008) to ensure effective support services.

The Framework indicates the need for a generic intervention strategy which stipulates that services should be rendered from an ecological perspective on micro, meso and macro levels. This corresponds well with improving the fit between the person and the environment and developing positive interaction between people and their environments, thereby rendering

holistic services (Germain & Gitterman, 1996; Scannapieco & Connel-Carrick, 2005:22; Zastrow, 2005:55; Johnson & Yanca, 2010:392; Hepworth et al., 2013:17). Thus, it aims at facilitating a comprehensive, integrated, rights-based, well-resourced and quality developmental social welfare service delivery system (RSA, 2009), which should be delivered within a multi-disciplinary, inter-sectoral manner by government and NPOs.

4.4.7 Sexual Offences Courts: National Policy Framework (RSA, 2012)

The National Policy Framework (RSA, 2012) was born from an instruction within the New Sexual Offences Act, No 32 of 2007, which stipulates that a National Policy Framework must be developed.

This Framework (RSA, 2012) has three key objectives:

- To establish norms and standards for the implementation of the Act;
- To develop and strengthen coordinated services;
- To provide resources for the implementation of the Act and the National Policy Framework.

What is of particular interest is that the Act was enacted in 2007 and this National Policy Framework was only developed in 2012. It took government seven years to develop a framework as prescribed by the Act. Further, it is also noteworthy that in 2006, a year before the enactment of the New Sexual Offences Act No 32 of 2007, specialised units such as the Family Violence, Child Protection and Sexual Offences Unit (FCS) were disbanded. This was subsequently followed by the closure of the specialised sexual offences courts.

These actions place a serious damper on the significant strides made by the South African government in terms of child protection, as implementation of policy and legislation is clearly problematic.

4.4.8 Sexual Offences Courts: National Strategic Plan (2016-2020) (RSA, 2016)

This National Strategic Plan (RSA, 2016) aims to guide the practical implementation of the New Sexual Offences Act No 32 of 2007, which was developed due to the increasing rate of sexual offences in South Africa and the need to address societal degradation, and to

accommodate an expanded array of sexual offences which was not addressed in previous legislation.

A key focus of this National Strategic Plan (RSA, 2016) is empowerment services for victims of sexual offences as it recognises the serious long term consequences of sexual offences, especially against children. It states that part of the long term consequence of sexual abuse is the harsh treatment suffered by victims within the criminal justice system, often subjecting victims to secondary victimisation (RSA, 2016:8). This notion was highlighted in the report of the Ministerial Advisory Task Team on the Adjudication of Sexual Offence Matters (MATTSO) (DOJCD, 2013).

It is worth noting that the Plan has to a large degree utilised the recommendation of the MATTSO (2013) report by including it as part of its focus areas for improved service delivery. It recognises the need for a multi-sectoral, multi-disciplinary team approach in order to render adequate services. With this recognition has come the realisation that specialised sexual offences courts are essential; hence, the re-establishment thereof.

Services within this re-established court system would include the involvement of NGOs, NPOs and CBOs, which had previously been in existence through Child Witness Projects as facilitated by organisations such as RAPCAN (www.rapcan.org.za) and Rapecrisis (www.rapecrisis.co.za).

It is evident that government has made significant strides in recognising that children are becoming increasingly vulnerable and that this should be addressed. Over the past two decades numerous policies have been developed, much of which reiterates the same issues, but none truly being able to translate into adequate service provision or prevention of CSA, as rates of CSA continue to increase.

4.5 LEGISLATION TO PROTECT THE RIGHTS OF CHILDREN

Child Sexual Abuse in South Africa is governed by a number of legislative documents (OPTIMUS Study, 2016:17), and is supported within a range of legislation related to crime and victimisation, which is embedded within the overarching law of the land, the Constitution of the Republic of South Africa (RSA, 1996).

The laws include the Criminal Law [Sexual Offences and Related Matters] Amendment Act No 32 of 2007, the Children's Act No 38 of 2005 and the Children's Amendment Act No 41 of 2007. Each of these sexual offences is clearly defined and support services stipulated for child victims of sexual abuse.

Of importance is that the OPTIMUS Study (2016) displays an analysis of how these laws govern sexual offences against children and provide an overview of various sections which complement each other. Considering this, this section will provide a brief overview of the relevant sections of the abovementioned legislation and further provide an impression of what complementing legislation dictate. These will include the Constitution of the Republic of South Africa (RSA, 1996) and the Domestic Violence Act No 116 of 1998.

4.5.1 Constitution of the Republic of South Africa (RSA, 1996)

The South African Constitution (RSA, 1996) is amongst the most progressive in the world, giving the highest regard for the people who live in the country. This includes its children. Chapter Two, dedicated to the rights of all people, as a matter of fact, include children. Section 28 is specifically geared towards the protection of children's rights with Section 28(1)(d), stating outright that children have the right to be protected from maltreatment and abuse.

Further, the Constitution aligns itself with the United Nations Convention on the Rights of the Child (1990) Article 21, as well as the African Charter on the Rights and Welfare of the Child (1990) Article four, by adopting "the best interest of the child"-principle. This is visible in Section 28(2) which stipulates that "a child's best interests are of paramount importance in every matter concerning the child."

Therefore, many subsequent progressive legislative frames have been developed and are based intrinsically on that which is encapsulated in the highest law of the land, placing children in a very important position — at the top of the legislative agenda of the country.

4.5.2 Children's Act No 38 of 2005

This legislative framework encapsulates child protection as a whole. It sees its birth in the dawn of the new democracy as its predecessor, the Child Care Act of 1993 did not adequately encapsulate child protection and aspects which are addressed in the South African Schools Act No 84 of 1996 or the Domestic Violence Act No 116 of 1998. The South African Law Commission was, therefore, requested to revise the Act in 1997 (Catholic Parliamentary Liaison

Office (CPLO), 2007) in order to rectify these gaps. One such gap was to adequately address concerns surrounding CSA.

The Children's Act No 38 of 2005 specifically defines sexual abuse in Chapter 1. It indicates that CSA is sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted; encouraging, inducing or forcing a child to be used for the sexual gratification of another person; using a child in or deliberately exposing a child to sexual activities or pornography or procuring or allowing a child to be procured for commercial sexual exploitation; or in any way participating or assisting in the commercial sexual exploitation of a child.

This definition provides sound legal guidelines for the protection of children against CSA. The Act further dictates in Section (110)(1) that there is an obligation on a number of professionals, specifically social workers, to report even just a suspicion of sexual abuse to the police, as highlighted by the OPTIMUS Study (2016:19). The OPTIMUS Study (2016:34) reports that in spite of this obligation under-reporting of sexual abuse is very imminent.

The Act, however, does not make specific provision for counselling or victim support services directed specifically at child victims of sexual abuse or their caregivers; hence, the birth of the Children's Amendment Act No 41 of 2007.

4.5.3 Children's Amendment Act No 41 of 2007

This Amendment builds on the existing Children's Act No 38 of 2005. Chapter 8 of this Act dedicates itself to providing clarity regarding prevention and early intervention services. It specifies the need for psychological, rehabilitation and therapeutic services for abused children. Section 144(2) specifically speaks of empowering families and supporting children to reach their full potential. Furthermore, Section 147 illustrates norms and standards for prevention and early intervention programmes which include therapeutic services, which is in-line with the service delivery intervention levels as stipulated by the Integrated Service Delivery Model (RSA, 2006).

4.5.4 Criminal Law (Sexual Offences and Related Matters) Amended Act No 32 of 2007 (New Sexual Offences Act)

This Act (2007) was developed with children as one of its foremost target groups in mind. The enactment aims to make provision for a comprehensive range of sexual offences against

children. This is in order to address the particular vulnerability of children which corresponds directly with the Children's Act No 38 of 2005 and international policies such as the United Nations Convention on the Rights of the Child (1990), as well as the African Charter (1990). Equally as significant is that the Act makes provision for:

- the redefinition of rape
- the broadening of the concept of sexual violence
- the introduction of new sexual offences
- the comprehensive provision of sexual offences against children and the mentally disabled
- the protection against secondary victimisation
- the establishment of a National Sex Offender Register (NSOR)

The NSOR is specifically geared towards the protection of children, excluding any person who appears on the register to work in an area where there are children. However, this NSOR, for which Section 42 of the New Sexual Offences Act, No 32 of 2007 makes provision for, has not come without serious challenges. Challenges stem directly from the Constitution of the Republic of South Africa (RSA, 1996), according to Mollema (2015), specifically in terms of the Bill of Rights (RSA, 1996). Mollema (2015) further indicates that, although the NSOR appears to be a good idea, it is an administrative burden as keeping records is labour intensive and resources are not readily available.

Moreover, the implementation of the Act in general also has not come without many challenges; one such challenge being the administrative burden and upkeep of the register. Since 2007 South Africa has seen the establishment and closure of specialised sexual offences courts and more recently the re-establishment of specialised sexual offences courts (DOJCD, 2013). Furthermore, similar chaos was experienced with the specialised sexual offences units within the SAPS, with the birth, death and re-birth of the FCS units. The Act, nevertheless, makes special provisions for the protection of victims.

4.5.5 Domestic Violence Act, No 116 of 1998

This Act (1998) is not specifically directed at children; however, it serves as a supplementary framework to the Children's Act No 38 of 2005, as well as the new Sexual Offences Act No 32

of 2007 in protecting children from sexual abuse. In the preamble of the Act it undertakes to protect women and children from abuse; and in defining domestic violence, sexual abuse is specified.

Provision is made for the protection of women and children, as the child or person acting in the best interest of the child can apply for a protection order if the child is in danger. In the event of a parent applying for such an order, the child may be included in it. These aspects are clarified in Section 4 of the Act.

The abovementioned legislative frameworks are aligned with international frameworks for the protection of children and emphasise the importance of human rights which is at the core of the highest law of the land, the Constitution of the Republic of South Africa (RSA, 1996).

4.6 CONCLUSION

It is evident that policy and legislative reform has not been placed on the backburner of priorities in South Africa, although it may appear as such; particularly with high rates of sexual abuse and the media attention the phenomena is enjoying. The media portrays a very bleak picture, but seems to neglect the behind-the-scenes work that is taking place in terms of policy and legislative development. Where South Africa lags behind is the implementation of policy and legislation by failing in adequately translating it into practical service provision. It is this failure that gains much attention and places the children of the country at continuous risk.

The discontinuation of services, such as specialised sexual offence courts and specialised investigating units such as the FCS units, exacerbate the view that government is incompetent in service delivery to the most vulnerable of society. It has taken the establishment of a task team (MATTSO) to conclude that specialised sexual offence courts and specialised investigating units work which hassled to the drafting of new policies to re-establish what previously existed. It would appear that the South African government is moving around in circles and begs the question: Are the most vulnerable of society truly at the top of government's agenda, as stipulated in its vast array of policy and legislative documents?

CHAPTER 5

EMPOWERMENT SERVICES FOR CHILD SEXUAL ABUSE WITHIN THE CONTEXT OF AN ECOLOGICAL PERSPECTIVE

5.1 INTRODUCTION

Services to children who have been sexually abused require a holistic integrated, multi-disciplinary, multi-level approach by service providers of various relevant professions. This approach is stipulated in an array of policies such as the Service Charter for Victims of Crime (RSA, 2004), the Integrated Service Delivery Model (RSA, 2006), the National Policy Guidelines for Victim Empowerment (VEP) (RSA, 2009), the National Plan of Action for Children in South Africa (NPAC) (RSA, 2012) and the Framework for Social Welfare Services (RSA, 2013), all of which are elaborated on in Chapter 4. This multi-level integration of services which are contained in relevant policies and which NPOs should render, have empowerment to victims of crime at its core.

In Chapter 1, Objective 3 indicates that this study aims to describe the nature of empowerment services for CSA within the framework of an ecological perspective. The aim of this chapter is to fulfil this objective. Much has become apparent with regard to the theoretical underpinning of the nature of service delivery in terms of the ecological perspective as conceptualised in the 1970's by Bronfenbrenner (2005) and further developed by Germain and Gitterman (1996) for the discipline of social work. Chapter 4 demonstrates the strong influence that policy and legislation may have on the improvement of fit and development of interaction between sexually abused children and their physical and social environment, as described by the ecological perspective (Johnson & Yanca, 2010:392; Zastrow, 2005:55). The need for empowerment services within the healing process, the recognition of the role of the social worker, and that of the interrelations between resources in caring communities is also evident (Johnson & Yanca, 2010:397).

In keeping with this, this chapter thus aims to describe how an ecological framework, also referred to as the Life Model as conceptualised by Gitterman (2011; 2008) and the New Ecology

put forth by Ungar (2002), can be used as a part of the theoretical framework for the study and can provide a context for empowerment services for CSA.

5.2 ECOLOGICAL PERSPECTIVE AS THEORETICAL FRAMEWORK

The ecological perspective is chosen as part of the theoretical framework for the study as it is a multi-layered approach to address risk factors leading to child sexual abuse which are of a personal and social nature. In addition, the ecological perspective provides insight into the nature and consequences of the transactions between people and their physical and social environments, and is concerned with both growth and development (Germain, 1979:8). Of importance is that the social environment in which sexually abused children function, is governed by public policy and legislation which are mandated by government and should be implemented by NPOs. Consequently, the ecological perspective is chosen as theoretical perspective for the study. In the next section the systems involved in social work practice will be described.

5.2.1 Systems involved in social work practice

As social work aims to improve the fit between children who have been sexually abused and their environment (Ruffolo et al., 2016:21), the core systems involved in the change efforts or intervention offered by NPOs should be understood. These systems can be seen in the figure below:

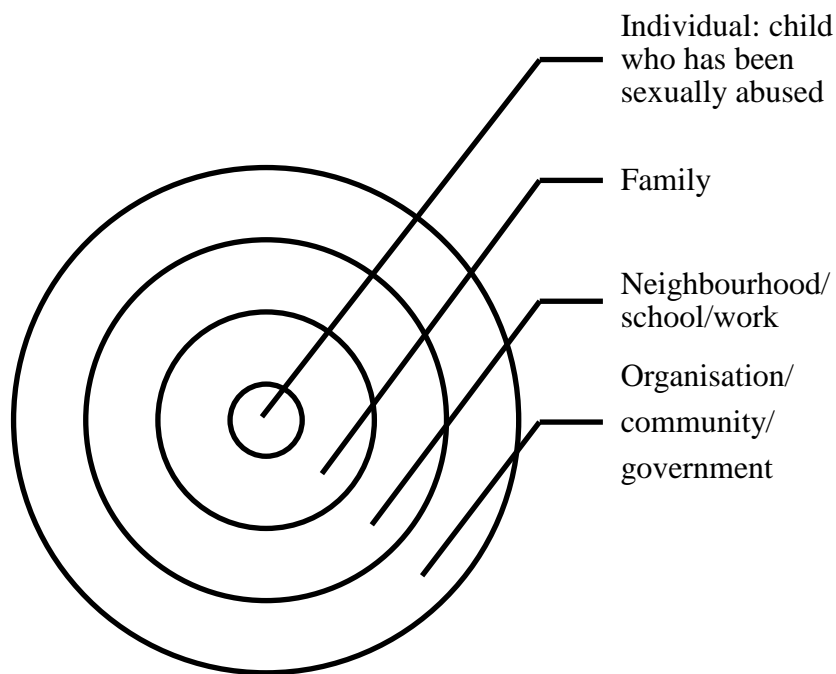


Figure 5.1: *Core systems involved in change efforts*

Source: RUFFOLO, M.C., PERRON, B.E. & VOSHEL E.H. 2016: *Direct Social Work Practice. Theories and Skills for becoming an Evidence-Based Practitioner*

Figure 5.1 illustrates the multiple systems related to child sexual abuse. Understanding the systems which are related to CSA and their environments in which children function, are important for empowerment service provision offered by NPOs; and according to Hepworth et al. (2013:27), include:

- Sub-systems of the individual (biophysical, cognitive, emotional, behavioural, motivational)
- Interpersonal systems (parent-child, marital, family, kin, friends, neighbours, cultural groups, belief systems, social networks)
- Organisations, institutions and communities
- Physical environment (housing, neighbourhood).

In order to render empowerment services for CSA, social workers in NPOs will often work with various systems, some of these simultaneously. In the case of this study these include, but are not exclusive to the family, schools, courts, NPOs, the Department of Social Development and Department of Health, because social workers will not only render direct services for those affected by CSA, but also engage with the systems related to them (Ruffolo et al., 2016:21).

Moreover, it is of vital importance for social workers to understand the nature of the interactions between the systems at play in the lives of those affected by CSA, in order to plan and render effective and efficient empowerment services. Various components are central to understanding the notion of person-in-environment interactions within these systems to design appropriate service delivery. It includes the sexually abused child and their family, the interactions with the environment and the environment itself, as is illustrated in the figure below:

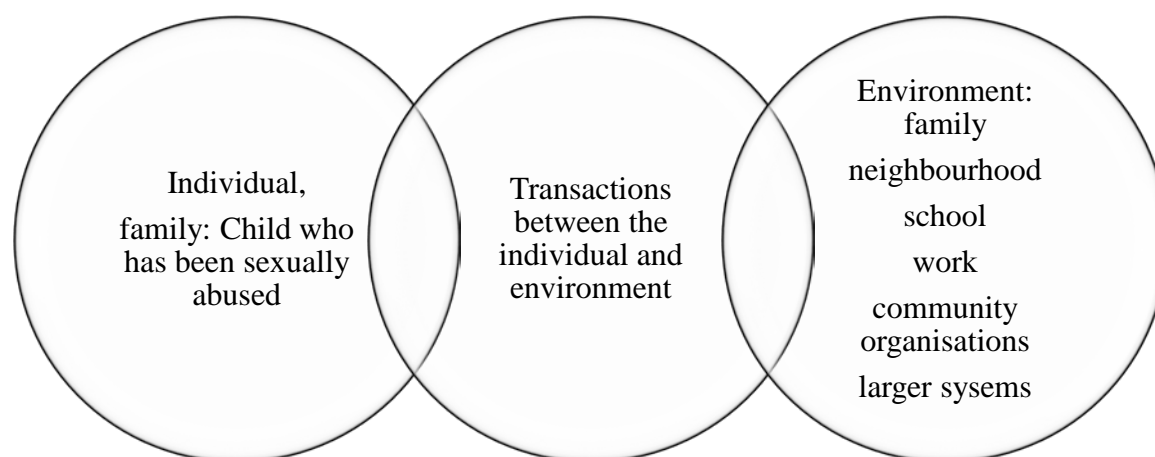


Figure 5.2: Person-in-environment components

Source: RUFFOLO, M.C., PERRON, B.E. & VOSHEL E.H. 2016: *Direct Social Work Practice. Theories and Skills for Becoming an Evidence-Based Practitioner*

Figure 5.2 illustrates three essential components which social workers involved in empowerment services offered by NPOs need to understand for designing and rendering the service. The notion of person-in-environment gives recognition to the interdependence of the various systems in the child's life (Poulin, 2005:27). It is worth noting that the sexually abused child functions within a family who live in a community which consists of schools, organisations and broader systems governed by policy and legislation. As a result this interaction, as illustrated in the figure above, is influenced by the nature of risk factors leading to CSA, as well the consequences associated with it. Next the various levels of the ecological perspective will be discussed.

5.2.2 Levels of the ecological perspective

According to Miley, O'Melia and DuBois (2004), empowerment services rendered by social workers can take place on three main levels as described by the ecological perspective that is the micro, meso and macro levels which are demonstrated in the figure below:

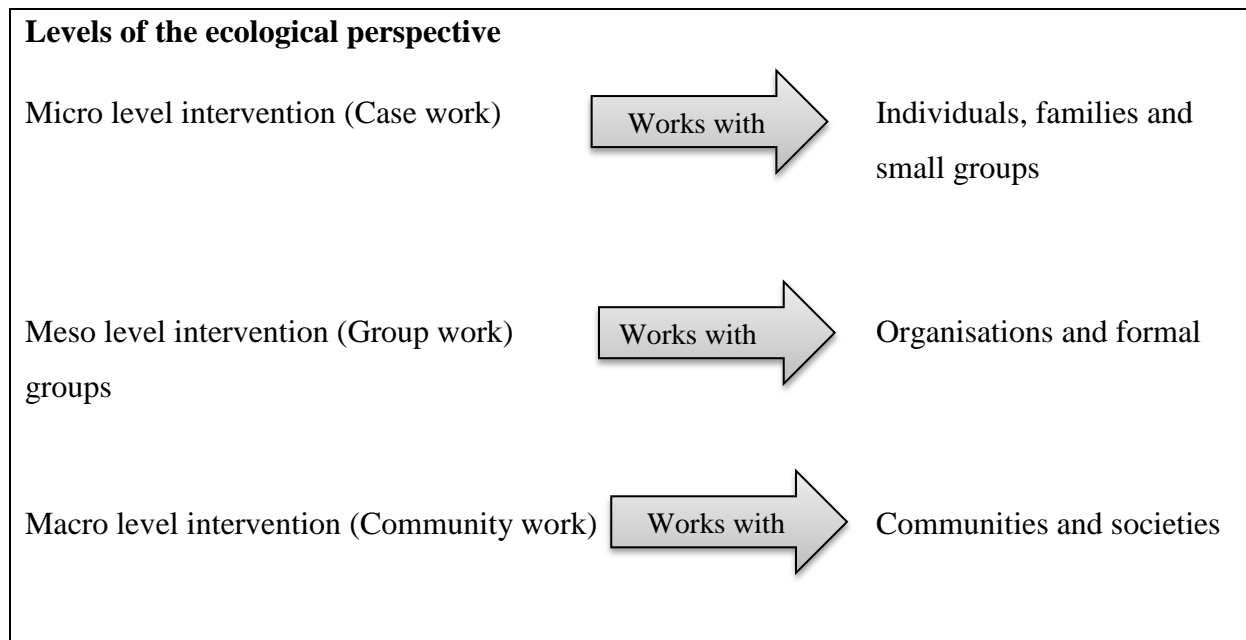


Figure 5.3: Levels of the ecological perspective related to empowerment services

Source: MILEY, K.K., O'MELIA, M. & DUBOIS, B. 2004: *Generalist Social Work Practice. An Empowering Approach* (4th edition).

According to Bronfenbrenner (1979:7), the ecological environment is a set of nested structures which include the micro, meso and macro levels — each within the other. Worth noting is that WHO (2018) applies an ecological perspective in their global campaign for violence prevention, demonstrating how various risk factors leading to CSA are relevant on all levels of the ecological framework. The interactions within and across different systems and resources of the ecological perspective can assist social workers at NPOs to plan their services to those affected by CSA (Ruffolo, Perron & Voshel, 2016:20). An explanation of each of the levels is discussed next.

5.2.2.1 Micro level

As can be seen from figure 5.3, services delivered at micro level are to the people at the first level of intervention (Bronfenbrenner, 1979:7), which in this study is the sexually abused child. This is a system which has biology, psychology and social systems at its core (Zastrow, Kirst-Ashman & Hessenauer, 2019). For service delivery at this level, risk factors leading to CSA, which should be addressed, are personal incapacity, demography, and social background which increase the likelihood of a child becoming a victim of CSA (WHO, 2018). Worth noting is that children who have disorders, a history of maltreatment and substance abuse are at high risk of CSA. These risk factors are identified by Turner et al. (2010:132) and Finkelhor (2013).

Furthermore, Turner et al. (2011) found that children with emotional or behavioural disorders are even more likely to become victims of CSA. These are examples of the needs of those who have fallen prey to CSA. This should be addressed on a micro level (DuBois & Miley, 2010:70).

Micro level intervention (case work) may require social workers to refer the sexually abused child for other professional services which they are not mandated to render (Kirst-Ashman & Hull, Jr, 2006:6); thus, applying a multi-disciplinary approach to service delivery. Worth noting is that empowerment services on this level aim to facilitate changes in the child themselves, for example addressing issues of self-esteem and social isolation which are cited as risk factors leading to CSA. In rendering these intervention services, social workers should capitalise on the child's potential and recognise their strengths; in this way fulfilling the role of enabler (Hepworth et al., 2013; DuBois & Miley, 2010:227). In addition, the various relationships with people in which the sexually abused child are involved, as can be seen from figure 5.3, should be included in micro level services for improving the individuals' functioning (Zastrow et al., 2019; Du Bois & Miley, 2010:70; Miley et al., 2004:12). It is further on a meso level where the complexities of risk factors leading to CSA and consequences must be addressed by social workers at NPOs.

5.2.2.2 Meso level

As can be seen from figure 5.3 on a meso level, social work empowerment services entail intervention with small groups such as family or work groups, formal groups and organisations (Zastrow et al., 2019; DuBois & Miley, 2010:71). Bronfenbrenner (1979:7) indicates that the individual is influenced by interactions between these systems, which are referred to as the meso level. Intervention at this level may involve the people closest to the sexually abused child, such as family (Kirst-Ashman & Hull Jr, 2006:6). At the meso level, the focus is on changing individuals through social work group work intervention; for example, by means of self-help or therapeutic groups. According to Hack Osachuk and De Luca (1994:226), therapeutic groups for boys applying a positive rewards programme can be successful in reducing consequences of CSA such as low self-esteem and depression.

Therefore, it is imperative that social workers should have a sound understanding of the risk factors leading to the nature of and consequences related to CSA. At this level of intervention social workers mainly take on the role of facilitator (Hepworth et al., 2013; DuBois & Miley

2010:228), in order to enhance the social functioning of those affected by CSA and empower them. This role involves developing services offered as programmes at an organisational level.

5.2.2.3 Macro level

As can be noted from figure 5.3 macro level intervention (community work) is directed at working with organisations and communities, focussing on social and political conditions (policy and legislation) to encourage change on behalf of sexually abused children (Zastrow et al., 2019; Johnson & Yanca, 2010:365). It is worth noting that Chapter 4 of this study demonstrates that South Africa has no lack of policy and legislation governing service provision for CSA; however, implementation thereof is difficult.

The purpose of macro level intervention (community work) is the improvement of service delivery by assessing unmet needs, developing policies, initiating programmes and taking on an advocacy role (Hepworth et al., 2013; DuBois & Miley, 2010; Poulin, 2005). An example of such a programme is the Isibindi project, initiated by South Africa's National Association of Child Care Workers (NACCW). This community-based care and protection intervention programme for children aims to render services to children in their homes. These services include teaching life skills, assessment and referral, transfer of knowledge and skills as well as life-space counselling. These services are specifically tailored to the needs of each child within the context of a multi-disciplinary team which include social workers (<http://www.naccw.org.za/isibindi>). It is worth noting that this project is described as an example of how national policy can be translated into direct service provision and dubbed a 'turnkey' model, which is implemented by local organisations and communities (<http://www.naccw.org.za/isibindi>).

What is more, Poulin (2005:209) explains that macro level interventions should aim to develop resources, increase awareness of social needs and mobilise communities to work for the necessary change. To be specific these are all relevant in rendering empowerment services for CSA.

In order to mobilise adequate resources to address the unmet needs of communities, Poulin (2005) proposes education and training of professional people, for instance to prevent CSA. This importance of education and training of professional people such as social workers is reiterated in the ISDM (RSA, 2006:35), as well as in the Framework for Social Welfare Services (RSA, 2013), which is particularly aimed at prevention services. The ISDM (RSA, 2006:35)

further suggests that education and training should take place in various areas which include continuous professional development, skills training for the implementation of the ISDM, in-service training and research. This education and training may enhance social workers' skills to facilitate intervention on macro level and assist in fulfilling various roles required for macro level intervention (Johnson & Yanca, 2010:213).

Furthermore, resources such as finances are required to address CSA at macro level. These include financial planning, budgeting and fundraising by NPOs who render services in the field (UNICEF, 2013; Richter & Dawes, 2008). Poulin (2005), DuBois and Miley (2010) and Hepworth et al. (2013) are in agreement that for macro level intervention the roles of social planner, advocate, as well as researcher are of particular importance. As social planners, social workers assist communities to resolve problems such as CSA; and for this reason must be aware of macro level changes in policy and legislation. This is particularly relevant in South Africa, which is constantly developing new policies related to CSA. As social planners, activities include advocating for social injustice reform (DuBois & Miley, 2010:230), a role which is reaffirmed in the National Association of Social Workers Code of Ethics (NASW, 2008). The ISDM (RSA, 2006:35) stipulates that the role as researcher is particularly relevant in order to encourage debate regarding policy and legislation; thus, placing social workers in a good position to influence policy.

In order to effectively influence policy, Hepworth et al. (2013:430) suggests that skills such as policy analysis are essential to enable social workers to better understand legislation which guides practice and also assist in facilitating change through education and social action (Miley, O'Melia & DuBois, 2004:13).

Policy analysis is of significance in the field of CSA, particularly in South Africa which is at the forefront of policy development with a vast array of policy and legislation, which include:

- White Paper for Social Welfare (RSA, 1997)
- Service Charter for Victims of Crime (RSA, 2004)
- Integrated Service Delivery Model (RSA, 2006)
- National Policy Guidelines for Victim Empowerment (RSA, 2009)
- National Plan of Action for Children in South Africa (NPAC) (2012-2017) (RSA, 2012)
- Framework for Social Welfare Services (RSA, 2013)

- Sexual Offences Courts: National Policy Framework (RSA, 2012)
- Sexual Offences Courts: National Strategic Plan Draft (2016-2020) (RSA, 2016)

The abovementioned policies are discussed in Chapter 4. Due to this vast array of policies addressing CSA, it is important for social workers to be equipped with skills in policy analysis and to be abreast of the growing number of policies and legislative frameworks.

It is worth noting that the choice of the ecological perspective as theoretical framework for this study is guided by the Integrated Service Delivery Model (RSA, 2006) and the Framework for Social Welfare Services (RSA, 2013), because both documents promote social work empowerment services for CSA. The ecological perspective allows for a holistic framework for assessment of the transactions between systems (Hepworth et al., 2013:17). Furthermore, the ecological perspective is also one of the theoretical foundations that were used to compose the Learner Manual for Safety and Risk Assessment Developed by the Department of Social Development (DSD) and UNICEF (2008) for social workers.

5.2.3 Relevance of an ecological perspective to CSA

In Chapter 3 of this study risk factors leading to CSA which include personal incapacity, demography, social background and on-line platforms, are discussed. For social workers to understand these risk factors leading to CSA and consequences thereof within the context of the ecological perspective, WHO (2018) illustrates how the four levels of the ecological perspective are relevant to CSA, as can be seen in figure 5.4.

Risk factors leading to CSA on levels of the ecological perspective

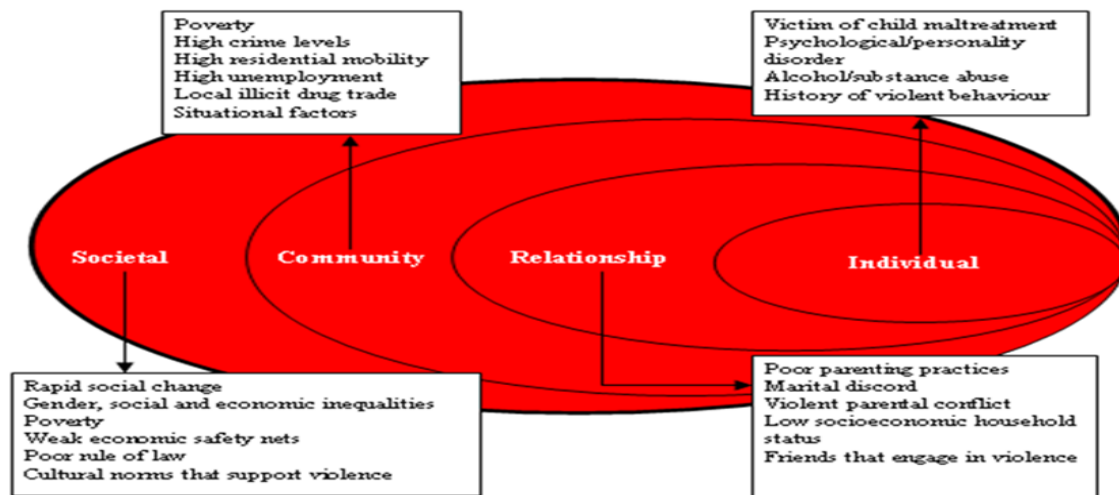


Figure 5.4: Risk factors leading to CSA on levels of the ecological perspective

Source: WHO, 2018. Violence Prevention Alliance. Global Campaign for Violence Prevention. *The Ecological Framework*. Available:

<http://www.who.int/violenceprevention/approach/ecology/en/>

Since CSA is often as a result of various risk factors, it should be noted that these risk factors can occur on different levels namely individual level (micro), relationship level (meso), community level and societal level (macro) which can result in social problems such as CSA, as is illustrated in figure 5.4. Also noteworthy is that the risk factors are treated with equal importance on the various levels of the ecological perspective (WHO, 2018).

5.2.4 Intervention phases of the Life Model

In order for social workers to address CSA, an intervention process, informed by ecological perspective also referred to as the Life Model (Gitterman, 2009), should be followed.

The intervention process in social work has various phases, as described by Gitterman (2009), Johnson and Yanca (2010), Hepworth et al. (2013) and Ruffuolo, Perron and Voshel (2016) amongst others. The authors are all in agreement that there is a beginning, middle and end to intervention, implying that services are not everlasting. In order to successfully navigate through the phases, there are various tasks in each of the phases which need to be executed.

For the purpose of this study, an overview of the intervention phases of the Life Model is offered in the table below and the tasks of the social worker during the phases are applied to intervention to address CSA.

Table 5.1: Phases of the Life Model (ecological perspective) for empowerment services for CSA

Phases of intervention	Purpose of the phase	Tasks of the social worker
Preparation	Gaining information regarding the client system.	Understanding CSA – Nature, consequences and risk factors and all policy and legislative frameworks applicable to CSA.
Initial phase	Assessment of stressors, resources, strengths, coping skills of client system. Mutual goals are determined and tasks are assigned.	Applying a relevant assessment tool.
Working phase	Work takes place to achieve goals through executing tasks.	Applying a child-centred approach focussing on the “Best interest of the child” principle (RSA, 1996).
Termination	Goals are achieved, reflection and future planning takes place.	Terminating services, retaining an open door policy (Johnson & Yanca, 2010).

Table 5.1 illustrates that intervention phases, according to the Life Model, is a process which is not everlasting or static. The social worker steps into the lives of sexually abused children in order to implement the intervention process to restore equilibrium to regain the goodness of fit between the child and their environment; inherently, stipulating an underlying notion of empowerment, which, according to the Framework for Social Welfare Services (RSA, 2013), encourages self-reliance and places emphasis on the fact that social work services are not everlasting. The phases of this process correspond directly with the general social work intervention process as described by Johnson and Yanca (2010). Worth noting is that the phases are fluid and the tasks of the social worker focus on personal and environmental factors (Gitterman, 2009:234). These may be determined by the risk factors and consequences as discussed in Chapter 3.

Moreover, the Life Model draws attention to the fact that people may, over the course of their lives, have to cope with three interrelated issues: traumatic life events, difficult life transitions and environmental pressures alongside dysfunctional interpersonal processes (Ruffolo, Perron & Voshel, 2016:21). All of these issues are relevant to sexually abused children, due to the risk factors and consequences and are illustrated in the table below:

Table 5.2: Interrelated life issues faced by sexually abused children

	Interrelated life issues	Risk factors and consequences of CSA (see in Chapter 3)
1	Traumatic life event	CSA is often a series of events which takes place over an extended period of time.
2	Difficult life transitions	Sexual abuse as a crisis situation experienced by a child, may include: <ul style="list-style-type: none"> • disclosure of the abuse • court proceedings • behavioural problems • health-related issues
3	Environmental pressures and dysfunctional interpersonal processes	The sexually abused child may also face a multitude of environment pressures and dysfunctional interpersonal processes which may include, but are not exclusive to: <ul style="list-style-type: none"> • poverty • re-victimisation

Source: RUFFOLO, M.C., PERRON, B.E. & VOSHEL E.H. 2016: *Direct Social Work Practice. Theories and Skills of Becoming an Evidence Based Practitioner*. SAGE Publications Inc.; GERMAIN, C.B. & GITTERMAN, A. 1980. *The Life Model of Social Work Practice*. New York Columbia University Press.

Table 5.2 demonstrates that for sexually abused children much of these inter-related life issues take place concurrently; thus, complicating the process of rendering empowerment services in order to regain the fit between the child and their environment to achieve the notion of self-reliance (Siporin, 1980).

This notion of encouraging self-reliance within the client system can be supported within the context of diverse and complex social problems such as CSA through the application of the principles of the New Ecology as described by Ungar (2002).

5.2.5 The New Ecology

An understanding of intervention guided by the ecological perspective (Life Model), with the aim to empower children who are sexually abused, can be enhanced by taking note of the principles from deep ecology (Ungar, 2002; Gitterman, 2009). According to Naess (1989) as cited in Ungar (2002:486), deep ecology is the study of mutual dependency within the ecosystem. This impression of deep ecology and its eight principles as stipulated by Naess (1989) was an attempt to inform a practical application of the ecological perspective, which can also be used for intervention with those affected by CSA. Ungar (2002) uses these eight

principles of Naess (1989) to argue for “a deeper, more social ecological social work practice” and puts forth an interpretation thereof, which he argues may be only one of many possible adaptations of the deep ecology for social work practice.

The table below illustrates the eight principles identified by Ungar (2002). It provides a practical guide for the application thereof to social workers for micro, meso and macro level interventions which includes work with individuals, families, groups and communities.

Table 5.3: Eight principles of New Ecology in practice

	Principles of New Ecology	Practical application of principles by the social worker
1	Intrinsic value	Respect for each individual irrespective of their function in the broader community. Considering the best interest of the sexually abused child.
2	Diversity and diverse solutions	Diversity must be acknowledged by recognising that different communities have unique needs, thus requiring differing solutions.
3	Structured alliances	Sexually abused children should determine the goals for intervention. It further increases diversity of resources available in the community.
4	Stakeholder management	Interdependence between the social worker and the sexually abused child should be upheld.
5	Divestment to community	The social worker remains part of the profession without advancing privilege. Centralised services may be easy to manage, but lack adequate resources.
6	Public policy and community empowerment	Policy should consider community life on multiple levels, for example child sexual abuse is not eradicated only by programme intervention.
7	Enlightened development	Intervention should have sustained benefits for the community as a whole.
8	Ethical obligation to foster change	The social worker needs to be committed to broader social change.

Source: UNGAR, M. 2002: A Deeper, More Social Ecological Social Work Practice. *Social Service Review*, 76(3):480-497.

A discussion on how the principles can be used for empowerment services for CSA will be presented in the next section.

5.3 PRINCIPLES OF THE NEW ECOLOGY

Principles usually serve as general guidelines for intervention and are more basic than policy. The eight principles of the New Ecology offer social workers basic guidelines for empowerment

services within the context of an ecological perspective to address CSA. Each of the principles is discussed below, offering a demonstration of how the application thereof could be related to empowerment services for CSA.

5.3.1 Intrinsic value

In applying the principle of **intrinsic value** of the New Ecology which stipulates the respect for each individual irrespective of their function in the broader community (Ungar, 2002:489), it allows social workers to consider the best interest of the client as stipulated by national and international policy and legislative frameworks as discussed in Chapter 4. These considerations within the context of the ecological perspective (Life Model) should take place during the **preparation phase** of intervention on a micro level when the social worker gathers information about the sexually abused child, which include demographic factors (Gitterman, 2009).

In applying the (ecological perspective) Life Model (Gitterman, 2009) the social worker is proactive, conducting an assessment which places the sexually abused child at the centre of the intervention process and recognises that there may be multiple stressors contributing to the need for intervention. This contributes to the recognition of the unique nature of each client system such as sexually abused children (DSD & UNICEF, 2008). Of importance is that risk factors and consequences of CSA can cause change in the behaviour of the child; therefore, requiring intervention. Some of the risk factors as presented in table 5.2, and consequences of CSA, which can be perceived as environmental stressors in the lives of children, may require social service agencies (NPOs, NGOs and CBOs) to render empowerment services to them.

Furthermore, Gitterman (2009:233) explains that life and environmental stressors, related to demographics are interconnected, and if not successfully treated could be destructive. In the case of empowerment for CSA social workers should consider the risk factors and consequences of CSA as elaborated on in Chapter 3 in order to prevent psychological, behavioural and sexual problems, health related issues and even secondary or re-victimisation.

5.3.2 Diversity and diverse solutions and structured alliances to improve service provision for CSA

It is noteworthy that the New Ecology principles of **diversity and diverse solutions and structured alliances** (Ungar, 2002) are relevant for this study, because **diversity** calls for social workers to embrace and accept differences. It is essential that social workers note that there is

a diverse range of consequences experienced by those affected by CSA, which means that different children will respond in different ways to CSA; hence, each requiring intervention is unique to their needs.

Structured alliances indicate that children exposed to CSA should be provided with the opportunity to determine their own goals for intervention and allow for a more diverse range of resources to be available in the community, which include informal resources (Ungar, 2002). This principle corresponds with what DuBois and Miley (2010:197) described as empowerment-orientated social work, which recognises the positive contribution of the client to the intervention process. Further, the focus of **structured alliances** is also applicable on macro level intervention with communities focussing on prevention. Worth noting is that Ungar (2002:491) explains that social work should focus on assisting marginalised communities to become a means to an end for themselves; thus, releasing potential of the community and perhaps also stretching resources and promoting change (DuBois & Miley, 2010:230). These activities are all of importance to the empowerment process and relevant within the **initial phase** of intervention of the ecological perspective (Life Model), as described by Gitterman (2009). Through the use of Life Model social workers and the sexually abused child can collectively determine the focus of intervention by:

- improving the management of stress of the sexually abused child,
- influencing the social and physical environment of the sexually abused child,
- improving the quality of the interaction of the sexually abused child and their environment (Gitterman, 2011:285).

5.3.3 Stakeholder management for better service delivery for CSA

It is within the working phase of the Life Model that the use of the **stakeholder management** principle becomes evident. This principle calls for interdependence in the relationship between social workers and sexually abused child (Ungar, 2002). To be specific this is a relationship which, according to Poulin (2005:50), is collaborative and based on trust. However, if there is a lack of services and resources, this interdependence is hampered and trust is lost (Poulin, 2005). This hinders the empowerment process. Worth noting is that Richter and Dawes (2008) indicate that there are often insufficient services available for sexually abused children in South Africa, and Matthews et al. (2010) are in agreement.

Furthermore, communities should be empowered to manage their own resources, such as creating support networks and self-help groups (Johnson & Yanca, 2010), rather than it being managed for them by bureaucracies. Taking ownership of self-help, groups will give communities a sense of responsibility to improve the goodness of fit between themselves and their environment. This should ideally be facilitated by social workers. It is, however, hampered by social workers not being adequately equipped to render a service on macro level in this way, due to high caseloads and poor working conditions (Earle-Mallesson, 2006; Alpaslan & Schenck, 2012), particularly in rural communities.

The improvement of the goodness of fit between people and their environment forms part of macro level interventions, which include the mobilisation of communities to take action themselves to gain and improve both formal and informal resources (Gitterman, 2009), as well as influencing legislative reform. This kind of intervention should have sustained benefits for the community as a whole. Ironically, in South Africa legislative reform is evident as can be seen in Chapter 4. However, translating policy into actual service delivery to sexually abused children on a micro level remains challenging. In addition to the lack finances and specialised skills to deal with CSA (Richter & Dawes, 2008; Matthew et al., 2010; UNICEF, 2013), a further challenge is the scarcity of social workers in South Africa (Earle-Mallesson, 2009).

It seems that there is a lack of goodness of fit within the area of service provision, as government and NPOs as key stakeholders in the field of CSA are not able to provide the necessary empowerment services to those affected by CSA. This is due to a wide spectrum of challenges. Due to this apparent distortion in the goodness of fit in service provision for CSA service delivery resources are poor. It hinders effective empowerment. It is here that the question, “are services delivered effectively and efficiently?” as raised by DuBois and Miley, (2010:229) become relevant as social workers take on the role of facilitator during meso level intervention with organisations rendering services in the field of CSA.

5.3.4 Enlightened development for the provision of empowerment services for CSA

The principle of **enlightened development**, according to the New Ecology (Ungar, 2002), calls for sustainability which stems from empowering the client system to take ownership of their own resources. Ungar (2002:488) explains that this principle postulates that which is good for the individual and the community is the benchmark for social and economic development. In

terms of CSA this could translate into the need for a general attitude change in society regarding CSA in order for intervention to improve and be successful (Richter & Dawes, 2008).

Furthermore, improving economic circumstances of communities may lead to a decrease in CSA, as Seedat et al. (2009) and Butler (2013) are in agreement that poverty is a risk factor for CSA and is particularly relevant in South Africa, with the huge divide between the rich and the poor. In addressing this, the goodness of fit between sexually abused children and resources can potentially be restored; hence, requiring macro level intervention, which is consistently hindered by the lack of economic and human resources.

Additionally, demographic risk factors such as geographic location and poverty decrease the likelihood of the availability of resources for sexually abused children. These resources include human resources and the availability of social workers. Social workers are often in single person offices of NPOs, working in isolation with a lack of supervision, high caseloads and poor working conditions (Alpaslan & Schenck, 2012:414). These factors make social development almost impossible and add to the burden of social workers which may lead to burn-out, which in turn leads to high staff turnover in NPOs (Earle-Mallesson, 2009:70). This may lead to a breakdown in relations between sexually abused children and social workers as trust is severed (Poulin, 2005). These issues collectively call for improved working relations between government and civil society organisations (NPOs, NGOs and CBOs). As discussed in Chapter 4, this is mandated by the array of policy and legislative frameworks for the improvement of empowerment services for CSA. Client systems such as sexually abused children, are therefore subjected not only to being at risk of being sexually abused due to demographic factors such as location and poverty, but are further at risk of not attaining the necessary empowerment services due to the same risk factors.

5.3.5 Divestment to communities for services for CSA

The Life Model further stipulates that social workers need to influence the development and improvement of services to respond to the needs of the client system. In order to achieve this in the case of CSA, social workers must be able to question organisational structures to improve services, but at the same time respect the organisation's mission (Gitterman, 2009). In doing so, social workers will apply the New Ecology principle of **divestment to communities** (Ungar, 2002). Different communities have different needs; hence, requiring services unique to them (Johnson & Yanca, 2010:150). To illustrate, organisations such as NPOs have the responsibility

to create work environments which promote a positive culture allowing staff to engage in policy making (Naidoo & Kasiram, 2006:124); thus, allowing social workers to question structures and improve services, as they are best suited to understand the needs of the client system. In this way social workers engage actively as advocates (Hepworth et al., 2013:31).

It is particularly necessary for empowerment services for CSA to act as advocates, as this social problem has a vast array of complexities which require special knowledge to be effectively addressed (Matthews et al., 2010:84). Therefore, social workers require special training in the field of CSA. Moreover, social workers are in the coalface of service delivery; thus, they are ideally positioned to influence policies within organisations to advocate for the improvement of services to sexually abused children. Social workers are, however, burdened with many challenges. These challenges include legislative reform since the advent of the new democracy. The new democratic government undertook a process of reform in terms of legislating welfare services in order to address the injustices suffered by vulnerable groups, particularly children. This has resulted in an array of new services which need to be made available, coupled with new skills which need to be acquired by social workers; hence, adding to the load of already overburdened, underpaid social workers (Earle-Mallessen, 2009:70; Alpaslan & Schenck, 2012).

Considering the challenges faced by social workers, coupled with the fact that social workers working for NPOs render generic services, they may have little capacity to “question structures” which the principle of **divestment to communities** call for. Social workers are too busy putting out fires to focus on improving services and searching for best practice models which are specialised to specific target groups such as sexually abused children.

5.3.6 Public policy and community empowerment for the improvement of services for CSA

CSA is a social ill which demonstrates a social injustice against children and social injustices and inequities; it also stipulates that, according to the Life Model (Gitterman, 2009), professionals have a responsibility to influence the environment; thus, assuming an advocacy role on behalf of communities to change policy and legislation. The New Ecology principle of **public policy and community empowerment** can be used for this because it postulates that policy should consider community life on multiple levels (Ungar, 2002), including micro, meso and macro levels. This translates into ensuring that adequate policies are developed not only by

government on a national level, but also locally within organisations which are responsible for direct service delivery. It is, thus, important to give recognition to all stakeholders involved in service provision to those affected by CSA. This includes frontline social workers.

This principle of **public policy and community empowerment** should be adhered to nationally and internationally. In South Africa there are various policy frameworks addressing issues of children. An example of such a policy is that of the National Plan of Action for Children in South Africa (RSA, 2012), as discussed in Chapter 4. As previously discussed, however, policy and legislative frameworks are well developed in South Africa. What is questionable is the practical implementation thereof, in order to ensure adequate service delivery to sexually abused children (Richter & Dawes 2008; UNICEF, 2013).

It must be understood by policy makers that CSA will not be eradicated only by policy, legislative frameworks and programme intervention, as dictated by policy. There is also need for a holistic service provision by various relevant professions to address this social problem. An approach, which is called upon in various policy documents addressing CSA, including the Service Charter for Victims of Crime (RSA, 2004), the ISDM (RSA, 2006) and the Framework for Social Welfare Services (RSA, 2013), are only a few mentioned.

Social workers should be specifically trained in the field of sexual offences to effectively render empowerment services to those affected by CSA, as children are particularly vulnerable after disclosure; and inappropriate responses could lead to secondary or re-victimisation, re-enforcing a sense of guilt and powerlessness (Martin, Brady, Kwhali, Brown, Crowe & Matouskova, 2014:8). This may in turn lead to a lack of trust in the organisation and a sense of being let down by the system, which in turn has a negative impact on the ability of social workers or organisations to empower sexually abused children, their families and the communities in which they live (Poulin, 2005). Appropriate training to upskill social workers working in the field of CSA could be mandated within organisational policy. The training could contribute to continued professional development (CPD), as required by the South African Council for Social Service Professions (SACSSP) (www.sacssp.co.za) in order to improve confidence in their own abilities; thus, leading to effective service provision which facilitate community empowerment. Empowering social workers with knowledge and adequate resources to act as advocates for communities will enable them to act on their **ethical obligation to foster change** in the area of empowerment services to sexually abused children.

5.3.7 Ethical obligation to foster change for improved service provision to sexually abused children

The Life Model calls for social workers to lobby, not only for change in policy and legislation on behalf of the client system, but also for resources for the adequate implementation of these policies (Gitterman, 2009). By acting as advocates, social planners and researchers (Hepworth et al., 2013; DuBois & Miley, 2010; Johnson & Yanca, 2010; Patel 2005) for CSA, social workers employ the New Ecology principle of **ethical obligation to foster change**. Broader social change, emphasised by this principle, includes macro level intervention such as advocating for policy and legislative reform (Johnson & Yanca, 2010). This broader social change (Ungar, 2002) can be perceived as empowerment of social workers to act as advocates in the field of CSA.

It is worth noting that empowerment reduces the sense of powerlessness and adds to the process of the sexually abused child, understanding their behaviour (Miley, O'Melia & DuBois, 2004:89; Neville, 2004; Lee, 2001:33; Potgieter, 1998:120). Empowerment cannot be achieved without assistance from social workers; thus, making social work instrumental in empowerment services (Neville, 2004; Potgieter, 1998:120).

Although social workers have an **ethical obligation to foster change**, this is rather complex in the field of CSA. It is complex because the role of social workers is becoming increasingly contradictory, as their core responsibility of promoting the best interest of the child is often threatened by the predominance of criminal proceedings (Martin et al., 2014:33).

As indicated earlier, there is a range of policy frameworks, which calls for multi-disciplinary and inter-sectoral cooperation for successful empowerment of abused children to take place in the field of CSA. For this to be successful Martin et al. (2014:29) recommends that social workers attain practical guidelines to clarify their role in order to consistently promote the best interest of the child through empowerment; thus, fulfilling their **ethical obligation** on multiple levels. Practical guidelines have, however, been developed for victims of sexual offences. The role of the social worker is stipulated in the National Guidelines for Victims of Sexual Offences (RSA 1998), as illustrated in Chapter4 of this thesis.

To sum up, Ungar (2002:489) argues for a new ecological practice that values mutuality and client authenticity, using the eight principles as illustrated in Table 5.3. This New Ecology stipulates that intervention is client driven, not worker driven, which is aligned to the social

work principle of client self-determination (Johnson & Yanca, 2010:150; Poulin, 2005:54). However, change cannot be achieved without assistance from social workers, who have a key role in empowering (Potgieter, 2008). These roles have an impact on micro, meso and macro level intervention and include, but are not exclusive to, being empowerer, advocate, social planner, enabler, facilitator and researcher (Zastrow et al., 2019; Hepworth et al., 2013; Seabury, Seabury & Garvin, 2011; DuBois & Miley, 2010). Noteworthy is that social agendas will continue to dictate which social problems will require intervention.

Policy and legislation regarding CSA are examples of such agendas. These agendas are derived from a lack of goodness of fit and adaptation. This may lead to stress, requiring change in perception and behaviour which, if left unchanged, could lead to self-destructive behaviour. This self-destructive behaviour can be perceived as stress which drives individuals and communities to seek intervention from social workers, who are tasked with collaborating with the client system to reinstate the equilibrium (Teater, 2014; Seabury et al., 2011). CSA is one such example of stress which impacts on individuals and communities and calls for social work intervention in order to restore hope and negate the consequences of CSA, as discussed in Chapter 3.

It is worth noting that social work intervention services have traditionally been rendered on three main levels: primary, secondary and tertiary intervention (Krug et al., 2002:10; RSA, 2006). Primary intervention aims at stopping CSA from taking place, treating the child once CSA has taken place. On secondary level and finally on tertiary level long-term measures, such as developing and implementing policy and legislative frameworks, are put in place. This is the responsibility of government as stipulated by the ISDM (RSA, 2006) and the Framework for Social Welfare Services (RSA, 2013).

These levels of intervention can all be navigated with the application of the eight principles of the New Ecology, as described by Ungar (2002) within the framework of the ecological perspective (Life Model) as conceptualised by Gitterman (2009). This kind of intervention could be achieved by understanding three main components contributing to the empowerment process which include the environment, the social worker and the client system (sexually abused child). The figure below offers an illustration of the components contributing to the empowerment process.

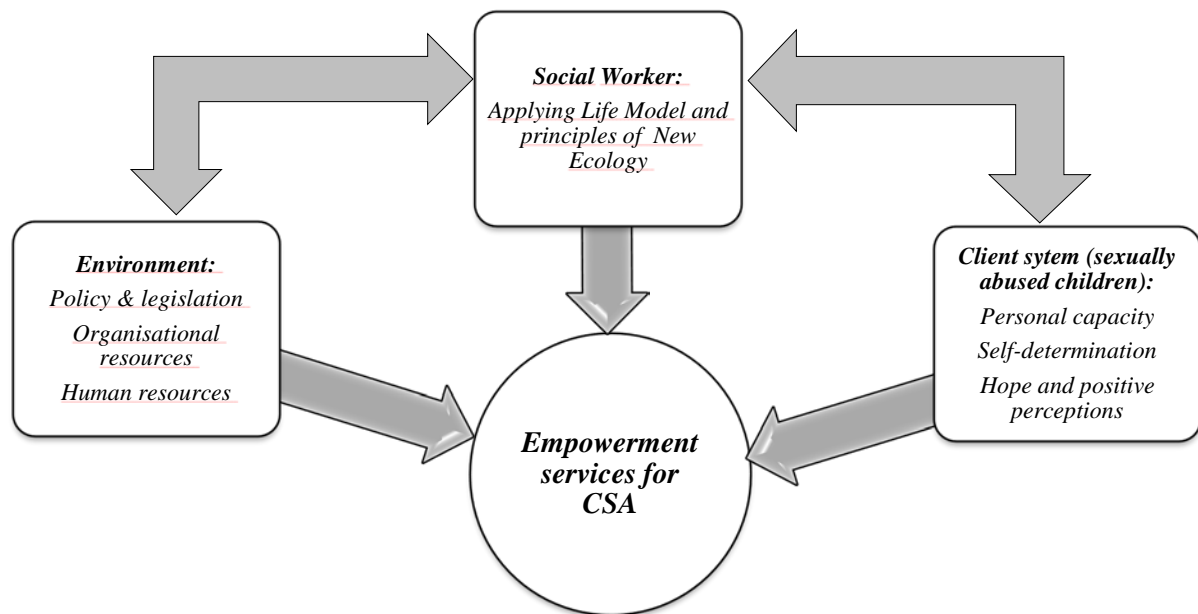


Figure 5.5: Contributors to empowerment

Figure 5.5 aims to illustrate that empowerment services are dependent on three key components: the social worker, the client and the environment; each containing elements of the Life Model (Gitterman, 2011; 2009) and the principles of the New Ecology (Ungar, 2002). The social worker can be seen as the catalyst in this process of empowerment (Cowger, 1994; Potgieter, 1998). As an illustration, Kirst-Ashman & Hull, Jr. (2006:285) said: “Social workers have a unique opportunity to influence their communities because social work is the only profession that mandates working with both individuals and their environments. Equally important is that Saleeby (2013:208) noted that environmental conditions play an important role in meeting people’s needs. Likewise, sexually abused children not only have to cope with the stress of the abuse, but also with environmental realities (Seabury, Searbury & Garvin, 2011:256; Johnson & Yanca, 2010:154). In this regard, the environment for empowerment services includes policy frameworks and resources. To illustrate, empowerment is a process in which sexually abused children can attain personal or collective power which enable them to actively improve their living conditions (New Dictionary for Social, 1995:11). The empowerment process should, thus, be seen as a two-way process which should start with the notion that children can change if they choose to (Egan, 2018).

Of importance for this study is that, according to Lee (2001:39), the ecological perspective is a foundation for empowerment. The empowerment approach will be discussed next.

5.4 EMPOWERMENT APPROACH

Empowerment is described by various authors as an approach, which is used to render services enhancing power and control of individuals, groups and communities (Zastrow, Kirst-Ashman & Hessenauer, 2019; Egan, 2018; Ruffolo, Perron & Voshel, 2016; Hepworth et al., 2013; Saleebey, 2013; Johnson & Yanca, 2010; DuBois & Miley 2010; Kirst-Ashman & Hull, Jr., 2006; Miley, O'Melia & DuBois, 2004; Neville, 2004); these represent the levels of the ecological perspective (micro, meso, macro). It is a complex process which has both personal and political implications. On a personal level (micro) it refers to a state of mind and a feeling of competency. On a political level it is about the reality of opportunities within societal structures (DuBois & Miley, 2010; Miley, O'Melia & DuBois, 2004:85). This aspect of the empowerment process can be seen as an example of the direct link between micro and macro level practice (Bronfenbrenner, 1979).

In direct service provision for CSA, Neville (2004) and DuBois and Miley (2010) indicate that the process involves activities which aim to reduce powerlessness, allowing the child to perceive themselves as to having the ability to exert influence in achieving their own goals and improving their quality of life. Egan (2018:45) is in agreement, stipulating that the empowerment approach should discover, develop and use the untapped power within the child. The empowerment approach, for instance, allows social workers to assess how those affected by CSA can develop power to address the challenges which they face (Ruffolo et al., 2016:24), allowing them the opportunity to take control and achieve self-direction (Adams, 2008). DuBois and Miley (2010:24) state that “as an outcome, empowerment defines the end state of achieving power”. Achieving this outcome involves processes of motivating, teaching and improving the self-esteem of the sexually abused child in order for them to have the competency of understanding their situation and using the necessary skills to negotiate resources within their communities, as is set out in the ecological perspective (Johnson & Yanca, 2010:236).

Together, social workers and the sexually abused children generate solutions specifically suited to individual situations by using the principle of individualisation. Furthermore, social workers function from a non-bias, non-prejudice stance, acknowledging diversity (Johnson & Yanca, 2010:150). Thus, the process of empowerment is individualised and non-replicable (DuBois &

Miley, 2010:26). Although the process is unique to each individual, there are common activities to guide this empowerment process. These, according to DuBois and Miley (2010), include a focus on strengths, working collaboratively, critically reflecting on structural arrangements and linking personal and political power.

By applying these activities of empowerment, social workers have an opportunity to support those affected by CSA, providing them with the necessary skills and understanding of the risks and consequences of the social problem they face in order for them to take charge of their own lives (Johnson & Yanca, 2010:236). Empowerment, as an approach for intervention, further allows for social workers to provide support on meso level through mutual aid groups, validating perceptions and feelings of the sexually abused child (Johnson & Yanca, 2010:236). This form of intervention creates a safe space in which the child attains the feeling of “I am not alone”, addressing the sense of guilt often felt by sexually abused children (WHO, 2003:77). Using mutual aid groups in empowerment services, allow children to take control and achieve self-direction in a space that is inclusive and is rooted in being connected with others who have also been affected by CSA (Adams, 2008).

5.4.1 Phases of the empowerment approach

As indicated earlier, empowerment is an approach which is executed by means of a process. This process has various phases which can be linked to the intervention phases as described by Gitterman (2009) in the Life Model. What sets the phases of the empowerment approach apart from general social work intervention is the language which it uses not only to describe the intervention, but also to execute the process (Nelville, 2004). According to DuBois and Miley (2010:194), “words are powerful. Words shape our thinking, inform our interpretations, and predispose our conclusions”. Based on this view, social workers are able to render empowerment services according to an intervention process which is largely made up of dialogue and collaboration (Saleeby, 2013:15). DuBois and Miley (2010) present the empowerment process in phases which reflect the language of empowerment referred to. These phases, as they correspond with the phases of the Life Model (Gitterman, 2009) and as they are applied to CSA, are presented in Table 5.4 below:

Table 5.4: Phases for the empowerment process applied to CSA

Phase of Life Model process (Gitterman, 2009)	Phases of empowerment process (DuBois & Miley, 2010)	Tasks
<i>Preparation phase</i>	Forming partnerships	Building and empowering the social worker – client relationships that acknowledge children’s privileges and respect their uniqueness.
	Articulating situations	Doing risk assessment to gain an understanding of the child’s experiences and environment.
	Defining directions	Determining goals and tasks for intervention to provide direction to the empowerment process.
<i>Initial phase</i>	Identifying strengths	Searching for strengths in the child’s general functioning, coping with trauma of sexual abuse and overcoming adversity.
	Assessing resources	Exploring how resources in the environment such as family, societal groups, organisations and community institutions to address CSA.
	Framing solutions	Constructing a plan of action that utilises child’s perspective and environmental resources to achieved desired goals.
<i>Working phase</i>	Activating resources	Implementing the action plan by mobilising available resources.
	Creating alliances	Forging alliances within the child’s natural support networks, and for the enhancement of empowerment services.
	Expanding opportunities	Developing new opportunities and resources through programme development, community organising and societal action to strengthen empowerment services.
<i>Termination phase</i>	Recognising success	Evaluating the success of the change efforts to recognise achievements and inform continuing actions.
	Integrating gains	Ending change process in ways that celebrate success, stabilise positive changes and provide a platform for future change for the child.

Source: DUBOIS, B. & MILEY, K.K. 2010 *Social Work: An Empowering Profession* (6th edition); GITTERMAN, A. 2009. The life model. In: A. Roberts (ed.). *The Social Workers’ Desk Reference* (2nd edition). (pp. 231-234). New York: Oxford University Press.

In the discussion that follows, the phases of empowerment will be compared with phases of the Life Model, as presented by Gitterman (2009) (See Table 5.4).

Forming partnerships and sharing the helping process (Egan, 2018) with children who have been sexually abused is essential to the empowerment process and forms part of the *preparation*

phase (Gitterman, 2009) for intervention, as it sets the tone for developing trust which is a key element to developing collaborative partnerships (Poulin, 2005:50). In **articulating the situation**, social workers embark on a process to understand the circumstances and the environment in which sexually abused children function. This and **defining the direction**, forms part of the setting of goals and determining tasks for the empowerment process, which also forms part of the *preparation phase* (Gitterman, 2009). Therefore, **defining the direction** of invention sets the tone for the *initial phase* of empowerment as it displays the social workers' belief in the potential of sexually abused children which is central to the process (DuBois & Miley, 2010:26). This belief in the potential of the sexually abused child is demonstrated by the social worker through determining goals which provide direction to the empowerment process and demonstrates the hope that the social worker has in the potential for change of the child (Glassman & Kates, 1986; Du Bois & Miley, 2010).

Once preparation is complete, focus is shifted to the *initial phase* of intervention which involves assessment using assessment tools as specified by the Learner manual for safety and risk assessment of children in the field of child protection services (DSD & UNICEF, 2008) when the child is ready (Johnson & Yanca, 2010:160; Gitterman, 2008). This phase allows for **identifying strengths, assessing resources, and framing solutions** (DuBois & Miley, 2010). The *initial phase* sets the tone for the collaborative work between social workers and sexually abused children. Furthermore, it draws the connection between political power and that of personal power (DuBois & Miley, 2010; Lee, 2001). Once established, social workers and sexually abused children are ready to move to the *work phase* to achieve the planned goals, and the focus once again shifts towards the next phase of the empowerment process (Johnson & Yanca, 2010:160).

The *work phase* (Gitterman, 2009) involves **activating resources, creating alliances and expanding on opportunities** (DuBois and Miley, 2010) in order to address power imbalances and restore the goodness of fit with the environment which was lost as a result of CSA (Germain & Gitterman, 1996; Gitterman, 2009). This is achieved through executing tasks (Gitterman, 2009) which are in the best interest of the child (RSA, 2006). Once tasks are successfully executed and goals are achieved, movement towards *termination* is imminent.

The *termination phase*, according to the empowerment stages as described by DuBois and Miley (2010), has elements of monitoring and evaluation as it **recognises successes and integrates gains**. Evaluation can be seen as a process (Kirst-Ashman & Hull, Jr, 2006) and is

necessary throughout empowerment; this is evident in policy documents such as the ISDM (RSA, 2006), the National Policy Guidelines for Victim Empowerment (VEP) (RSA, 2009), the National Plan of Action for Children in South Africa (RSA, 2012) and the Framework for Social Welfare Services (RSA, 2013). **Termination** marks the end of the empowerment process; it demonstrates that intervention is not everlasting (Johnson & Yanca, 2010) and reiterates the belief that social workers have, in the strengths, potential and competencies of sexually abused children (DuBois & Miley, 2010:26). **Termination** is indicative of the readiness of the sexually abused child to function independently, which means a restoration of power (Neville, 2004) and the restoration of equilibrium between the child and their environment (Gitterman, 2009).

5.5 MACRO LEVEL PRACTICE TRANSLATED INTO DIRECT SERVICE PROVISION ON MICRO LEVEL BY KEY ROLE PLAYERS

The ecological perspective (Life Model) as presented in this chapter provides guidelines for the implementation of empowerment services for CSA, and is chosen as theoretical framework together with various policy documents such as the Service Charter for Victims of Crime (RSA, 2004), the Integrated Service Delivery Model (RSA, 2006), the National Policy Guidelines for Victim Empowerment (VEP) (RSA, 2009), the National Plan of Action for Children in South Africa (NPAC) (RSA, 2012) and the Framework for Social Welfare Services (RSA, 2013). Given the fact that numerous policies which address CSA, apply the ecological perspective as a chosen theoretical framework, it is evident that intervention on macro level in South Africa for CSA is operational.

The National Plan of Action for Children in South Africa (2012-2017) (RSA, 2012), as discussed in Chapter 4, serves as an example of how policy mandates social workers to engage in macro level practice. Section 4 Part C2 of this policy articulates clear goals, objectives and strategies which mandate social workers to empower those affected by CSA. This National Plan of Action for Children in South Africa (RSA, 2012:67) further stipulates clear guidelines for the role and responsibilities of the SAPS as key role player and a support structure for sexually abused children. These guidelines include:

- Crime prevention (including police crime prevention actions and crime prevention awareness/education programmes).
- Community service centres that offer victim support.

- Assisting and protecting children from abuse and exploitation.
- Managing reported cases of child abuse, neglect and exploitation.
- Implementing the Sexual Offences First Responders Learning Programme.
- Supporting victims of domestic violence, child abuse, neglect, exploitation and sexual offences through its Family Violence, Child Protection and Sexual Offences (FCS) units.

Therefore, it should be the responsibility of SAPS in conjunction with social workers in NPOs as key role players, to render empowerment services to victims of CSA to implement policies, utilising policy and legislation on macro level and implementing it in direct service delivery, to offer protection to sexually abused children (Bronfenbrenner, 1979:7). However, sexual offences are complex in nature. It happens behind closed doors, which is difficult for police (SAPS, 2015-2016:42), thus making service provision complex.

Because of these complexities the SAPS have a key role, as part of the multi-disciplinary team in rendering victim support for CSA. The police services need to be held accountable and take responsibility for the implementation of policy and legislative frameworks, as they are the victims' first entry into the justice system (ISS, 2015:5). They should, therefore, have the responsibility to ensure improved victim support services. Social workers should also take on an important role in empowerment practice for CSA (DuBois & Miley 2010; Hepworth et al., 2013) in terms of shaping policy (DuBois & Miley, 2010:229) and determining the efficacy thereof for implementation and direct service provision. To do this, the following questions should be asked:

- Are sexually abused children being reached?
- Are the services rendered to sexually abused children effective and efficient?
- Are there monitoring and evaluation tools in place? (DuBois & Miley, 2010:229)

By asking these questions, the principles of New Ecology as described by Ungar (2002), become evident and the realities of whether or not policy translates into practice (DuBois & Miley, 2010) would be tested; thus, demonstrating the link between macro and micro level practice for empowerment services for CSA (Bronfenbrenner, 1979). Social workers and the police, evidently, have important roles in linking macro and micro level practice.

A key question, however, remains. How do policies such as the National Plan of Action for Children in South Africa (2012-2017) (RSA, 2012) translate into direct service delivery in order to empower sexually abused children?

The Western Cape Government has a Victim Empowerment Programme (VEP), which aims to support all victims and survivors of crime (<https://www.westerncape.gov.za/service/victim-empowerment-programme>). This programme is supported by various NPOs, CBOs and government departments in the Western Cape. The contact details and description of services available of approximately 33 organisations offering services as part of the Victim Empowerment Programme, is available from the Western Cape Directory of Services for Victims of Crime and Violence (Western Cape Government, 2017). Of the listed organisations, which offer support services to victims of crime, approximately 10% have sexually abused children as their primary target system. About 25% of these organisations have their core business listed as support services to victims of crime. In addition, 65% of organisations offer an array of services, which may include counselling services to those who require victim support, but it is not necessarily their core business. This is another indication that there may be a lack of adequate translation of policy into direct service provision for CSA; therefore, demonstrating a disconnection between micro and macro level practice.

5.6 CONCLUSION

The ecological perspective (Life Model) perceives people to be acting within a physical environment, a society and in a diversity of cultures. This model allows for CSA to be viewed in a holistic manner, giving the NPOs in the field CSA a practice framework for an empowerment approach to service delivery. These services are influenced by various risk factors and consequences during various phases of service delivery, making service provision complex in nature. Social workers, therefore, require specialised training to drive the change required to promote empowerment. It is evident that reciprocity between sexually abused children and their environment is paramount as can be seen when applying the principles of the New Ecology within the Life Model, for service provision. The Life Model, alongside the eight principles of the New Ecology, allow for the treatment and prevention of CSA on multiple levels as stipulated by the ISDM (RSA, 2006) and the Framework for Social Welfare Services (RSA, 2013). The notion of empowerment within an ecological framework allow social workers to holistically understand the sexually abused child within the environment, based on

a collaborative partnership and a belief in the potential of the sexually abused child to regain a goodness of fit between them and their environment.

In providing a holistic understanding of CSA, the ecological perspective allows the social work fraternity to acknowledge the importance of empowerment service provision for CSA. Within policy and legislative frameworks it appears that this acknowledgement is evident, but whether or not this translates into direct service provision is still questionable. Seeking the answers to the questions, as posed by DuBois and Miley (2010:229) regarding service provision, is paramount in understanding to what degree the needs of children who have been sexually abused are met in terms of empowerment services.

CHAPTER 6

EMPIRICAL FINDING OF THE INVESTIGATION OF EMPOWERMENT SERVICES RENDERED BY NPOS FOR CHILD SEXUAL ABUSE

6.1 INTRODUCTION

This chapter aims to present the findings of the investigation into existing empowerment services rendered by non-profit organisations for child sexual abuse, which speaks to the fourth objective of the study, as described in Chapter 1.

A description of the profile of the participants and the organisations in which they render services will be presented. Thereafter, the nature of child sexual abuse as viewed by participants will be given; and the consequences thereof discussed. In the next section the views of participants and their knowledge of policy and legislation will be discussed, followed by the description and analyses of empowerment services as rendered by the organisations. These aspects will contain relevant literature control.

The evidence gained from the investigation will be presented by means of themes, sub-themes and categories, where applicable, as is characteristic of qualitative research.

6.2 PROFILE OF NPOS

The twenty participants were employed by non-profit organisations in the Western Cape, and registered as such in terms of Chapter 3 of the Non-profit Organisations Act 71/1997, rendering services in the field of CSA. Three of the organisations' core businesses are CSA and others who render general social work services in terms of the Western Cape Directory of Services for Victims of Crime and Violence (Western Cape Government, 2017).

Table 6.1 below provides an overview of the profile of the participants within the context of the NPOs in which they are employed.

Table 6.1: Profile of the service providers

Participant	Position within the organisation	Registration of organisation	Years of experience in CSA	CSA Caseload
1	Social worker	NPO	08	60%
2	Auxiliary social worker	NPO	08	100%
3	Social worker	NPO	01	99%
4	Auxiliary social worker	NPO	10	100%
5	Social worker	NPO	05	100%
6	Auxiliary social worker	NPO	03	90%
7	Social worker	NPO	04	100%
8	Social worker	NPO	03	100%
9	Auxiliary social worker	NPO	09	100%
10	Social worker	NPO	03	100%
11	Social worker	NPO	14	50%
12	Social worker	NPO	03	30-40%
13	Social worker	NPO	02	Uncertain
14	Social worker	NPO	02	100%
15	Social worker	NPO	03	100%
16	Social worker	NPO	¼	100%
17	Social worker	NPO	05	98%
18	Social worker	NPO	20	5%
19	Social worker	NPO	10	90%
20	Social worker	NPO	26	85-90%

n=20

Table 6.1 indicates that 12 (60%) of the participants (n=20) were social workers and eight (40%) auxiliary social workers, registered with the South African Council for Social Service Professions (www.sacssp.co.za). Ten (50%) of the participants had less than five years of experience in the field CSA, five (25%) had more than five years of experience, three (15%) had ten or more years of experience and two (10%) had 20 and more years of experience in rendering services in the field CSA.

Thus, participants met the requirements for inclusion for this study which included the following criteria:

- To be employed at a registered NPO in the Western Cape rendering empowerment services to sexually abused children.
- To be a registered social worker.
- To be a registered auxiliary social worker.
- To be conversant in English.

Not noted in the table is the criteria related to language; however, all participants were proficient in English. Thus, all interviews were conducted in English. As the eligibility of the inclusion for the study was established, gathering of data could commence using the semi-structured interview schedule.

In the next section the themes, sub-themes and categories which emerged will be presented, using the same layout as in the semi-structured interview schedule (Appendix C) as a guide.

6.3 THE VIEWS OF SERVICE PROVIDERS ABOUT THE PROVISION OF EMPOWERMENT SERVICE FOR CSA

Analysis of data found a total of eleven main themes emerging related to the provision of empowerment services for CSA, with a number of sub-themes and categories emanating from these main themes. These are displayed in the table below:

Table 6.2: Presentation of themes, sub-themes and categories

Theme	Sub-theme	Categories
• Funding received by the organisations	1.1 Transfer Action Agreement 1.2 Activities are funder driven	
• Profile of service users	2.1 Children and families	a) Child sexual abuse b) Trauma and bereavement
• Nature of child sexual abuse	3.1 Types of sexual abuse	
• Risk factors for child sexual abuse	4.1 Personal incapacity	a) Mental disability b) Physical disability
	4.2 Demography	a) Gender b) Poverty c) Geographic location
	4.3 Social background	a) Perpetrator familiarity b) Peer perpetrator
	4.4 Online social media	
• Consequences of child sexual abuse	5.1 Psychological problems	
	5.2 Behavioural problems	
	5.3 Health related issues	
	5.4 Sex related problems	
	5.5 Secondary or re-victimisation	
• Policy and legislation related to child sexual abuse	6.1 Policy and legislation	a) Children's Act, No 38 of 2005 b) General views on policy and legislation related to CSA
• Intervention services offered by NPO	7.1 Prevention services and programmes	a) Macro level intervention with children b) Macro level intervention with parents and teachers c) Macro level intervention with the community
	7.2 Services for recovery and healing	a) Micro level intervention b) Meso level intervention
• Understanding empowerment	8.1 Special features of empowerment	
• Use of the empowerment approach for child sexual abuse	9.1 Preparation phase	a) Building relationships b) Determining risks and tasks
•	9.2 Initial phase	a) Identifying strengths b) Constructing an action plan
•	9.3 Working phase	a) Execution of the empowerment plan b) Resources required to execute empowerment plan
•	9.4 Termination phase	a) Evaluation of the achievement of goals b) Ending the relationship

Theme	Sub-theme	Categories
<ul style="list-style-type: none"> Obstacles in rendering empowerment services for CSA 	10.1 Funding 10.2 Parental commitment	
<ul style="list-style-type: none"> Recommendations for improvement of services 		

Table 6.2 provides an overview of the themes, sub-themes and categories which emerged from the data analysis related to interviews with services providers from NPOs in the Western Cape who render services to those affected by CSA. The themes, sub-themes and categories will be discussed in the next section with excerpts from the narratives attained from participants and substantiated with literature attained from the literature review (Chapters 3 and 4) and the theoretical framework Chapter 5).

6.3.1 Theme 1: Funding received by the organisations

Participants were asked where the funding for the organisations comes from. All the participants indicated that their main source of funding is the Department of Social Development (DSD) which is in line with Chapter 2 of the Non-profit Organisation Act 71 of 1997, which details the state's responsibility to fund non-profit organisations. Section 3 specifically stipulates that the state should "support and enhance the capacity of non-profit organisations to perform their functions." The view that the DSD is the main funder to organisations rendering empowerment services for CSA is reflected by participants, who said the following:

*The organisation gets its funding from the **Department of Social Development**. I'm not 100% sure if there is any other funding that we receive, but I know that the **Department of Social Development** is our main funder.* (Participant 3)

*Most funding comes from the **Department of Social Development** and some of it is from donations. In the past WHO used to fund us, but that stopped. They specifically funded us for the counselling.* (Participant 1)

*We do fundraising. Our Director writes proposals to the Lotto and to Community Chest, but I think we had a challenge with the Lotto that they haven't funded us for a long time, and I think our salaries are paid by the **Department of Social Development**.* (Participant 4)

*The **Department of Social Development** funds us. I'm not sure if Lotto is still one of our funders, but we used to get funding from Lotto. Then we also have independent people, like donors that would contribute.* (Participant 5)

*Funding comes from government, specifically the **Department of Social Development** and obviously we have our donors as well and then we have our board; they make sure we have our basics to sustain ourselves.* (Participant 11)

*Part of our funding comes from the **Department of Social Development** and the rest of it from fund-raising. We have two fundraisers employed, one doing community fundraising, the other doing cooperate fundraising.* (Participant 15)

*We have numerous sources of funding. We receive funding from government, specifically the **Department of Social Development**. Then we also receive funding from various wine producers or companies within the wine industry and we also have overseas funding.* (Participant 18)

*One of our main funders is the **Department of Social Development**, but we are also continuously getting funding from other stakeholders, cooperates and a few other regular donors as well.* (Participant 19)

*A big portion of our funding comes from the **Department of Social Development**, Western Cape and then we have various other funders. We also try very much to look at creating our own sources of funding, training being one of them.* (Participant 20)

It is evident from the narratives above that government is fulfilling their responsibility towards children by providing funding to NPOs to render services in the field of child sexual abuse. This responsibility is stated in various policy documents such as the National Plan of Action for Children in South Africa (NPAC) (RSA, 2012). As part of the strategy of the NPAC (RSA, 2012), government aims to address CSA through the provision of services to those affected and specifically to make provision for the availability of victim support services. This strategy of the NPAC reiterates government's view, as illustrated in the National Policy Guidelines for Victim Empowerment (RSA, 2009) that access to services for empowerment of those affected by CSA must be made available.

Consequently, the fact that organisations are being funded by the Department of Social Development is beginning to answer the question raised in Chapter 4, regarding whether or not policies such as the NPAC (RSA, 2012) translate into effective victim empowerment services.

It could be argued that policies such as these do pave the way for service provision, as participants overwhelmingly indicate that the Department of Social Development provides funding for their service provision. However, the question regarding the efficacy and availability of sufficient services which are accessible to all requiring empowerment services remain.

From the discussions related to funding which organisations receive, two sub-themes emerged. These sub-themes are the Transfer Payment Agreement (TPA); the other one is that the activities of the services of organisations are funder driven. This will be discussed next.

6.3.1.1 Sub-theme 1.1 Transfer Payment Agreement

The Department of Social Development of the Western Cape enters into contracts with NPOs, which they fund to render social welfare services. This contract is known as the Transfer Payment Agreement (TPA). The TPA is guided by a policy which aims to manage the transfer of payments and to promote the transparency and efficiency thereof, alongside performance requirements of organisations in receipt of payment (www.westerncape.gov.za).

As the main source of funding, as indicated by participants, organisations have a transfer payment agreement with the Department of Social Development. These TPAs stipulate the terms of agreement regarding the dissemination of funds. Participants have varying opinions regarding the stipulations of the agreements, and how it impacts on what they perceive to be relevant or of importance regarding service delivery for CSA. The following narratives are evident of the opinions:

I think the TPA is clear about what you are supposed to and how you are supposed to render services. If you don't then you lose your funding. So I think they do dictate. I also think it's bad because I think sometimes there are things that you'd like to do differently but because DSD expects this from us so they dictate when they give you the money, to render services. They [DSD] would tell us we must provide individual counselling for children who are sexually abused and then we also do parent support and we also do life skills at schools, so that's what they dictate. (Participant 8)

They [DSD] basically guide services provision according to the TPA. They then would say, for example that a portion of the funding goes to these type of programmes: our community workers who do the parenting programme and the biblio programme where they go out to the community to do awareness and they also do awareness at schools and

at ECDs [early childhood development centres], wherever the need is. They also do awareness at schools which is the foundation phase programme. So that is basically divided into those different programmes that is rendered and funded by DSD. (Participant 3)

We get funding for social workers to do our parent support programme, our life skills programme and then we also have our ARs, which is our Abuse Reactive programme. (Participant 6)

From the excerpts above, it can be seen that the DSD uses the TPA to direct NPOs in terms of the services which should be rendered. These directives appear to stem from policies such as the National Plan of Action for Children in South Africa (NPAC) (2012-2017) (RSA, 2012). The goal of the NPAC (RSA, 2012) is to protect all children from all forms of sexual exploitation and child trafficking. Furthermore, by having clear stipulations in the TPA regarding service provision, the DSD is adhering to the objective of the NPAC, which states, amongst others, that government needs to implement prevention and early intervention strategies for child sexual abuse and child trafficking. Therefore, government should make provision for services to child victims of sexual exploitation and child trafficking to assist with recovery and healing. By funding NPOs which render services in the field of child sexual abuse, the DSD appears to fulfil the said object.

Additionally, the NPAC (RSA, 2012) stipulates strategies, which include overseeing the implementation of preventative, protective and rehabilitative strategies and services. It also makes provision for educational programmes for parents. The Department of Social Development, therefore, funds various organisations for specific services, which are in line with the stipulation of the IDSM (RSA, 2006) and the Framework for Social Welfare Services (RSA, 2013) in terms of prevention and early intervention and recovery and healing; so, not all organisations are funded for all services. However, it appears from the excerpts that service providers may not be clear on this aspect, given the view of one participant who says:

The TPA says we must do preventative work. We don't get funding for counselling. The need is for counselling, but we don't get funded for it. It weighs on us, we do our best ... (Participant 6)

Furthermore, NPOs are obligated in terms of the TPA to report on services provided or funding may be terminated as is eloquently stated by participants:

I think the TPA is clear what you are supposed to and how you are supposed to render services. If you don't then you lose your funding. (Participant 8)

... you have to deliver, if targets are not reached then funding becomes a problem, it's about input and output. (Participant 11)

This reporting mechanism of the TPA is necessary in order to observe the national indicators as specified by the NPAC (RSA, 2012), which includes reporting on:

- The number of children who are victims of sexual exploitation and child trafficking
- The number and types of services available to children, who are victims of sexual exploitation and child trafficking
- The number and type of prevention and early intervention programmes to address sexual exploitation and child trafficking.

The findings above reflect that some tension may exist between service providers who are at the coalface of service provision and what is expected from them by government. Thus, it would appear that government is using the TPA to fulfil policy commitments such as that of the NPAC (RSA, 2012). It could also be seen as government's attempt to align various policies in order to address the scourge of child sexual abuse. However, if those, who are at the coalface of service provision to children affected by CSA are not convinced that government's expectations in terms of service provision is adequate, it could mean that there is a potential gap in communication between service providers and government.

6.3.1.2 Sub-theme 1.2 Activities are funder-driven

The second sub-theme emerged as many participants indicated that not all activities are funded by government. For this reason funding needs to be sourced elsewhere to fill the gaps. The National Policy for Victim Empowerment (RSA, 2006) provides guidelines for responsibilities of all role-players who implement a multi-sectoral approach to service provision. Although they do not render direct services, funders become part of this multi-sectoral team for service provision, because without their funds services would be hampered. Therefore, it is of relevance that these funders are also guided by the National Policy for Victim Empowerment (RSA, 2006) in terms of the guidelines related to accountability, effectiveness and efficiency.

It may be for this reason that funders pay for services which are sustainable and concrete. Thus, they are less likely to fund salaries and running costs of organisations. This means that organisations are not necessarily free to render services as it suits them or employ staff at their discretion as they are limited by not only funding, but also the pre-requisites of funders as described in the narratives below:

We are funded for each programme at the organisation, there's a specific funding allocation that we can then utilise funds to run certain programmes. (Participant 18)

The funding hugely impacts our prevention services, so the more funding we have the more prevention work we can do, the less funding the less we can do. (Participant 15)

The more funds the more we can do, the more social workers we can employ the more we can extend our services. Funding can pay for the training we can go on, because the more skilled we can be the better the service we can render. So that absolutely, funding is a huge and integral part of what we do because we have to keep up to date with new techniques coming out. (Participant 14)

The narratives above are indicative of a number of key aspects; one of which is a view shared by Richter and Dawes (2008) and UNICEF (2013), who indicate that empowerment services require adequate funding, and with appropriate budgets efficient services can be rendered.

With a lack of funding, implementation of services can be hampered. This could in part be due to a lack of resources, including human resources (UNICEF, 2013). This may even in practice include a lack of commitment by service providers due to insecurity in terms of money to pay salaries, as is stated by one participant:

*... in terms of **funding**, when the **fundraisers** are looking for funding for an NGO mostly it's for the **running costs**, to pay the social workers to keep everything in place so if the funding is not there or if the funding is not directed or not enough, it impacts on the social workers and on the staff of the organisation ... because then also they are not getting what they supposed to. Let's put it by lack of better words, they not getting what they supposed to and then they are not motivated to do what they supposed to. It's a natural process, it's not like you switch on and switch off, and say I don't wanna do this. It's something you know ... with expectations come consequences and if they don't get ... if we can just get through the money aspect I think we can get to a lot more children, but I think NGOs are a bit stuck on this money thing, the whole time ... When people think*

NGOs, they think money, money, money. So I think we need to look at things differently, like sustainable projects and try to make sure this money aspect is dealt with for the next three years and move it out of the way. It gives insecurity to the people working around it. People may think: 'Am I gonna have a job next year?' and are those the questions you wanting to ask yourself everyday? I don't think so, you know ... (Participant 17)

The excerpt above serves as an example of how a lack of funding may impact on resources needed by service providers to render services. This lack of funds may translate into a shortage of resources required to render adequate services, which may in turn translate into what is described by the ISDM (RSA, 2006) as a “make-do” attitude adopted by services providers.; thus, rendering services which are inefficient.

The other key aspect which comes to the fore is that of accountability of NPOs. It is essential that NPOs deliver on that which they promise in order to retain funding. It is for this reason the NPO Act No. 71 of 1997, Chapter 1 Section 2 speaks to the accountability of NGOs; not only to their services users, but also to their donors. Monitoring and evaluation mechanisms are thus essential. Monitoring and evaluation mechanisms, as described by DuBois and Miley (2010), allow for the recognition of successes and integration of gains. This can be seen as relevant to donors who pay for projects. Evaluation, according to Kirst-Ashman and Hull, Jr (2006), is a necessary process and recognised as such in policy documents, such as the ISDM (RSA, 2006), the National Policy Guidelines for Victim Empowerment (VEP) (RSA, 2009), the National Plan of Action for Children in South Africa (RSA, 2012) and the Framework for Social Welfare Services (RSA, 2013).

6.3.2 Theme 2: Profile of service users

The goal of ISDM (RSA, 2006) is to develop a comprehensive national framework, illustrating the nature, scope, extent and level of social services which should be rendered to the most vulnerable in society, including children who have been sexually abused. The Framework for Social Welfare Services (RSA, 2013) reiterates this notion and provides clear guidelines of who are the vulnerable in society to whom services should be rendered.

These policy frameworks, which provide practical illustrations of service provision and is rooted within South African legislation such as the Children's Amendment Act No 41 of 2007, which in Chapter 8, dedicates itself to providing clarity regarding prevention and early intervention services to children. It specifies the need for psychological, rehabilitation and

therapeutic services for abused children. Section 144(2) of this Act specifically speaks of empowering families and supporting children to reach their full potential. Furthermore, Section 147 illustrates norms and standards for prevention and early intervention programmes which include therapeutic services. This is in line with the service delivery intervention levels as stipulated by the Integrated Service Delivery Model (RSA, 2006) and the Framework for Social Welfare Services (RSA, 2013).

Thus, it is with these policy and legislative frameworks in mind that the second theme of the study emerged as participants were asked about the profile of their services users.

Half of the participants indicated that they had a caseload to which they exclusively (100%) render services related to **child sexual abuse**. An eighth of participants (n=20) had a CSA caseload of more than 50% and the remaining fifth of participants had a CSA caseload of less than 50%. The balance caseloads were made up of clients who required services related to **trauma** and **bereavement**, or vulnerable children and their families. This can be seen here, as one participant candidly stated:

*My entire caseload is **sexual abuse**.* (Participant 2)

Another participant was largely in agreement and said:

*We do have cases, where maybe it's a child that experienced trauma, but there's very few of those cases. You can say **99%** of our cases is **sexual abuse**.* (Participant 5)

Only one participant had a very small caseload related to child sexual abuse and rendered other social welfare services related to vulnerable children and their families:

*We do not have a lot of sexual abuse clients or problems that's been referred to us. I would say maybe **5%** are **sexual abuse** cases. What we are seeing in our facilities, especially our ECD centres, is children being sexually inappropriate towards some of the other kids. So we focus on doing preventative services in that area.* (Participant 18)

6.3.2.1 Sub-theme 1 Children and families

Children and families are identified as a sub-theme of service users, as all participants indicated that services are rendered to children and families. Two categories emerged from this sub-

theme, namely child sexual abuse and trauma and bereavement. Child sexual abuse is being more dominant, as is illustrated by the narratives of participants which follow:

6.3.2.1.1 Category: Child sexual abuse

According to South Africa's Periodic Country Report on the United Nations Convention on the Rights of the Child, "sexual abuse is the single largest category of abuse against children; accounting for almost half of all reported cases of abuse per annum" (DWCPD, 2013:51). Therefore, it is not surprising that analysis of interviews of this study describing the type of services rendered is predominantly related to child sexual abuse, as expressed by most participants:

*Our client system is the community. We are surrounded by poor communities especially people in need. I would say 60% [of clients] would be **child sexual abuse** cases.*
(Participant 1)

*We render services to **vulnerable children and their families**. So particularly children who have gone through **sexual abuse** that's our big area of working with kids.*
(Participant 19)

*The clients that we render services to are the clients that are **sexually abused**, the clients that are sexually assaulted and also the ARs [**abuse reactive children**].* (Participant 9)

*Children who have been **sexually abused**, children who has **inappropriate sexual behaviour** and the parent will come here and she don't know why this child is touching another child.* (Participant 4)

*Children who are victims of **sexual abuse**, in any form, whether it's sexual abuse whether it's **molestation** or whether it's just **touching and fondling**, whether it's rape or whether it's just alleged that the person tried.* (Participant 10)

These findings appear to be a clear indication of the reality of child sexual abuse. It could also be interpreted as supporting evidence for the OPTIMUS study, which reported that an average of 51 sexual offences against children being reported daily (CJCP, 2016) emphasises the vulnerability of children in South Africa.

6.3.2.1.2 *Category: Trauma and bereavement*

According to data from Interpol, South Africa have unacceptably high rates of crimes, of which many victims are children (RSA, 2009). This trend is of concern to the government and has consistently been high on its agenda, along with the vulnerable state in which children live in South Africa. UNICEF (2013:5) emphasises the need for psycho-social services as a starting point to identify vulnerable and at-risk children for further referral for support and empowerment services. Findings in the analysis of interviews of this study reiterate the vulnerability of children due to the high rates of crime; therefore, leading children and their families to seek support services to cope with the trauma, as can be seen by the narratives from some participants:

*We also do **bereavement** and **trauma** because of the violence in the communities ... The gun shots and all of that, so many **traumatised children** come from that so that is also pushing our waiting list up.* (Participant 1)

*We render services to children who've gone through some kind of **trauma** or **bereavement**, but at the same time when we do our prevention/ early intervention out in the communities, then we are reaching out to all **vulnerable children** and their **families**.* (Participant 19)

These narratives are consistent with an array of policy and legislative documents, which emphasise the vulnerability of children in South Africa (White Paper for Social Welfare, RSA, 1997; WHO, 2003; Children's Act No 38 of 2005; ISDM, 2006; Framework for Social Welfare Service, 2013). Much of the vulnerability of children is due to sexual abuse. Thus, the subsequent emerging theme relates to the nature of child sexual abuse.

6.3.3 **Theme 3: The nature of child sexual abuse**

The third theme of the study emanated from discussions related to the nature of child sexual abuse from the perspectives and experiences of the service providers; thus, demonstrating that sexual abuse takes on various forms, which is in line with the definition of CSA (Encyclopaedia for Social Work, 1995; World Health Report, 2003; Children's Act No 38 of 2005; World Health Organisation, 2006 and American Academy of Paediatrics, 2015).

Therefore, the following section explores the emergent sub-theme related to the types of sexual abuse experienced by children, as reported by service providers.

6.3.3.1 Sub-theme 1 Types of child sexual abuse

Analysis of transcripts indicates that many participants render services to children who experience different types of sexual abuse. This is evident from the following narratives:

*Sexual abuse, in any form, whether it's **sexual abuse**, whether it's **molestation** or whether it's just **touching and fondling**, whether it's **rape** or whether it's just alleged that the person tried.* (Participant 10)

***Rape, touching and fondling**, inappropriate play in pre-school when the child has witnessed the act, watching **pornography**, making children to kiss their private parts or having their private parts kissed.* (Participant 5)

*Mostly **rape and molestation, sexual assault**. I haven't come across cases like **child trafficking**.* (Participant 3)

***Touching fondling**, where the perpetrator touch the client and ask the client to touch, so that is **touching fondling, rape**, we have a huge caseload of **rape**, sometimes **child on child abuse**, we have also that, promiscuous behaviour. Sometimes the parents will come where the children have like excessive like behavioural challenges and then we'll find out the client was sexually abused when the client was younger and then that behaviour comes now.* (Participant 4)

The excerpts above provide evidence of the types of sexual abuse perpetrated against children, which is validated in the Children's Act No 38 of 2005. It states that child sexual abuse can be seen as sexually molesting or assaulting a child or allowing a child to be **sexually molested** or **assaulted**; encouraging, inducing or forcing a child to be used for the **sexual gratification** of another person; using a child in or deliberately exposing a child to sexual activities or **pornography**, and procuring or allowing a child to be procured for **commercial sexual exploitation**, or in any way participating or assisting in the commercial sexual exploitation of a child. These findings, furthermore, corroborate the view of the American Academy of Paediatrics (2015), which in its definition stipulates that CSA takes on many forms which can be contact and non-contact in nature.

What is, however, noteworthy is that neither the Children's Act No 38 of 2005, nor the American Academy of Paediatrics (2015) make provision for children as perpetrator, an aspect which is addressed by the World Health Organisation (2006) in association with the

International Society for the Prevention of Child Abuse and Neglect which stipulate that children can be both **victims** and **perpetrators** of sexual abuse. The Child Justice Act No 75 of 2008 also makes provision for those that are offenders of sexual offences in relation to the New Sexual Offences Act No 32 of 2007. These views are corroborated by the findings of this study as participants indicate that:

*Some cases are rape where there's penetration, some are touching and fondling and some case are **child on child abuse**. (Participant 4)*

*It's exposure to pornography, addiction to pornography, full on rape, molestation, contact abuse and **child on child** exploration. (Participant 15)*

*We have a lot of **child on child abuse** where children are touching other children. There's rape, molestation and possible sexual grooming ... (Participant 16)*

What is further worth noting is that **child trafficking** is not mentioned outright in the Children's Act No 38 of 2005; also not the American Academy of Paediatrics (2015). However, child trafficking is recognised as a form of sexual abuse in the National Plan of Action for Children in South Africa (RSA, 2012). Section 4 Part C2 of this plan is specifically geared towards addressing sexual exploitation of children, **child trafficking** and child pornography. Three participants mentioned child trafficking, but none have rendered services to or have received referrals related to child trafficking, as can be seen from the excerpts below:

*We see a lot of pornography, because often the pornography leads to rape or even sexual molestation or sexual assaults. No **child trafficking** interestingly although it's out there, but we haven't received referrals ... We know there's child trafficking. So I don't know if they going for counselling elsewhere. (Participant 18)*

*Most of the children that we see is actual vaginal rape or anal rape, we are not necessarily seeing the children who have been assaulted. And then also children with acting out sexual behaviours. We don't actually get very many cases of **child trafficking**, in fact I don't think we have had a case. I do supervision with people who work with children who have been trafficked, but I do think that in the time that I've worked at this organisation that we've dealt with a child that has been trafficked. People are saying that it's happening on such a large basis and the so much of it around. When we talk to the social workers, they are overwhelmed with these cases they don't know what to do, but*

when we say to them we offer x or y, but then we don't get the referrals ... So where are they? (Participant 20)

*Rape is the most. Most of the cases are rape, then you get molestation and sexual assault, touching. And what has also spiked is **child on child abuse** where it's kids at school. (Participant 1)*

This finding related to child trafficking is particularly noteworthy given the apparent current surge in media reports related to child trafficking, particularly in the Western Cape.

6.3.4 Theme 4: Risk factors for child sexual abuse

According to Finkelhor (1994:31), child sexual abuse has been a prominent public concern, but few clear facts are available and many unanswered questions remain. Amongst these questions is that of “who is at risk”. Thus, participants were asked about factors they think may place children at risk of being sexually abused. These discussions led to the emergence of theme 4 of the study which is the risk factors for child sexual abuse, as participants shared their views on various risk factors that they think make children vulnerable.

From the views of all participants, it has become evident that there is no single causative factor for CSA, which corroborates the views of a number of authors. These authors are unanimous in their views that there are multiple risk factors related to CSA (NSPPC, 2013; Wolak & Finkelhor, 2013; Turner, Vanderminden, Finkelhor, Hamby & Shattuck, 2011; Turner, Finkelhor & Ormrod, 2010; Hornor, 2010; Finkelhor et al., 2005; Kvam, 2000; Madu & Peltzer, 2000; Elliot, Browne & Kilcoyne, 1995). From this theme, various sub-themes and categories thus developed, which are deliberated on next.

6.3.4.1 Sub-theme 4.1 Personal incapacity

Various opinions emerged in terms of personal incapacity as a risk factor for CSA. One participant indicated some hesitation in sharing his/her views regarding disability, yet provided a very clear opinion, as is evident from this excerpt:

*I'm hesitant to answer, because my area of expertise is not working specifically in the field of **mental disabilities** or other disabilities, however what I do know, is that it makes them extremely vulnerable. Whether it be from a place where they struggle making a*

disclosure or struggle to understand this as wrong or abusive ... so ja ... I think it absolutely makes kids more vulnerable. (Participant 20)

This view is endorsed by Kvam's (2000) opinion, which is that children with personal incapacities are more vulnerable. This view is shared by Turner, Vanderminden, Finkelhor, Hamby and Shattuck (2011) and Dimitri-Stull (2014:13), who reiterate the notion that the vulnerability of children with personal incapacities has increased. Bulter (2013:644), the NSPPC (2013:3) and the WHO (2003) add to this by stating that disabilities of any kind make children more vulnerable, inferring that mental disabilities is also a risk factor for CSA.

From this sub-theme, the vulnerability of children due to physical and mental disabilities, developed as categories.

6.3.4.1.1 *Category: Physical disability*

Very strong opinions emerged from participants in terms of physical disabilities being a risk factor for CSA. Some service providers indicated that:

*Most of these kids are not well taken care of so it makes them **easily accessible** cause some of them can't move so when you do something she won't scream ... she will scream to get help, but she can't go anywhere and she can't run away from you and she can't even defend herself. It's an **easier target**.* (Participant 16)

*... because someone who's a perpetrator uses this game. They know how to groom the children and if a child is **physically disabled**, sometimes they feel if that person comes close to them and they are able to attach to each other it's much easier for them to open up to everything and once that child is **physical disabled** they feel that this person coming to them is the only person they can be with or that they can talk to and be open with in a way. So then they, the perpetrator take advantage, grooms that child and ends up doing what they want, seeing that this **child is disabled** and not in a good state and they can't do much about it.* (Participant 17)

These views held by participants validate the view of Davids, Ncitakal, Penzi and Zungu (2012:112) who identify girl children, for example, with disabilities to be at risk, specifically due to their physical vulnerability; and their dependence on the caregivers, who may also be the abusers.

6.3.4.1.2 Category: Mental disability

With regard to mental disabilities it is also evident that service providers, who are of the opinion that mental disability is a risk factor for CSA, hold strong views on why they think this and provide clear views on this.

*Because people think those children [with **mental disabilities**] **cannot function** and they **don't remember**, they think they actually stupid; and they are not bright enough to **understand** what's going on, yet they take advantage of such children. They are taken advantage of the most, because they don't know what's going on, and they can't explain what is going on. It takes the parents to see what's going on in order for them to see and they don't even realise that something **traumatic** just happened because they can't link it to something wrong. (Participant 12)*

*I think as children they are already **vulnerable**, and with a **mental disability** they even more vulnerable and I know we do have kids that are **mentally disabled**. One thing that we always look at is cognitive functioning, and a child that has a **mental disability** doesn't have as effective cognitive functioning and they are just **vulnerable**. Perpetrators can see that the child have a **mental disability**, they are **easier targets**. And they can easily blame the child's **mental disability** if the child has to say something. (Participant 16)*

These views resonate with that of the World Health Organisation, which stipulates that psychological/cognitive functioning, or a lack thereof, are factors that place children at risk of CSA (WHO, 2003). It is further in line with Turner et al. (2010:132), who noted that **mental disorders** are a particular risk factor, leading to CSA for adolescent children.

Views such as these provide the basis for policy documents such as the National Plan of Action for Children in South Africa (RSA, 2012:20), which make special reference to children with disabilities; particularly highlighting their vulnerability to sexual abuse and exploitation. This policy further stipulates two provisions particularly directed at the roles of the Department of Health and the Department of Basic Education. These provisions are to ensure that medical examinations are done thoroughly, and that teachers are adequately trained to recognise and report abuse in order to attain the necessary services required.

Despite these provisions, participants indicated that they are experiencing difficulty in attaining adequate support in rendering effective empowerment services to children who have been sexually abused and have mental incapacities. This is evident in the following excerpt:

*I'd say mental challenges because, I've had a case where I've been battling with both the court and all the systems like the **Department of Education**, but would not help. I've been battling with them to get them on my side to assist my client because now the issue is with him being unable to identify the real perpetrator. They are questioning, is he really telling the truth, because he has a mental challenge or was he just day dreaming, because like sometimes he does, but they say you must believe what the child says and if he says it happened then it happened. So I think for **mentally challenged** children it puts them at risk ... (Participant 5)*

*We work with a particular **children home**; and the children we get from that particular home are children who have **mental issues**. In that home, some of the children also have brain injuries. We've been there [rendering services] for 2 years, continuously doing group work and case work, but there is still a spike in child sexual abuse, but it is work on a preventative level. (Participant 1)*

*Since I started at the organisation I have had 2 clients with **mental disabilities**. I think **mental disability** does play a major role, because it's almost as if they [the children] are not believed. When they do come out with it, it's like, "no ... it cannot be because this child has a **mental disability**". It's almost like it's a "no win" situation. I would say that there is a lack of support when it comes to the type of **schools** that they are based at. Because I know, one of my clients, it [the sexual abuse] happened at the school. The special needs **school** that he was based at. The type of treatment that he got from the school ... it's like the teachers would treat him differently because he now came out, he now reported it. I'm not sure if they are maybe aware of other cases taking place, but because they don't want the **school's** name to be tainted ... (Participant 3)*

*My client who has a **mental disability** told, so she went to the **hospital** and she was told by one of the counsellors at the **hospital**, "why do you wanna go further with this case? Just drop it, because it's not gonna get anywhere." So I think they [the children] are then seen different because of their **mental disability**. (Participant 5)*

As reported by service providers, it is scenarios such as these, which bring into question the efficacy of policy documents such as the ISDM (RSA, 2006), the National Plan of Action for

Children in South Africa (RSA, 2012:20) and the Framework for Social Welfare Services (RSA, 2013); this makes special reference to children with disabilities. Yet, children do not appear to be safeguarded from abuse.

6.3.4.2 *Sub-theme 4.2 Demography*

The findings below illustrate how demography as a risk factor impacts on children's vulnerability to be affected by sexual abuse. These demographic factors are amongst the issues that add to the complexity of CSA, as described by Putman (2003) and Chan (2011). There is an array of demographic factors such as gender, poverty and geographic location that may place children at risk of being sexually abused. There are also various opinions related to whether or not it makes children vulnerable (Finkelhor, 2005; Seedat et al., 2009; Matthews et al., 2012; Butler, 2013; Dimitri-Stull, 2014). These factors emerged as categories within the sub-theme of demography, and are described by many participants as contributing factors to children's vulnerability.

6.3.4.2.1 *Category: Gender*

The first category under the sub-theme of demography is that of **gender**, a factor which yielded various opinions from participants in terms of it being a risk factor for CSA. Some participants indicated that more girls than boys are being sexually abused, for various reasons.

*Definitely **more girls**. Uhm ... I think there are many factors that contribute towards that, first of all **girls** are seen as weaker sex sometimes and that is when perpetrators take advantage of them and sometimes **more girls**, because the other times you find out that the girls ... it was family members that they trust where they trust easily. The other thing is that we as parents are not empowering our **girls** to say no, because even if it's your boyfriend and if he forces himself, it's still rape. So we are not empowering our **girls** to stand up for themselves so they end up in situations where they are forced to have sex with this person. (Participant 8)*

*It's mostly **girls**, few boys. (Participant 7)*

*Definitely more **girls**. I think boys just tend not to speak out as much as **girls**, maybe, that's just my opinion. **Girls** disclose much easier than boys, even in the counselling, **girls** are much easier to work with than boys. (Participant 10)*

*Mostly **girls**, young **girls**. I don't know, there's fascination about young **girls**. I think it goes behind the whole theory about if you get a virgin to sleep with you then the HIV goes away. It's sad that in such communities that at this stage, as far as we've come with research that people actually still believe that. They are aware, but they not aware and you tell them and they like: "Ja ... ja ..." and when it happens, then they go consult sangomas. And the stuff they tell you is: "you know what, go get a younger child who's a virgin and after that you'll be ok". And they do it ... (Participant 12)*

These findings are contrary to that stipulated by the CJCP OPTIMUS Study (CJCP, 2016) which found that gender equity in CSA is visible, and that there is no discrimination in terms of gender amongst children. However, the views are in line with Molar et al. (2001:754), who found a higher prevalence of CSA in girls (13.5%) versus boys (2.5%) in the United States.

Participants, however, indicated that the fact that they are seeing more girls than boys, may merely be that girls are more likely to report sexual abuse than their male counterparts; hence, leading to the belief that more girls than boys are being sexually abused. Furthermore, there appears to be an increase in the number of boys seeking intervention due to being sexually abused, as is illustrated by the narratives below:

*... **in the beginning** when I started here it was, **girls, girls, girls**, but **now it's boys on boys**. My intake, my caseload changed, it was **more boys** coming in, who have been sexually abused by other **boys**. (Participant 1)*

*It's 50/50, I think we past the point where it's only **girls** are being raped there are little **boys**. I think it balances out. (Participant 16)*

*Used to be **girls**, now **more boys** on my caseload. (Participant 5)*

***Mostly boys**, with a caseload of 33. (Participant 6)*

The findings expressed in the narratives above not only corroborate the findings of the CJCP OPTIMUS Study (CJCP, 2016), which illustrates that 36.8% of boys and 33.9% of girls reported sexual abuse, but also indicate the fluidity of gender as risk factor for CSA.

It can also be noted that participants indicate that the boys seeking intervention, are often accused of also acting out inappropriate sexual behaviour towards peers. This is defined as displaying abuse reactive behaviour. It can also be noted that those engaged in the abuse reactive programmes are more likely to be boys, rather than girls.

*... **more girls**, which I think is the case all round, because boys don't get referred, because they don't report because cowboys don't cry. In terms of our work with sexual acting out behaviours, many more boys, few girls. (Participant 20)*

In conclusion, it could be argued that these findings display that boys have become equally as vulnerable to sexual abuse as girls; and it indicates a shift since the findings in 2012 by Mathews et al. (2012), which indicated a large disparity in the number of girls versus boys being sexually abused. These findings by Mathews et al. (2012:84) indicate that between 7-37% of girls and 5-10% of boys were victims of CSA. Therefore, it is noteworthy that gender may be less of a risk factor, given the fluidity of the opinions shared by participants.

6.3.4.2.3 Category: Poverty

Poverty, according to WHO (2003), is a risk factor for CSA. This is of particular relevance in South Africa which has a 27.7% unemployment rate (STATSSA, 2017) and a population of which 31% are dependent on state grants (<http://www.sassa.gov.za/index.php/statistical-reports>). These statistics are indicative of a lack of money in households; thus, rendering children vulnerable.

When asked whether **poverty** makes children more vulnerable to becoming sexually abused, participants had differing opinions; with some indicating that it is definitely a risk factor and others saying that poverty does not make children more vulnerable, as sexual abuse happens, irrespective of socio-economic status. It is merely more likely to be covered up in more upper to middle class communities as is evident from one participant who said:

*Not always, it can especially if it has to do with things like, mom is working and children are taking care of themselves or they are being taken care of by a sibling at home and stuff like that. But if you look at the more predominant **higher income families** it's just maybe a different type of sexual abuse that would take place there or that would happen. (Participant 14)*

This view that **poverty** is not a risk factor for CSA may be consistent with the same view held by Finkelhor et al. (2005). However, there appears to be a more overwhelming opinion that poverty absolutely places children at greater risk for sexual abuse, which is a sentiment shared by Seedat, Van Niekerk, Jewkes, Suffla and Ratele (2009) and Butler (2013).

Another notion that came to the fore when engaging with participants regarding poverty, is the phenomenon referred to by participants as “blesser/blessee”; a phenomenon which is consistent with what Davids et al. (2012:102) describes as the increased likelihood of girls who reside in **poverty** to turn to older sexual partners for **financial gain**. These views, which are evident in the narratives below, not only insinuate that **poverty** is a risk factor leading to CSA, but may also allude to gender being a risk factor for CSA.

*Ja, at times because people would be like, uncle whoever will give you a R10, mummy can't afford to give you R10, mummy is a domestic worker, mummy can't give you **money** to go buy a sweet, uncle whoever gives you R10 to keep you quiet. (Participant 17)*

*... the older men don't see it like it's sexual abuse ... you're an older man you married, you can buy me a Gucci bag you can buy me nice dress or do my Brazilian weave do my nails and I get to drive around in your car you take me wherever and you give me **money** ... that's actually prostitution. Some of these kids don't see it that way, they like I'm benefiting from this They call them “**blersers**” they tell you they can take care of you and they do take care of you ... properly ... if my mum doesn't work, dad doesn't work and every month I come with like R2000 worth of grocery ... and the parents are also wrong, why don't they question that, where does a 15 year old come with R2000 groceries and you're ok with that and you eat and you happy. Then that means there's something very wrong with our society ... (Participant 12)*

*Absolutely 100%. Well, if you have a look at who children might use as their role models, fancy clothes and fancy cars, so just from that kind of perspective, you know, money is important, putting food on the table is important and some of the children don't have parents who take care of them uhm ... having food in their tummies is important so **poverty** creates many more situations where children are being abuse, because there's some kind of **financial reward system** in place. That the perpetrator buys the groceries or pays the school fees. But also children offer sexual services as a means of getting **money** and we even are now getting children who are deliberately creating pornography of themselves and friends as a way of making **money**, so it's not just because people are **poor** they are more **vulnerable**. I mean if you also look at the whole kinds “**blesser/blessee**” kind of things that are kind of happening around there as well and how in some communities that's ok. Is it possible that if you come from a specific community uhm ... that sexuality might be a **commodity that you can trade** something that you need*

or want, because it looks better that what you have ... and potentially feel that's the only thing that you have or you grow up in a family where sexual abuse is the norm so now offering sexual services is not as bad or out of the box as it might have been to me and you ... and not seen as abuse ... ” (Participant 20)

The quotes above reflect the view of Seedat et al. (2009), who describe how the gap between the haves and the have-nots in South Africa display the inequality in the country that may increase frustrations and anger, which may in turn lead to risky behaviour such CSA. However, what appears evident from the excerpts is that the sexual abuse suffered by children who live in poverty is traumatic, but not necessarily violent due to a phenomenon referred to “blesser/blessee”, or merely the need to fulfil a basic need such as that of having food to fill their tummies. The source of frustration and anger may thus originate more from the side of the child, who is being sexually abused, rather than from the adult inflicting the abuse. The abusive behaviour of the adult however, is rooted in the definition of CSA as being an act which is **forced** upon children and is for **sexual gratification** of the adult (Encyclopaedia for Social Work, 1995; Dimitri-Stull, 2014:6).

These findings regarding demographic risk factors such as poverty and gender, yet again highlight the complexities of CSA, as is described in Section 3.4 of Chapter 3; and once more raises the question: are the risks **poverty** and **gender related**, as highlighted by Butler (2013); or is it a combination of these factors which increase the vulnerability of children in South Africa? What is clear, however, is that it is imperative that adequate empowerment services should be rendered to those affected by CSA in order to promote self-reliance in accordance with the aim of the ISDM (RSA, 2006) for service provision in a bid to alleviate the cycle of poverty that may exist as a consequence of CSA.

These findings demonstrate the complexities of CSA, and are further exacerbated by even more potential risk factors such as geographic location, as discussed in the next category.

6.3.4.2.4 Category: Geographic location

From the research findings, for the most part it would appear that **geographical location** is closely linked to **poverty**. These aspects gravitate towards each other as a result of the South African legacy of apartheid, which was experienced as “ongoing racial, gender, sectoral and geographic bias in access to, and delivery of services” (RSA, 2016:27); thus, resulting in most rural poorer communities having a lack of resources, making children in these communities

more vulnerable as there are no adequate play parks and no facilities to keep children constructively occupied after school and particularly during school holidays, as is demonstrated by the following narratives:

*... we work in a **rural community** and we have this huge amount of children who are abusing other children and some of it is abuse in terms of how we understand it, you know, one person taking advantage of another, but then we also have this, where victim becomes offender, you know, and in this community, one of the things that interests me is that **during the holidays the abuse issues go up**, the child on child abuse; and I think to some extent it's what we do because we have nothing else to do. Firstly it's normalised, it's not abuse it's just what kids do, but also there is a positive reward in terms of sexual arousal so they do things that are nice We don't have a **merry-go-round or jungle gym**, so what kind of gets us excited we have to come up with our own plans. So for me I don't want to say it's boredom, because I think that's over simplifying it, but there is this element of normalisation of there's **nothing else to do**, there's **no resources in this community**. We need to get out of the house at seven in the morning and I can only come back when 7de Laan is on uhm ... otherwise I mess up the house, so I now have to for 12 hours find something to do, which brings another element to it. (Participant 20)*

*I think it's a poverty issues, because it's in the more **vulnerable communities** where are there **no resources**, there's different levels of sexuality. Even in those communities, sexuality and sexual abuse or sexual acting out is the norm, people are still not talking about ... (Participant 17)*

This finding demonstrates that within the context of **poverty, geographic location** is of particular relevance as a risk factor leading to CSA. It may also be evident of South Africa's unique dynamics related to the history of the country in which poverty and geographic location decrease the likelihood of the availability of resources, such as adequate play parks for children. Improving the economic circumstances of communities may thus lead to a decrease in CSA, as the findings of this study corroborate the views of Seedat et al. (2009) and Butler's (2013) that poverty is a risk factor for CSA. In addressing risk factors such as poverty and geographic location, the goodness of fit between children and resources within the communities in which they reside, may be restored; thus, placing them less at risk for CSA. Therefore, macro level intervention (Hepworth et al, 2013) in terms of the economic upliftment of communities is required in order to counter the lack of resources, which place children at risk of CSA.

6.3.4.3 Sub-theme 4.3 Social background

In the findings set out in this section, the relevance of social background as a risk factor for CSA became apparent as a sub-theme. It is very rare that children are merely taken off the street by a random stranger and then abused. The perpetrators live in the community, in the same street as the children. More often than not, they share a home with the children. Children often know the perpetrator, and it includes fathers, uncles, brothers, the neighbours; in some instances even women are known to be guilty of sexually abusing children (WHO, 2003:76; NSPPC, 2013:3 and CJCP, 2016:14). One participant stated:

... they [perpetrator] come from everywhere, the whole continuum the stranger right through to the father ... and the mother ... lets not forget that there are female perpetrators around, it's very under reported it's not understood, it's possible for a female, in the thinking of the community for a female to rape a child. (Participant 20)

The above narrative debunks the view by the NSPPC (2013:3), which indicates a lesser likelihood of a parent being a perpetrator, as evidently women are seemingly also entering the realm of sexually abusing children. This finding further exacerbates the complexities of CSA in terms of the vulnerabilities of children, and the factors which potentially place them at risk for CSA. As a result, perpetrator familiarity emerged as a category within the sub-theme of social background and is elaborated on below.

6.3.4.3.1 Category: Perpetrator familiarity

Perpetrator familiarity is a noteworthy category which emerged under this sub-theme. Findings appear consistent with studies conducted in South Africa and Europe. Pierce and Bozalek (2004:820) found that 84% of perpetrators were known to the child; a similar finding was made by Dimitri-Stull (2004:10) in Europe, which found a 70-85% rate of **familiarity** with the perpetrator. Almost all participants emphasised that children are often familiar with the perpetrator:

*It's **not** strangers, it's **not** strangers! Because I can tell you from the case that I'm dealing with now from my caseload it's a four year old that has been sexually molested by the **uncle** of 15 years old, where he actually put his finger in the child's vagina and the family tried to kept it in the family because this 15 year old is also a minor and I don't know really what's happening and the child started to wet her pants again, and mommy also*

had a baby last year and the mother thought, maybe it's that ... then it was when the child started to say this person using this person name, 'baby this' hurt me, but there's no baby by that name there. So this child went to play therapy and they made the conclusion. Now it's this big thing going on, because I mean this mommy is like devastated, because it's the husband's side of the family and were staying with the paternal family in the same house where this actually happened over a period of time. And I mean this is a 15 year old and at the end of the day it's gonna be the 15 year old's word against the 4 year old ... what are the chances that that child is gonna be believed. (Participant 11)

*Perpetrators are known to the client. It's the **neighbours, teachers, pastors, brothers, imams**. It varies, I think all the men who children can trust and depend on and the **couches and uncles and fathers**. (Participant 4)*

*Like 90% of the cases the children know the perpetrator. Those that don't know are either too small or either intoxicated when they went to a party and this happened. They always know and it's **family, relatives or friends**. (Participant 5)*

*The **friend**, the **uncle** who is trusted in the family ... ja ... or the other **person renting in the backyard**. (Participant 7)*

*It's usually someone you know, either a **neighbour** or a **community member** or an **uncle** or a **father** some of these people groom these kids. (Participant 17)*

The findings of this study, as illustrated by the narratives above, are consistent with various other studies which indicate that children may fall prey to sexual abuse unknowingly as the alleged **perpetrator** is often **familiar** to and trusted by the child and the family (WHO, 2003:76; NSPPC, 2013:3; CJCP, 2016:14). Furthermore, the view of Davids et al. (2012:112) is endorsed that schools and homes often provide an entry point for perpetrators, particularly where there is an absence of a primary caregiver.

6.3.4.3.2 Category: Peer perpetrator

What has further become evident from the analysis of the findings of this study is that the perpetrator is no longer only an adult, but could possibly also be another child. The following narratives illustrate these findings:

*The **perpetrator is younger**, like I said it's like they are younger, in the past few years there's been horrific ... in my opinion cases coming up ... where **girls are being raped at***

school and if I think about my years in school, there was never a case like that, but now it's like boys doing that to another girl at the same age group. So that is the shift for me. Boys on boys and the boys do that to other girls. It's not an older person as a perpetrator. (Participant 1)

Most cases they are known. They are the uncles, the dads, the stepfathers, they are someone from the community, the schools, it would be a boy at school who does this. It's just everywhere, you get surprised you find it happened at school. (Participant 8)

You'd find that people who have been through it think they can do it to other people. Because it's ok if I grew up in an abusive home and it was ok for my dad to rape my sister then I can do it to my girlfriend or my classmate of whoever. These days for teenage boys to show you are a man you must say how many girls you have slept with ... it counts ... "I did 15, you did 10". It's the way we raise our children, especially our boy children. They don't get as much attention as girls. We have so many programme for girls, we overlook the boys and when they grow up they give us issues. There's not many programmes for boys. (Participant 12)

The above narratives not only speak of the perpetrator being familiar to the child, but also of two other factors; (a) that perpetrators are becoming younger, and (b) there is an apparent upsurge in child-on-child abuse. This is an aspect addressed by the World Health Organisation (2006), in association with the International Society for the Prevention of Child Abuse and Neglect, which in its definition of CSA, stipulates that children can be both victims and perpetrators of sexual abuse.

6.3.4.4 Sub-theme 4.4 Online social media

Online social media emerged as another sub-theme related to risk factors for CSA, as data was analysed. Children's vulnerability to CSA appears to be exacerbated with the expansion of the internet in the last decade; therefore, increasing exposure to inappropriate visual content and online communication tools such as texting, WhatsApp and other online platforms, such as Facebook, Instagram, Twitter, Google and Youtube, amongst others, have advanced, as is demonstrated by one participant in the excerpt below:

The perpetrator is now younger, so in my thinking they use the phone because they have more access, because they can Google what they want to know about sexual activity,

*especially teenagers. They go to meet someone somewhere and that is totally through the use of **social media**.* (Participant 1)

The sentiment shared in the narrative above echoes the concerns recognised by government in terms of the need to safeguard children within the realm of the internet. Government has thus developed strategies for online safety of children in terms of policy and legislation. The Film and Publication Amendment Act, 18 of 2004, for example, makes provision for the prohibition of child pornography on all media platforms, including the internet. The Act also gives obligation to report child pornography and the increase of penalties involving child pornography. Government has also put in place the Department of Communication's Children Empowerment Directorate, which is party to the Child Online Protection (COP) initiative that is an international collaboration for the online protection of children (DWCPD, 2013:39).

Despite these legal frameworks as developed by government to address the online safety of children, some participants report on the continuous vulnerability of children being sexually abused because of online communication. This can be seen in the narratives below:

*The **internet** normalises sexuality and **pornography** is so out there that children now look at **pornography**, and that to them is what sex is, so it's taking something that's not real but from a child's perspective that is what it is and it puts children at risk in terms of being used in **pornography** and becoming **addicted to pornography**.* (Participant 20)

*I do think that **social media** plays a role. On one of the farms some of kids have access to the **Wi-Fi**, until they found out that they were actually busy on **pornographic sites**, which is quite concerning because those images then stuck with them and they started to **play inappropriately** with each other.* (Participant 18)

These narratives are examples of how children are vulnerable to being sexually abused, as well as potentially becoming perpetrators of CSA, due to online communication platforms, despite the existence of legislative frameworks to safeguard them. Therefore, practical guidelines are required to implement legislative frameworks to safeguard children from online communication as a risk factor for CSA. To address these issues practically, the National Plan of Action for Children in South Africa (NPAC) (RSA, 2012) has specific strategies to address the online safety of children. These include:

- The implementation of programmes to educate children about online and digital safety and safety related to new technologies.
- Programmes must be made available to parents about the online and digital safety of their children.
- Programmes must be made available to educate children about sexting.
- Online and digital safety should be included in the national school curriculum.

Despite having macro level intervention strategies in place to protect children from the dangers of online communication as a risk factor for CSA, social media continues to pose a risk for children potentially being sexually abused.

Furthermore, **social media** is increasingly used to communicate with victims in what is termed by Wolak and Finkelhor (2013) as “known-in-person” perpetrators. These perpetrators of online sexual offences are often evasive, without a criminal record and less likely to have forced victims into performing sexual favours; thus, increasing the vulnerability of children. When asked how social media make children vulnerable to sexual abuse, some participants shared the following:

*I think **social media** is what makes children the most vulnerable, especially the older kids, because it's **WhatsApp** and it's also what they see on **social media**. It's how celebrities are portraying themselves, and children think that is what they should do. (Participant 12)*

*It's so **easy to access pornography** and especially if young girls see these unrealistic images of what a female should be and what a girls should do. I think anything they see **online** could influence them and they could easily link themselves to the perpetrator as well. For example, on **WhatsApp** the girl doesn't necessarily know who she's chatting to ... they just give their numbers out. Apparently some kids just send their friends' numbers around and it could end up with the wrong person. I know there was this thing, it's like a chain message and you add your number on then I send it to you, you add your number it goes on and on ... and then you have a list of numbers you can then chat to. This is what kids are doing. I have a sexual abuse case where it started on **WhatsApp**. The guy sent her a message come over and she went. (Participant 16)*

***Social media** is part of society we have to sensor what we put out there and what the children see. If a teenager sees people touching and kissing they are at an age where they feel like they can do it with friends and they do it, they like it, but end up in the wrong person who touches them in the wrong way or this person grooms them or teaches them the wrong way of love and it's not love it's abuse. So in terms of **social media**, what they see and what they read makes them vulnerable.* (Participant 17)

Access to, and the use of social media as a form of communication, appear to open children up to enter into situations that they may not be capable of dealing with; hence, the need was recognised by government to educate children about online safety. This is addressed by the NPAC (RSA, 2012) in order to acknowledge their vulnerability. However, the vulnerability of children using social media is accentuated by the fact that the **online** perpetrator may not be a stranger to the child; it is more likely that they are well acquainted and may even be peers (www.childline.org.za; Mitchell, Jones, Finkelhor & Wolak, 2013:1226). Thus, the way in which and those with whom children communicate with via social media increase their vulnerability without them being aware of it. They may think that communication is innocent, but they may be engaging in what is termed '**sexting**', which refers to sending and receiving of sexually suggestive texts and semi-nude or nude pictures (www.childline.org.za), as is explained by one participant:

*... if you look at what's happening in terms of **social media** so many kids that you are at smart schools and come from good homes and they are getting caught up in cyber-bullying even you know '**sexting**' and not knowing the dangers thereof.* (Participant 19)

It is scenarios such as these that serve as an example of how social media can be a risk factor for CSA. These perpetrators, who are familiar with the children, use social media to engage in non-contact sexual abuse, such as child pornography and solicitation of sex from a minor, if they are not the peers of the child (Wolak & Finkelhor, 2013:737). According to Hassan, Gary, Killion, Lewin and Totten (2015:414), the **familiarity** of the perpetrator to the child, along with children being unsupervised, also make them more vulnerable. This aspect becomes even more pertinent as the online perpetrator is familiar to the child; also, if access to social media is unsupervised, it could be argued that the vulnerability of children increases, which is a view shared by one participant:

Unsupervised access to TV and social media is a problem, you don't know who your child is chatting to ... girls just uploading things that are inappropriate. Parents should also watch the type of pictures the children are taking and sharing on social media. They can send a photo that they are topless ... this is what the boys see and they request it and the girls send it, not realising it could get out there. (Participant 16)

If social media communication is unsupervised and children share nude pictures of themselves, they are at risk; not only being victims of sexual abuse, but also being guilty of committing a sex offence in terms of Chapter 3 Part 2 of the New Sexual Offence Act No 32 of 2007, regarding the distribution of child **pornography**, an offence which they may be committing unknowingly. Therefore, it is not only important for social media and online communication to be supervised by parents; it is equally important that all children and parents are educated about the risk factors of CSA, as stipulated in the strategies of the NPAC (RSA, 2012). In addressing the risk factors of CSA, it may pave the way for minimising the consequences CSA, an aspect which emerged as the fifth theme of this study. This is discussed next.

6.3.5 Theme 5: Consequences of child sexual abuse

The fifth theme of this study emerged as participants were asked to elaborate on how children to whom they render services present with consequences of child sexual abuse. Through most of these dialogues the complexities of CSA became even more apparent by the immensity of the consequences thereof. Maniglio (2009) and the National Policy Guidelines for Victim Empowerment (RSA, 2009) are in agreement that aspects such as psychological, behavioural, sexual, health related, social and secondary or re-victimisation are as result of CSA. However, for each child the consequences of CSA are experienced in a unique way which can be associated with the unique nature of every individual (Johnson & Yanca, 2010:150). One participant indicated that:

*How children deal with sexual abuse, is dependent on their **personality**, their age, their **relationship** with the **parents** and their **support system** so it's a huge dynamic. You can't say from the one child to the next. Even if it's for example children in the same home. Uhm ... I've had for example sisters then the one experience it in a certain manner; **very traumatic** and the other is like: "Ok, whatever let's get over it let's go on". Personality also has an influence as well. (Participant 14)*

This view corroborates what is universally accepted by various authors, which is that every child exposed to CSA will suffer consequences in different ways at some point in their lives which could last a lifetime (Finkelhor, 1990; Hornor, 2010; NSPCC, 2017). These opinions are shared by Maniglio (2009) and Kvam (2000); Whitaker, Le, Hanson, Baker, McMahon, Ryan, Klein and Rice (2008) and De Jong and Dennison (2017), indicating that CSA may result in social and physical problems and reactive abuse, dependent on various factors, which could be linked to demographics; aspects which presented itself during analysis and emerged as sub-themes within the theme related to the consequences of CSA, as presented next.

6.3.5.1 *Sub-theme 5.1 Psychological problems*

Analysis of most transcripts revealed that children present with an array of psychological problems as a consequence of child sexual abuse. Psychological issues which do present in children as a consequence of CSA may include depression, low self-esteem, feelings of anger, fear, shame and powerlessness. Aspects such as these, according to Kvam (2000), may have been a risk factor of becoming a victim in the first place; this is yet another example of the complexities of understanding CSA (Butler 2013:643). It could be argued that as a risk factor for CSA, low self-esteem could be exacerbated, leading to depression; therefore, resulting in even more devastating consequences such as suicide (Hornor, 2010:360; RAINN, 2016), as is described by participants in the narratives below:

*[As a consequence of CSA] Children want to commit **suicide**, become **depressed** and feel **worthless**, all those types of negative things and they experience **fear** and **anger**.*
(Participant 19)

*Children want to commit **suicide**, become **depressed** uhm ... have feelings of **worthlessness** ...* (Participant 14)

*Children become very **withdrawn**, they struggle to speak about what happened to them, they feel **ashamed**. Children who feel **ashamed** about what happened may still remain **fearful** that it's gonna happen again to them, that reality is there and the blame and the feelings of **powerlessness** from their side are so real and it's not something that the child can easily deal with, it really takes a while and that is why I think the counselling is so important.* (Participant 12)

Note that participants describe children who experience suicidal tendencies as a psychological issue, which may appear separate from health related issues. This view is, however, contrary to

that held by Davids et al. (2012), Irish, Kobayashi and Delahanty (2010) and Mangilio (2009:653), who stipulate that suicidal tendencies are health related. This is an issue that will be discussed as a sub-theme later.

Post-traumatic stress disorder (PTSD) is another consequence of CSA, identified by one participant. This is a consequence which, according to Horner (2010:360), may become apparent during any life phase of an individual:

*Children that we see who have **PTSD** as a result of the sexual abuse tend not to be able to **concentrate** on their **schoolwork**, they tend not to know what is happening to their body, some of them begin **wetting** their **beds** at night, some of them **cannot sleep** through the night, some of them are finding it hard to expression their emotions because they were trying to work on their emotions of what happened to them. Some of them now tend to be very **aggressive**, with a lot of **emotional turmoil** because of the abuse. (Participant 17)*

Behaviours identified in the above narrative, which include a lack of concentration, bedwetting and nightmares, are displayed by children who have been sexually abused. This finding verifies the views of a number of authors who also indicate that a lack of concentration, bedwetting and nightmares may only appear months or even years after the trauma of CSA was experienced, which may in turn lead to even further consequences (Molnar, Buka & Kessler, 2001; Maniglio, 2009; Horner, 2010; De Jong & Dennison, 2017; RAINN, 2016; NSPCC, 2017).

It is thus imperative that empowerment services are made available to children who have been sexually abused in order to mitigate the psychological consequences thereof. Empowerment services rendered on a micro level would also aim to facilitate changes in the child themselves, addressing issues such as a self-esteem and social isolation (DuBois & Miley, 2010). In rendering empowerment services, social workers are in a position to capitalise on the child's potential and recognise their strengths, thus fulfilling the role of enabler (Hepworth et al., 2013; DuBois & Miley, 2010:227). In this way they may assist in mitigating the consequences of CSA, such as those described by some participants:

*Children are **afraid to trust** anyone after that and there's **anger**. The child becomes angry at themselves **blaming** themselves for the incident ... "if I could have done this. I asked for this"; and sometimes it does affect their school work. I think **psychologically** it **damages** them. (Participant 8)*

*Sometimes personal hygiene becomes a problem because, they **stop caring about themselves**.* (Participant 15)

6.3.5.2 Sub-theme 5.2 Behavioural problems

Behavioural problems displayed by children emerged as another sub-theme under the theme of consequences of CSA. It became apparent from the analysis of a number of the transcripts that children begin to display negative behaviour after sexual abuse has occurred. Behaviour, which was not noted prior to the abuse, is reported by parents, as noted by two participants:

*Sometimes the parents will come here [to the organisation] and report that the children have excessive **behavioural changes** and then we'll find out the client was sexually abused when the client was very younger and then that **negative behaviour** comes now.* (Participant 9)

*There was a child that was talkative but after the incident, tended to be **withdrawn** and **isolated**.* (Participant 10)

Noteworthy, is that when engaging with participants regarding the consequences of CSA, no mention was made of how gender difference impact how children react. Some participants generalised the behaviour with no gender divide. This is in keeping with Finkelhor (1990), who believes that there is no distinction between the reactions of different genders. This is, however, dissimilar to the views of Hornor (2010:359) and Lev-Wiesel (2008), who are of the opinion that girls display behaviour of an emotional nature such as depression, suicidal tendencies and feelings of worthlessness, whereas boys display aggressive behaviour and act out physically. Some participants describe the behavioural problems displayed by children in general after the disclosure as:

***Children** present with an array of behavioural issues as a result of the sexual abuse. Amongst those are issues of **playing inappropriate sexually related games, promiscuity, become isolated, lack of trust and with a display of loss of personal boundaries** as well as engaging in **sexual activity at an early age**.* (Participant 6)

***These children** tend to **bully** others, they tend to be **aggressive**, because they haven't dealt with some of their aspects or some just tend to be quiet. I think that the main problem is **aggression** with children who don't have a helping hand to make sure they deal with their emotions.* (Participant 17)

*The bigger ones they would **bunk** school, they would engage in **inappropriate sexual relationships**. They would **drink**, they would **smoke dagga** they would even **sell their bodies**. (Participant 4)*

The behaviour of children described by participants in the narratives above verify the views of various authors who indicate that irresponsible sexual behaviour, self-harm, substance abuse and criminal activity are amongst the behavioural consequences of CSA (Molnar, Buka & Kessler, 2001; Maniglio, 2009; Hornor, 2010; De Jong & Dennison, 2017; RAINN, 2016; NSPCC, 2017).

What is not mentioned by the said authors is the aspect of inappropriate sexual play, referred to by participants. It could be argued that this inappropriate form of sexual play amongst children may lead to child-on-child abuse, which could be argued to be a form of abuse reactive sexual behaviour, as participants define inappropriate play as a consequence of CSA. This finding corroborates the view that victims of CSA may also become reactive offenders (Whitaker et al., 2008:539; De Jong & Dennison, 2017).

Whitaker et al. (2008) further stipulate that perpetrators sometimes have a history of being sexually abused themselves; this could thus be offered as argument to verify the views of participants. It also provides evidence of the view held by De Jong and Dennis (2017), who state that, in terms of negative behaviour displayed, there may be a link between those who are victims of child sexual offences and those who become offenders.

6.3.5.3 Sub-theme 5.3 Health related issues

Children not only suffer psychologically and portray negative behaviour, they also experience health related issues, due to the intimate nature of sexual abuse. It became evident that children become infected with HIV, STIs and could become pregnant; thus, seeing health related issues emerge as a sub-theme related to the consequences of CSA. This can be seen in the excerpts below:

*I think children become infected with **STIs** and there's always a risk of being infected with **HIV**. (Participant 8)*

*I have this one case where the child actually has an **STI**. The child has **warts** on her face, so health issues definitely become a problem. (Participant 13)*

*Sometimes when a girl is raped, she'd come back for the **HIV** results and want another test done. With young kids **STIs** present itself especially with long term abuse and if they are already **poor hygiene** issues become apparent. (Participant 4)*

*I had a child who was raped by an uncle and became **pregnant** and hid it from the parents. The parents only found out, because they noticed she was gaining weight so they took her to the doctor, she was 8 weeks **pregnant** so she had to go for an **abortion**, which is also traumatic for that age, because she was only 12 when this happened. (Participant 11)*

*I think **STIs**, **STDs**, because especially if they have been raped or sexually assaulted you know, those type of issues play a role. **HIV** also You know, some of them also become **pregnant** because of the abuse that took place. (Participant 3)*

*Sometimes they **physically hurt themselves through cutting** themselves, especially the teenagers so it has an effect of their health. (Participant 3)*

*Sometimes the child becomes **HIV positive** through the rape. (Participant 2)*

Maniglio (2009), the National Policy Guidelines for Victim Empowerment (RSA, 2009), Molnar, Buka and Kessler (2001) and Coid, Petrukevitch, Feder, Chung, Richardson and Moorey (2001:450) all are in agreement that sexual abuse has a negative impact on the physical health of children. Health related issues, such as HIV, STIs and pregnancy, are particularly relevant when children have experienced contact abuse such as rape or molestation (American Academy for Paediatrics, 2005; Children's Act, No 38 of 2005; New Sexual Offences Act, No 32 of 2007).

Children who experience these health related issues, require health care services; in a country such as South Africa, which has an unemployment rate of 27.7% (STATSSA, 2017), this may place an economic burden on the family. This is relevant because health care services may be unaffordable; therefore, leading to reliance on state services (www.sassa.gov.za). This issue becomes relevant, particularly when considering poverty a risk factor for CSA (WHO, 2003; Seedat et al., 2009; Butler, 2013). If, for example, the child is found HIV positive, the child requires medication and may need the necessary guidance to administer the medication properly. Thus, this may be problematic, as is evident from the narrative below:

*Especially for the **HIV treatment**. They have to take the medication that is a horrible experience for them and some of them don't want to take it anymore and that could lead*

to [further health complications] but they don't understand and they don't drink it [medication]. (Participant 1)

When considering pregnancy as a consequence of CSA, not only does the child suffer from the direct consequences of the sexual abuse; they also become exposed to consequences related to the pregnancy itself, as some participants reported:

***Pregnancies** and STDs are some of the health issues suffered. (Participant 3)*

*I had a client that became **pregnant** uh ... she did keep the child and she is raising the child. (Participant 9)*

*It's the child's choice if they're pregnant to keep the baby or not. Some keep the babies, I had two clients who got **pregnant** one of them was 12 and the other 13 or 14. In both these cases the children decided to keep the babies. (Participant 14)*

If the child keeps the baby as described in the narratives above, she may be dependent on the overburdened national health care system and those babies may be born into a life of poverty; thus, becoming grant dependent alongside the 22% of children already receiving grants (<http://www.sassa.gov.za/index.php/statistical-reports>). It is worth noting that, if poverty was the risk factor which led to the child being sexually abused, it may mean that both she and her baby will become grant dependent.

In this regard, the role of the Department of Health is very important in terms of safeguarding children. For this reason, the NPAC (RSA, 2012) makes provisions which stipulate their role to:

- Undertake medical examinations of children who have been sexually abused.
- Provide antiretroviral treatment to children who have been sexually assaulted.
- Provide child friendly victim support services that are health related.

Despite these provisions, a few participants reported that children may still find it difficult to access adequate health care services, as they may not be treated well, as can be seen in the narrative below:

*Some of these kids become HIV positive, some have untreated STIs they don't know it's an STI. All they know is that it's smelling, but they move along, it becomes life and **if they go to the clinic they get re-traumatised** because they are **judged**.* (Participant 12)

The narrative above implies that accessing health care facilities may exacerbate exposure to secondary or re-victimisation, which will be discussed later.

Of importance for this study is that when the child contracts HIV or an STI or becomes pregnant as a result of the sexual abuse, their health related vulnerabilities are exacerbated. These health related issues further increase with the presence of other demographic risk factors, such as gender and poverty, particularly when considering that authors such as Butler (2013), hold the view that poverty can be seen as both a risk factor and consequence of CSA.

The health related issues may translate into economic hardship, experienced by those affected by CSA, not only when accessing health care for the treatment of HIV or STIs or for antenatal care. Irrespective of whether or not the child decides to keep the baby, economic pressure becomes a reality, adding pressure to already burdened state resources, such as state grants (www.sassa.gov.za).

6.3.5.4 Sub-theme 5.4 Sex related problems

While engaging with participants about the consequences of CSA, sex related problems developed as another sub-theme. Some participants began to explain how sex related problems may emerge after a child has experienced sexual abuse. One participant stated that, for the abused child:

*Sexuality might become a **commodity** that you can trade for something that you need or want ...* (Participant 20)

The narrative shows that CSA may lead to sex related problems, such as engaging in early inappropriate sexual relationships, which arguably amounts to prostitution. This is due to the inappropriate financial gain experienced by the child and sexual gratification experienced by the adult (World Health Report, 2003:75; Children's Act, No 38 of 2005). Other participants stated the following:

*Even in young children, **promiscuity** becomes apparent, that even the parents are like, you know, shocked, like: "oh my word, this child, you know she **flirts** with **adult men** who*

*comes to the house you know”, uhm ... often one has to look really go into the whole history of a case like that and you find often it’s children where there’s been **long term sexual abuse**, even if those children are so young. (Participant 4)*

*There are children that feel they would **never ever want to have sex again** because what they went through. I went to [a] talk about how to talk to kids about sexuality and a lot of kids feel after this happened, they were **forced** into it, they wouldn’t want to do it [have sex]with anyone else, even though it could be a healthy **sexual relationship** when they are older. (Participant 16)*

*The abuse, it could make **kids overly sexual** in what they do in what they **play** uhm ... those are the things I think could happen and in the long run, if the child doesn’t get the necessary therapy the child could maybe have **intimacy problems** in their **marriage** if **they are older**, when it’s ok to be **sexually active**. (Participant 14)*

*We are working with children who are **addicted to pornography**. For example, a little girl of six that I can think of, addicted to pornography, who has already identified the kind of pornography that she likes to watch at six ... a little girl ... and she knows the difference between three-sums and gay sex and, uhm ..., bestiality and very different categories of pornography. She’s gone through them all and there’s already kind of one that she likes so the accessibility to it is also a huge problem. It is prevalent, it is so prevalent and I think we as grown-ups are really not aware of how prevalent it is and what kind of discussions children are having. (Participant 20)*

After suffering sexual abuse, children may later in life be drawn towards relationships in which they are sexually abused; their children can also potentially become victims of sexual abuse, which means being exposed further to re-victimisation (Hornor, 2010; Chan, 2011). They are thus getting drawn into an intergenerational abuse cycle. Likewise, Whitaker et al. (2008) and Maniglio (2009) noted that CSA might result in irresponsible sexual behaviour later in life. These findings once again reiterate the need for effective empowerment services to safeguard children.

6.3.5.5 Sub-theme 5.5 Secondary trauma or re-victimisation

The final sub-theme, which emerged under the theme of consequences of sexual abuse, is secondary trauma or re-victimisation. Secondary or re-victimisation is described by many as either emotional or physical (Widom, Czaja, Dutton, 2008; Hébert, Lavoie, Vitaro, McDuff,

Tremblay, 2008; Barnes, Noll, Putman & Trickett, 2009; Daigneault, Hébert & McDuff, 2009; Yoshihama & Horrocks, 2010; Chan, 2011). Some participants in this study described secondary or re-victimisation as mostly emotional in nature, with children being re-exposed to the event/s of the sexual abuse because they are expected to re-tell the story several times.

... they [teachers] take you [child] to the other teachers and you [child] needs to tell what happened. It's like they think these kids enjoy telling this story and then they [children] end up not going to school anymore cause of the re-traumatising the child. (Participant 12)

Unfortunately, even with South Africa's progressive body of policy and legislation, children who have been subjected to CSA cannot be protected. This difficulty in protecting children is recognised in the preamble of the New Sexual Offences No 32 of 2007, which frankly states that there is no adequate and effective protection services available to victims of sexual offences; thus, subjecting them to secondary victimisation. Some participants shared the following in relation to secondary trauma experienced by children:

*I think it [**secondary trauma**] mostly happens if the case has been reported, then the child has been asked ten thousand questions from the FCS officer which is obviously what they need to do but especially at home. Now if mommy now every time ask the child about the incident that took place and then whoever wants to know, that is where **secondary or re-victimisation** takes place. (Participant 3)*

*I have a problem with how **teachers** deal with sexually abused children so they end up not saying anything ... the **teachers would say: "did you hear this, sexual abuse happened to so and so?"** then they take you to the others and you need to tell what happened. It's like they think these kids enjoy telling this story and then they end up not going to school anymore because they are **re-traumatising** the child. (Participant 12)*

*There are some kids that by the time they come to our offices they don't wanna talk about it anymore, because they they've **told it [the abuse story] so many times**. (Participant 1)*

*People **blaming** the child for what happened. Saying: "**You should have dressed properly ...**" or "**you should have done this you should have done that ...**" They don't understand that these kids blame themselves so much and it doesn't help when a teacher says you must start wearing longer things ... no matter if you wear longer things ... they [perpetrators] see what they want to ... (Participant 7)*

*I think the **court process** causes **secondary victimisation** and **trauma**. Children don't like going to **court**. I think because the cases, keeps getting **postponed**, to see if the child is ready to testify or the **offender is off sick**, or the **lawyer is off sick**. So I think, that makes them [the children] very sick. It is causing **trauma**, because when the child goes to court the case has to be **postponed**, and then they have to go again. (Participant 11)*

***Consultation with prosecutors** sometimes **re-victimise** the child. The child may say one thing that isn't in the statement then that the child gets attack. Resulting in **emotional breakdowns**. (Participant 2)*

These findings validate that children are particularly vulnerable to secondary or re-victimisation after disclosure, stemming from inappropriate responses by parents, teachers, even community members. Even consultations with professionals within the criminal justice system leads to secondary or re-victimisation, as it re-enforces a sense of guilt and powerlessness (Martin, Brady, Kwhali, Brown, Crowe & Matouskova, 2014:8).

Findings such as these, further validate the need for policies such as the National Strategic Plan (RSA, 2016), which recognises the serious long term consequences of sexual offences, especially against children. In addition, the long term consequences of sexual abuse are the harsh treatment suffered by victims within the criminal justice system. This Plan further recognises that too often victims are subjected to secondary or re-victimisation (RSA, 2016:8). Secondary or re-victimisation was also highlighted in the report of the Ministerial Advisory Task Team on the Adjudication of Sexual Offence Matters (MATTSO) (DOJCD, 2013).

Evidently, findings from this study indicate that in practice, the support systems in the country are falling short of protecting children, not only against mitigating the risk factors of CSA, but also in dealing with the consequences thereof.

Yet again, these findings raise questions related to the efficacy of the implementation of policy and legislative frameworks in South Africa to protect children. It may be evident from law that South Africa is well-gearred for the protection of its children, as is demonstrated in Chapter 4 of this study. However, how well does this translate into service delivery and how effectively are service providers able to implement policy and legislation related to CSA? Findings related to the implementation policy and legislation will thus be discussed in the next section.

6.3.6 Theme 6: Policy and legislation related to CSA

Theme 6 came to the fore as participants were asked how and what policies and legislative frameworks guide their service provision in the field of child sexual abuse. Child sexual abuse is governed by a number of legislative documents in South Africa (OPTIMUS Study, 2016:17), all of which are embedded within the overarching law of the land and the Constitution of the Republic of South Africa (RSA, 1996), and supported within a range of legislation related to crime and victimisation. This thus indicates that South African legislation has displayed much success to guide government and NPOs to render appropriate, holistic and integrated services. However, considering the findings related to the risk factors and consequences of CSA, it remains questionable to what extent these laws practically protect children against the scourge of child sexual abuse. One participant candidly said:

*it's good policies, neh ... but the **implementation** of it ... I don't follow that so well, because I don't know, if it's a good policy, but the **implementation** just longer or I don't know everybody is not trained in this and I think that is why it takes so long to implement ... (Participant 11)*

The narrative above is indicative of service providers being uncertain of how legislation translates into direct service provision to those affected by CSA on a micro level. Therefore the following section delineates the sub-theme relating to policy and legislation that was identified.

6.3.6.1 Sub-theme 6.1 Familiarity of service providers with policy and legislation specifically related to CSA

Participants were asked which policy and legislative frameworks regarding CSA they were familiar with, and how these frameworks guide their service provision; thus, the emergence of the sub-theme relating to the familiarity of service providers with policy and legislation specifically related to CSA.

With an average of 51 sexual offences against children being reported daily in South Africa (CJCP, 2016), it would be expected that all role players, especially service providers in NPOs rendering services in the field of CSA, would be abreast of all policy and legislative documents related to CSA. But alas, results from this study indicated that many service providers are not familiar with the policies and legislative frameworks as developed by government. This is contrary to the views held by DuBois and Miley (2010) and Hepworth et al. (2013), who

indicate that social workers should also take on an important role in empowerment practice for CSA in terms of shaping policy and determining the efficacy thereof for implementation and direct service provision.

A selection of legislative and policy documents pertaining to CSA were identified by the researcher; and participants were asked to indicate whether or not they were familiar with each of them. The responses to this question are presented in table 6.3 below:

Table 6.3: Legislation and Policy related to CSA

Legislation or Policy	Number of participants who indicated familiarity with the said document
Children's Act, No 38 of 2005	20
Criminal Law (Sexual Offences and Related Matters) Amended Act No 32 of 2007 (New Sexual Offences Act)	19
White Paper for Social Welfare (RSA, 1997)	12
Children's Amendment Act No 41 of 2007	11
Domestic Violence Act No 116 of 1998	11
Framework for Social Welfare Services (RSA, 2013)	11
National Policy Guidelines for Victim Empowerment (RSA, 2009)	07
Sexual Offences Courts: National Policy Framework (RSA, 2012)	07
Integrated Service Delivery Model (RSA, 2006)	05
National Plan of Action for Children in South Africa (NPAC) (2012-2017) (RSA, 2012)	05
Service Charter for Victims of Crime (RSA, 2004)	02
Sexual Offences Courts: National Strategic Plan Draft (2016-2020) (RSA, 2016)	02

n=20

Table 6.3 shows that all twenty participants are familiar with the Children's Act No 38 of 2005. Only one participant indicated that they were not familiar with the Criminal Law (Sexual Offences and Related Matters Amended Act No 23 of 2007 (New Sexual Offences Act).

Furthermore, twelve participants stated their familiarity with the White Paper for Social Welfare (RSA, 1997). Eleven participants said that they are aware of the Children's Amendment Act No 41 of 2007, the Domestic Violence Act No 116 of 1998 and the Framework for Social Welfare Services (RSA, 2013).

Seven participants said that they knew about both the National Policy Guidelines for Victim Empowerment (RSA, 2009) and the Sexual Offences Courts: National Policy Framework (RSA, 2012). Only five participants indicated familiarity with both the Integrated Service Delivery Model (RSA, 2006) and the National Plan of Action for Children in South Africa (RSA, 2012). The Service Charter for Victims of Crime (RSA, 2004) and the Sexual Offences Courts: National Strategic Plan Draft (2016-2020) (RSA, 2016), are less familiar with service providers, as only two participants knew about these policies.

Analysis of transcripts in conjunction with table 6.3 is evident of two main factors:

- The importance of the Children's Act No 38 of 2005 in service provision to children.
- The lack of familiarity that participants display in terms of the rest of the legislative and policy documents relevant to CSA.

These two aspects are discussed next as categories under the sub-theme familiarity of service providers with policy and legislation specifically related to CSA.

6.3.6.1.1 *Category: Familiarity with the Children's Act No 38 of 2005*

Participants were asked how the legislation with which they are familiar with guide their service provision to those affected by CSA. Participants overwhelmingly indicated their familiarity specifically with the Children's Act No 38 of 2005 with comments such as the following:

*The **Children's Act** clearly guides you when the child is **in need of care and protection** and then what **processes** should be **followed**. The same with the Sexual Offence Act, it doesn't matter the Act, it clearly **guides** you when **action** should be taken and what **action** should be taken. (Participant 19)*

*I **work with children**, so the **Children's Act**, entails everything to do with children how to go about uhm ... and how to preserve the **best interest of the child** to look out for the child, like your **decisions must be guided** by that. (Participant 5)*

*We always need the **Children's Act**, because we always need to act in the **best interest of the child** and then considering what's best for the child and what intervention best to use. It **guides** you ... (Participant 12)*

*About the **Children's Act** can say with just the one clause that we use Actually two uhm ... Where you know that the **child is abused** and you must **report** and also the one,*

*where if a certain environment is not conducive for the child to live in then there must be an **investigation**.* (Participant 5)

The Children's Act No 38 of 2005 encapsulates child protection as a whole, as is alluded to in the above narratives. The Act also specifically defines sexual abuse in Chapter 1 thereof, but is not mentioned by any of the participants. This definition, which provides sound legal guidelines for the protection of children against CSA, is an important aspect for service providers to be familiar with, particularly when rendering services to those affected by CSA. Furthermore, Section (110)(1) of the Act stipulates that there is an obligation on a number of professionals, specifically social workers, to report even just a suspicion of sexual abuse to the police, as highlighted by the OPTIMUS Study (2016:19). This is an aspect which is highlighted by one participant. The most prominent aspect of the Act highlighted in the excerpts, is the **Best interests of child** standard as stipulated in Chapter 2 Section 7 of the Act.

In addition to the evidence on how the Children's Act No 38 of 2005 guides service rendering, most participants also mentioned how the lack of resources hinder the implementation thereof. The Children's Act No 38 of 2005 serves as an example of how government aims to protect children, and should aim to develop resources, increase awareness of social needs and mobilise communities to work for the necessary change (Pouling, 2005). However, what appears evident from this study is that resources are not available for the implementation of the Act in order to render adequate empowerment services for CSA. This can be seen as participants share their views on some shortcomings of the Act:

*... we follow the Children's Act as to how we provide the service, but we can do the best we can, but certainly **there is a gap** ... **no child should be waiting on services** so there should be more people, like we currently two social workers, so there should be **more social workers**. We don't have enough **human capacity** to fulfil all this roles cause I mean, it's like **one person has to do two people's jobs** ...* (Participant 11)

*To provide the services and there should be funds allocated so that we could provide the service ... **There's certainly a gap**. We don't have the **manpower** to render the service. The Act is clear, it's very wonderful, but in practice, there's **not manpower** to do it. Yes ... the **manpower** and the **funding** to implement the Act is needed.* (Participant 1)

*I think our **Children's Act** puts too much emphasis on parents rather than children, but that's my own opinion ...* (Participant 20)

The views of participants emphasise the difficulties service providers experience with implementing the laws such as the Children's Act No 38 of 2005, as they are restrained by a lack of resources which include a lack of human capacity to adequately render services. These findings reiterate the need for increased resources as is explained by UNICEF (2013) and Richter and Dawes (2008). They argue that resources such as finances are required to address CSA at macro level. These resources include financial planning, budgeting and fundraising by NPO's who render services in the field. Sound financial planning and efficient budgeting will place NPO's in good stead with funders. This will gain increased access to funds and, therefore, increased capacity to appoint more staff to implement the Act more effectively through direct service provision.

It is evident from the views of most participants that the Children's Act No 38 of 2005 is of significant importance in service delivery to children; and that participants have a clear understanding of how to implement the Act. However, this legislative document is but one of an array of policy documents developed by government to guide the service provision of NPOs in the work with children. What then about the other policy and legislative frameworks?

6.3.6.1.2 Category: General views on policy and legislation related to CSA

As indicated in the previous category, participants were asked to describe how the policies and legislation with which they are familiar guide their services. Table 6.3 displays evidence that most service providers are not aware of most of the policies and legislation related to CSA, other than the Children's Act No 38 of 2005. Furthermore, some participants made more generalised comments about other policy and legislative frameworks. It is for this reason that the category of general views on policy and legislation related to CSA emerged.

Sentiments such as those shared in the narratives in the previous category, related to the Children's Act No 38 of 2005 and the ones below, are indicative of the high regard that exist for children in South Africa, by not only government, but also those who render direct services.

*... it doesn't matter the **Act**, it **clearly guides** you when **action** should be taken and what **action** should be taken, for **children**.* (Participant 5)

*I think [policy] helps us determine what is **right** and what is **wrong**. What should and what should not be done in rendering services [to **children**].* (Participant 18)

*We need to **understand** how it [policy and legislation] **impacts children, children's rights** for example, their **human rights**, their rights in the **court**, their rights in terms of the **law**, because we dealing with all of that within the court **process** as well. Uhm ... because they need to be **educated** about those things [laws]. **Laws** also helps us to **determine** what **actions** need to be taken. So whether a referral is required maybe to take this further, we need to know what we need to do, in terms of our brief for the **child**. Ja, also it helps us to **educate** families, parents, **children**. It's a big part of what we do actually. (Participant 19)*

*I think policy is where you get the guidelines on how deal with the problem and how to intervene in any problem they are going through. It is valuable because without that guideline we can't render services to **children** as social workers as we supposed to. So we need that guideline, because the matters that we are dealing with are very sensitive, you can handle it in your own way, but when you are guided by policies and legislation, it easy for you to work ... (Participant 8)*

This concern for children in South Africa, as are expressed in the narratives above, may stem from the acceptance of the first draft of the National Plan of Action for Children in South Africa (NPAC) in June of 1994, right at the advent of democracy by late former President Nelson Mandela. A year later the Convention of the Rights of the Child was ratified and the NPAC was accepted (RSA, 2012:11).

Ironically, despite this high regard which participants evidently have for children in this country, only five of the twenty participants, as is evident in table 6.3, knew about the existence of the National Plan of Action for Children in South (RSA, 2012). This raises questions on how aware service providers are of existing policies that should aid and guide their services to children. Furthermore, it can be questioned whether service providers are adequately equipped with the necessary resources to implement policy and legislatives frameworks which translate into direct service provision. This question leads to the next category.

6.3.6.1.3 Category: Implementation of policy and legislation for CSA

Analysis of transcripts revealed that it is not just that some participants are seemingly unaware of the array of policies and legislative frameworks related to CSA, but they also indicate difficulty in implementing it. This is evident as participants share their **frustrations** regarding the implementation of policy and legislation related to CSA in general:

*... we are trying to **implement** all these **policy**, but **strategically** we **don't even have things in place**, because this policies is coming from on top, but in the end of the day it is people on the ground that must now **implement** it **without proper training, without proper resources** ... (Participant 11)*

*We don't have enough **human capacity** to fulfil all these roles ... (Participant 1)*

*... I mean we have, you know, all the **legislation in place**, plus more that **I have no idea of** ... (Participant 20)*

Findings from this study highlight issues that have been raised a decade ago by Richter and Dawes (2008) who indicated that, despite progressive legislation, children remain at high risk and issues such as sexual abuse continue, due to a lack of resources and adequate implementation of policy. Government has seemingly, successfully developed an array of world class legislative documents, to protect children. However, the development of policy and legislation is only one responsibility which government has fulfilled when it comes to protecting children who have been sexually abused. Of importance for this study is that, according to Krug et al. (2002), government essentially has three core responsibilities when it comes to protecting children who have been sexually abused:

- To draft policies which ensure that there is an adequately trained working force in the area of child abuse,
- To provide services to children who have been sexually abused and to their caregivers,
- The provision of resources for the provision of services.

Despite successfully drafting progressive legislation, those at the coalface of service provision display feelings of **frustration** and indicate government's apparent failure to fulfil two of the three obligations stipulated by Krug et al. (2002), which is to provide adequate resources in order to render effective services, as is evident from the narratives above. However, it must be noted that UNICEF (2013) warns that the implementation of policy and legislation may take some time. However, a question raised in Chapter 4 remains: How much more time, and at what rate will child sexual abuse continue, in the absence of the implementation of policy and legislation that are evidently in place in South Africa?

The validity of these questions found its roots in the exploration when South Africa first recognised the issues surrounding CSA. It is worth noting that this started as early as 1997, a

mere three years into the dawn of the new democracy, with not only the adaption of the National Plan of Action for Children in South Africa (RSA, 2012), but also the White Paper for Social Welfare (RSA, 1997). This dates back 21 years. The latter document clearly paved the way for the development of policy and the improvement of services to the most vulnerable of society, with Section 24 clearly recognising child sexual abuse as a problem experienced within the South African society.

It would appear that government successfully develops policies which pave the way for other, more eloquent policies to follow; but service providers, for instance at NPOs, consistently have difficulty translating these policies into direct services. The policies, however, provide guidelines for the implementation of services and the protection of children from sexual abuse, to service providers at NPOs.

Service providers' difficulties to implement policy in practice are illustrated by the narratives below:

*... so we have beautiful things on paper, but the **implementation** is where it **fails**, because people bring their own stories and their own experiences to the work and that is where the **problem** is. One of the things in our country is that the bigger problem, the more laws we write, because we still think that if we hang punishment over people's head that will change their moral code ... and it doesn't. For me, the biggest problem is we can write **many documents** but if don't **empower** our people who are working on the ground with **appropriate skills**, it's not necessarily going to change how things are **implemented**. (Participant 20)*

*We have all these **fantastic policies and legislation**, so we need to make it more **accessible** to the social workers and somehow implement it. I think we do have enough resources. I think there might be enough social workers to implement, but I think there may not be enough job opportunities. (Participant 15)*

These findings may insinuate that there may be a lack of adequate training of service providers to implement policies and legislation effectively. Poulin (2005), the ISDM (RSA, 2006) and the Framework for Social Welfare Services (RSA, 2013) confirm that education and training of professional people can equip them to implement policies to deal with CSA. The ISDM (RSA, 2006:35) further suggests that education and training of professional people should take place in various forms, such as continuous professional development skills, training for the

implementation of the ISDM (RSA, 2006), in-service training and research. Education and training in policy and legislation relevant to CSA may enhance social workers' skills to facilitate intervention on macro level, and assist in fulfilling various roles required for micro level intervention (Johnson & Yanca, 2010). Three participants confirmed that training is made available in order to bring them abreast of the development of legislation related to CSA, as is evident from the narratives below:

*I think all these **policies** and **procedures** is what guides social work practice. I think anyone working with kids, this is what guides them, but I think it's really important uhm ... we actually going for a **refresher course**.* (Participant 8)

*Whenever there is **training** on these different **Acts** we get sent to the **training**, so we still need to be sent to training.* (Participant 16)

*... **group meetings** is where we get **clued up** about **policy** and **legislation** and she [manager] is obviously there for support when it comes to policy and legislation.* (Participant 14)

Although there are reports by a few participants that training is made available, the evidence from this study is indicative that services providers are not adequately aware of the array of policy and legislative frameworks related to CSA which are available to guide their services (see table 6.3). This finding is concerning, as macro level intervention is a key focus area for social work service provision, according to the ISDM (RSA, 2006) and the Framework for Social Welfare Services (RSA, 2013). Poulin (2005), DuBois and Miley (2010) and Hepworth et al. (2013) all indicate that for macro level intervention, the social workers need to take on the roles of social planner, advocate, as well as researcher in order to adequately address social issues such as CSA. It is for this reason that service providers must be aware of changes in policy and legislation related to CSA. This is particularly relevant in South Africa, which has an array of policies related to CSA, and is seemingly constantly in the process of developing new policies to address the scourge of child sexual abuse. Thus, it is concerning that some participants share views such as:

... if I had the choice of helping a child in crisis and doing research, I'm gonna go for the child, rather than bring myself up to date with all the newest research and stuff [policy and legislation]. You don't have the time to read all policy and legislation ... (Participant 14)

... where I feel I can make a difference is not in a legislative policy field, it doesn't speak to me as an individual. [If] somebody like me who is considered a specialist in the field and I don't know all of these policies and legislation, what does that say about other people in the field? (Participant 20)

These findings indicate that service providers see direct service provision as separate from policy and legislation; yet, services cannot be provided outside the framework of policies and legislation. Furthermore, service providers have the responsibility of acting as social planners, which include advocating for social injustice reform (DuBois & Miley, 2010:230), a role which is reaffirmed in the National Association of Social Workers Code of Ethics (NASW, 2008). The ISDM (RSA, 2006:35) further stipulates that the role as researcher is particularly relevant in order to encourage debate regarding policy and legislation; thus, placing social workers in a good position to influence policy.

Despite the seemingly negative findings regarding policy and legislation and the implementation thereof, empowerment services for CSA continue to be rendered by non-profit organisations using the ecological perspective (Life Model) as a theoretical framework alongside the various policy documents such as the Service Charter for Victims of Crime (RSA, 2004), the Integrated Service Delivery Model (RSA, 2006), the National Policy Guidelines for Victim Empowerment (VEP) (RSA, 2009), the National Plan of Action for Children in South Africa (NPAC) (RSA, 2012) and the Framework for Social Welfare Services (RSA, 2013), despite the apparent lack of knowledge thereof by service providers.

6.3.7 Theme 7: Service provision for CSA by non-profit organisations

Theme 7 arose from discussions related to the empowerment services provided to those affected by CSA in NPOs. Two sub-themes emerged out of these discussions, which is prevention services and programmes for CSA and therapeutic services available to recovery and healing of those affected by CSA, as stipulated in the Children's Amendment Act No. 41 of 2007.

Prevention services and therapeutic services are embedded in the ISDM (RSA, 2006), which emphasises that protection services to children should take place on various levels which include prevention. This practice of intervention is further supported within the Framework for Social Welfare Services (RSA, 2013), which indicates the need for services rendered from an ecological perspective on micro, meso and macro levels for those affected by CSA; thus, promoting the improvement of the fit between the child affected by CSA and the environment

in which they reside in order to develop positive interactions though rendering holistic services (Germain & Gitterman, 1996; Scannapieco & Connel-Carrick, 2005:22; Zastrow, 2005:55; Johnson & Yanca, 2010:392; Hepworth et al., 2013:17).

6.3.7.1 Sub-theme 7.1 Prevention services and programmes

Prevention services and programmes presented itself as sub-theme related to the theme, service provision for CSA, as participants were asked to explain what services the organisation renders to ensure the protection of children against child sexual abuse.

Prevention services and programmes are stipulated within the Children's Amendment Act No. 41 of 2007 as appropriate services to protect children against child sexual abuse. Section 144(2) specifically addresses empowering families and supporting children to reach their full potential, with Section 147 illustrating norms and standards for prevention and early intervention programmes.

Although distinction is made between prevention and early intervention, as in the ISDM (RSA, 2006) and Framework for Social Welfare Services (RSA, 2013), these distinctions are not executed in practice by organisations, as prevention and early intervention are fused as having the same functions and outcomes. This is evident from the excerpts below:

*... we just **lump** it all together as prevention, so the same kinds of things we doing there [prevention] we do here [early intervention].* (Participant 19)

*... when we do our **prevention/early intervention** out in the communities, then we are reaching out to all vulnerable children and their families.* (Participant 16)

Another participant indicated some level of uncertainty regarding prevention and early intervention, and stated the following:

*From my perspective prevention is engaging in a conversation/process before abuse happens however, the DSD definition of **early intervention and prevention are lumped together** ...* (Participant 20)

The narrative above could serve as an example of how the aims or intentions of policies are not necessarily applied in practice, or possibly not adequately understood by service providers. The ISDM (RSA, 2006), however, does make provision for the development of social welfare service delivery, which aims to improve social functioning at various levels in order to promote

optimal functioning of all clients, including children, who enter the system at any point. This could possibly be the avenue used by service providers as a means to lump early intervention and prevention services, as the key aspect of the policy lies in that social welfare services should aim to improve the functioning of those affected by CSA, for example.

The early intervention/prevention services rendered by organisations as reported by participants largely take place at a macro level, in the form of community work. Macro level intervention through community work, according to DuBois and Miley (2010) and Poulin (2005), aims to improve service delivery and initiate programmes to address prevention of CSA. The following section thus identifies and explores categories related to prevention services for CSA.

6.3.7.1.1 Category: Macro level intervention with children

A category related to prevention services, emerged as a programme by NPO and is directed specifically at children with the aim of safeguarding them against sexual abuse. Some participants gave examples of prevention services aimed at children, as illustrated in the narratives below:

*For **community work**, we go to **school**, **day cares** and where ever. So we do **awareness** and **prevention**. So we make them [**children**] aware about what is their private parts, that no one is supposed to touch there and secrets – what is a good secret and what is a bad secret, what is a good touch and what is a bad touch or rather ... a right touch and a wrong touch [it was change] and who to tell. That is prevention and **awareness** for **children**.* (Participant 1)

*We do **presentations** at schools, focussing on **children's rights**, basically making them aware of **body parts**, **touching**.* (Participant 2)

*[The organisation] does a **biblio programme**, it's where they go to the crèche and do awareness using stories, that **stories** includes their body parts, mostly it's to teach them their **body parts** and who must **touch** them and who mustn't touch.* (Participant 7)

*I do community work, just **awareness**, maybe we'd go to the **schools** and empower the **children** on their **body**, saying the right **parts**, because you know as parents we give private parts these names then we would say if the child would go to court the magistrate would not accept 'nusus' and stuff, they must know this is vagina, this the bums so we also do that.* (Participant 8)

*With the **lifeskills**, we focus more on **empowerment**, we talk more with the grade 7s. So we would do activities, where they would need to learn what group work is. We would divide them into four groups and each group would do something different like, create their own film, but it comes with a theme and our theme is always “**say stop**” or “**say no to abuse**”, so they would either have to write their own song about it, they would have to create their own dance about it, they would have to create their own drama piece, and it would be about **saying no to abuse**. (Participant 3)*

The findings above are indicative of macro level intervention through community work, which is directed at working with children who are at risk of being sexually abused; thus, focussing on the social conditions of CSA with the aim to encourage change, thereby reducing the risk of being sexually abused (Zastrow et al., 2019; Johnson & Yanca, 2010:365). These findings further corroborate the views of Hepworth et al. (2013), DuBois and Miley (2010) and Poulin (2005), who indicate that community work aims to initiate programmes, such as those mentioned by participants in order to address child sexual abuse. Furthermore, these findings indicate that service providers share the view of Poulin (2005:209), who explains that macro level interventions should aim to increase awareness of social needs and mobilise communities to work for the necessary change.

6.3.7.1.2 Category: Macro level intervention with parents and teachers

A few participants also spoke of prevention services directed at parents and teachers to address the scourge of child sexual abuse. Examples of programmes at macro level directed at the adults responsible for caring for the children can be seen in the excerpts below:

*We do **signs and symptoms** for adults to look out for. We go out and speak to the **parents**. In terms of what kind of changes do you see in the children and what kind of abuse. The different types of abuse and we also do **positive parenting**. How to connect with your child, so the child can be comfortable to talk to you. (Participant 20)*

*We have a phase one programme, this is directed at **teachers**. Basically to give them **awareness** and what **signs** to look out for if something is wrong with the child, so investigation can be done. (Participant 10)*

*We also did **training** with the **ECD staff** regarding how to report, how to complete a form 22. We did that with the ECD and the afterschool club staff. So they are also informed and how to look out for **different forms of abuse** and when a child discloses how to*

*respond and know the **procedures**, because these kids spend a lot of time with them and that would be a trusted person.* (Participant 18)

*We also do the foundation phase with the teachers where we make the teachers **aware** of the **signs** and **symptoms** of sexual abuse in the children and also then how to deal with the disclosure of the children.* (Participant 11)

*With **adults**, especially **teachers** we speak about the **signs** and **symptoms** of **abuse**. Very importantly the reporting procedures, because very often, they are not aware the procedures and we will also speak to them a little and link it to the law as well in terms of their obligation in terms of reporting. We also speak to them about children's rights, we think they need to know that. We also speak to them about types of abuse what is acceptable and what's not acceptable, abuse versus punishment.* (Participant 19)

These views, shared by participants, are examples of how service providers apply the principle of structured alliances as described by Ungar (2002). This principle indicates that children exposed to risk factors related to CSA, should be provided with the opportunity to access a more diverse range of resources to be available in the community in order to safeguard them against sexual abuse. Further, the focus of structured alliances is applicable on macro level intervention with communities focussing on prevention of CSA. Prevention services for parents and teachers, therefore, give service providers the chance to focus on services to assist the most vulnerable within society (Ungar, 2002; ISDM, 2006; Framework for Social Welfare Services (RSA, 2013)). Parents and teachers are thus empowered to become a means to an end for themselves and the children of the community; thus, releasing potential of the community, and potentially stretching resources in order to promote the reduction of CSA (DuBois & Miley, 2010:230).

6.3.7.1.3 *Category: Macro level intervention with the community*

Analysis of findings indicates that awareness programmes in communities are implemented as a prevention strategy for CSA, as described by some participants in the narratives below:

*So we have **prevention programmes** in schools and in the **community** [**creating awareness of CSA**], resulting in a fantastic referral system which comes from clinics, SAPS, individuals can refer, schools. Sometimes our prevention programmes reaches **radio** and **TV**.* (Participant 14)

*We do have **community awareness** and **prevention programmes** and I know recently we had with our child protection week we had the emphasis on all stakeholders, like court, police, us, the clinic what services do they render and what is statutory rape, because people don't know how to define statutory rape, so we do have **community awareness**.*

(Participant 12)

*In the **community** we do **child safety talks, awareness, signs and symptoms** [of sexual abuse] and what the **reporting procedures** are, because people are really not aware.*

(Participant 18)

The above narratives provide examples of how stipulations within policy documents, such as the ISDM (RSA, 2006), the Framework for Social Welfare Services (2013) and the National Plan of Action for Children in South Africa (NPAC) (RSA, 2012), are implemented in terms of CSA prevention. Section 4 Part C of the NPAC (RSA, 2012), for example, stipulates that prevention and early-intervention strategies must be implemented to counter and address the sexual exploitation of children. However, some participants share views that indicate frustration, because of being hindered to execute effective prevention programmes, which is contrary to what government states in policy documents related to addressing the scourge of CSA. These frustrations are demonstrated in the narratives below:

*I feel like the **prevention** we do is **not enough**. You don't reach as many people as you need to and our **TPA** does not provide for **prevention programmes**, so even if we do it, they will tell us you lacked on this, but you did this, but you can't report on that because it's not part of our reporting to social development, I think that they [government] don't take **prevention programmes** quit seriously and if they could address the **prevention programmes** we could address many more problems that come into these offices. They [government] are not making the connections properly, rather inform and empower people so that they know these things, so they are aware of things like sexual abuse and who is rendering what services and then it can be address earlier rather than later.*

(Participant 11)

*We **don't get funded for doing prevention work**, so we kind of manoeuvre it in because we believe it's very important, but we don't have dedicated funding for it. DSD defines the organisation as a **prevention early intervention organisation**, but we don't get funding for prevention. They **fund us for therapeutic services**, for which we are very grateful because it's very important, we don't get funding for prevention.* (Participant 12)

The views shared in the narratives above, raise the question whether government is aware of the consequences of the TPA requirements, and whether children are truly at the top of government's agenda, as part of the most vulnerable in society. Are these views yet another example of how service providers are having difficulty in translating existing policy into effective service delivery in order to address the scourge of child sexual abuse? This once again emphasises the statement made by the UNICEF (2013), that implementation of policy may take time. The question then stands: How much more time and how many more children will be affected by CSA before implementation of policy and legislation becomes effective?

6.3.7.2 Sub-theme 7.2 Services for recovery and healing

Services for recovery and healing presents the second level of service provision of the IDSM (RSA, 2006) and emerged as the second sub-theme within the theme of service provision. Participants were asked about the type of services that are rendered by the organisation once sexual abuse has already happened. Most participants indicated that therapeutic services are offered for the recovery and healing of those affected by CSA. These services are mainly done on the micro and meso levels of the ecological perspective, as developed by Germain and Gitterman (1996) for social work. These services at these two levels will be discussed next as categories.

6.3.7.2.1 Category: Micro level intervention

Empowerment services on a micro level aims to facilitate changes in the child themselves; for example, addressing issues of self-esteem and social isolation, which are cited as risk factors leading CSA, as well as consequences thereof. In rendering one-on-one therapeutic services, the child's potential and strengths are recognised by the therapist who fulfils the role of enabler, which is paramount to the empowerment process (Hepworth et al., 2013; DuBois & Miley, 2010:227). A number of participants explained:

*... we offer **therapeutic services** to children ... Sometimes we have these **alternative therapies** so it's like Pilates and uhm ... like creative art for the kids we have external therapists that will assist with the therapies when there's funding. Tai chi, we have therapists who is qualified to do EMI (eye movement therapy). (Participant 15)*

*Actually we just see them on an **intake** level and make sure the process is followed in terms of it, but we do a **little bit of therapy**, but you know how it works with child*

*protection, you can't deal with all those type of things, then it's an emergency because once you see the client it's set you gonna see the clients for only 6 weeks. We don't have that capacity and we don't have the manpower to do therapy that's why we refer. We would **follow** up with the family once a month has the process been followed, check up with the investigating officer that is our role. (Participant 11)*

*We refer to **psychologists**, they get work with them [children who have been sexually abused] more in depth, yet we don't get that opportunity, because there are just so many of them, the caseloads are just too high. (Participant 13)*

*We have your **therapeutic services**, you work therapeutically with the child. Sometimes we would **refer** to a **specialised [professional]** after **therapeutic intervention** then they would come back to us and we would monitor how they are doing. (Participant 12)*

*My role is like a **detective**, you come in you don't form relationships you go you have 6 weeks you get the information you write the report and you **refer** for **therapy**. (Participant 16)*

*We create a **safe space** for the **child** and render **counselling services**. With the child we do **therapeutic counselling** at this office we have two **therapy rooms** and because most of our survivors of CSA are so young, they say children are at the happiest when they play so, basically our therapy room looks like a play room, there are various **activities** in the **therapy room** that can be used to help the child with the **healing process**, even with our older children we also have certain activities that we can do with them to help them with the **healing process**. (Participant 17)*

The above narratives are evident that micro level intervention, in the form of assessment and referral and counselling and therapeutic services are rendered to sexually abused children by service providers.

As can be seen some service providers do not offer therapeutic services to act as enablers; they rather act as mediators because they refer to other professionals (Hepworth et al., 2013). As discussed in Chapter 5, a multi-disciplinary approach to service delivery may be required, thus allowing for the **referral** of sexually abused children for other professional services, required to promote recovery and healing (Kirst-Ashman & Hull, Jr., 2006:6).

Of importance for this study is that services on micro level with children should aim to facilitate changes in the lives of children who have been sexually abused. The narratives above indicate

that participants who do render **counselling** and **therapeutic** services aim to facilitate change within the children who have been sexually abused, dealing with the trauma of the sexual abuse. In rendering therapeutic services, service providers are in a position to capitalise on the sexually abused child's potential and recognise their strengths, thus fulfilling the role of enabler (Hepworth et al., 2013; DuBois & Miley, 2010:227).

Furthermore, application of the Life Model (ecological perspective) (Gitterman, 2009) appear evident as some participants report that the child who has been sexually abused is at the centre of the therapeutic process (*We create a **safe space** for the **child** and render **counselling services***), but assessments are conducted in order to recognise that there may be multiple stressors contributing to the need for intervention. Therefore, this contributes to the recognition of the unique nature of each child (DSD & UNICEF, 2008). This is particularly relevant when considering the vastness of risk factors and consequences of CSA, which are contributing factors to the change in the behaviour of the sexually abused child (Ruffolo, Perron & Voshel, 2016).

It is worth noting that the recovery and healing process of children who have been sexually abused is largely impacted by the complexities of thereof (Putman, 2003; Chan, 2011). Therapeutic intervention is thus essential and allows service providers to apply the New Ecology principles of diversity and diverse solutions and structured alliances as described by Ungar (2002), as it places them in a position to embrace and accept the different situations from which the children originate. Service providers, therefore, note a diverse range of consequences of CSA as assessments are conducted. This means that they are able to recognise that different children will respond in different ways to CSA; hence, each requiring intervention unique to their needs (Johnson & Yanca, 2010).

Additionally, the various relationships with people with whom the sexually abused child is involved in particularly, demand that parents are essential in the recovery and healing process for the child (Zastrow et al., 2019; DuBois & Miley, 2010:70; Miley et al., 2004:12). This need for the involvement of significant others in the healing of the child, such as a supportive parent, is eloquently described by some participants, stating that:

*The **parent** plays such a huge huge role in the **process of recovery and healing**. I think that's just become more and more evident, to me certainly over the years. You cannot just work with the **child**. You know, what's the other thing, you work with the **parent** and you*

*work with the **child**, but to get to that point where you work with them together and get to a point where in a session the child is able to tell the parent this is what happened, actually **disclosing** exactly, because often the parent has just heard little bits here little bit there, the child's **disclosed** to this and to that one and maybe the child told the mommy, but only in bits and pieces and you know to get to that where the child is eventually able to share their narrative **trauma** with the parent, that is such a powerful thing. (Participant 19)*

*We have a **treatment plan** that we follow with the client which is 10 sessions. The home environment plays a huge role in the healing. (Participant 10)*

*We do **therapeutic counselling** with our clients, where we **assess** the need. In fact we in cooperate what we gather ... first we conduct a **back ground assessment** so there the **parent** will be able to indicate the **behaviours** and the changes that she is noticing from the child so from there we start the initial contact with the child and assess how the child is in the **therapy room** and everything so from there we draw up a **plan**. (Participant 7)*

The above findings corroborate the views of Zastrow et al. (2019), Du Bois and Miley(2010:70) and Miley et al. (2004:12), who are in agreement that healing does not take place in isolation, but requires a holistic approach; thus, involving those closest to the child, such as the parents.

Evidently the consequences of CSA not only affect the children, but impact on the parents/caregivers as well. Therefore, parents/caregivers need to be part of the recovery and healing process. It is on a meso level where these complexities can be addressed on interactional level (Bronfenbrenner, 1979:7). The meso level intervention will thus be discussed in the next category.

6.3.7.2.2 Category: Meso level intervention

Participants were asked to explain what services are offered by the organisation on a meso level for the recovery and healing of those affected by CSA. It became evident that two types of group work intervention are offered, one directed at **children** and the other at **parents**.

The findings of this study elucidate that meso level intervention is executed with children who are either victims or perpetrators of CSA. Perpetrators of child-on-child abuse are also amongst those who offered services at a meso level. This is evident in the excerpts below:

*Group work is done, if we see a **reoccurring** issue, lets say there's a **school** and there was a reoccurring issue of a sexual nature uhm ... that happened because of children in the school, so in therapy I realise there's other children who is also involved who is not willing to talk and whose parents are saying lets keep quiet and I had to address it and we had a group session, but first got the parents' permission and we'll have another session when school re-opens. (Participant 14)*

*We also have a group work **abuse reactive programme** where we make them aware it's not okay to touch each other's privates. **Good touch bad touch, personal space, self-awareness**. Life skills at schools with kids, to address **self-esteem**, also **boundaries**, and **peer pressure**. (Participant 8)*

*We do **abuse reactive group** where we talk about **feelings**, about **trust**, about building **self-esteem**. This is where we focus on restoration of **healing** and justice to the children. (Participant 9)*

*I also do **group work** with a parenting group where abuse has already happened and also **abuse reactive children**, here the abuse also already happened. (Participant 10)*

These findings verify the views of Zastrow et al. (2019) and DuBois and Miley (2010:71), who indicate that empowerment services on a meso level entail intervention with small groups. Participants explain that low self-esteem, personal boundaries, peer pressure and dealing with emotions are amongst the issues that are addressed in group work with children. These findings thus serve as support of the explanation of Hack, Osachuk and De Luca (1994:226) that therapeutic groups for boys, for example, can be successful in reducing consequences of CSA, such as low self-esteem and depression.

Furthermore, the findings indicate that meso level intervention is also executed with the **parents** of children who have been sexually abused, as is evident in the narratives below:

*With the **parents** we have a **parents' support group** where we help them to better **understand** their **child** and what the child is going through and **understand** how they as parents can help their children so that they both can through the healing process. (Participant 3)*

*Through a **parenting programme** they **meet other parents** that's children has gone through the same things, so they are experiencing the same challenges with their children or as **parents they can advise each other** ... "You know what, I also have the same*

challenges as you have, but this is how I deal with it” and then they become support system for each other. (Participant 6)

Parents support groups. *That one is about uhm ... getting them to share, even though they have children all of them, but they all have the same goal for this children so but there’s one thing that is common in all of them where their children were being sexually abused. So meet them so that they can **empower each other**. When they get together at least they can share their views how they experience the same problems they have with their children and how to deal with it. Because most of them, they don’t know how far is the case, what is going on, so where they get together, they advise each other how to do, where to go ... (Participant 7)*

These views, as shared by participants, validate Bronfenbrenner’s (1979:7) view that within group work individuals are influenced by interactions between systems, referred to as the meso level. Therefore, intervention executed by services providers at this level, involve the parents who are closest to the sexually abused child; hence, corroborating the view of Kirst-Ashman and Hull Jr (2006:6) that meso level intervention should involve systems such as family members. The focus at the meso level is thus on changing the lives of the sexually abused child through social work group work interventions; for example, by means of support groups or therapeutic groups, as is evident in the narratives.

6.3.8 Theme 8: Understanding empowerment

Theme 8 emerged as participants were asked to describe their understanding of empowerment services to children who have been sexually abused. Empowerment is described by Zastrow, Kirst-Ashman and Hessenauer (2019); Egan (2018); Ruffolo, Perron and Voshel (2016); Hepworth et al. (2013); Saleeby (2013); Johnson and Yanca (2010); DuBois and Miley (2010); Kirst-Ashman and Hull Jr. (2006); Miley, O’Melia and DuBois (2004) and Neville (2004), as an approach used to render services, which enhance power and control of individuals, groups and communities, and are represented on the levels (micro, meso, macro) of the ecological perspective.

6.3.8.1 Sub-theme 8.1 Special features of empowerment

This sub-theme developed with recurring references to special features of empowerment, which aim to restore self-worth, and address the loss of power experienced by children who have been

sexually abused. In direct service provision for CSA, Neville (2004) and DuBois and Miley (2010) indicate that the empowerment process involves activities which aim to reduce powerlessness, allowing the child to perceive for themselves, and to gain the ability to exert influence in achieving their own goals and improving their quality of life, as is demonstrated by the narrative below:

*... it's important for you as a counsellor even in your first session to make sure there is **empowerment**. Maybe the child would do an activity and **praise** the child and say: 'you did well today' you know, to make sure that **he sees** that maybe there's some that **he did for himself** then you **encourage** and in every session whenever you see something that is **positive**, you **encourage**, focus on that. When the child leaves from the session there must be **empowerment** in that session. Because most of them come the sessions, there's nothing that I can do, so when you give them that: 'well done, that was good' ... (Participant 12)*

For this study, it is also noteworthy that a special feature of the empowerment approach is the language which it uses (Nelville, 2004). According to DuBois and Miley (2010:194), "words are powerful. Words shape our thinking, inform our interpretations and predispose our conclusions". This notion is echoed by participants who hold views such as:

*... the **positive language** and like someone said that children learn through repetition so if you continuously tell that child that they are not what happened to them or it's not their fault what happened to them, they tend to accept it after a while, sometimes it doesn't work, sometimes you don't reach your goal with that child, where you get that child to become ok again you don't reach that goal sometimes, but maybe if you try to do it like a couple of times with the child keep **reinforcing** it helps the child at the end of the day. (Participant 20)*

*The **language** that you **speak** and **acknowledging** the small **milestones** that they do. Like being **acknowledged** like some of these people don't **feel acknowledged**. That you know what yesterday you slept ok ... you had no nightmares, you are fine, you are getting somewhere. You are on the road to somewhere ... and they like: ja ok. They come out of your office feeling: '**I'm ok, I'm getting there, I'm not there, but I'm getting there**'. (Participant 12)*

By using this positive language to reinforce or acknowledge that intervention goals have been reached, service providers are able to render empowerment services, according to an

intervention process which is largely made up of dialogue and collaboration with the child (Saleebey, 2013:15). With consistent affirmation of progress and recognition of feelings and successes achieved with intervention, service providers are able to empower sexually abused children (Neville, 2004). Furthermore, empowerment reduces the child's sense of powerlessness and adds to the service providers' understanding of the behaviour of the sexually abused child (Miley, O'Melia & DuBois, 2004:89; Neville, 2004; Lee, 2001:33; Potgieter, 1998:120). All this imply that empowerment of sexually abused children cannot be achieved without assistance from social workers; thus, making social work instrumental in empowerment services for CSA (Neville, 2004; Potgieter, 1998:120).

6.3.9 Theme 9: Use of the empowerment approach for child sexual abuse

Theme 9 emerged as the use of the empowerment approach to service delivery for child sexual abuse was investigated. The empowerment approach provides the opportunity to discover, develop and use the untapped power within the child (Egan, 2018:45). Therefore, it allows the service provider to assess how those affected by CSA can develop power to address the challenges they face (Ruffolo et al., 2016:24), by allowing them the opportunity to take control over their lives and achieve self-direction (Adams, 2008), as is demonstrated by the excerpts below:

*Making them gain their **boundaries back**, I think that is important they need to know and **acknowledge** that they've got the **boundary**, they can **rebuild** the **boundary** back, because when somebody gets into your space it's hard ... cause then you let everybody in. You must understand you are **special** there's nothing wrong with you and you will **overcome** this. People have committed suicide, people have done so many things, but **you are still standing** and you are fighting this it's not an easy battle, but are you doing it. (Participant 12)*

*Sometimes the **kids feel that they are not listened to**. So for me it's being there for that child making that **hour available for that child**, because they don't get that elsewhere. When they come here it's the first time, that they like experiencing **someone listening to them** for a whole hour or where they can just be themselves. Most of the kids, they **blame themselves**. So also to if you as a social worker help them to deal with that, that **faulty thinking** when you make them **aware of their faulty thinking** and also **creating a safe space**. Very important is the self-esteem. Teenagers especially say they felt better after talking. "**No one listens to me at home, so here I'm listened to.**" Just that ear. What I*

usually say to them [the child] we can't change what happened but we can talk about it.
(Participant 7)

Of importance for this study is the empowerment approach to service provision for child sexual abuse is executed by means of a process. This process has various phases which can be linked to the intervention phases as described by Gitterman (2009) in the Life Model, which includes the preparation phase, initial phase, working phase and termination. It was investigated how participants executed the phases during the empowerment process with sexually abused children. Most participants were familiar with the phases of the empowerment process. They could also explain how they execute the phases of the empowerment process, but with regard to the execution of some phases, they were unable to report how the activities they use are specifically relevant to the needs of the sexually abused child, as will be evident from the findings. The findings are presented as sub-themes below:

6.3.9.1 Sub-theme 9.1 Preparation phase

Forming partnerships and sharing the helping process (Egan, 2018) with children who have been sexually abused is essential to the empowerment process. It also forms part of the preparation phase (Gitterman, 2009) for intervention, as it sets the tone for developing trust which is a key element to developing collaborative partnerships (Poulin, 2005:50). Various techniques and activities can be used to initiate partnership, as is described by some participants:

*By **creating a safe environment**, just let her can be herself, to let her know that we are here to **guide** and to help her. It's very difficult sometimes, because they see you as **threat**. So we have to do certain **activities** with them which **encourage** them to **speak**.* (Participant 1)

*We do different types of **activities** like getting to know each other. You **talk about yourself**, you explain yourself then you **allow the child to talk about herself** as well, her strengths and weaknesses likes and dislikes. There's a lot, even if you allow the child to talk about his or family ... it allows the child to feel free to talk, because all that information is shared with in a **non-threatening environment** and our **therapy rooms are child friendly**.*
(Participant 10)

*We've got various **activities** that we do with the child. Ok, firstly you get the **background** of the child and then from the background of the child you then **formulate a treatment***

plan of how you are going to journey with this child through the **therapeutic process**.
(Participant 5)

These findings, as illustrated in the narratives above, support the view of DuBois and Miley (2010) who indicated that service providers need to acknowledge children and respect their uniqueness in the intervention process. This is indicated by participants when they explain that activities are used within a safe, non-threatening, child friendly environment where children are encouraged to feel free to share information about their lives. However, they did not indicate how it was specifically relevant to CSA. Additionally, paving the way to building professional relationships between the service provider and the child is elaborated on in the category which follows.

6.3.9.1.1 *Category: Building relationships*

Developing trust, which is a key element to building relationships, according to Poulin (2005:50), is emphasised by the following statements of how participants build relationships with sexually abused children:

*To **build a relationship** with the child I think it depends on each child, each child is different, so once you have the background of this child, you can then formulate which activities can benefit this child. Because it's no use for me I choose an activity for the child but then uhm ... then it's not even age appropriate for this child. So have to **look at the child's age**, you have to look at **mentality**, you have to look at the child's **background** all those type of things you just decide which activities you then gonna do with the child. Which road you gonna take with this child.* (Participant 14)

*When you **build a relationship** with the child, it **starts with your first session**. Every relationship **takes time** so you must also know with a sexually abused child, that you don't expect that by the end of the first session you will be so buddy buddy. You must always give them **choices**, like uhm ... 'Can I hug you?' because they **don't trust** easily, it's important to know it takes time and in your preparation just know that they might not want to be part of it, so even if they do that, it's okay. It's important that you also **start where the child is**, what's on the mind of this child when it comes to the session.*
(Participant 8)

As is evident from the narratives above, relationship building takes time and is dependent on various factors. Most importantly, it is dependent on the child and where they are at. It is thus evident from the narratives that service providers are mindful of the importance of the best interest of the child principle, as stipulated in the Children's Act No 38 of 2005. Furthermore, it is also evident that they are mindful that children who have been sexually abused, have experienced an invasion of their boundaries, as described by Lev-Wiesel (2008) who stated that children experience that their bodies are no longer being regarded as a "safe place". These findings, furthermore, corroborate Ungar's (2002) view related to the principle of intrinsic value of the New Ecology, which is to respect each individual.

It is against this background of articulating the situation unique to each child that service providers embark on a process to build a professional relationship and develop an understanding of the circumstances and the environment in which the sexually abused children function; thus, also allowing for the appropriate selection of activities for the empowerment process (DuBois & Miley, 2010).

6.3.9.1.2 *Category: Using information gathering to determine goals and tasks*

Doing risk assessment in the preparation phase provides the opportunity to gain an understanding of sexually abused children's experiences from their own perspective and the environment in which they function (DuBois & Miley, 2010). It further allows for the opportunity for the sexually abused child to take control of the processes in term of determining goals and tasks which provide direction to the empowerment process. Almost all participants indicated that the children are at the core of the empowerment process and that the children are the main source of information with which they work, as can be seen in the narratives below:

*... they [children] are the main source of **information**, so I explain to them in the beginning, I do not know everything or anything when they get here. Most of the time, **they are my first point of contact** and not the parents. My first point of contact is the child, so I let them know they are my first point of **information** and ... ja so they are the ones that have to give me the **information** about their **home circumstances**. (Participant 16)*

*If the child doesn't tell me what going on, it's difficult for me to know what's going on, so I try to make that known to them. It's a **conversation** that we have to have. (Participant 15)*

*I completely let the **child determine her own goals**, I allow the child that **self-determination** and that **freedom of choice**. It's actually a whole **activity the goal setting** by the child. Where you allow the **child to set the goals**, sometimes I tell the child that when you come again we gonna ... sometimes the sessions flow so into each other, that the child just step into goal setting, but the session wasn't about goal setting, then I would say: 'ok fine, when you come again, we going to goal setting'. I always tell my clients we work on a whole plan about what goals you want to achieve, how you gonna achieve them and also what obstacles could come into the way. And I always tell them: 'I'm gonna keep this' and I help them set short term goals and long term goals. Short term goals for while we are in the therapy, while we are still in the process because it's long term therapy, so we always can go back, did we achieve those goals or didn't we achieve those goals. (Participant 10)*

*How do we involve them with **determining goals and tasks**? I think once we've determined what's happening and of course that will be **based on what the child has told us** as well as **what the parent has told us**. So we'll **share** that and say this is what we've found out: "you told us this ... your mommy told us this that and the other ... do you agree with that?" We would explain to them what we'd like to do, what we'd like to try and achieve in the sessions and **check with them how do they feel about that** ... so we do have when we tracking children for therapy then we can track each child for example how the child is coping in terms of uhm ... mixing with their peers again, getting on with their siblings at home getting back into school work, so those are part of the **goals**. (Participant 19)*

These findings are indicative of what Ungar (2002) defines in the principle of intrinsic value of the New Ecology. Service providers gather relevant information from the sexually abused child in order to determine goals and tasks taking into consideration the unique nature of every child, particularly of children who have been sexually abused (DSD & UNICEF, 2008). Furthermore, the findings also corroborate the argument of DuBois and Miley (2010) that it is important to recognise the positive contributions made by the children, thus allowing them the opportunity to determine their goals for their empowerment process through structured alliances (Ungar, 2002).

The findings also verify the importance of defining the direction for the empowerment process (DuBois & Miley, 2010). It also confirms the importance of children being central to their own

empowerment process; service providers need to believe in the potential of every sexually abused child (DuBois & Miley, 2010:26). This belief in the potential of the sexually abused child is demonstrated in the hope that the social worker has in the potential of change for the child (Glassman & Kates, 1986; DuBois & Miley, 2010) by making them central to the process and allowing them ownership thereof.

6.3.9.2 *Sub-theme 9.2 Initial phase*

Participants were asked to share their views on how they engage with sexually abused children in the initial phase of the empowerment process; hence, the emergence of the initial phase as a sub-theme.

The **initial phase** of intervention involves assessment using assessment tools such as the one specified by the Learner Manual for Safety and Risk Assessment of children in the field of child protection services (DSD & UNICEF, 2008). This phase includes identifying the strengths of the child who has been sexually abused and the construction of an action plan for the empowerment process. These aspects will be discussed as categories in the next section.

6.3.9.2.1 *Category: Identifying strengths*

During the initial phase of the empowerment process the strengths of the sexually abused child should be identified in order to assist the child to cope with the trauma of the sexual abuse, and overcoming the adversity related to it (DuBois & Miley, 2010 and Gitterman, 2009). Most participants indicated that they directly involve the children in the process of determining their own strengths; thus, making them central to the empowerment process, which is paramount to its success (Neville, 2004). This is because it aims to alleviate their feelings of powerlessness. Participants shared examples of how this is achieved, as is evident in the narratives below:

*I think with that you'd also need to **include the child** and say what are you good at, what makes you different to other people? So to **get the child also involved** yes ... in the process ... and if the child really struggles, because some don't really value themselves at that point and are not able to identify for then, as a therapist to say: "**I saw you doing this or that ... then I will start to identify ... I really thought when you did that ... that was great**". And maybe also to find out from the teacher, is there anything special that you can contribute or that I can say to the child that you've noticed. (Participant 14)*

*By paying attention to it [strengths], by looking for it, by making a point of it. Uhm ... and I think once you start thinking like that, it becomes automatic, but it's not automatic just to start off with. But to give you an example, a little girl I'm working with ... we have several **mastery activities** we do with children and one of them is make and bake. And interestingly with attachment issues like clockwork at every session will do make and bake. It's about nurturing. And this little I've seen her for a long time; and like clockwork make and bake, that's where we start. And uhm ... she made green icing, and it was probably the most revolting green I've ever seen in my life ... and she said to me: Aunty, do you like the green that I made? And in that **moment of connection**, because if I said to her: yes it's lovely. I'd be dishonest with her and there's something in her that's saying: well it feels like aunty, doesn't like the green, but she's telling me that she does. So not which one do I believe, do I trust my gut, do I listen to head? So thankfully in that moment I said to her: you know what you are the first person ever to make that colour green icing in my play room. And she said: really Aunty? And I said: yes. And she said: can we tell people in the waiting room when play time is over? And I said: yes. And we did.*

*The next session when she came back she said: Aunty, do you remember I'm the first one to make that kinda green. So something ... so it's those moments that we can be making that **empowering mastery process** ... (Participant 20)*

These examples provide evidence of how service providers place the child at the centre of the empowerment process by involving the child in activities and emphasising positive characteristics of the child. It does, however, not show how the activities they use are specifically relevant to the needs of the sexually abused child. Placing the child at the centre of the empowerment process is evident of the application of the principle of intrinsic value of the New Ecology which stipulates the respect for each individual described by the New Ecology (Ungar, 2002). This is done by identifying the strengths of the child; thereby reducing their sense of powerlessness, and recognising the individuality of the child (Johnson & Yanca, 2010). This is further indicative of the consideration of the best interest of the child, as stipulated by national and international policy and legislative frameworks as the United Nations Convention on the Rights of the Child (1990) and the Children's Act No 38 of 2005.

These considerations will add value to the initial phase of the empowerment process as it will guide the sexually abused child to identify their own strengths, and it paves the way for the

construction of the functional plan of action in which they should be actively involved (Miley, O'Melia & DuBois, 2004:89; Neville, 2004; Lee, 2001:33; Potgieter, 1998:120).

6.3.9.2.2 *Category: Constructing a plan of action for the empowerment process of recovery and healing*

The construction of the action plan for recovery and healing is an example of collaborative work between the service provider and the child who has been sexually abused, by assessing the available resources and framing appropriate solutions for the empowerment process (DuBois & Miley, 2010; Lee, 2001), as is described in the narrative below:

*... we are able to do **activities** like: “What does my life look like right now and where I would want to see my life”. And then there would be a section where I ask them if there’s anything that they need assistance with that they think I can help them with specific. So I think for teenagers, that is much easier, because they can articulate what they need, but for the smaller ones, it solely depends on your ability to assess, this is working or from the feedback that you get from the parent. (Participant 5)*

*There’s **activities** that we have and then from that we explain to the child. It’s something about **setting goals**. Then they have to **write** what their **goals** are and then they first write it down and when they done, they explain to you and we **talk** about it. (Participant 8)*

*I think that also comes in one of our **goals**, because one of our goals is the **goalsetting**, what the child would want to achieve in the therapy, not just socially the goal settings, but what the child want to achieve. I break it down into three: **therapeutically** what they want to achieve, what the child wants to achieve **socially** and what the child wants to achieve **academically**. (Participant 7)*

The above narratives are indicative of the application of the New Ecology principles of **diversity and diverse solutions and structured alliances** (Ungar, 2002), as it demonstrates how participants embrace and accept the differences of each child, their unique circumstances and view of their own needs (Johnson & Yanca, 2010). This is important as there is a diverse range of consequences experienced by those affected by CSA as discussed in Chapter 3, which means that different children will respond in different ways to CSA; hence, each child requires interventions unique to their needs.

From this study, it is noteworthy that not all service providers have a structured plan for the empowerment process of the recovery and healing of the child who has been sexually abused, as is evident from the narratives below:

*I don't think I have a formal plan to be honest, I mean recovery and healing is the aim for all the kids at the end, but because you get to deal with so many **different personalities** and people. For the one child Gestalt would work for the next child something else would work ... so you have to **be very aware of where the child is at and what works for them** ... (Participant 10)*

*Everything I do must be **child informed and child lead**. But I'm not the kind of therapist that would sit on a verbal level and make the plan overt. Does it happen, yes every single minute of every single therapeutic intervention, but it's not something that I write down, it's something that happens between us. (Participant 20)*

From the above narratives it is evident that not all service providers render services in a uniformed way which is indicative of not only the unique nature of the client system, in this case the sexually abused child, but also the diverse way in which service providers approach the execution of the empowerment process (Johnson & Yanca, 2010). It is particularly clear from the narratives that the child is at the centre of the empowerment process with the aim of restoring the goodness of fit between them and their environment (Gitterman, 2009), and that the relationship between the child and the service provider is important to the process (Poulin, 2005; Egan, 2018).

Once alliances are successfully attained, the service provider and the child are ready to move to the **work phase** to achieve the planned goals; and focus once again shifts towards the next phase of the empowerment process (Johnson & Yanca, 2010:160).

6.3.9.3 Sub-theme 9.3 Working phase

The **working phase** (Gitterman, 2009) involves **activating resources, creating alliances** and **expanding on opportunities** (DuBois and Miley, 2010) in order to address power imbalances and restore the goodness of fit with the environment which was lost as a result of CSA (Germain & Gitterman, 1996; Gitterman, 2009).

6.3.9.3.1 *Category: Execution of the empowerment plan*

The execution of the empowerment plan is achieved through executing tasks (Gitterman, 2009) which are in the best interest of the sexually abused child (RSA, 2006), as is evident from the following passages:

*If I have **my plan of action**, I now set out, what me and the child are gonna do. If me and the client didn't decide on the previous sessions what we gonna do for the day, so if the client come in today, I will first check in and see how she's doing, if anything happened that she would like to first inform me of, because sometimes you plan a session for a child and then something happened with the child and you can't go ahead with your programme. So will first then find out how the child is doing and if there's anything she would like to address with me first; and if there's nothing from her side then I'd say: 'Ok fine this is what I've got planned for the day, is it ok? Are you up to doing it for today, if not, you don't have to do it we can decide on something else'. (Participant 10)*

The example depicted in the narrative above is evident of the Life Model's principle of **stakeholder management**, as this principle is about the interdependence in the relationship between social workers and the sexually abused child (Ungar, 2002). These relationships should, according to Poulin (2005:50), be collaborative and based on trust; if not, empowerment cannot take place. Absent in the narratives, however, is how the activities are specifically relevant to the sexually abused child.

6.3.9.3.2 *Category: Resources required to execute the plan of action for the empowerment process*

Participants were asked what resources they require to execute their plan of action for the empowerment process in cases of CSA. This yielded significant responses from participants, as can be seen in the narratives below:

*Well, resources, I think, **play therapy equipment is important**, having a **space** is also very important. Something that is now not directly linked to it, but which is also important often is, **transport money** for them to actually get there for them and their parent to be able to get there. Sometimes they even need **something to eat, because, you see a child after school and he hasn't eaten**, you know, they not going to feel like that session. You not gonna get their full presence and participation. So we do have **nutritious meals**, we*

*call it nutritious foods that we give. Sometimes the **kids come and they are hungry**. So those are the resources that we need.* (Participant 19)

*You need a **skilled therapist** who has a lot of **self-awareness** and is **willing to be vulnerable**, and is willing to be person first social worker second. Is it nice to have a **beautiful playroom** and **toys**, because it helps children express themselves and I often say to social workers when I started in the field and you asked me what I'd have in my play room, I'd say to you: you need a dolly and some cars and things to draw and all of those things, I have to have them. However if I had to choose 2 things, it would be a blanket and bear. Because it immediately speaks to **attachment** and **safety** and you know you can do many things with blanket.* (Participant 20)

The narratives above are indicative of the practical resources which are required for service providers to render effective services such as a food and a safe child friendly environment. By providing the sexually abused child with food, service providers display a sense of authenticity by recognising and fulfilling one of the most basic needs of the child as described in Section 28(c) of the Constitution of the Republic of South Africa (RSA, 2006) — the right to basic nutrition. Furthermore, rendering empowerment services in a child friendly environment requires resources such as toys in order to truly place the child at the centre of service delivery. The best interest of the sexually abused child is thus a priority (Children's Act, No 38 of 2005).

6.3.9.4 Sub-theme 9.4 Termination phase

Analysis of findings is evident that the empowerment process is not everlasting; it has a beginning, middle and an end, as is characteristic of the social work intervention process (Gitterman, 2009; Johnson & Yanca, 2010; Hepworth et al., 2013; Ruffuolo, Perron & Voshel, 2016). Therefore, termination marks the end stage of the empowerment process which to according DuBois and Miley (2010), have elements of monitoring and evaluation, as it **recognises successes** and **integrates gains**. Evaluating the goals and ending of the relationship with the sexually abused child will thus be discussed as categories in the next section.

6.3.9.4.1 Category: Evaluation of goal attainment

As the empowerment process with the sexually abused child draws to an end, services providers and the child look back at the journey in order to determine if goals set at the beginning of the

process were achieved. Participants practically describe this process as can be seen in the following excerpt:

*... we set **goals in the beginning** of the session, I always go **back and reflect**, did we achieve those goals we didn't we **achieve those goals**. Then we also have **evaluation activities** that we complete with the child. It would involve basically, it would be from the client's side **depending on the child's age** uhm ... as well as from the caregiver's side. We also do **evaluation with the caregiver**. Asking the caregiver, how's the child's behaviour, anything changed has it improved has it worsened, is there anything I need to focus on ... because the caregiver is mostly at home with the child. I always say the child here would give you a perfect picture but the caregiver ... I don't always like speaking to the caregiver, because sometimes you get the perfect picture from the child and the caregiver come and the caregiver come give you another story of how the child is ... (Participant 10)*

*Termination would be a **conversation** with the **caregiver** as well as with the **teacher**, besides, just what you get from the child [in order to determine if **goals** were **attained**]. (Participant 19)*

*I will **evaluate** with the child by **going back to the goals** and say this is what we said we want to achieve. How do you feel, have we achieved this, yes ... have we achieved that? And to work through that and just to make sure **if there's any of the goals that hasn't been achieved fully, termination can't take place**, then maybe you would say we must look a bit more here and then ... it's not attached to time and **it's different for each of the children**. (Participant 18)*

The narratives above are indicative of the evaluation being a process which is completed not only with the child who is at the core of service delivery, but also with parents and teachers. Involving parents and teachers in the evaluation process is indicative of a holistic approach to service delivery, as expected from service providers by various policy documents such as the ISDM (RSA, 2006) and the Framework for Social Welfare Services (RSA, 2013).

The findings of this study further verify the opinion of Kirst-Ashman and Hull Jr (2006) that evaluation is a process and is necessary throughout utilising an empowerment approach. Policy documents such as the ISDM (RSA, 2006), the National Policy Guidelines for Victim Empowerment (VEP) (RSA, 2009), the National Plan of Action for Children in South Africa

(RSA, 2012) and the Framework for Social Welfare Services (RSA, 2013) emphasise that evaluation is a vital part of empowerment service delivery to children who have been subjected to sexual abuse.

Once evaluation is complete and goals have seemingly been attained, the empowerment process is ready to shift focus (Johnson & Yanca, 2010) to the final phase of the process, which is the ending of the relationship. This will be discussed next.

6.3.9.4.2 *Category: Ending the relationship*

Termination marks the end of the empowerment process. It demonstrates that intervention is not everlasting (Johnson & Yanca, 2010) and reiterates the belief that social workers see potential and competencies of sexually abused children in the strengths (DuBois & Miley, 2010:26). This is demonstrated by the narrative below:

*By celebrating the success we do have an **ending off** party which the child chooses in which format that's going to be uhm ... but I wouldn't necessarily say, let's look at where we started and where you are now, because that's a **cognitive process** which may not be helpful for the child. I also think though that **preparing children and their caregivers for the possibilities of wobbly wheels in the future** is also very important part of empowering. In the moment a parent doesn't want to hear their child is now in a much better space, it's possible that in the next developmental phase there might be other issues. I understand that the parent doesn't want to hear that, however if a parent knows it on some kind of level, and the child knows it, because I've discussed it with the child, that if it happens, it's not about I'm so embarrassed that I can't get this right or I'm letting aunty down, or I'm so useless, I can't even keep my wheels on my little car ... it's about saying **we all have wobblies**, and lets **anticipate that they may be wobblies going forward**. And with the parents I talk about what those wobblies might be. Given my knowledge of the child. Then for me what's also important is uhm ... giving the child a gift, not necessarily a money related gift. It could be a picture that I've drawn for them, it could be a photo of a sand tray that we built together, something, **concrete or tangible** that can **go home with them**. (Participant 20)*

From the above narrative it is evident that the empowerment process draws to a close once goals are reached and the child is ready to function on their own. These findings reiterate that the service provider steps into the lives of sexually abused children in order to implement the

intervention process to restore equilibrium so that the goodness of fit between the child and their environment (Gitterman, 2009) can be retained. The fact that empowerment services have an ending encourages self-reliance and places emphasis on the fact that social work services are not everlasting, according to the Framework for Social Welfare Services (RSA, 2013). However, during termination the service provider ensures that the child is prepared for life after therapy because children who have been sexually abused may, over the course of their lives, have to cope with other interrelated issues, such as traumatic life events, difficult life transitions (court proceedings) and environmental pressure, alongside dysfunctional interpersonal processes such as poverty and re-victimisation (Ruffolo, Perron & Voshel, 2016:21). Furthermore, risk factors which were present before the sexual abuse may still be risk factors after the empowerment process has concluded.

Termination, however, is indicative of the readiness of the sexually abused child to function independently, which means a restoration of power (Neville, 2004), and that the restoration of the equilibrium between the child and their environment has taken place to some degree (Gitterman, 2009). However, this may not mean that the child can never return to seek services. For this reason termination retains an open-door policy (Johnson & Yanca, 2010) as is illustrated in the narrative below:

We would let the family know that there's is an open door policy, any time when they need to ... when they looking for advice they are welcome to come to the office. We don't end the relationship. (Participant 11)

The findings of this study corroborate the views of Potgieter (2008), who states that change cannot be achieved without assistance from social workers that have a key role in empowering. A process which sees service providers embracing roles on a micro, meso and macro level intervention include, but are not exclusive to, empowerer, advocate, social planner, enabler, facilitator and researcher (Zastrow et al., 2019; Hepworth et al., 2013; Seabury, Seabury & Garvin, 2011; DuBois & Miley, 2010).

6.3.10 Theme 10: Obstacles in rendering empowerment services for CSA

Investigating obstacles as it relates to empowerment services rendered by NPOs to children affected by sexual abuse is a pertinent exercise, seeing that an adequate lack of resources and support structures are obstacles which hinder effective service delivery (Richter & Dawes, 2008; UNICEF, 2013). Theme 10 thus emerged from discussions with participants regarding

obstacles they experience in rendering empowerment services to those affected by child sexual abuse. Sub-themes of the lack of adequate resources and absence of parental support for the empowerment process emerged as sub-themes and will subsequently be discussed.

6.3.10.1 *Sub-theme 10.1 Lack of adequate resources for effective empowerment services for CSA*

Findings of this study indicate that there is a lack of adequate resources to ensure effective service delivery for those affected by CSA. The narratives below stipulate the realities of obstacles experienced by service providers in the field of CSA, which include a lack of resources such as funding and human resources.

*We just see them at an intake level and make sure the correct processes are followed in terms of child protection, but we do a **little bit of therapy**, you know how it works with child protection, **you can't deal with everything**, you see the client for just 6 weeks. **We don't have that capacity and we don't have the manpower** that's why we **refer**, normally to **psychologists**. **Resources are inefficient**, we don't have **psychologists**, children are on the **waiting list** for so long before they get the services and I think it's unnecessary. Why must they be on a waiting list for so long? After two or three months they get a space and then it's like 6 or 8 sessions then it's over, it doesn't work like that, it shouldn't work like that. (Participant 11)*

The narratives above are indicative of difficult circumstances in which service providers render services. Most participants explained the lack of capacity to render therapeutic service, and for this reason they often refer to psychologists. This finding corroborates the view of Kirst-Ashman and Hull Jr (2006:6) of a multi-disciplinary approach to service delivery. This finding is also suggestive of service providers in NPOs experiencing high caseloads, a view shared by Alpaslan and Schenck (2012:414); thus, compelling them to refer much needed therapeutic intervention to other professionals such as psychologists. Other participants also relay frustrations experienced by service providers due to inadequate funding which leads to job insecurity, as is evident in the excerpts below:

*I think NGOs have to get away from the word **funding** that is really something that has stopped NGOs from going on. Everyone when they hear NGO they think poor organisation ... they struggling ... I think we need to get away from the **running costs** specifically in order to concentrate on the targets of why's the NGO there because as*

*long as this running cost and working costs and all of that then **money** is in the way. It may make social workers not at ease, they gotta go out and see that child and they gotta come back and hear that you not gonna receive your salary for the month then at the end of the day, they gonna think: “Am I in the right profession? Do people value this profession?” Then they may tend to slacken up then the community tend to say: “Oh, those social workers don’t even care”. (Participant 17)*

*The thing about NGOs is that **social workers come and go**, come and go, because they always looking for **better opportunities, stability** like pension and stuff and NGO don’t have that. NGOs, most of them don’t have pension. They must work from that salary so ... and the changes also affect the client you know, he sees me here today and he doesn’t see me tomorrow. (Participant 8)*

Findings such as these shared in the narratives above hinder effective service delivery to sexually abused children. It also alludes to the burden of services providers which may lead to burn-out, which in turn leads to high staff turn-over in NPOs (Earle-Mallessen, 2009:70), as stated in the narratives above. The high staff turn-over in an organisation may lead to a breakdown in relations between sexually abused children and social workers as trust is severed (Poulin, 2005).

These issues collectively call for improved working relations between government and civil society organisations (NPOs, NGOs, CBOs), as is mandated by the array of policy and legislative frameworks such as the Children’s Act No 38 of 2005, the ISDM (RSA, 2006), the National Plan of Action for Children in South Africa (RSA, 2012) and the Framework for Social Welfare Services (RSA, 2013), as discussed in Chapter 4, for the improvement of empowerment services for CSA. Client systems such as those affected by sexual abuse are therefore subjected not only to being at risk of being sexually abused due to demographic factors such as location and poverty, but are further at risk of not attaining the necessary empowerment services due to factors such as a lack of adequate resources. Further evidence of a lack of adequate, accessible resources in terms of available resources is evident in the narrative below:

*You find we had **clients that came all the way from Ceres to Cape Town**, because there are **no services** that side, so you can imagine how far that is. And what time they had to get up early to come here, so maybe if they can look into more rural like those outside areas to give services to those areas. (Participant 5)*

This finding is contrary to what Krug et al. (2002) describes to be necessary for children to access good quality accessible services. It is also incongruent to what government stipulates in its array of legislative and policy documents which address child sexual abuse, such as the Children's Act No 38 of 2005, the ISDM (RSA, 2006), the National Plan of Action for Children in South Africa (RSA, 2012) and the Framework for Social Welfare Services (RSA, 2013).

These aspects are indicative of the difficulty experienced by service providers to translate policy and legislation into direct service provision which is accessible to all who require it. This difficulty experienced by service providers to translate policy into direct service delivery could be ascribed to various factors which include a lack of adequate resources, in addition to the lack of finances and specialised skills to deal with CSA (Richter & Dawes, 2008; Matthew et al., 2010; UNICEF, 2013). A further challenge may be the scarcity of social workers in South Africa (Earle-Mallesson, 2009).

6.3.10.2 Sub-theme 10.2 Absence of parental support to the empowerment process for CSA

The complexities of service provision for CSA become even more apparent as parents appear to have a lack of understanding of the phenomena, as society does at large. Most participants explain that there also appear to be a lack of appreciation for the need for therapeutic intervention because people do not understand it, as expressively stated by one participant:

I have a nice play room, why is this the answer? ... for parents spending an hour playing with their child, may be wasting their time ... because it's not necessarily their frame of reference ... (Participant 20)

Therefore, as much as the attention of therapy may be vested in the best interest of the child (RSA, 1996), caregivers need to understand the process in order to buy-in into it. The empowerment process is futile if service providers do not understand the child's unique circumstances within the environment in which they function (Gitterman, 2009; Johnson & Yanca, 2010; Hepworth et al., 2013). Some participants provide further examples of the lack of commitment displayed by parents to the empowerment process:

*I think the **parents lack of commitment**. The parents don't take it really seriously because children cannot decide for themselves after the sexual has happened and this is what I must do now or whatever. **We require the parents** to do that for them and some parents they really do not see this as something important or something serious. They would say*

things like: ‘oh the child was just touched, the child wasn’t rape, he didn’t have sex with the child so it’s not that serious.’ They don’t come to the parent support groups, they don’t come so we can equip them how to deal with this child. Once the child starts acting out or whatever they don’t see that as something serious. (Participant 4)

Lack of support from the parents, they don’t bring the children sometimes to session. Sometimes they say: ‘I’m working so I can’t take time out to bring the child.’ Some of them are just not interested. They’d say: ‘The child is still young they’ll get over it’ or they would say: ‘It doesn’t even show that it happened to her, so why must I bring the child?’ (Participant 5)

These findings are indicative of a lack of understanding of child sexual abuse and the need for intervention.

Minister Lulu Xingwana states in the foreword of the National Plan of Action for Children in South Africa (RSA, 2012) that the policy document serves as a comprehensive overarching plan that brings together government’s obligations in the realisation of the rights of children in the country. It is a policy which has the rights of all children in South Africa at its heart. Minister Xingwana further states that as a country we should work collectively to ensure that our children are safe, healthy, happy, educated and developed; and that they are able to participate in matters affecting them and have an adequate standard of living. Five years since the inception of this National Plan of Action for Children in South Africa, findings from this study indicate that children lack adequate care and protection, even in their homes, as perpetrators of CSA are often known to the child (WHO, 2003; Pierce & Bozalek, 2004; Dimitri-Stull, 2004; NSPPC, 2013:3; CJCP, 2016:14). Parents also do not display the necessary understanding for CSA to realise the importance of empowerment service for the recovery and healing of children affected by CSA.

6.3.11 Theme 11 Recommendations for the improvement of services

Theme 11 stems directly from the obstacles faced by service providers in rendering services to those affected by CSA. Participants unanimously indicated that there is a lack of services for child sexual abuse and funding places constraints, not necessarily on the quality of the services, but the availability and accessibility thereof.

More services, better skilled therapists and supervisors. A priority of therapeutic services being ... it being seen as a priority it being accessible. (Participant 20)

*Recommendations is to **fund counselling** because it's an essential need **more social workers** and that we be funded ... (Participant 15)*

*I think **more services, more organisations** are needed in terms of sexual abuse and I think people need to understand sexual abuse is a complex issue it's not a simple ... (Participant 11)*

*I really truly believe that each uhm ... each town should have an **organisation to specifically deal with children who have been sexually abused** ... (Participant 18)*

These views echo the sentiments of government which in its array of legislative documents recognise the need for more services for CSA (White Paper for Social Welfare, RSA, 1997; Service Charter for Victims of Crime, RSA, 2004; Integrated Service Delivery Model, RSA, 2006; National Policy Guidelines for Victim Empowerment, RSA, 2009; National Plan of Action for Children in South Africa (2012-2017), RSA, 2012; Framework for Social Welfare Services, RSA, 2013; Sexual Offences Courts: National Policy Framework, RSA, 2012; Sexual Offences Courts: National Strategic Plan Draft (2016-2020), RSA, 2016).

Despite the fact that these findings echo government's sentiments of a need for more services in the field of child sexual abuse, it is indicative of a lack of available services rendered by NPOs to those affected by CSA. It further highlights the difficulty which service providers at NPOs are experiencing in translating policy and legislation into adequate directive service provision. Despite participants reporting that the Department of Social Development is their main source of funding as a government entity (section 6.3.1 of this report), there is still an apparent lack of resources to effectively render empowerment services that are accessible to those affected by CSA. The findings of this study thus uphold the sentiments of Richter and Dawes (2008) and Matthews et al. (2012), who state that more resources for the improvement of service delivery for child sexual abuse should be made available.

6.4 CONCLUSIONS

The aim of the study is to attain an improved understanding of the nature of empowerment services rendered by non-profit organisations to sexually abused children in the Western Cape.

In order to answer this research question “What is the nature of empowerment services rendered by NPOs to children who have been sexually abused in the Western Cape?” a qualitative research approach was employed. The purposive sampling is to provide the researcher access to services providers who render direct services to sexually abused children together with NPOs in the Western Cape. Evidence was gathered from 20 participants in an empirical study for looking into the nature and extent of existing empowerment services available for CSA.

Findings were compared with literature from the literature study conducted related to the prevalence nature and consequences of CSA with a substantial focus on policy and legislation related to CSA. It is evident from the findings that South Africa has a long way to, not only curb the scourge of child sexual abuse, but also to implement the strategies and the aims of that which policy and legislation stipulates.

It is the hope that stakeholders find value in the findings of this research, and this assists in highlighting that the extensive body of legislative frameworks is not aiding in protecting children against sexual abuse. Also, efforts now need to be focussed on translating macro level practice and translating it into direct service provision on micro level by key role players, which South Africa is evidently good at.

CHAPTER 7

CONCLUSIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

The nature of empowerment services rendered by non-profit organisations to sexually abused children in the Western Cape is investigated in this study. This chapter thus aims to draw pertinent conclusions from the findings of the study and make appropriate recommendations. These recommendations are aimed at improving the availability, efficacy and accessibility of empowerment services to children who have been sexually abused.

The goal of the study was geared towards an improved understanding of the nature of empowerment services rendered by non-profit organisations to sexually abused children, with the aim of answering the research question: What is the nature of empowerment services rendered by NPOs to children in the Western Cape who have been sexually abused? This was achieved through the realisation of the objectives of the study as illustrated in **Chapter 1**.

Chapter 2 presented an illustration of the research processes undertaken in conducting the study, applying the various research steps as described by De Vos et al. (2011) which are characteristic of qualitative research. This organised approach to the research process provided structure to execute the research process effectively. The application of the eight data analysis steps, as presented by Tesch (1990) in Creswell (2014), was used to analyse the data in order to develop themes, sub-themes and categories where applicable. Through the meticulous implementation of these steps the validity and credibility of the study were safeguarded.

Chapter 3 provided an impression of the prevalence, nature and consequences of child sexual abuse, thus fulfilling the first objective of the study. In order to understand the prevalence of CSA, and defining it relevant to this study was important, as there is no universal definition for the phenomenon. The views of various authors in the field of CSA, as well as those contained in national and international legislative frameworks, were studied. A definition for the purposes of this study — which is any sexual interaction between any person and a child that include, but is not exclusive to, rape, sexual molestation, sexual assault, fondling of genitals, prostitution, pornography and sexual exploitation, and may be contact or non-contact in its nature — is

defined as CSA. In terms of the nature of CSA, this chapter presented a discussion of the risk factors leading to sexual abuse and how sexual abuse impacts on children.

Chapter 4 discussed how international and national policy and legislative frameworks, relevant to CSA, provide guidance to NPOs in their service provision. This chapter presented an analysis of the South African government's response to CSA and highlights the importance of children in this country in terms of being at the top of government's legislative agenda. Noteworthy is that South Africa has an array of policy and legislative frameworks, all of which place emphasis on the prevention of CSA and the availability and accessibility of services to those affected. Chapter 4 thus achieved the second objective of this study.

In **Chapter 5** the third objective of the study was achieved by presenting a description of the nature of empowerment services for child sexual abuse within the framework of an ecological perspective. The ecological perspective was chosen as part of the theoretical framework for the study as it is a multi-layered approach to address risk factors leading to child sexual abuse which are of a personal and social nature. This perspective offered valuable insights into the nature and consequences of the transactions between children affected by CSA and the environment in which they live (Germain, 1979:8). By selecting the Life Model (ecological perspective) (Gitterman, 2009), it allowed the researcher the opportunity to investigate CSA in a holistic manner, as services are influenced by various risk factors and the consequences thereof during various phases of service delivery. The ecological framework entrenches the notion of empowerment, allowing the researcher to holistically understand child sexual abuse within the context of service delivery; further highlighting the complexities of the phenomenon and the impact that the complexities have on empowerment services.

Chapter 6 presented the empirical findings as evidence to answer the research question: What is the nature of empowerment services rendered by NPOs to children in the Western Cape who have been sexually abused? Thus, it fulfils the fourth objective of the study.

Chapter 7 demonstrates the final objective of the study which is to draw conclusions and make recommendations to NPOs to render empowerment services for child sexual abuse. In this final chapter summaries of each chapter are offered and conclusions and recommendations, based on the findings as illustrated in Chapter 6, are presented. These conclusions and recommendations are presented based on the various themes as it emerged from the empirical data analysis.

7.2 CONCLUSIONS AND RECOMMENDATIONS

The conclusions are presented in correspondence with the eleven main themes of the empirical findings. These themes are as follows:

- Theme 1: Funding received by the organisations
- Theme 2: Profile of service users
- Theme 3: Nature of child sexual abuse
- Theme 4: Risk factors for child sexual abuse
- Theme 5: Consequences of child sexual abuse
- Theme 6: Policy and legislation related to child sexual abuse
- Theme 7: Intervention services offered by NPOs
- Theme 8: Understanding empowerment
- Theme 9: Use of the empowerment approach for child sexual abuse
- Theme 10: Obstacles in rendering empowerment services for CSA
- Theme 11: Recommendations for the improvement of services

Conclusions and recommendations regarding the abovementioned themes will subsequently be discussed.

7.2.1 Theme 1: Funding received by the organisations

Conclusions

From the findings of this study it can be concluded that NPOs are dependent on funding from government and donors in order to render effective, efficient and accessible empowerment services to children affected by CSA. Because NPOs are not financially self-reliant, they are, therefore, not fully in control of the nature and scope of their service delivery, as they are hampered by expectations in terms of the TPA as drafted by the DSD and donors. Despite it being government's responsibility to ensure adequate service provision, it can be concluded that the funding given to NPOs is insufficient; thus, placing the burden of fundraising on organisations in addition to the fact that direct service provision is the core business of the NPOs and fundraising is not.

Furthermore, it can be concluded that there is a disconnection between the perspective of service providers about what is perceived to be a need in terms of service delivery to children who have been sexually abused and the TPA requirements for government funds; thus, resulting in frustration in terms of service delivery by service providers.

It can also be concluded that NPOs experience funding insecurity. This results in job insecurity on the part of service providers, which again results in high staff turn-over as services providers seek better job opportunities. This, in turn, may lead to hindrances in service delivery, as sexually abused children experience a breakdown in trust and are then placed in a position where they have to re-build professional relationships each time a service provider leaves.

Recommendations

- Increased funding needs to be made available by government to NPOs for service provision to those affected by sexual abuse as well as for the prevention thereof.
- NPOs need to find innovative and creative ways to raise funds for service provision to become more self-sustainable; for example, by offering training at cost.

7.2.2 Theme 2: Profile of service users

Conclusions

Based on the findings of this study it can be concluded that children are not only vulnerable to crimes committed against them, but also to the influence of the poor socio-economic circumstances within the disadvantaged environment in which they reside. These vulnerabilities can be ascribed to the immense rate of crime in South Africa and the seemingly inability of government and civil society to protect children. Furthermore, it can be concluded that children are exposed to a vastness of sexual crimes against them as service providers almost unanimously report that their core business is service provision for CSA.

According to the findings of this study, it can be concluded that there is a lack of effective, efficient and accessible services for both the prevention and treatment of CSA.

Recommendations for practice

- NPOs and government should establish inter-sectoral collaborations to increase the scope of prevention and awareness programmes geared at child protection; therefore,

decreasing potential risks, and this decreases the number of children being affected by CSA.

- NPOs and government should increase awareness and prevention programmes specifically targeting concerned role players in communities, schools and parents, as the guardians of children to ensure effective, efficient empowerment services for CSA.
- NPOs should assess the efficacy of awareness and prevention programmes in order to ascertain the impact thereof on the reduction of sexual abuse in the communities in which they render services to enhance the effective empowerment service delivery for CSA.
- NPOs should investigate the types of risk factors prevalent, particularly in the communities they serve, in order to develop awareness and prevention programmes specifically targeted to address the risks which are relevant in a given community.

Recommendations for education

- Tertiary institutions should collaborate with NPOs in assisting with developing training materials for prevention and awareness of CSA and engage in research projects related to the recommendations for future research identified in this study.

7.2.3 Theme 3: Nature of child sexual abuse

Conclusions

This study reiterates the vastness of child sexual abuse in terms of the various types of sexual abuse which children are exposed to. The study further emphasises the vulnerability of particularly girl children because their sexuality can be used as a commodity as they enter into sexual relationships with older men for financial gain — a phenomenon referred to as “blesser/blessee”. In these relationships a girl child would aim to fulfil her material needs by ascribing to the sexual gratification of an older man; thus placing the child in a vulnerable position, not only to be a victim of sexual abuse, but potentially also as a perpetrator thereof. It is significant that these “blesser/blessee” relationships serve as a platform to provide for families, often fulfilling basic needs, such as food, as there may be no other means of income in the household.

Another significant finding of this study is the apparent increase in child-on-child sexual abuse. Therefore, it can be concluded that there is an increase in the vulnerability of children, as their peers pose a threat to their safety. Children, therefore, increasingly become at risk of being both victims and perpetrators of sexual abuse.

Even more significant is that the study found that none of the service providers, who were interviewed, have ever rendered services to those affected by child trafficking, despite the constant media reports on children being abducted or children almost having been abducted. Therefore, it can be concluded that there is reason to raise concern about access to services by those being affected.

Recommendations for practice

- NPOs and government should offer improved awareness and prevention programmes specifically focused on safeguarding children within communities from various types of sexual abuse.
- NPOs and government should offer improved awareness and prevention programmes specifically focused on safeguarding children against becoming involved in peer sexual abuse.
- NPOs should investigate new phenomena such as “blesser/blessee”-relationships and how to safeguard children.
- NPOs should investigate the reasons why service providers at NPOs are not receiving any referrals related to child trafficking, for instance, from the SAPS.

7.2.4 Theme 4: Risk factors for child sexual abuse

Conclusions

From the findings of this study it can be concluded that there should be a heightened concern for the safety of children in terms of being at risk of sexual abuse. Risk factors are vast and there are no clear guidelines as to who is more at risk, but there are certainly trends in terms of what is being reported by service providers. The findings of this study indicate that mental and physical disabilities increase children’s vulnerability and place them at greater risk of being sexual abused, due to their apparent inability to defend themselves and a belief that the adults in their lives cannot be believed.

There is an array of demographic factors such as gender, poverty and geographic location which may place children at risk of being sexually abused; there are also various opinions related to whether or not it makes children vulnerable. In reflecting on the findings of this study, it can be concluded that the vulnerability of children is not necessarily gender dependent as it is reported that there are increasingly more boy children seeking services. Furthermore, poverty and geographic location are significant risk factors as children need their material needs fulfilled; but whenever parents or caregivers are not able to do this, they turn their sexuality into financial and/or material gain. Poverty and geographic locations appear to be closely linked as risk factors for CSA, according to the findings of this study. These two aspects gravitate towards each other due to the historical factors related to apartheid in South Africa. People were relocated into areas which lack adequate resources, including economic opportunities. This places children at risk for CSA, particularly for child-on-child abuse. Children often do not have access to adequate child-friendly facilities to constructively occupy themselves in a manner which is developmentally apt. Although gender may not appear to be a significant risk factor, when it is brought alongside poverty, it does seemingly increase the vulnerability of girl children because girl children are reported to use sexuality as a commodity to fulfil material needs.

Furthermore, this study not only negates the concept of “stranger danger”; it also indicates that children are at risk of being sexually abused by peers as perpetrators are becoming younger and younger. Therefore, the study reaffirms that the perpetrators of sexual abuse are those closest to the child, as findings indicated an increase in treating abuse-reactive children as well as an increase in child-on-child sexual abuse. It could be concluded that there is an apparent link between child perpetrators and child victims of abuse, as those who are victims could begin to act out inappropriate sexual behaviour against their peers or even younger children.

The vulnerability of children is as vast as the risk factors and consequences of CSA. From the findings of this study, it could thus be concluded that children lack protection against themselves. The internet extends their vulnerabilities even further as it has a common place in the lives of children. It is part of their daily lives. If left unsupervised, children vulnerably expose themselves on on-line social media to sexual predators, who could be older; or they may even be peer perpetrators.

Recommendations for practice

- NPOs should facilitate programmes geared to protect mentally and physically disabled children against CSA.
- NPOs should facilitate holiday and aftercare programmes in appropriate facilities in order to constructively occupy children, and to serve as a platform to facilitate awareness and prevention programmes to protect children against sexual abuse.
- NPOs should facilitate programmes to prevent peer-on-peer child sexual abuse.
- The DSD should offer training to stakeholders in the field of CSA regarding practical guidelines for the practical implementation of the strategies as developed by the National Plan of Action for Children in South Africa (RSA, 2012).
- The Department of Education should educate children about responsible online communication to understand the risks, not only of becoming a victim, but potentially and unknowingly becoming a perpetrator of a sexual offence.
- NPOs should investigate risk factors related to CSA in specific geographic locations, thus creating the opportunity to understand the functioning of disadvantaged communities, and developing intervention strategies specifically geared to empower these communities to protect children against CSA.

7.2.5 Theme 5: Consequences of child sexual abuse

Conclusions

Each child is unique. Therefore, each child experiences the consequences to CSA in a unique way. The complexities of the consequences of CSA are as vast as the risk factors and nature thereof. Based on the findings of this study, it can be concluded that children experience an array of consequences, including psychological issues, behavioural problems, health related issues, sex related issues and secondary or re-victimisation.

Children who have been sexually abused suffer from post-traumatic stress syndrome. They become depressed and are at risk of committing suicide. It is also apparent that children blame themselves for the abuse and experience feelings of guilt and shame. This often results in issues such as a lack of concentration, particularly in their school work. They also display regressive behaviour such as bedwetting. From these findings it can thus be concluded that there is a lack

of empowerment services to address these consequences in order to contain long term issues that may arise.

The findings of this study indicate that children display behavioural problems, such as irresponsible sexual behaviour, inappropriate sexual games, self-harm and aggressive behaviour towards other children in the form of bullying. They engage in inappropriate games involving sex which is possibly associated with the apparent increase in child-on-child abuse and that of abuse-reactive children. The inappropriate sexual games are acted out on peers, as the findings of the study show. From these findings it can be concluded that children are a potential risk to themselves as well as to their peers, should they have been exposed to CSA.

Furthermore, CSA is an intimate form of abuse; thus, resulting in children being exposed to health related issues such as HIV and STIs and pregnancy. This is particularly relevant if the child experience contact abuse such as rape. These health issues place an extended burden on already laden state resources as children need to access additional health care for treatment of HIV and STIs and antenatal care. Moreover, it is worth noting that should the child who fell pregnant, keep the baby, the burden on both the health care system and grant system is increased. This is of significance, particularly considering that poverty is a risk factor for CSA from the onset, thus exacerbating the economic hardships already experienced. Therefore, it can be concluded that consequences of CSA are far reaching and have an impact on state resources in the broader South African society.

Additionally, sex related problems and pornography came to the fore as participants reported that children experience problems in having healthy sexual relationships. This is particularly relevant when considering that sexuality becomes a commodity to some to satisfy material or even basic needs. Others may never want to engage in a sexual relationship, even if it is safe to do so. More significantly, however, are the issues related to pornography. Although the use of children in pornographic material and exposing them to it is illegal, the findings rather indicate that children become addicted to pornography and understand the different types thereof. From this finding it can thus be concluded that unsupervised exposure to unsolicited programming has a substantial negative impact on the impressionable minds of children. In this regard the internet and social media are of particular relevance. It can also be concluded that children may not seek out this type of negative viewing on their own accord. It is more than likely that there was prior exposure to it by another person, either by an adult or possibly even by a peer.

Furthermore, it can be concluded that children often experience secondary or re-victimisation in various forms and evidently practice fall short of being able to contain this. Findings of the study indicate secondary or re-victimisation as mostly emotional in nature, with children being re-exposed to the event/s of the sexual abuse because they are expected to retell the story several times. This vulnerability to secondary or re-victimisation often occurs after the disclosure when parents, teachers and community members respond inappropriately. The findings show that even consultations with professionals within the criminal justice system re-enforce guilt and powerlessness, thus exacerbating secondary or re-victimisation.

Recommendations for practice

- NPOs in cooperation with government (Department of Social Development, Department of Education and Department of Health) should expand their services in the service areas of communities to protect children from exposure to sexual activities such as health related problems and pornography, and the consequences thereof.
- NPOs should proactively utilise social media, television and print media to increase awareness of CSA, addressing the risk factors such as HIV, STIs and pregnancy and the consequences thereof. These programmes should include information about where and how to access services, offered by NPOs.
- NPOs should offer training programmes to empower role players such as parents, teachers and professionals in the criminal justice system to respond appropriately once a child has disclosed CSA in order to mitigate the risk of secondary and re-victimisation.
- NPOs should expand CSA prevention programmes and assess the efficacy of CSA prevention programmes in order to reduce CSA.
- NPOs should expanded prevention programmes in conjunction with schools and the involvement of teachers and parents in CSA prevention programmes to create awareness of HIV, STIs and pregnancy as consequences of CSA.
- NPOs should become involved in research endeavours of academic institutions to develop best practice models for CSA prevention.
- NPOs should engage in a shared responsibility alongside government to reach more communities with effective, accessible CSA prevention programmes.

7.2.6 Theme 6: Policy and legislation related to child sexual abuse

Conclusions

When reflecting on the findings related to policy and legislation, there are two main aspects worth noting:

- The importance of the Children's Act No 38 of 2005 in service provision to children.
- The lack of familiarity that participants display in terms of other relevant legislative and policy documents relevant to CSA.

Participants unanimously indicated their familiarity and understanding of the Children's Act No 38 of 2005; thus, demonstrating the importance thereof in guiding service provision to children who have been sexually abused. However, the study found that a lack of resources, including human resources, hinder the implementation of the Act for adequate service provision for those affected by CSA. Therefore, it can be concluded that there is a lack of sufficient funding to fill gaps in service provision; and also a lack of adequate availability of human capacity in the form of service providers at NPOs to translate macro level policy into direct micro level services.

With the consistent high rates of sexual offences committed against children in South Africa, it should be assumed that all role players, especially service providers in NPOs rendering services in the field of CSA, should be abreast of all policy and legislative documents related to CSA. Alas, results from this study indicated that service providers are not familiar with the policies and legislative frameworks as developed by government. This study verifies that there is a general lack of familiarity amongst service providers regarding policy and legislative frameworks related to CSA. This has a negative impact on service provision. It could be argued that if service providers had more knowledge on the array of policy and legislative frameworks, they would be in a better position to act as advocates for those affected by CSA. Therefore, the conclusion is that, due to a lack of knowledge about policy and legislation on the part of service providers, children who have been sexually abused are exposed to a lack of adequate, accessible empowerment services by NPOs.

Findings from this study show that despite South Africa's progressive legislation, children remain at high risk of CSA. Child sexual abuse continues due to a lack of resources and adequate implementation of policy. Seemingly, government has successfully developed an

array of world class legislative documents to protect children. However, the development of policy and legislation is only one responsibility which government has fulfilled when it comes to protecting children from sexual abuse. Much work is still required to provide adequate, accessible services with consistent, sufficient, adequate and available resources to sexually abused children and their caregivers where it is needed. This is evident from the findings of this study. Service providers at the coalface of service provision display feelings of frustration and indicate government's apparent failure to provide sufficient services and resources to those affected by CSA.

From the findings of this study, it can be concluded that government successfully develops policies which pave the way for other, more eloquent policies to follow, but service providers at NPOs consistently have difficulty translating these policies into direct services. These policies do, however, provide guidelines for the implementation of services and the protection of children from sexual abuse. Consequently, more need to be done to empower service providers to render effective, efficient, accessible empowerment services to those affected by CSA.

Recommendations for policy

- NPOs should offer training to service providers to translate policy into practice and supervise their progress in this regard.
- Government should step up and assist and support service providers at NPOs to adequately translate policies and legislation related to CSA into direct service provision. This should be done by providing training on policy implementation and providing access to resources to improve direct service provision.
- The DSD should facilitate improved collaboration with NPOs in order to understand the circumstances of service provision from the view of those at the coalface thereof. They should also train service providers as to how the various policies and legislation are assimilated for improved service provision. These collaborations should pave the way for the DSD to understand the nature and extent of the resources required by NPOs to implement policy and legislation effectively.
- The South African Police Service should improve the scope of their data collection and the statistics they make available regarding the types of sexual offences committed against children; also the areas in which it occurs. This will assist NPOs to improve

awareness and prevention programmes to address the real extent of the needs of victims of sexual offences.

- NPOs, in collaboration with tertiary institutions, should engage in research projects to establish how best to empower service providers to translate policy related to CSA into direct service provision.

Recommendations for practice

- The DSD and NPOs should facilitate collaborations related to service provision for CSA which should involve those at management level as well as service providers who render direct empowerment services. This will empower service providers to render effective services and to provide them with leverage to hold government accountable for support and resources required to render these services.
- Service providers employed in DSD and NPOs should increase awareness of society about policy and legislation, particularly in terms of the legal obligation of citizens to report even just a suspicion of sexual abuse.
- The DSD should offer training to relevant service providers in adopting a child-friendly approach to service delivery with regard to CSA, irrespective of where in the criminal justice system services are accessed.
- The DSD should offer training to stakeholders, such as social workers, teachers and the SAPS, regarding all policy and legislation as developed by government; and that it is available to guide service provision to those affected by CSA.
- NPOs should offer training to service providers and supervise their progress with regard to the implementation of training related to policy and legislation.

7.2.7 Theme 7: Intervention services offered by NPOs

Conclusions

From the findings of this study, it can be concluded that empowerment services for CSA are rendered on macro, meso and micro level in the form of community work, group work and case work.

Community work programmes are directed at children, parents, teachers and the community at large. Prevention programmes for children aim to create awareness about CSA by teaching children to safeguard themselves against sexual abuse.

Prevention programmes in the form of community work are aimed at parents, teachers and the community and focus on education regarding the signs and symptoms of sexual abuse, and reporting procedures thereof. The findings show that not much focus appears to be placed on how to safeguard children against sexual abuse, but rather to look out for sexual abuse once it has already occurred. It could thus be concluded that this type of intervention is not actually preventative in nature, but rather reactive. This highlights the fact that children are given the responsibility of safeguarding themselves. It can thus be concluded that there is an apparent gap in offering pro-active empowerment services to parents, teachers and the community to equip them with tools to safeguard children alongside identifying signs and symptoms of sexual abuse and reporting procedures, should abuse already have taken place.

The findings of this study further indicate that group work programmes are offered to children and parents once sexual abuse has already occurred. Group work programmes are offered to children who are abuse-reactive and display inappropriate sexual behaviour towards peers. Group work programmes are offered to parents of sexually abused children in order to establish support networks and offer information to parents on how to better understand their child after sexual abuse has occurred. It can thus be concluded that empowerment services offered at meso level in the form of group work, are not preventative in nature.

The findings of this study further indicate that empowerment services, directed at children on a micro level in the form of case work, are therapeutic in nature and aim to offer these services for the recovery and healing of the sexually abused child.

From the findings of this study, it can be concluded that empowerment services for CSA offered by NPOs are overwhelmingly reactive as it focusses on the recovery and healing of the child once abuse has already occurred, and not at stopping abuse from occurring. The only programmes that are preventative are community work programmes offered to children which are aimed at teaching children to safeguard themselves.

Recommendations for practice

- NPOs should engage in a holistic approach of empowerment in the form of case work, group work and community work to promote awareness and prevention of child sexual abuse. These intervention programmes should not only involve children, as this often places too much emphasis on children needing to protect themselves when it is in fact the responsibility of the adults in their lives to protect them.
- NPOs should engage parents and teacher in pro-active group work to empower them to educate children about personal safety, personal boundaries and sexual abuse. Furthermore, these group work programmes should focus on parents building and maintaining trusting relationships with their children where children can feel safe to talk to parents about sexuality and sex related issues without fear of shame and guilt.
- NPOs should offer training in the form of community work programmes to adults (parents and teachers) in the community on how to respond appropriately when children do disclose exposure to CSA in order to alleviate the risks of secondary or re-victimisation.
- NPOs should offer therapeutic services which actively involve parents in the empowerment process in order to promote the process of healing and recovery of the child once sexual abuse has occurred.
- NPOs and government should collaborate on developing community awareness and prevention programmes which focus not only on the community in general, but are specifically directed at the perpetrators themselves as they are ultimately responsible for the abuse.
- Government should create an avenue for perpetrators to seek intervention.
- Government should facilitate improved collaboration amongst stakeholders which should include various government departments, NPOs, the police and the judicial system. Government should help provide accessible, efficient and effective empowerment services in the form of group work and case work to those affected by CSA after sexual abuse has occurred and has been reported.

7.2.8 Theme 8: Understanding empowerment

Conclusions

From the results of the study, it can be concluded that the use of positive language in the empowerment process is essential in enabling children who have been sexually abused to take control over their situation. This is needed to restore their sense of worth and negate feelings of guilt and shame. It can thus be concluded that it is essential for service providers to display a consistent, true belief in the empowerment process and the ability of the child to overcome the adversity of being subjected to sexual abuse.

Recommendation for practice

- NPOs should offer training programmes for social workers, parents and teachers to educate them about the importance of using positive language in order to engage appropriately with children who have been sexually abused.

7.2.9 Theme 9: Use of the empowerment approach for child sexual abuse

Conclusions

In terms of using empowerment as an approach to intervention with children who have been sexually abused, this study has found that the execution of this process is directly linked to the general social work process which has a beginning, middle and an end phase. It can thus be concluded that the empowerment approach is a process which is not everlasting because a sequence of phases leading to termination of services are followed.

Of importance is that this process is made up of the preparation phase which sets the tone for professional relationship building with the sexually abused child not only to gain trust, but for the service provider to understand the sexually abused child and the environment in which they live. This phase provides the service provider with a platform to move towards understanding and identifying the strengths of the child. In turn, this can be used as a vehicle to establish goals and tasks for the empowerment process with the child during the initial phase. Once a reciprocal professional trusting relationship has been established, the service provider can focus on the recovery and healing of the sexually abused child.

It can evidently be concluded that the empowerment process is guided by activities which service providers employ during the prevention phase, all of which place the child at the centre of service provision. The aim of these activities is to alleviate the sense of powerlessness and places the child back in control of their own lives. What is, however, lacking in the findings of this study, is how these activities are actually used to meet the specific needs of children who have been sexually abused.

Moreover, these findings significantly emphasise the lack of resources that are required by service providers for the execution of tasks during intervention. What is particularly significant is the need to feed children as they are often hungry when going for therapy. Children need their basic needs fulfilled before empowerment can even begin. It can thus be concluded that resources such as funding and food are required to fulfil the basic needs of the child.

As services are not everlasting, service providers bring the relationship to an end once goals that was set during the initial phase of the empowerment process, are reached. Children are prepared well in advance by service providers for when termination is set to take place. They are also prepared to face a world outside of therapy as they often continue to live in the environment where the abuse took place. The findings emphasise that ending the relationship must be a special event; one in which the child is once more placed at the centre of the process. All their successes are recognised in terms of reiterating strengths and at the same time recognising that there may be difficulties in their life journey beyond therapy. Assurance is provided by service providers that should they need help, the organisations' services will still be available; thereby retaining an open-door policy. It can thus be concluded that the unique nature of each child is respected in the empowerment process, and that termination is not necessarily the ending of the professional relationship as the open-door policy is retained.

Recommendations for practice

- Service providers should be familiar with how to execute the phases of the empowerment process appropriately to address the needs of sexually abused children.
- NPOs should secure adequate funding to ensure that the empowerment process for each child is effective and fulfils the specific needs of each child such as the provision of a healthy meal or snack, before engaging in empowerment therapy sessions.

- NPOs should offer training for service providers to enable them to apply the empowerment process specifically to CSA, taking the risks and consequences thereof into consideration.
- Government should make sufficient funds and resources available to NPOs in order to render effective, efficient and accessible services to all children.
- NPOs should make assessments to establish how the empowerment services rendered by services providers to sexually abused children are specifically geared towards meeting the specific needs of children affected by sexual abuse.

Recommendation for education

- Tertiary institutions should make training available to stakeholders rendering services in the field of CSA who need to be educated in applying an empowerment approach in service delivery to sexually abused children. The stakeholders include the SAPS, the courts and health care service providers.

7.2.10 Theme 10: Obstacles in rendering empowerment services for CSA

Conclusions

It can be concluded from the findings of this study that there are two main obstacles which hinder empowerment service provision by NPOs for CSA. These include the lack of resources and a lack of support from parents.

Human resources as well as material resources pose as hindrances to adequate empowerment service provision by NPOs. A lack of capacity to render therapeutic services, and being placed in a position where referrals can be made to other professionals such as psychologists, are evident from the findings. This may be because the service needed by sexually abused children should be a free service, as many of these children are living in poverty which is a risk factor from the onset. Therefore, there is a lack of financial means in NPOs to refer children to paid-for professional services. Children are thus placed on long waiting lists which is evident of empowerment services being inaccessible to children who have been sexually abused.

The other obstacle which this study found to be significant is that parents are not always fully committed to the empowerment process, for various reasons. One reason is that some perceive the therapeutic process as a waste of time, probably because they possibly do not understand it.

Another reason is that service providers use play as a form of therapy together with child-friendly activities in a child-friendly environment. These activities often resemble fancy play areas. For some parents this may be outside of their frame of reference, thus resulting in their disbelief in the empowerment process.

Other parents are not able to recognise the trauma experienced by the child as the trauma may not be displayed outright as physical signs of having been abused. In addition, there is also a lack of understanding on the side of the parent in terms of the psychological impact the abuse may have on the child. Some parents are particularly apathetic to the empowerment process, especially if the sexual abuse was non-contact in nature because this form of abuse is perceived as “not as bad” as rape, for example.

It can thus be concluded that parents often do not understand the empowerment process.

Recommendations for practice

- NPOs and government need to facilitate improved collaboration in order to understand the role of each service provider and to promote an understanding of which funds and resources are needed by NPOs to provide efficient empowerment services to sexually abused children.
- NPOs should facilitate collaborations and create networks to share resources to extend services and to improve empowerment services, making it effective, efficient and accessible to all children affected by CSA.
- NPOs should facilitate programmes for parents to understand the empowerment process and associated play activities.
- NPOs and government should investigate the possibility of creating a funding hub, specifically geared towards raising funds for NPOs whose core business is CSA, focusing on the prevention and treatment of child sexual abuse.

Recommendation for policy

- Government should offer NPOs training on how to understand policy and legislation related to funding to access the resources effectively.

7.2.11 Theme 11: Recommendations for the improvement of services

Conclusions

It can be concluded that there is a dire need for empowerment services for those affected by CSA as the findings stressed that there is insufficient services for child sexual abuse; also that funding places constraints on service provision by NPOs. These constraints may not necessarily impact the quality of the services, but the availability and accessibility thereof.

Findings from this study echo government's sentiments of a need for more services in the field of child sexual abuse and this is indicative of a lack of available services rendered by NPOs to those affected by CSA. It further highlights the difficulty which service providers at NPOs are experiencing in translating policy and legislation into adequate direct service provision, despite the fact that the Department of Social Development is their main source of funding.

It can evidently be concluded that there is an apparent lack of resources to effectively render empowerment services that are accessible to those affected by CSA. The findings of this study is thus indicative of the need for more resources for the improvement of service delivery for child sexual abuse.

Recommendation for practice

- Government should facilitate improved collaboration amongst stakeholders in the field of CSA, in the form of networking forums for the improvement of holistic integrated multi-sectoral empowerment service provision for CSA.

Recommendations for policy

- The DSD should facilitate training of service providers to best implement policy and legislation, and how and where to access resources for the said purpose.
- Government and NPOs should facilitate direct collaboration to establish partnerships between various NPOs and government for effective implementation of policy and legislation related to CSA.
- Government should establish collaboration with NPOs specifically geared towards establishing the nature of the resources required to implement policy and legislation for improved service provision for CSA.

7.3 RECOMMENDATIONS FOR FURTHER RESEARCH

It is recommended that further studies focus on:

- Investigating appropriate ways to empower service providers to use policy and legislation in their direct service provision for CSA.
- Investigating the efficacy of prevention strategies to address CSA from an ecological perspective (macro, meso and micro levels).
- The nature of networks needed amongst service providers for the expansion of services to improve accessibility and availability for empowerment services for CSA.

7.4 CONCLUSIONS

The research question for this study is: What is the nature of empowerment services rendered by NPOs to children in the Western Cape who have been sexually abused? This question has been answered through employing a qualitative research methodology, using an exploratory and descriptive design.

Recurrent in the findings is that there is a need for service providers at NPOs to be empowered to use policy and legislation related to child sexual abuse in practice. Furthermore, there is a need for awareness and prevention programmes for CSA, not only directed at children but at society at large. Moreover, an increase in empowerment services are needed which are effective and accessible to all children, irrespective of the area in which they live.

The findings of this study echoes in part, and is corroborated by existing national and international literature and policy and legislation associated with child sexual abuse. What is novel about this study is that it brings together previously disconnected findings, theory, policy and legislation about CSA in a single study, specifically from a social work perspective.

It is hoped that the findings of this study and its recommendations will be well received by stakeholders and that it could assist in improving empowerment of those affected by CSA and would aid in the prevention of the further scourge thereof.

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APPENDIX A: NOTICE OF APPROVAL



14 August 2018 Project number: 6235

NOTICE OF APPROVAL REC Humanities New Application Form

Project Title: Empowerment services for survivors of child sexual abuse offered by non-profit organisations in the Western Cape

Dear Mrs. Tasneemah Cornelissen-Nordien

Your REC Humanities New Application Form submitted on **14 August 2018** was reviewed and approved by the REC: Humanities. Please note the following for your approved submission:

Ethics approval period:

Protocol approval date (Humanities)	Protocol expiration date (Humanities)
25 April 2018	24 April 2021

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

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

Please use your SU project number (**6235**) on any documents or correspondence with the REC concerning your project.

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

FOR CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

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

Included Documents:

Document Type	File Name	Date	Version
Research Protocol/Proposal	Tasneemah Cornelissen-Nordien PhD Proposal	25/01/2018	
Informed Consent Form	ethical clearance	25/01/2018	
Data collection tool	THEMES FOR INTERVIEWS	25/01/2018	
Data collection tool	THEMES FOR INTERVIEWS	25/01/2018	
Proof of permission	Letter of permission	24/04/2018	
Proof of permission	Tasneemah se toestemming	31/05/2018	
Proof of permission	Permission letter Safe Line 18 June 2018	18/06/2018	
Proof of permission	Permission to conduct research - Tasneemah	23/07/2018	

If you have any questions or need further help, please contact the REC office at

cgraham@sun.ac.za. Sincerely,

Clarissa Graham

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

National Health Research Ethics Committee (NHREC) registration number: REC-050411-032.

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

Investigator Responsibilities

Protection of Human Research Participants

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

1. **Conducting the Research.** You are responsible for making sure that the research is conducted according to the REC approved research protocol. You are also responsible for the actions of all your co-investigators and research staff involved with this research. You must also ensure that the research is conducted within the standards of your field of research.
2. **Participant Enrollment.** You may not recruit or enroll participants prior to the REC approval date or after the expiration date of REC approval. All recruitment materials for any form of media must be approved by the REC prior to their use.
3. **Informed Consent.** You are responsible for obtaining and documenting effective informed consent using **only** the REC-approved consent documents/process, and for ensuring that no human participants are involved in research prior to obtaining their informed consent. Please give all participants copies of the signed informed consent documents. Keep the originals in your secured research files for at least five (5) years.
4. **Continuing Review.** The REC must review and approve all REC-approved research proposals at intervals appropriate to the degree of risk but not less than once per year. There is a **grace period**. Prior to the date on which the REC approval of the research expires, **it is your responsibility to submit the progress report in a timely fashion to ensure a lapse in REC approval does not occur**. If REC approval of your research lapses, you must stop new participant enrollment, and contact the REC office immediately.
5. **Amendments and Changes.** If you wish to amend or change any aspect of your research (such as research design, interventions or procedures, participant population, informed consent document, instruments, surveys or recruiting material), you must submit the amendment to the REC for review using the current Amendment Form. You **may not initiate** any amendments or changes to your research without first obtaining written REC review and approval. The **only exception** is when it is necessary to eliminate apparent immediate hazards to participants and the REC should be immediately informed of this necessity.
6. **Adverse or Unanticipated Events.** Any serious adverse events, participant complaints, and all unanticipated problems that involve risks to participants or others, as well as any research related injuries, occurring at this institution or at other performance sites must be reported to Malene Fouche within **five (5) days** of discovery of the incident. You must also report any instances of serious or continuing problems, or non-compliance with the REC's requirements for protecting human research participants. The only exception to this policy is that the death of a research participant must be reported in accordance with the Stellenbosch University Research Ethics Committee Standard Operating Procedures. All reportable events should be submitted to the REC using the Serious Adverse Event Report Form.
7. **Research Record Keeping.** You must keep the following research related records, at a minimum, in a secure location for a minimum of five years: the REC approved research proposal and all amendments; all informed consent documents; recruiting materials; continuing review reports; adverse or unanticipated events; and all correspondence from the REC.
8. **Provision of Counselling or emergency support.** When a dedicated counsellor or psychologist provides support to a participant without prior REC review and approval, to the extent permitted by law, such activities will not be recognised as research nor the data used in support of research. Such cases should be indicated in the progress report or final report.
9. **Final reports.** When you have completed (no further participant enrollment, interactions or interventions) or stopped work on your research, you must submit a Final Report to the REC.
10. **On-Site Evaluations, Inspections, or Audits.** If you are notified that your research will be reviewed or audited by the sponsor or any other external agency or any internal group, you must inform the REC immediately of the impending audit/evaluation.

APPENDIX B:

CONSENT TO PARTICIPATE IN RESEARCH



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

EMPOWERMENT SERVICES FOR SEXUALLY ABUSED CHILDREN OFFERED BY NON PROFIT ORGANISATIONS IN THE WESTERN CAPE

You are asked to participate in a research study conducted by Tasneemah Cornelissen-Nordien, PhD Social Work, from the Department of Social Work at Stellenbosch University. The results of this study will become part of a research report. You were selected as a possible participant in this study because you are a service provider to sexually abused children.

1. PURPOSE OF THE STUDY

The goal of the study is to contribute to an improved understanding of the nature of empowerment services rendered by non-profit organizations to sexually abused children. The objectives of the study are:

- To describe the nature, extent of child sexual abuse and consequences thereof for children
- To discuss how relevant policy and legislation provide non-profit organizations with a mandate to render empowerment services to sexually abused children
- To describe the nature of empowerment services for child sexual abuse with the framework of an ecological perspective
- To investigate the nature of existing empowerment services rendered by the non-profit sector for child sexual abuse
- To make recommendations for the rendering of empowerment services by NPOs for child sexual abuse.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

A semi-structured interview will be utilized to gather information confidentially. You need not indicate your name or any particulars on the interview schedule. The schedule will be completed during an interview conducted by the researcher. The interview will be recorded.

3. POTENTIAL RISKS AND DISCOMFORTS

Uncertainties on any of the aspects of the schedule you may experience during the interview can be discussed and clarified at any time.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The results of this study will inform non-profit organisations (NPOs) what service providers' perspectives are regarding empowerment services to sexual abused children. This information could be used by NPOs for further planning in service delivery.

5. PAYMENT FOR PARTICIPATION

No payment in any form will be received for participating in this study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of coding where each questionnaire is numbered. All questionnaires and recordings will be managed, analysed and processed by the researcher and will be kept in a safe place.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact: Prof S Green (Supervisor), Department of Social Work, University of Stellenbosch, telephone 021-808 2070, E-Mail: sgreen@sun.ac.za

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 0218084622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me the participant by _____ in English and the participant is in command of this language or it was satisfactorily translated to him / her. The participant was given the opportunity to ask questions and these questions were answered to his / her satisfaction.

I hereby consent voluntarily to participate in this study.

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____[name of subject/participant]. [He / She] was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

Signature of Investigator

Date

APPENDIX C:

SEMI-STRUCTURED INTERVIEW SCHEDULE



DEPARTMENT OF SOCIAL WORK

EMPOWERMENT SERVICES FOR SEXUALLY ABUSED CHILDREN OFFERED BY NON-PROFIT ORGANISATIONS IN THE WESTERN CAPE

Researcher: Tasneemah Cornelissen-Nordien

Please note the following:

- All information recorded in this interview will be regarded as confidential.
- The name of participants and the organisation will be kept confidential.

Instructions:

- Please answer the following questions as honestly as possible.

Interview date: _____

Participant number: _____

1. Profile of the service provider

1.1 What is your position in the organisation?	1.2 How many years of experience do you have in this position?	1.3 How long are you working in the field of child sexual abuse (CSA)?	1.4 What kind of training have you had to deal with CSA?
Registered Social worker			
Registered Auxiliary social worker			
Lay counsellor			

2. Profile of the NPO

2.1. How is the NPO that you are working for registered in terms of the Act on NPOs (Act 71/1997)?

.....

.....

2.2. Where does the organisation get its funding from for service rendering?

.....

.....

2.3. How does the nature of the funding the organisation receives determine the services offered to clients?

.....

.....

2.4. Who are the service users served by the NPO?

.....

.....

2.5. What percentage of your caseload is CSA cases?

.....

.....

3. Nature of child sexual abuse (CSA)

3.1. What types of sexual abuse are the children you serve exposed to? (rape, pornography, molestation, child trafficking)

.....

.....

3.2. In your experience, how do the following factors lead to children becoming sexually abused?

3.2.1. Personal incapacity:

- Mental disabilities

.....

.....

- Physical disabilities

.....

.....

3.2.2. Demographic factors:

- Gender

.....

.....

- Poverty

.....

.....

- Geographic location

.....

.....

3.2.3. Social background:

- Perpetrator familiarity

.....

.....

3.2.4. On-line factors:

- Social media

.....

.....

4. Consequences of child sexual abuse

4.1. How do sexually abused children to whom the organisation renders services present consequences of CSA such as:

4.1.1. Psychological problems?

.....

.....

4.1.2. Behavioural problems?

.....

.....

4.1.3. Health related issues?

.....

.....

4.1.4. Sex related problems?

.....

.....

4.1.5. Secondary or re-victimisation?

.....

.....

5. Legislation and policy related to CSA

5.1. Which of the following legislation and policies related to CSA you are familiar with?

Children's Act, No 38 of 2005	
Children's Amendment Act, No 41 of 2007	
Criminal Law (Sexual Offences and Related Matters) Amended Act No 32 of 2007 (New Sexual Offences Act)	
Domestic Violence Act, No 116 of 1998	
White Paper for Social Welfare (RSA, 1997)	
Service Charter for Victims of Crime (RSA, 2004)	
Integrated Service Delivery Model (RSA, 2006)	
National Policy Guidelines for Victim Empowerment (RSA, 2009)	
National Plan of Action for Children in South Africa (NPAC) (2012-2017) (RSA, 2012)	

Framework for Social Welfare Services (RSA, 2013)	
Sexual Offences Courts: National Policy Framework (RSA, 2012)	
Sexual Offences Courts: National Strategic Plan Draft (2016-2020) (RSA, 2016)	

5.2. How do the legislation and policies that are familiar with guide your service provision to those affected by CSA?

.....

.....

6. Service provision for CSA in terms of legislation and policy

The ISDM (RSA, 2006) and Framework for Social Welfare Services (2013) emphasise the levels of prevention, early intervention, statutory intervention and reconstruction and aftercare, as depicted in the figure below:

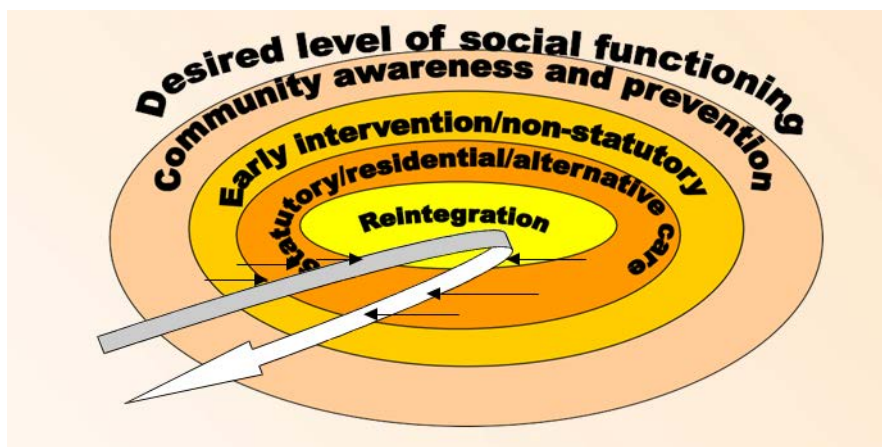


Figure: 1: Levels of intervention

Source: Integrated Service Delivery Model (RSA, 2006:19)

Framework for Social Welfare Services (RSA, 2013:29)

6.1. Reflecting on the figure, what does your organisation do to address the risk factors leading to CSA and consequences thereof within the context of the ecological perspective on micro level (case work), meso level (group work) and macro level (community work) in terms of:

6.1.1. Prevention of CSA

- Services and programmes to ensure safety and protection of children from sexual abuse through case work (micro), group work (meso) and community work (macro) practice.
-

.....

6.1.2 Early intervention

- Services offered to address risk factors leading to child sexual abuse in high risk families (micro, meso, macro levels).
-
-

- Services offered for recovery and healing of children after CSA has occurred (micro, meso, macro levels).
-
-

7. Service provision for CSA in terms of empowerment

7.1. Description and understanding of empowerment

7.1.1. What do you regard as the special features of empowerment that distinguishes it from intervention in general?

.....

.....

7.2. Explain how you apply an empowerment approach to deal with CSA when executing the various phases of the intervention process:

7.2.1. Preparation phase

7.2.1.1 What do you do during the preparation phase to:

- Build a relationship with the sexually abused child to develop a collaborative relationship? (Give examples)
-
-

- Involve the child in risk assessment for you to understand the sexually abused child's experiences and environment? (Give examples)
-
-

- Involve the sexually abused child determine goals and tasks that direct the empowerment process? (Give examples)
-

.....

7.2.2. Initial phase

7.2.2.1 What do you do during the initial phase to:

- Identify strengths of the child to deal with the trauma of being sexually abused?

.....

.....

- Involve the child to construct a plan of action for intervention?

.....

.....

- Involve the child to construct a plan for recovery and healing? (Give examples)

.....

.....

7.2.3 Working phase

7.2.3.1 What do you do during the working phase to:

- Involve the child in the execution of the action plan for empowerment? (Give examples)

.....

.....

- Involve resources in the execution of the action plan for empowerment of sexually abused children? (Give examples)

.....

.....

7.2.4 Termination phase

7.2.4.1 How do you execute the following tasks during the termination phase to:

7.2.4.1.1 Evaluate the achievement of the goals of empowerment of the child?

.....

.....

7.2.4.1.2 End the relationship to celebrate success and to stabilise positive change? (Give examples)

.....

.....

- 8 What are the main obstacles you are experiencing in rendering empowerment services to sexually abused children?**

.....

.....

- 9 Do you have any recommendations for the improvement and expansion of services for CSA?**

.....

.....

.....

Thank you for your participation.

APPENDIX D:

REQUEST FOR PARTICIPATION IN RESEARCH



Date: _____

REQUEST FOR PARTICIPATION IN RESEARCH

Dear _____,

My name is Tasneemah Cornelissen-Nordien, a PhD candidate at Stellenbosch University. The research I wish to conduct for my doctoral thesis which involves empowerment services for sexually abused children. This project is conducted under the supervision of Professor Sulina Green (Stellenbosch University).

I hereby wish to seek your consent to conduct an interview with you as your organisation renders empowerment services in the field of child sexual abuse.

I have provided you with a copy of my thesis proposal which includes copies of the consent forms to be used in the research process, as well as a copy of the approval letter which I received from the Stellenbosch University Research Ethics Committee.

Upon completion of the study, I undertake to provide you with an electronic copy of the full research report. If you require any further information, please do not hesitate to contact me on 0833800149 or email nordien@sun.ac.za.

Thank you for your time and consideration in this matter.

Yours sincerely,

Tasneemah Cornelissen-Nordien