

**PERCEPTIONS OF SOCIAL WORKERS
ON THEIR ROLE TO ADVOCATE FOR
SOCIAL JUSTICE OF SEXUAL MINORITIES**

by

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The crest of Stellenbosch University is centered in the background. It features a shield with various symbols, including a book and a scale, topped with a crown and flanked by two figures. The crest is rendered in a light, semi-transparent style.

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DECLARATION

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ABSTRACT

Despite the fact that South Africa is regarded as progressive in terms of its legislation regarding sexual minorities, these minorities still face serious challenges and injustice on a daily basis. As the principles of human rights and social justice are fundamental to social work, social workers play a crucial role in addressing the challenges faced by sexual minorities, and in advocating for these minorities' social justice. Yet, little is known about the specific roles that social workers play in advocating for social justice of sexual minorities in practice. Therefore, the study intended to gain an understanding of social workers' perceptions on their role to advocate for social justice of sexual minorities in the Western Cape. In this study, the term "sexual minority" refers to anyone who is attracted to or sexually active with persons of the same sex; whose gender identity differs in some way from their biological sex; or who otherwise self-identifies as lesbian, gay, bisexual, transgender, or queer. The study notes that advocacy can be used as a platform for social workers to link their practice with the profession's aim of achieving social justice. Therefore, advocacy theory was used as a theoretical base for this study.

Interviews were used to collect qualitative data from 16 social workers who had provided services to sexual minorities in practice. The data was analysed using thematic analysis. The findings of the empirical investigation show that social workers perceive their role in advocating for social justice of sexual minorities to include being an advocate, an educator and a broker. It is concluded that social workers lack theoretical knowledge of the roles they can play, using advocacy theory, to advocate for the social justice of sexual minorities. Therefore, it is recommended that social work practitioners need to stay up to date about current literature on advocacy.

OPSOMMING

Ten spyte daarvan dat Suid-Afrika as progressief beskou word in terme van sy wetgewing aangaande seksuele minderhede, staan ernstige uitdagings hierdie minderhede steeds daagliks in die gesig. Aangesien die beginsels van menseregte en sosiale geregtigheid fundamenteel is tot maatskaplike werk, speel maatskaplike werkers 'n kritieke rol daarin om die uitdagings wat seksuele minderhede in die gesig staan, aan te spreek, en om hierdie minderhede se sosiale geregtigheid te bepleit. Nogtans weet ons baie min oor die spesifieke rolle wat maatskaplike werkers, in praktyk, speel in die bepleiting ("advocacy") van sosiale geregtigheid van seksuele minderhede. Gevolglik het die studie beoog om ondersoek in te stel na maatskaplike werkers se persepsies van hulle rol om sosiale geregtigheid van seksuele minderhede in die Wes-Kaap te bepleit. In hierdie studie verwys die term "seksuele minderheid" na enige iemand wat aangetrokke is tot, of seksueel aktief is met, persone van dieselfde geslag; wie se geslagsidentiteit op 'n manier verskil van hul biologiese geslag; of wat self-identifiseer as lesbies, gay, biseksueel, kruisgeslagtelik, of queer. Die studie merk op dat bepleiting gebruik kan word as 'n platform vir maatskaplike werkers om hulle praktyk te koppel aan die professie se doel om sosiale geregtigheid te behaal. Daarom is "advocacy theory" gebruik as teoretiese basis vir die studie.

Onderhoude is gebruik om kwalitatiewe data in te samel van 16 maatskaplike werkers wat dienste lewer aan seksuele minderhede in hulle praktyk. Die data is geanaliseer deur middel van tematiese analise. Die bevindinge van die empiriese ondersoek wys dat maatskaplike werkers hulle rol in die bepleiting van sosiale geregtigheid van seksuele minderhede ondervind as iets wat die rolle insluit van 'n bepleiter, 'n opvoeder, en 'n makelaar. Daar word tot die gevolgtrekking gekom dat maatskaplike werkers teoretiese kennis kortkom van die rolle wat hulle, met behulp van "advocacy theory", kan speel om die sosiale geregtigheid van seksuele minderhede te bepleit. Daarom word daar aanbeveel dat maatskaplike werkers hulself op hoogte moet hou van huidige literatuur oor bepleiting.

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LIST OF ABBREVIATIONS

ANC	African National Congress
DESC	Departmental Ethical Screening Committee
GASA	Gay Association of South Africa
GLOW	Gay and Lesbian Organisation of the Witwatersrand
IASSW	International Association of Schools of Social Work
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IFSW	International Federation of Social Workers
ILGA	International Lesbian and Gay Association
ISDM	Integrated Service Delivery Model
LAGO	Lesbians and Gays against Oppression
LGBT(QIA+)	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
NASW	American National Association of Social Workers
OLGA	Organisation of Lesbian and Gay Activists
REC	Research Ethics Committee
SACSSP	South African Council for Social Service Professions
SASAS	South African Social Attitudes Survey
SEAP	Support Empower Advocate Promote Advocacy
SOGIE	Sexual Orientation Gender Identity and Expression
SSMA	Same-Sex Marriage Act
UDF	United Democratic Front
UDHR	Universal Declaration of Human Rights
UN	United Nations
VEP	Victim and Empowerment Programme

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CHAPTER 1: INTRODUCTION

1.1 PRELIMINARY STUDY AND RATIONALE

According to Wilets (1997) and Narayan (2006), South Africa has a progressive legislature that affords everyone the right to be who they want to be. The constitution protects human beings against discrimination based on age, sex, gender, sexual orientation and other characteristics. However, sexual minorities in South Africa continue to face numerous challenges because of their sexual orientation status. Contemporary social work claims to be a human rights profession that is interested in bringing about social justice (Reichert, 2007). This is endorsed in the revised global definition of social work as a practice-based profession and academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people, with principles of social justice, human rights, collective responsibility and respect for diversities as fundamental to social work (International Federation of Social Workers (IFSW) & International Association of Schools of Social Work (IASSW), in IFSW, 2014). Based on this definition, social workers are expected to promote social change, social development, social cohesion, empowerment and liberation of vulnerable groups. Moreover, social workers have an obligation to enhance social change and ultimately bring about social justice within communities. In social work practice, social justice is considered an ideal state in which all members of a society have the same rights, protections, opportunities, obligations, and social benefits (Barker, 2003).

In addition, the global social work statement of ethical principles states that social workers promote social justice in relation to communities and on behalf of people with whom they work (IASSW, 2018). This alludes to the fact that social workers challenge discrimination pertaining to physical and/or mental abilities, capacity, age, culture, gender identity, sexual orientation, race, ethnicity, language, religion, spiritual beliefs, political opinions, socio-economic status, poverty, class, family structure, relationship status and nationality or lack thereof (IASSW, 2018). Furthermore, the American National Association of Social Workers' (NASW) code of ethics, asserts that social workers should be involved in social action and advocate for disadvantaged groups

(NASW, 2018). Similarly, the South African Council for Social Service Professions' (SACSSP) code of ethics maintains that social workers promote social justice and seek social change with and on behalf of vulnerable and oppressed persons, families, groups and societies (SACSSP, 2018).

According to these various social work professional bodies, social workers have an obligation to adhere to their ethical standards to promote social justice and concentrate on issues of poverty, unemployment, discrimination and other forms of social injustice (SACSSP, 2018; NASW, 2018; IASSW, 2018). Therefore, in adhering to a code of ethics, it is suggested that social workers could focus, inter alia, on using their advocacy role to bring about change in communities. In social work practice, advocacy is the exclusive and mutual representation of a client(s) or a cause in a forum, attempting to systematically influence decision-making in an unjust or unresponsive system (Schneider & Lester, 2001). The role of advocacy in social work practice involves challenging social injustices and pursuing social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people (Lennon-Dearing & Delavega, 2016).

In social work practice, voiceless and vulnerable groups include children, the elderly and sexual minorities. Sexual minorities are considered to be amongst vulnerable groups in societies confronted with discrimination, prejudice, sexual abuse, physical abuse and other social ills due to their sexual identity; and social work intervention is required amongst sexual minorities (Subhrajit, 2014). The term "sexual minority" refers to anyone who is attracted to or sexually active with persons of the same sex, whose gender identity differs in some way from their biological sex, or who otherwise self-identifies as lesbian, gay, bisexual, transgender, or queer (LGBTQ) (Wells, Asakura, Hoppe, Balsam, Morrison, & Beadnell, 2013).

In addition, sexual minorities are defined as a collective of individuals whose sexual orientation, gender identity or sexual attributes are unique in relation to the assumed dominant part of the populace, which are male or female heterosexuals (Hartney, 2018). This involves individuals who identify themselves with the following sexual orientation/identity: (1) Lesbians - women who are sexually attracted to other women and not men; (2) Gay - men who are sexually attracted to men and not women; (3) Bisexuals - people who are sexually attracted to both sexes; and (4) Transgender - a

general term used to describe people whose gender identity or gender expression differs from that usually associated with their birth sex (LGBT) (Hartney, 2018). However, it is acknowledged that additional sexual minority groups exist, such as: (1) Queer - a general term used to describe people whose gender and sexual orientation does not conform to the dominant expectations of society; (2) Intersex – a term used to describe a natural experience of developing primary or secondary sex characteristics that do not fit society's definitions of male and female; and (3) Asexual - a sexual orientation generally characterised by not feeling sexual attraction or a desire for partnered sexuality at all. Together, these groups are referred to as "LGBTQIA+" (LGBTQIA Resource Centre, 2017). (For ease of reference, this group is referred to as "LGBT" in the thesis, except where reference is being made to a study or literature source that uses a different acronym.)

Subhrajit (2014) maintains that "LGBT" has turned into a broadly acknowledged classification for minorities based on sexual and gender orientation. However, some scholars claim that a common understanding that exists within African societies, including South Africa, is that homosexuality, bisexuality and any deviation from heteronormativity is "not African" (Brown, 2012). Thus, despite developments concerning the recognition of the rights of sexual minorities in Africa, there has been a notable increase in the prevalence of attacks, rhetorical abuse, and restrictive legislation against sexual minorities (Epprecht, 2012). In addition, some groups regard any deviation from heteronormativity as a sin, criminal offence, mental illness and, at the very least, a controversial issue (Tully & Albro, 1979).

Logie, Bridge and Bridge (2008) state that there is an increasing tendency of prejudice towards homosexuals. They revealed that there was a prevalence of negative social attitudes towards sexual minority groups, particularly against gay men and lesbian women (Logie et al., 2008). Most scholars argue that sexual minority groups experience social injustices within societies due to the prevailing social stigma of their sexual orientation (Almeida, Johnson, Corliss, Molnar & Azrael, 2009). The above perceptions of sexual minority groups also prevail in South African societies despite the country's progressive legislations regarding sexual minorities, such as the amendment of the Same Sex Marriage Act of 2006 that permits the marriage of same-sex couples (Pushparagavan, 2014; Butler & Astbury, 2005; Wesley, 2012).

Some authors maintain that there is an incongruence between the South African progressive policies regarding sexual orientation and the reality in societies (Butler & Astbury, 2005). Pushparagavan (2014) points to an alarming figure of ten cases per week of corrective rapes in the Western Cape. “Corrective rape” alludes to a case where a woman is raped to “cure” her of her lesbianism (Koraan & Geduld, 2015). Pushparagavan (2014) asserts that in the past there were a notable number of more than thirty murders committed against members of sexual minority groups in the Western Cape, with only two perpetrators convicted. In addition, research revealed that 86% of lesbians in the Western Cape, especially black lesbians, live in fear of corrective rape (Wikigender, 2015). This is evident from the lived experiences of sexual minorities in the Western Cape, even with the advanced legislation of the government. It is necessary, though, to acknowledge the role played by organisations such as Gender Dynamix, and movements to support the sexual minority population in their efforts to fight against social injustices.

McCandless and Rogan (2013) assert that nation-wide and globally policy makers need to comprehend the role of social workers in influencing stability and social justice. Internationally, social workers are involved in efforts to raise awareness of the relevance of sexuality as a critical part of social work knowledge by hosting a series of conference events (Sexuality and Social Work Interest Groups, 2018). It is argued that social workers in South Africa are well placed to challenge the status quo and advocate for social justice for all, including sexual minorities (Jacques, 2013). Tully (2000) adds that social workers’ role in advocating for social justice of sexual minorities is to facilitate, coordinate and promote legal and societal support. However, little is known about the perceptions of social workers on their role to advocate for social justice of sexual minorities in South Africa. Hence, the purpose of the study is to gain an understanding of social workers’ perceptions of their role to advocate for social justice of sexual minorities.

1.2 PROBLEM STATEMENT

In South Africa, sexual minorities confront numerous forms of social challenges such as socio-economic challenges, cultural prejudices and social exclusion (Subhrajit, 2014). It is reported that sexual minorities experience intolerance, discrimination, harassment and the threat of violence because of their sexual identity (Subhrajit,

2014). Housing, employment discrimination, verbal abuse and corrective rape crimes are identified as the most prevalent challenges experienced by sexual minority groups (Alessi, 2013). Thus, social workers need to facilitate, coordinate and promote legal and societal support for this disempowered population in their role to advocate for social justice (Tully, 2000).

Some studies on topics involving sexual minorities focus on the challenges facing the LGBT population with an emphasis on the social stigma associated with homosexuality (Logie et al., 2008; Alessi, 2013; Subhrajit, 2014). In addition, Wells et al. (2013) found that sexual minority groups, such as the LGBTQ+, prefer to receive support services, self-defence training and support for health related issues. However, there is little literature available on social workers' perceptions of their role to advocate for social justice of sexual minorities. Also, there is an indication of the roles social workers use to advocate for social justice of sexual minorities, but it appears that there is a gap in the literature on the *perceptions* of social workers themselves regarding these roles (Lennon-Dearing & Delavega, 2016).

1.3 RESEARCH QUESTION

The study reported in this thesis addressed the following question:

- What are the perceptions of social workers on their role to advocate for social justice of sexual minorities?

1.4 AIMS AND OBJECTIVES

The aim of the study was to gain an understanding of social workers' perceptions on their role to advocate for social justice of sexual minorities. The study had the following objectives:

- To critically discuss the nature and the types of services provided to sexual minorities in social work practice based on advocacy theory.
- To contextualise the challenges facing sexual minority groups in the South African context.
- To empirically investigate the perceptions of social workers on their role to advocate for social justice of sexual minorities.
- To draw conclusions on these perceptions of social workers and to provide recommendations.

1.5 THEORETICAL FRAMEWORK

The concept of advocacy is seen as a responsibility of the social work profession (Schneider, Lester & Ochieng, 2013). Chereni (2017) maintains that advocacy is an important vehicle for realising social work's commitment to social justice. In addition, Chereni (2017) asserts that advocacy is every social worker's ethical obligation in everyday practice in every area of practice (Chereni, 2017). Therefore, the study will utilise advocacy theory as a theoretical framework to understand social workers' perceptions of their role to advocate for social justice of sexual minorities.

Schneider et al. (2013) strongly argue that the aim of advocacy theory is to challenge structural oppression when striving for the well-being of the marginalised in societies. In addition, this theory assumes an "exclusive and mutual representation of a client(s) or a cause in a forum, attempting to systematically influence decision-making in an unjust or unresponsive system" Schneider et al., (2013:2). Thus, it is applied when speaking on behalf of vulnerable and oppressed groups to bring about social change. In addition, it will assist the study to identify the types of services provided by social workers in terms of their role to advocate for a vulnerable group in practice. This theory allows the researcher to comprehend social workers' perceptions of their role to advocate for social justice of sexual minorities and to ultimately provide an indication of social workers' understanding of their advocacy role in practice.

1.6 RESEARCH METHODOLOGY

This section presents the methodology which was utilised during the study. This includes the research design, sampling method, data collection, data verification and data analysis.

1.6.1 Research approach

As should now be clear, the focus of the study was on investigating social workers' perceptions on their role to advocate for social justice of sexual minorities. Therefore, a qualitative research approach was used for the purpose of the study. Creswell (2007) defines a qualitative research approach as a positioned action that locates the researcher in the participants' world. In addition, qualitative research is described as a method of investigation in which scholars interpret what they see, hear and comprehend (Creswell, 2007). De Vos, Strydom, Fouche and Delpont (2011) assert

that a qualitative approach is characterised as unstructured, since it enables flexibility in all the aspects of the research process. Therefore, this approach was used to allow the researcher to explore phenomena in their natural settings while trying to understand things in terms of the meanings people ascribe to them (Creswell, 2007). Thus, a qualitative research approach was essential, as the study was concerned with narratives and the voices of people (Babbie & Mouton, 2010; Bryman, 2012; De Vos et al., 2011).

1.6.2 Research design

Since the study was qualitative in nature, exploratory and descriptive research were utilised in the research design. According to Kumar (2005), exploratory research is done with the aim of investigating an area that has not been studied yet or where little is known about the relevant phenomena. Therefore, the utilisation of this design was useful in enabling the researcher to gain insight into the phenomenon under investigation. Moreover, the study was mainly exploratory, with elements of a descriptive design, in order to provide a thorough exploration of the topic. De Vos et al. (2011) maintain that in qualitative research, a descriptive design is used to provide detail and paint a picture of a situation, and it focuses on “how” and “why” questions. Again, it permits for a comprehensive investigation of phenomena and their deeper meaning, which was necessary for the purposes of the current study.

1.6.3 Sample

De Vos et al. (2011) define sampling as taking smaller groups of a populace that possess particular characteristics of the entire population and are representative of the larger population. The population of the study consisted of social workers who work for Non-Profit Organizations and who have provided services to sexual minorities in their practice within the Western Cape. The sampling method which was used to recruit participants from the population involved non-probability sampling. De Vos et al. (2011) assert that this method is used when the researcher does not know the odds of selecting a particular individual. The types of non-probability sampling which the study used were purposive sampling and snowball sampling.

Purposive sampling is a technique that is based on the judgement of the researcher, in that the sample comprises elements that contain the majority of the characteristics of the population (De Vos et al., 2011). The rationale for using purposive sampling in

the study was that the desired population which could provide insight into social workers' perceptions was social workers themselves. The snowball sampling technique was also utilised in this study. Babbie and Mouton (2010) maintain that this technique is necessary when members of a particular population are hard to locate. The technique was utilised because the researcher recruited social workers who are working for Non-Profit Organizations and who have provided services to sexual minorities in practice, and the researcher had limited knowledge of such organisations. The first participant was identified by finding one organisation that the researcher knows to be rendering services to sexual minority groups. De Vos et al. (2011) suggest that the researcher uses this technique when approaching a single case involved in the subject with the objective of obtaining other similar individuals.

The sample consisted of sixteen social workers. All recruited participants in the study were requested to participate voluntarily. Since the research took a qualitative approach, it was important to note the assertion of scholars such as Mason (2010) in this regard. This author suggests that qualitative samples must be large enough to ensure that all views that may be necessary, are discovered (Mason, 2010). In addition, it is argued that if the sample is too large, information will be monotonous and, in the end, unnecessary (Mason, 2010). This substantiates the use of sixteen participants in this study.

Participants were recruited in the following two phases:

Phase 1: Organisation recruitments

To select potential organisations for the study, for the purpose of recruiting participants, the researcher identified, through her personal knowledge, one organisation that she knows to be rendering services to sexual minorities in the Western Cape. (The organisation will remain anonymous in this thesis to protect the social workers' identities). Following this, the researcher contacted the organisation and others like it, telephonically and through email to enquire whether they have social workers. Once the organisation indicated that they did employ social workers, the researcher requested permission to speak to the social workers to ask if they were willing to participate in the study. In this regard, a letter of request was sent to organisations. This letter is attached as Annexure C, and was accompanied by the notice of approval that the researcher had received from the Research Ethics

Committee for the Humanities at Stellenbosch University, attached here as Annexure D. Upon receiving permission from the organisations' gate keepers, the second phase of the study was implemented.

Phase 2: Participant recruitment

Verbal permission was granted by the organisations to speak to their social workers. The researcher then contacted the social workers and asked them if they would be willing to participate in the study. Other participants were identified by asking the first participant who agreed to take part in the study, to refer the researcher to other social workers whom the participant knew and who might be willing to participate in the study, as well. The criteria for inclusion in the study were as follows: Participants had to

- be registered with SACSSP
- currently be working as a social worker for a minimum of one year,
- be able to understand and communicate in English, and
- have provided services to sexual minorities.

1.6.4 Instrument for data collection

McLeod (2001) and Bryman (2012) define data collection in qualitative research as the gathering of an array of information through interactions between the participant(s) and the researcher. To collect information, semi-structured, one-on-one interviews were conducted between June and July 2019. De Vos et al. (2011) state that semi-structured interviews are used primarily to get a clear picture of participants' convictions about a specific topic. In addition, the study used an in-depth interview guide as a tool to collect the data required. The tool included open-ended questions which were also utilised to allow for participants' narratives, which eventually resulted in a better understanding of the participants' perceptions.

De Vos et al. (2011) assert that an audio-recorder permits for a more detailed record of the interview than notes taken during the interview. Therefore, an audio-recorder was used to record the interviews so that the researcher could listen to the recording afterwards (and could do so more than once) in order to comprehend the views and beliefs of the participants. Of course, the researcher asked for permission from the participants to record the interviews. Participants did not represent an organisation but

were interviewed in their personal capacity in a place that was convenient for both the participant and the researcher, and not in the participants' offices.

1.6.5 Data analysis

Data analysis refers to the procedure of giving order, structure and meaning to the information gathered in the empirical research process (De Vos et al., 2011). To clarify the context of this research, the researcher made use of tables to present profiles of the participants. Thematic content analysis, based on transcripts of the audio recordings, was also used.

Bryman (2012) states that thematic analysis is utilised in association with the analysis of qualitative data to refer to the abstractions of key themes in one's data. Therefore, the following steps were followed after data collection (Collis & Hussey, 2003). The first step involved converting the information collected into written form. The interviews were thus transcribed into documents, copying them word by word. The second step involved the coding process. This was where similar trends within the data were detected through words and phrases. The researcher then investigated the importance of the noticed words and phrases. The third step focused on categorising the codes into smaller categories. This is where themes and sub-themes emerged, resulting in the data being reorganised and further classified. The fourth step paid attention to giving summaries and putting the researcher's thoughts on paper. The last step then focused on generalisations that could be made on the basis of the findings. This resulted in conclusions being drawn and recommendations being formulated. This entire process is reported in Chapters 4 and 5 of the thesis.

1.6.6 Data verification

Morse, Barrett, Mayan, Olson and Spiers (2002) state that in qualitative research, verification refers to the instruments utilised in the research study in order to ensure the unwavering quality and legitimacy of the research process. De Vos et al. (2011:419) argue that credibility and authenticity, transferability, dependability and conformability must be taken into consideration when establishing the truthfulness of qualitative research. For this reason, all of the following characteristics were ensured for the study reported here: credibility and authenticity, transferability, dependability, and conformability. Each of these is briefly defined below.

- *Credibility and authenticity*

The goal of establishing credibility and authenticity is to ensure that the subject has been accurately identified and described. The researcher should question whether there is a match between the participants' views and the researcher's reconstruction and representation of them (De Vos et al., 2011). This was done through member checking on the criteria for inclusion to ensure that participants were credible for the purposes of the study.

- *Transferability*

De Vos et al. (2011) assert that transferability involves the researcher asking whether the findings of the study can be generalised from one specific situation to another. Therefore, the study's findings will be generalised to represent social workers' perceptions.

- *Dependability*

According to De Vos et al. (2011), dependability is established by the investigator asking whether the research process was logical, well documented and audited. For this study, all the transcribed data from the interviews were submitted to the supervisor for a data audit.

- *Confirmability*

De Vos et al. (2011:346) explain confirmability as an alternative to objectivity. It implies that the study's findings could be confirmed by those of other studies. Confirmability of the current study was ensured by means of literature control.

1.6.7 Ethical clearance

The study received ethical clearance from the Department of Social Work's Departmental Ethical Screening Committee (DESC) at Stellenbosch University, and from the Research Ethics Committee (REC) at Stellenbosch University. The notice of approval received from the REC, is attached as Annexure D. This study was considered a low risk study, since the participants were not asked to divulge any personal information (e.g. relating to their own sexual orientation) and were instead simply asked to share their perceptions of a role regarded as part of their profession.

No harm could thus result from the participants sharing their perceptions on their role to advocate for social justice of sexual minorities. Regardless, the following ethical issues were treated with due seriousness to ensure that no harm was caused by the study: voluntary participation, informed consent and confidentiality.

- *Voluntary Participation*

All participants in the study participated voluntarily. They were all asked to take part in the study voluntarily and were informed that they could withdraw at any time. No participants were forced to participate. All participants were also informed that they were participating in their own professional, personal capacity (i.e. not as belonging to a specific organisation). De Vos et al. (2011) maintain that research should be based on mutual trust, acceptance, cooperation, promises and well-accepted conventions and expectations between all parties involved, and this was kept in mind throughout the study.

- *Informed consent*

All participants were informed about the study and were asked to give consent to participate. Informed consent was given both verbally and in writing (on a consent form, which is attached as Annexure A). Hogg and Vaughan (2008) assert that informed consent is a method of safeguarding people's rights to participate in a research study. These authors state that people should give their consent freely, preferably in writing, to take part in the research, based on full information about what they would be consenting to participate in, and knowing that they were entirely free to withdraw from the research whenever they wished to do so, and without any questions being asked.

- *Confidentiality*

To ensure confidentiality in the study, all data gathered was kept in a safe and security coded hard drive and in a locked locker to which only the researcher had access. De Vos et al. (2011) posit that every individual has the right to privacy, and it is his or her right to decide when, where, to whom and to what extent his or her attitudes and beliefs and behaviour will be revealed. They also explain that privacy suggests personal privacy, while confidentiality refers to the handling of private information in a way that ensures that no others will have access to it. The privacy of the participants was

protected by the study not mentioning their names. In addition, the researcher maintained the confidentiality of the organisations at which the participants were employed.

1.7 LIMITATIONS OF THE STUDY

De Vos et al. (2011) identified it as imperative that researchers should be able to recognise the limitations of their study, and to write these down. Limitations that were reflected on, include the following:

- This study was qualitative in nature, thus, findings cannot be generalised.
- The sample was fairly small; however, the study still obtained a substantial amount of data for which a rich description was possible.

1.8 STRUCTURE OF THE STUDY

Layout of chapters of the thesis will be organised as follows:

Chapter 1: Research introduction.

This chapter presented the rationale, problem statement, research questions, goals and objectives of the study. It outlined ethical issues, as well as, briefly, the process of participant recruitment, data collection and data analysis. Lastly, the limitations of study were presented.

Chapter 2: First objective – Nature and types of services provided to sexual minorities in social work practice, based on advocacy theory.

This chapter includes a comprehensive representation of advocacy theory as a theoretical framework for the study, and the nature and type of services provided by social workers on micro-, mezzo- and macro- levels of intervention.

Chapter 3: Second objective – Challenges facing sexual minorities in a South African context.

The chapter presents a historical overview of policy and legislation that seek to protect same-sex relations in South Africa. In addition, the chapter presents policy and legislation concerning sexual minorities, a global and an African commitment. Furthermore, challenges faced by sexual minorities in different settings are outlined.

Chapter 4: Third objective – Social workers’ perceptions on their role to advocate for social justice of sexual minorities.

This chapter presents the data collected, as well as the findings of the study, based on these data, on the perceptions of social workers on their role to advocate for social justice of sexual minorities in South Africa. The findings are presented according to the themes identified in the study.

Chapter 5: Fourth objective – Conclusions and recommendations.

This chapter presents the conclusions drawn on the basis of the study, as well as recommendations to social workers, social training institutions, and welfare organisations where social workers are employed in South Africa.

1.9 CONCLUDING REMARKS

Based on the problem statement and the motivation for this study, as set out in this chapter, it should be clear that research is needed on the role of social workers in advocating for social justice of sexual minorities. The following chapters will conceptualise the role of social workers in advocating for social justice of sexual minorities, within the framework of advocacy theory, before turning to the study itself.

CHAPTER 2:

NATURE AND TYPES OF SERVICES PROVIDED TO SEXUAL MINORITIES BASED ON ADVOCACY THEORY

2.1 INTRODUCTION

One objective of the study reported in this thesis was to establish the nature and types of services provided to sexual minorities, based on advocacy theory. Therefore, this chapter firstly provides a comprehensive discussion of advocacy theory as the theoretical framework of the study, contextualising it within the domain of social work (sections 2.3 and 2.4). In addition, it explores the nature and types of services provided to sexual minorities through advocacy theory (section 2.5). Lastly, a brief conclusion of the chapter is provided (section 2.6).

2.2 PURPOSE OF A SCIENTIFIC THEORY

De Vos et al. (2011) and Rogers (2018) define a scientific theory as an explanation of selected aspects of the natural world that can be empirically examined. In explaining these aspects, scientists focus on careful observations, regularities and theories. The purpose of a theory is to assist with an in-depth appreciation of the world, as well as gaining and attaining reliable knowledge (De Vos et al., 2011). All theories start with a set of assumptions about humans and the world in which they live (Dale, Smith, Norlin & Chess, 2006). In this study, advocacy theory is used as a theoretical base. This standpoint will allow an understanding of the role of social workers in advocating for social justice of sexual minorities as a vulnerable group.

2.3 ADVOCACY THEORY

The concept of advocacy is regarded as a professional responsibility in social work (Schneider et al., 2013), and an important vehicle for realising social work's commitment to social justice (Chereni 2017). Undertaking advocacy is every social worker's ethical obligation in everyday practice in every area of practice (Chereni 2017). This means that, regardless of their practice setting, social workers have an ethical responsibility to advocate for vulnerable and oppressed individuals, groups and communities. In social work, vulnerable populations include children, women, elderly

people and people from minority groups. Freddolino, Moxley and Hyduk (2004) are of the view that social workers cannot lay a claim to advocacy as a practice method, and that it is instead an essential feature of contemporary practice in social work, and the ultimate goal of the profession. Furthermore, these authors indicate that the distinctiveness of advocacy lies in the efforts social workers undertake to represent clients or a cause to impact changes in decisions, particularly those that include the control of resources and thereby reduce or eliminate injustice (Freddolino et al., 2004). Therefore, the main objective of advocacy is to improve the social status of individuals who may be considered vulnerable or oppressed, by enhancing their standing in a specific social system, whether it is a community, organisation, service system, societal institution or society itself.

Donaldson and Shields (2009) define advocacy as an act of directly representing, defending, intervening, supporting or recommending a course of action on behalf of one or more individuals, groups, or communities with the goal of securing or retaining social justice. Advocacy theory is thus seen as concerned with actions of representation and speaking on behalf of vulnerable groups or individuals. According to Schneider et al. (2013), the aim of advocacy theory is to challenge structural oppression when striving for the well-being of the marginalised in societies. In addition, advocacy theory assumes an “exclusive and mutual representation of a client(s) or a cause in a forum, attempting to systematically influence decision-making in an unjust or unresponsive system” (Schneider & Lester, 2001). Thus, it is applied when speaking on behalf of the vulnerable and oppressed groups to bring about social change.

Schneider et al. (2013) list the following variables that affect the enactment of advocacy in social work: (1) system level (e.g., case or class advocacy), (2) type of service (e.g., family service or case management), (3) form of advocacy (e.g., legislative advocacy, whistle blowing or rights representation), (4) social reaction to recipients (e.g., people who are experiencing oppression and people who are considered vulnerable), (5) diagnostic category of recipients (e.g., people with a mental illness or people coping with HIV/AIDS) (Freddolino et al., 2004). Another important variable is the service system setting. For instance, some organisations specialise in advocacy; for example, rights protection organisations, which help people with developmental disabilities. Others integrate advocacy into their helping tasks, while still others leave it to the discretion of social workers to decide whether they

engage in advocacy and, if they do, to what extent. Nevertheless, social workers are obligated by ethics to engage in advocacy activities.

However, it is argued that there is no clear model that organises the important features of advocacy into a unified framework to guide the provision of advocacy under different circumstances or conditions in social work practice (Freddolino et al., 2004). Freddolino et al. (2004) state that this might be due to the fact that advocacy is not a steady practice function that social workers can take on in a homogenous way. Therefore, it is essential for social workers to comprehend that different forms of advocacy involve different conceptions of the social issue that requires advocacy. Before turning to different conceptualisations and approaches of advocacy (sections 2.2.2 and 2.2.3), a brief history of advocacy theory is in order.

2.3.1 Brief history of advocacy theory

According to Schneider et al. (2013), the term “advocacy” was established in social work in the *Proceedings of the National Conference of Charities and Corrections*, published in America in the 1887. During this period, social workers in this country targeted social legislation for children, jails, migration, courts, and the working conditions of the poor. From the late 1800s to 1914, social work advocates fought for basic human rights and social justice for the oppressed, vulnerable and displaced (Schneider et al., 2013). These included immigrants, women, children and minorities. Jane Adams and Adith Bott were amongst a few notable social workers of this era. World War I and the post-war period posed a range of challenges, and many social workers focused their efforts on humanitarianism and international peace (Schneider et al., 2013). However, the development and incorporation of psychology in social casework methods had an adverse effect on advocacy. The individual’s shortfalls became the focus of attention, and the blame for poverty and hardship was attributed to the individual, without taking into consideration the larger forces of society (Schneider et al., 2013).

Advocacy re-emerged during the Great Depression, with social workers advocating for economic relief legislation and measures such as the Temporary Emergency Relief Administration and the Federal Emergency Relief Administration (Schneider et al., 2013). After World War II, the term “advocacy” was replaced by the term “social action”, which involved concepts such as citizen participation, social change and

community organisation. During the 1960s, civil liberties, poverty and inner-city life became the main focus. This was when essential projects of President Lyndon Johnson's Great Society, such as the Job Corps, the Youth Corps, Head Start, VISTA, family planning services, neighbourhood legal services, and community health centres were established, restoring enthusiasm in advocacy practices for vulnerable and oppressed populace.

Grosser (1965) provided the principal contemporary blueprint for social work's advocate role, as adopted from the field of law. He held the view that an advocate should not be an "enabler, broker, expert consultant, guide or social therapist" but should instead be "a partisan in a social conflict" (Schneider et al., 2013). In 1969, the National Association of Social Workers (NASW) selected an Ad Hoc Committee on Advocacy to describe the term "advocacy". Components of this definition mirrored the lawyer's advocate role – "one who pleads the cause of another" – and another element proposed advocacy practice in the political environment – "one who argues for, defends, maintains, or recommends a cause or proposal" (Schneider et al., 2013).

2.3.2 Conceptualisation of advocacy in social work

Advocacy has always been an important task in social work: this profession has a long history of engaging in advocacy efforts on behalf of individuals, groups and communities (Sosin & Caulum, 1983; Brown, Livermore & Ball, 2015; Bliss, 2015; Chereni, 2017). Therefore, it is important to establish the precise meaning of advocacy in social work by examining a few definitions provided by different scholars.

Chereni (2017) asserts that advocacy is an ambiguous concept, and that this is why there are disparities in how scholars define the term. An online legal dictionary defines advocacy as an act of arguing in favour of or pleading for something (Oxford Dictionary, 2019). SEAP (Support Empower Advocate Promote) (2019) describes advocacy as a process of supporting and empowering individuals to express their views and concerns, access information and service, defend and promote their rights and responsibilities, and explore choices and options. Moreover, in all forms, advocacy seeks to ensure that individuals, particularly those who are vulnerable in communities, are able to have their voices heard on issues that are important to them. Furthermore, it seeks to make sure that these people are able to uphold and defend their rights and have their views and wishes genuinely considered when making decisions about their

lives. Obar, Zube and Lampe (2012) posit that the term “advocacy” goes beyond the idea of advocating for, championing or supporting a particular point of view or a cause. The authors maintain that the concept implies a systematic effort by actors who aim to achieve a specific policy goal.

Schneider et al. (2013) maintain that advocacy refers to all kinds of social action, without any distinguishing or specific characteristics of its own and it involves a person(s), either a vulnerable individual or group or their agreed representative, effectively pressing their case with influential others, about situations which either affect them directly or, and more usually, trying to prevent proposed changes which will leave them worse off. Both the intent and outcome of such advocacy should be to increase the individual’s sense of power, and to help them feel more confident, become more assertive, and gain increased choices. The above notions of advocacy have a common purpose, namely, to bring about change in the lives of vulnerable individuals. Donaldson and Shields (2009) define advocacy as an act of directly representing, defending, intervening, supporting, or recommending a course of action on behalf of one or more individuals, groups, or communities with the goal of securing or retaining social justice.

Similarly, Schneider and Lester (2001) propose that social work advocacy is the exclusive and mutual representation of a client(s) or a cause in a forum, attempting to systematically influence decision-making in an unjust or unresponsive system. To clarify this definition of “social work advocacy”, Schneider et al. (2013) provide definitions for each of the key words. Given the centrality of the concept of ‘social work advocacy’ to the study reported in this thesis, the key word definitions are summarised below.

“Exclusive” means that the relationship between the client and the advocate is singular, unique, prioritised only on the client, mainly responsible to the client and focused on the needs of the client.

“Mutual” means that the relationship between the client and the advocate is shared, interdependent, joint, and equal, in that they share ideas and plan together, proceeding in an agreed-upon direction. The term “mutual” also includes the idea of empowerment, that not only enables the clients to carry out an activity, but also motivates them and teaches them the skills necessary to interact with the environment.

“Representation” means that the advocate uses the actions of speaking, writing or acting on behalf of another, communicating or expressing the concerns of a client, standing up for another person or group, and serving as an agent or proxy for another.

A **“client”** may be an individual person, small or large groups, a community association, an ethnic population, individuals with common concerns, or other loosely or tightly knit organizations. The client(s) is not deduced to certain sizes or numbers.

A **“cause”** is generally a condition or problem affecting a collection of individuals or a class of people with comparable concerns. They maintain that the circumstances of an individual may be the basis for a larger group needing the same remedy. An example may be advocating for the rights for all domestic abuse victims, not just one client.

A **“forum”** is any assembly organised to settle disputes or to discuss issues, regulations, rules, public matters, laws or differing opinions. Examples are public hearings, legislative committees, agency board meetings, and supervisory sessions. Two features are usually present: (1) a set of specific procedures to guide the conduct of the participants, and (2) a decision-making mechanism.

“Systematically” alludes to the fact that the advocate uses his/her knowledge and skills in a planned, orderly manner, examining the circumstances and conditions before deciding how to proceed.

“Influence” refers to an advocate’s attempts to modify, change, affect, act on, or alter the decisions of another person or group with the authority or power over resources or policies that impinge upon a client(s). Some “influential” activities are organising client groups, forming coalitions, educating the public, contacting public officials and legislators, giving testimony, and appealing to review boards (Hepworth, Rooney, Dewberry-Rooney, Strom-Gottfried & Larsen, 2006). Schneider et al. (2013) assert that the following are actions that need to be taken to ensure influence: (1) identify the issues and set goals, (2) get the facts, (3) plan strategies and tactics, (4) supply leadership, (5) get to know decision makers and their staff, (6) broaden the base of support, (7) be persistent, and (8) evaluate your advocacy effort.

“Decision-making” refers to the inferences, judgments or actions of those who are authorised to allocate resources, define benefits and determine eligibility and access

to services, adjudicate grievances, establish appeals, or make a policy for a government or an agency.

The term “**unjust**” refers to an action, stance, institution, regulation, procedure, or decision that is not in concurrence with the law or the principles of justice. It indicates that fairness, equity, lawfulness, justice, and righteousness are absent to some degree.

“**Unresponsive**” refers to persons or institutions that fail to reply, acknowledge, correspond, or answer enquiries, requests, petitions, demands, questions, letters, communiqués, or requests for appointments in a timely fashion, if at all.

“**System(s)**” refers to organised agencies, designed and authorised to provide services to eligible persons, enforce laws and judgments, and be responsible for key areas of a society’s allocation of resources. Examples are the criminal justice system, the mental health system, the legislative system, the welfare system, the health care system, and the transportation system (Schneider et al., 2013).

Both the definitions provided by Donaldson and Shields (2009) and Schneider and Lester (2001) are applicable to the study; however, for purpose of this thesis, Chibonore and Chikadzi (2017)’s definition of advocacy is probably the most relevant: they define advocacy as the practice of fighting for social justice and the universal well-being of vulnerable people in communities, with advocacy thus providing a platform for social workers to connect their practice efforts to the profession’s aim of social justice (cf. also McLaughlin, 2009). The importance of Schneider and Lester’s (2001) definition for the purpose of this thesis lies in its (1) providing an explicit view of how social workers advocate for vulnerable groups, and (2) unpacking the type of relationship a social work advocate has with the client, group or community for which they are advocating.

2.4 APPROACHES OF ADVOCACY

Many scholars concur that in social work, there are two main approaches of advocacy, namely, case advocacy and cause advocacy (Dalrymple & Boylan, 2013; Bliss, 2015; Chibonore, & Chikadzi, 2017; McLaughlin, 2009). This section discusses these two approaches in some detail.

2.4.1 Case Advocacy

According to Chibonore and Chikadzi (2017), case advocacy involves representing or speaking for or on behalf of a person and is centred around the representation of clients on a case to case basis instead of advocating for a substantial fragment of a populace. It is therefore situation- or case- and individual-based. The approach can be characterised as a micro-level endeavour that benefits an individual and conceivably a couple of individuals and organisations directly associated with the individual. Furthermore, as in all advocacy efforts, case advocacy should not only consist of social workers representing clients but should also be a participatory and empowering process in which the client is assisted and capacitated to be actively involved in the change process (Chibonore & Chikadzi, 2017). Consequently, this enables clients to take initiative in future and to fight for themselves without the involvement of social workers. Although this may not generally be conceivable, depending on the context, the aim of social workers should be to strengthen the voices of people so that they can speak for themselves.

Similar thinking is adopted by Chereni (2017), who observes that case advocacy aims to ensure a sustained supply of benefits to individuals, families and small groups of persons, as prescribed in legislation, policies and programmes, especially when benefits are perceived by recipients as inaccessible and inappropriate. Furthermore, Dalrymple and Boylan (2013) note that this approach to advocacy is focused on a person(s) or small groups, such as family, in a task centred way, and is thus likely to be a part of social workers' everyday practices (Dalrymple & Boylan, 2013).

2.4.2 Cause Advocacy

Cause advocacy, on the other hand, involves a process where people work together to effect change in policy practices and laws that affect all individuals in a specific group or class (Chibonore & Chikadzi, 2017; Dalrymple and Boylan, 2013; McLaughlin, 2009). It is also referred to as social advocacy or class advocacy. This approach to advocacy involves the formation of pressure groups consisting of many stakeholders who come together to push for change that benefits a wider society (Chibonore & Chikadzi, 2017). This is seen as a macro-level effort. The aim of this approach is to advance the cause of a group in order to establish a right or entitlement

to a resource or opportunity, for example, advocating for free access to healthcare for all children below the age of 18 years.

2.4.3 Forms of advocacy

McLaughlin (2009) identified three primary forms of advocacy: instrumental advocacy, educational advocacy and practical advocacy. In addition, Freddolino et al. (2004) proposed four secondary forms of advocacy that social workers can undertake to achieve social justice for their clients: protecting the vulnerable, creating support to enhance functioning, fostering identity and control, and protecting and advancing claims or appeals. Each of these primary and secondary forms of advocacy is described below.

2.4.3.1 Instrumental advocacy

Instrumental advocacy involves specific actions taken by social workers on behalf of clients, in cases where clients may not be able to undertake direct actions by themselves due to their marginalised status or as a result of a specific challenge that they face. Like cause advocacy, instrumental advocacy includes engaging with other systems to secure rights and resources (Moxley and Hyduk, 2004).

2.4.3.2 Educational advocacy

Educational advocacy includes improving awareness of social justice issues, rights, needs, and opportunities, not only for clients but also for colleagues or the general public. It involves endeavours that social workers undertake on behalf of an individual or a group with the aim of influencing others in the direction of social justice (Moxley & Hulk, 2004). With reference to the current study, social workers can undertake this type of advocacy by educating other stakeholders and the community at large about sexual minorities. For example, they can educate the families of sexual minorities so that they can have a better understanding about the sexual orientation of their family members, in order to enhance social justice. Social workers can, within their specific practice settings, undertake this type of advocacy through different methods of intervention, especially through groups and community work. In so doing, social workers shift the attention of others away from the problem focus of classification towards a more human understanding of the individual or group and their specific needs.

Moxley and Hyduk (2004) assert that educational advocacy also includes teaching clients about their own rights within the system, so that they can access systems and institutions in better ways that they might not have imagined themselves. This form of advocacy views knowledge as power and empowerment as informed decision-making. Thus, educating clients about their rights is part of empowerment and leads to people making informed decisions.

2.4.3.3 Practical advocacy

In clinical social work, practical advocacy involves helping clients in different ways, from assisting clients with an application for funding to accompanying them to appeals or interviews, and sometimes much more (Moxley & Hulk, 2004). In clinical social work, for example, social workers sometimes take an active role in accompanying patients with mental illness to an interview in order to ensure that they are heard and understood properly. This is because they are a vulnerable group and therefore often get overwhelmed by the large number of questions or by questions that they cannot answer. Thus, social workers are there to rephrase questions for them and to ensure that their answers come across accurately, especially because they often do not have the confidence and skills to present themselves well during an interview. Arguably, the same should be done for people from sexual minorities, especially when they have been victimised and have to open a case at the police station.

Social workers can also accompany sexual minorities to appeal or speak on their behalf, to ensure that they receive justice, especially when they have experienced victimisation. The secondary forms of advocacy are discussed in the sections below.

2.4.3.4 Protecting the vulnerable

Freddolino et al. (2004) posit that practices seeking to connect advocacy to social work involve the protection of members of the vulnerable populations and the advancement of persons who form part of these groups. To this end, the authors provide a conceptualisation of vulnerability in social work based on two dimensions, namely, environmental resources and personal resources. The first dimension includes the support, opportunities and resources a community or group provides to persons, and the second dimension involves the ability of individuals to care for themselves and to be involved in self-direction. Therefore, persons with fewer personal and environmental resources are highly vulnerable and are likely to benefit from someone

willing to advocate for them (Freddolino et al., 2004). Such people's ability to care for themselves and the support available to them is reduced, which means that the conditions to which they are exposed are likely to yield negative results, bad outcomes or even physical damage.

It should thus be clear that, in this form of advocacy, social workers not only speak on behalf of sexual minorities, but also gather the resources needed to protect them and to improve their safety and well-being (Freddolino et al., 2004). In the context of this study, sexual minorities require social support from their family members. Therefore, social workers undertaking this type of advocacy would need to establish this support for their clients to enhance their emotional safety and well-being. This form of advocacy is prevalent in systems of guardianship, rights protection, and case management in which social workers have strong authority to oversee the care and treatment of vulnerable people (Freddolino et al., 2004). Moreover, in this form of advocacy, social workers aim to protect sexual minorities from physical, emotional and other forms of abuse, as well as from systems that could depersonalise them (Freddolino et al., 2004).

2.4.3.5 Creating support to enhance functioning

This form of advocacy emphasises the development of effective support systems or services in partnership with the client. Social workers practising this form of advocacy recognise the important connection between support systems and the way people function (Freddolino et al., 2004). This means that they acknowledge the impact or the influence those systems can have on the functioning of individuals, and that people can be highly vulnerable if these support systems are not available. This is especially concerning if service systems fail to understand the wide range of social support people require to function effectively. A primary principle of social work in this advocacy is that functioning is best achieved through a good link between what a person needs and the relevant support required to meet these needs.

The objective of this type of advocacy is to lessen vulnerability by increasing support (Freddolino et al., 2004). In contrast to the previous form of advocacy that places emphasis on the protection of sexual minorities, this form of advocacy highlights environmental intervention, mostly in the form of the innovative development of high-quality services and support (Freddolino et al., 2004). Furthermore, a social worker

practising this type of advocacy demands service improvement or requires a service system to increase the quality of care by investing more resources in supporting a specific individual or a group of people.

This form of advocacy includes social workers' endeavours to advance, improve or extend environmental support that comes in the form of concrete services, such as in-home support, facilitation of community mobility, emotional sustenance and supportive forms of decision-making and problem-solving. In addition, advocacy also seeks to strengthen the voice of clients in service systems that typically value the view of a professional over that of a client (Freddolino et al., 2004).

2.4.3.6 Fostering identity and control

Forces of oppression may work against people who have social, physical or biological attributes that the society at large does not value or even seeks to devalue (Freddolino et al., 2004). Such devaluation manifests as a stigma and may result in discrimination and dehumanisation. Therefore, this type of advocacy – fostering identity and control – happens when individuals pursue control over their lives, and when social workers support, in the current study's case, sexual minorities in a way that produces satisfaction as defined by these sexual minorities. There are various ways to foster identity and control. Ironically, a primary way is by facilitating a positive segregation and withdrawal from the larger society to allow individuals or groups to find their own way, forming groups and establishing their own community life (Freddolino et al., 2004).

When advocating in this form, social workers focus their efforts on helping sexual minorities to identify and celebrate their uniqueness as cultural strengths, and to allow for meaningful relationships within those groups. Freddolino et al. (2004) explain that individuals in the disability rights movement desire this kind of self-identity and control, just like war veterans and those in the gay and lesbian movements. The authors state that this form of advocacy may lead to the establishment of indigenous organisations that represent, and are controlled by, oppressed members of the broader society who bond together under the banner of their own values, signs and sentiments.

2.4.3.7 Protecting and advancing claims or appeals

This form of advocacy – protecting and advancing claims or appeals – is more legal and bureaucratic. Those who receive this form of advocacy, have substantive and procedural rights that they can exercise as liberated citizens (Freddolino et al., 2004). For instance, sexual minorities have constitutional rights in South Africa, as discussed in the previous chapter. However, exercising these rights is not simple, especially given the challenges that sexual minorities are confronted with, and even with the constitution on their side, minorities might be faced with severe restrictions.

The section below discusses the nature and types of services that are provided to sexual minorities based on advocacy theory.

2.5 NATURE AND TYPE OF SERVICES PROVIDED BY SOCIAL WORKERS IN ADVOCACY THEORY

The term “social services”, also referred to as “welfare services”, alludes to a range of public and private services provided to disadvantaged, distressed and vulnerable individuals or groups in order to enhance their wellbeing (Pinker, 2019). Sexual minorities form part of vulnerable groups, and are, therefore, entitled to social services, including those offered by social workers. It is important to note that social workers’ service rendering to sexual minorities is guided by policy documents. These documents are rooted in the Constitution of South Africa (RSA, 1996), with cognisance of the fact that sexual minorities have the same human rights as any other member of the population, by virtue of their humanity. The documents include, but are not limited to, the Integrated Service Delivery Model (ISDM) (RSA, 2006).

The ISDM and the Constitution create a framework for the rendering of services to sexual minorities. The main objective of the ISDM is to establish a complete national framework, including the nature, scope, extent and level of social services and serving as a basis for developing norms and standards for service delivery (RSA, 2006). In addition, the ISDM notes a paradigm shift to a developmental approach to service rendering, which holds the view that a person is the master of their own destiny. Thus, the emphasis is on the empowerment of vulnerable individuals, groups and communities, which includes sexual minorities, and the provision of improved services to these individuals/groups/communities.

It is at this point that the need for social workers to strive for the social justice of sexual minorities becomes apparent. Hence, self-reliance is emphasised as the connectedness of people with one another within their environment in ways that make them more effective in their personal and collective efforts towards a better life, developing leadership, decision-making and planning, amongst other things. This idea is similar to creating support to enhance functioning, a form of advocacy that realises the connection between people and their environment to enhance functioning (cf. section 2.3.3.5).

Therefore, social workers providing social services to sexual minorities in advocacy theory need to create supportive environments for people to develop self-reliance. In addition, as explained earlier, advocacy also involves educating clients and making them aware of their human rights. Social workers practising in advocacy theory could, for example, educate their client systems to be accepting of sexual minorities in order to enhance the connection between people and their environments.

To this end, the ISDM (RSA, 2006) highlights that, amongst other social service professions, social work is a key role player in addressing the developmental needs of South African societies. This ties in with the notion that social workers take a holistic approach in their service rendering to sexual minorities and to their client system at large. Furthermore, the ISDM (RSA, 2006) emphasises that the developmental paradigm is based on, but is not limited to, the importance of social processes that bring about change in relationships so that the vulnerable and marginalised can gain control over their lives, and have access to and control of the relevant resources. This concurs with the definition of advocacy provided by SEAP (2019) as a process of supporting and empowering people to express their views and concerns, to have access to information and services, to defend and promote their rights and responsibilities, and to explore choices and options.

The ISDM (RSA, 2006) makes provision for the development of social welfare services which are aimed at improving social functioning on various levels, in order to promote the optimal functioning of their clients, including sexual minorities who enter the system at any point. Consequently, social workers provide services on three levels of intervention with individuals, groups and communities, namely, at the micro-, mezzo-, and macro-level (Ebue, Uche & Agha, 2017). The following section discusses the

nature and types of services provided to sexual minorities at each level of intervention in social work practice.

2.5.1 Micro-level

At the micro-level of intervention, social workers provide direct services to individual members of sexual minority groups, couples and families of sexual minorities (Hepworth et al., 2013; Ebue et al., 2017). In addition, at this level, social workers engage with individuals, couples and families to solve problems. Thus, at the essence of social work service provision to sexual minorities at this level is engaging deeply, directly and extensively for the purpose of facilitating change in individual behaviour or relationships (Ebue et al., 2017). In advocacy theory, this claim is consistent with the case advocacy approach, which Chibonore and Chikadzi (2017) characterised as a micro-level effort that benefits a person and a few people who are directly involved in the individual's life.

Although the nature of the services provided at this level is that they are focused on creating changes in individual, familial and interpersonal functioning, social workers advocating for sexual minorities do not necessarily focus all their efforts on changing individuals themselves. Instead, they target change in other systems, as well, including changes in the social and physical environment to facilitate improvement in the social functioning of sexual minorities within their families (Ebue et al., 2017). Therefore, social workers practising within the advocacy theory at this level educate families to become more accepting of their family members' sexual orientation. Thus, the type of services that are provided at this level within advocacy theory, and particularly through the educational form of advocacy, include, but are not limited to, therapeutic services, which involves both counselling and educational services. These two types of micro-level services are briefly discussed before moving on to mezzo-level services.

2.5.1.1 Counselling services

Strydom (2012) asserts that family support services, such as counselling, must be made available to families experiencing problems that impair their stability. Counselling is defined as a process where a person is helped to behave in a more rewarding manner. As a process, counselling happens over a period of time and involves the promotion of healing, comfort, clarification and reconciliation (Ellison and Maynard, 2002). Social workers providing counselling services through the use of

advocacy theory may have to utilise the instrumental form of advocacy. Recall that this form of advocacy is applicable where clients cannot speak for themselves because of their marginalised status. Sexual minorities often experience extreme emotions and even suicidal thoughts if their family members react negatively upon finding out that they are lesbian, gay or bisexual.

This experience may create identity confusion and feelings of worthlessness in some LGBTQ clients. Consistent with this assertion, Roe (2017) notes that it is concerning that many LGBTQ youth are not raised in supportive home environments, as coming out at a younger age has been associated with such youth being more comfortable with their sexual identity. Therefore, social workers employing instrumental advocacy through counselling clients, may assist clients in dealing with their own feelings of distress and confusion because of family rejection, and help them towards healing. The social worker can then also help the family to deal with their feelings. Roe (2017) reveals that family members, especially parents, often react with anger and disappointment and that some choose to ignore the disclosure that their family members to being part of a sexual minority group (cf. also Savin-Williams, 1994; D'Augelli et al., 1998). Therefore, it is important that social workers provide counselling services to the family of sexual minorities, as well. Through the provision of counselling services, social workers can help sexual minorities to become more accepting of themselves and their families.

2.5.1.2 Educational services

One of the roles that social workers play in their service rendering to clients across different practice settings, involves the provision of educational services. According to Engelbrecht (1999), this role involves developing the skills of systems through the provision of relevant information, giving advice, identifying and modelling an alternative behaviour pattern and their consequences, teaching problem-solving techniques and clarifying perceptions. To this end, Lens and Gibelman (2000) assert that educating is one of the advocacy interventions that social workers can employ to achieve change in socio-economic conditions that threaten the well-being of their clients.

Educational advocacy involves improving the awareness of social justice issues, rights, needs and opportunities, not only for sexual minorities, but also to the general

public. Thus, social workers rendering this type of service through this form of advocacy can educate parents and family members at large about, for example, homosexuality in order to improve the family's awareness. In addition, they could teach their clients about their rights and make the family aware of these rights to improve the family's understanding. Social workers could teach families the necessary communication skills needed to express their feelings of shock, anger and/or disappointment towards their gay, lesbian, or transgendered members, without rejecting them or making them feel as if they are a disgrace to the family. They could teach the family to identify and model alternative ways in which to react to their family member's disclosure of their sexual orientation.

2.5.2 Mezzo-level

The nature of services at the mezzo-level is concerned with small to medium sized groups, and the focus is on connectedness between the micro-level and the client's environment (Ebue et al., 2017). It thus involves a set of micro-systems in association with one another (De Vries, 2012). If there is congruence between how the family and the community view homosexuality and same-sex relations (i.e., both the family and the community having a positive view), optimal functioning can be achieved for sexual minorities. If the level of stigma can be decreased, this will, in turn, impact the level of marginalisation and violence that sexual minorities are confronted with in society. Social workers advocating for the social justice of sexual minorities at this level, using advocacy theory, could provide awareness services to communities. The types of possible services at this level include referral services and social support services, as explained below.

2.5.2.1 Referral services (brokering)

According to Lens and Gibelman (2000), brokering is another type of advocacy intervention that social workers employ. It involves assisting sexual minorities in locating resources that are available within their communities, as well as bringing together various groups within the community in order to promote mutual interests (Engelbrecht, 1999). Hepworth et al. (2013) affirm that social workers must have full knowledge of the relevant community resources in order to make appropriate referrals. In the context of the current study, social workers should understand and be aware of community resources that may be helpful to fulfil the needs of sexual minorities and

they should ensure fair access to these services for their clients. Clients may require services that are not provided by a certain social agency and may lack knowledge or proficiency in the use of other available resources (Hepworth et al., 2013). Social workers can then link people with other resources or refer them to other professionals who can assist them regarding their needs. For instance, social workers may refer clients who have been sexually abused to the police station to open a case, and if they do not receive fair treatment from the police officers, social workers using the advocacy theory would then accompany clients for the purpose of representing them and advocating that their clients be treated fairly and with dignity and respect.

2.5.2.2 Social support

Seeman (2008) states that social support refers to certain types of support that people can receive and is classified into two, and sometimes three, main categories, namely, emotional, instrumental and, sometimes, informational support. Rios and Eaton (2016) define social support as assistance that people receive from family, friends, neighbours and others, and state that it may include social embeddedness, enacted support and perceived support. In the context of the current study, social workers rendering services to sexual minorities through the advocacy theory, particularly using the instrumental form of advocacy, can assist these groups in engaging with other systems to secure rights and resources. They can also ensure the social embeddedness of sexual minorities within their communities by facilitating connections among members of sexual minorities, with the aim of providing a safe space for members to receive emotional support from one another. In so doing, social workers would be employing the form of advocacy referred to as protecting the vulnerable, which, as explained earlier (cf. section 2.3.3.4), is concerned with individual functioning and aims to protect the individual from situations that could depersonalise them.

By facilitating groups with sexual minorities, social workers could establish social support for these groups. Within the groups, social workers could empower and equip sexual minorities with skills that are needed to enhance optimal functioning within the broader society. These include teaching sexual minorities how to communicate with their family members in order for families to understand their feelings and how they would like to be treated within their homes.

2.5.3 Macro-level

The macro-level of social services involves service rendering in a larger society, which sexual minorities are part of and is influenced by on a larger scale. This comprises legal rules and policy regulations with regards to sexual minorities. At the macro-level, social workers using cause advocacy can impact change by mobilising people to come together to influence policies regarding sexual minorities. This may include social workers, together with other stakeholders advocating for a strengthening of sexual minorities' rights. Lens and Gibelman (2000) assert that cause advocacy at macro-level refers to interventions aimed at changing the environment on behalf of a large number of clients in comparable conditions. It involves a variety of activities in the political domain. In advocating for sexual minorities on a macro-level, social workers could be involved in policy reforms in order to fight societal discrimination against these minorities.

Macro-level practice in social work includes the process of social planning and community organisation that is aimed at bringing about change in communities and in policy arenas (Hepworth et al., 2013; Ebue et al., 2017). Therefore, it is at this level of practice that social workers advocate for vulnerable groups in societies, because macro-level practices include advocacy practices (Hepworth et al., 2013). Netting, Kettner, McMurtry and Thomas (2016) argue that social workers are valuable to policy level discussions as they are directly involved with people in communities and can, therefore, see first-hand how policy influences the everyday lives of the people they work with. The involvement of social workers in policy reforms is thus of the utmost importance in advocating for the social justice of sexual minorities.

The nature of services provided to sexual minorities at this level of service rendering in social work, recognises how complex issues affect diverse communities differently (Reisch, 2016). For this reason, services at this level take a collective and collaborative approach that seeks to create purposive change on behalf of sexual minorities. Social workers providing services to sexual minorities through the cause advocacy approach, can thus collaborate and form social action groups that can fight for the strengthening of sexual minority rights and their legal protection against violence and discrimination.

2.6 CONCLUSION

In conclusion, this chapter presented a thorough discussion of advocacy theory, starting with the origin of advocacy in social work, where social workers who were prominent in advocacy practices at the time and the context in which they practised advocacy, were briefly described. The chapter then presented the main advocacy approaches, namely, case and cause advocacy, to demonstrate an in-depth understanding of advocacy theory and how social workers advocating for sexual minorities undertake advocacy practices using these approaches. Furthermore, the chapter discussed particular forms of advocacy that social workers can employ in practice in advocating for sexual minorities. Lastly, the chapter discussed the nature and types of services provided by social workers in advocacy theory.

The following chapter explores the challenges that sexual minorities face in different settings in a South African context. These challenges are presented with reference to particular policies and legislation concerning sexual minorities. The chapter presents a global and an African view on policy and legislation concerning sexual minorities and discusses the challenges that sexual minorities continue to face in South Africa, regardless of such policies.

CHAPTER 3: CHALLENGES FACING SEXUAL MINORITIES IN SOUTH AFRICA

3.1 INTRODUCTION

The aim of this study was to investigate the perceptions of social workers on their role to advocate for social justice of sexual minorities. In order to do this, though, it was necessary to investigate the challenges facing sexual minority groups in various settings within a South African context, as this would provide an indication of what exactly social workers needed to advocate for in this specific context. Firstly, a historical overview of the legalisation of same-sex relationships in South Africa is presented (section 3.2). Secondly, a brief overview is offered of policy and legislation concerning sexual minorities (section 3.3). Thirdly, the chapter presents and discusses the challenges facing sexual minorities in different settings in the country (section 3.4). Finally, a brief conclusion of the chapter is provided (section 3.5).

3.2 HISTORICAL OVERVIEW OF THE LEGISLATION OF SAME-SEX RELATIONSHIPS IN SOUTH AFRICA

Before the dawn of democracy in South Africa (around 1994), the country was characterised by systems of racial discrimination and segregation (Mapadimeng, 2013). It is argued that apartheid can be traced back to the early days of white colonial settlement and that it was fully consolidated in the 1950s through the development of a formalised and institutionalised apartheid system (Mapadimeng, 2013; Vincent & Camminga, 2009). Legal and political powers became stronger, and most discriminatory laws were passed during the reign of the apartheid system. Furthermore, the apartheid system was categorised by the systematic exclusion and institutionalised marginalisation of black South Africans. The segregation was also based on isolation and exclusion to access economic and political rights. Therefore, this segregation created racial and ethnic divisions through the separate development of policies. However, this was not without opposition and, therefore, prompted a national struggle for freedom aimed at ending the apartheid system (Mapadimeng, 2013).

During this period, sexual minorities were kept in the sight of direct state surveillance, control and manipulation (Vincent & Camminga, 2009). This meant that sexual minorities were not allowed the freedom to express their sexual identity. The legal establishments exerted power over sexual minorities that was based on narrow heteronormative assumptions (Vincent & Camminga, 2009). This pertains to the way marriage was defined in South Africa at the time as a voluntary union for life between one man and one woman, a definition that reflects principles of monogamy and heterosexuality, which are, in turn, notions of Christian convictions (De Ru, 2013). This suggests that religion, particularly Christianity, played a significant role in the recognition, and/or lack thereof, of same-sex relationships at the time. In light of marriage being characterised within Christianity, any sort of acknowledgment of same-sex associations was illegal in South Africa, and sexual relations between people of the same sex were described as deviant and as criminal conduct (De Ru, 2013).

Aligned with the above notion, Fassinger (1991) posits that throughout history, religious perspectives influenced legal codes which have also been, to a great extent, hostile to gay people. Before democracy in South Africa, the Westminster system of government was in place. This was a system of rules and procedures that allowed the legislature to carry out its business without the interference of the court of law. This meant that the official courtrooms did not have the ability to scrutinise the lawfulness of parliamentary enactment; courts needed to execute Acts of Parliament, not address them. This parliamentary power directly affected the customary disposition towards marriage (De Ru, 2013).

Furthermore, Vincent and Camminga (2009) argue that sexual relations were a focal point of attention for apartheid law-makers, which means that the state regulated sexual relationships between people at the time. Also, the government exercised a sense of control over people's lives. This is evident in the enactment of the Prohibition of Mixed Marriages Act no.55 of 1949, which was amongst the first legislation to be enacted during apartheid (Vincent & Camminga, 2009; Richardson, 2000). The act prohibited marriage across racial boundaries, preventing people from marrying someone of a different race, which, in turn, took away people's right to marry whichever person they wanted. Marriage across racial groups was thus unlawful in South Africa. This was enforced through the enactment of the Immorality Act, which attempted to ban all sexual relations across racial boundaries (the emphasis being on

the colour of one's skin) (Vincent & Camminga, 2009). In addition, the act allowed the state to interfere in the most private parts of individuals' lives, invading homes and bedrooms, seizing underwear as proof, and capturing couples having intercourse. Furthermore, the enactment of the Immorality Act criminalised any act by a male person with another male person which is intended to stimulate sexual desire, or to give sexual satisfaction (Vincent & Camminga, 2009). Therefore, like black South Africans, sexual minorities claimed to be facing a similar struggle under the apartheid system and thus sexual minority struggles were politicised (Croucher, 2002; De Ru, 2013).

Consequently, in the 1980s, sexual minorities developed movements to fight against discrimination. The Gay Association of South Africa (GASA) was the first organisation that was established to fight discrimination against sexual minorities, in Johannesburg in 1982 (De Ru, 2013). De Ru (2013) notes that the function of this organisation was to serve as a social meeting place for white middle-class gay men, and, in the beginning, it was not aligned with the anti-apartheid struggle against racial discrimination. GASA was thus not part of the broader political movement fighting against marginalisation. However, this changed when the organisation was involved in the isolation of groups sympathetic to anti-apartheid movements (Croucher, 2002; De Ru, 2013). This was lethal for GASA, and hence prompted its dismissal from the International Lesbian and Gay Alliance (ILGA).

Due to the increased politicisation of sexual minorities in South Africa at the time, Lesbians and Gays against Oppression (LAGO) was established in Cape Town in 1986 (Christiansen, 1999). LAGO was the primary gay and lesbian association, with a direct link to anti-apartheid groups (De Ru, 2013). Furthermore, in 1988 a gay apartheid activist, Simon Nkoli, established the first mass-based black gay and lesbian organisation, the Gay and Lesbian Organisation of the Witwatersrand (GLOW) (Louw, 1997). This organisation dedicated itself to a "non-racist, non-sexist, and non-discriminatory democratic future" (Louw, 1997). Nkoli argued that the fights against homophobia and racism were indivisible. He stated that: "I'm fighting for the abolition of apartheid, and I fight for the right of freedom of sexual orientation. These are indistinguishably linked with each other. I cannot be free as a black man if I am not free as a gay man" (Nkoli, 1995).

GLOW was followed by the founding of the Western Cape Organisation of Lesbian and Gay Activists (OLGA), which later replaced LAGO. De Ru (2013) notes that although this was mainly a white dominated movement, the organisation did align itself with the broader liberation struggles and was led by anti-apartheid activists. He also notes that OLGA was affiliated with the leading organisation in the struggle for democracy, namely the United Democratic Front (UDF), a broad-based political alliance aligned with the African National Congress (ANC).

These movements formed political associations with anti-apartheid organisations and maintained that their struggles were inseparable from those of people being oppressed by the apartheid regime (De Ru, 2013). Sexual minorities, at the time, recognised and acknowledged the unfair treatment of minorities at the hands of the apartheid government. Also, they realised how their struggles fit within the national struggle of the time, and thus decided to fight for their freedom. Therefore, it can be argued that if sexual minorities had not formed political alliances and aligned their movements with the broad national struggles that black South Africans were facing at the time, they would not have been successful in their fight for freedom against discrimination. Thus, De Ru (2013) is of the view that the gay and lesbian movement was ultimately successful because its leaders were fortunate and wise enough to present their struggle as part of a broader struggle against oppression by the apartheid state.

In 1994, apartheid was abolished in South Africa, and with the introduction of the new constitution's Act 108 of 1996, the country's exclusion of sexual minorities from legal recognition was banished (De Ru, 2013). The abolishment of apartheid provided an opportunity for sexual minorities to challenge religious and ideological authorities that had an influence on South African legislation at the time. The political alliances that sexual minorities had joined in order to fight for freedom, prompted the inclusion of an act against discrimination based on sexual orientation in the constitution. This is evident in the enactment of an Interim Constitution, and later a transformative Constitution, which, in articles 9(1) and (3), makes direct reference to sexual orientation as a protected ground for non-discrimination (Ambani, 2017). However, various scholars maintain that even though South Africa included a sexual minority protection clause in its constitution, a lot still needs to be done to ensure the implementation of this within society (De Vos, 2015; Jacques, 2013).

3.3 POLICY AND LEGISLATION

The aim of this section is to present the global, as well as the Southern African, commitment and legislation to the rights of sexual minorities.

3.3.1 Global legislation and commitment to rights of sexual minorities

Globally, sexual minority groups are striving for protection against discrimination in societies. To comprehend the global legal situation of sexual minorities, it is necessary to view this from the perspective of human rights. Narayan (2006) and Wilets (1994) maintain that the United Nations (UN) has been functioning as an instrument of international human rights protection since the end of World War II. International human rights agreements and instruments are very clear in the applicability of their provisions and protection of all people, regardless of any status (Wilets, 1994; Narayan, 2006). Human rights are said to be inalienably due to all human beings, i.e., all persons are entitled to human rights by virtue of being human, and therefore human rights cannot be taken away from anybody (Marks, 2006). Supporting this view, Marks (2006) notes that denying any group of individuals their human rights is denying them their humanity.

The Universal Declaration of Human Rights is evident of the protection afforded to sexual minorities, simply by virtue of being human. This policy document is discussed below.

Universal Declaration of Human Rights

The Universal Declaration of Human Rights (UDHR) was accepted by the UN General Assembly on the 10th of December in the year 1948 at Palais de Chaillot in Paris (Mittelstaedt, 2008). The experiences of the preceding world wars led to the adoption of this declaration, and its purpose was to bring peace to all countries around the world (Mittelstaedt, 2008). Article 1 of the UDHR states that all human beings are born free and equal in dignity and rights and demands equal treatment for everyone. Article 2 guarantees everyone the rights and freedoms enshrined in this declaration, without distinction of any kind, in terms of race, colour, sexual orientation, language, religion, political or other opinion, national or social origin, property, birth or other status. This declaration therefore suggests that, due to their status as human beings, sexual

minorities are entitled to enjoy the same fundamental rights and freedom as other human beings.

Mittelstaedt (2008) notes that the UDHR is not a treaty, and therefore it is not legally binding. This means that the declaration cannot place a direct legal obligation on countries to implement or put in place measures or laws protecting sexual minorities in their countries. Arguably, this could be a contributing factor to the countries that do not have policies in place to protect sexual minorities against discrimination. In addition, it is deplorable to note that the declaration was adopted to bring peace in countries around the world, yet there are some countries that criminalise same-sex relations.

Although countries are not legally bound to act in accordance with the declaration, it does serve as an expression of the fundamental values shared by all members of the international community (Mittelstaedt, 2008). In addition, it is argued that the UDHR led to legally binding agreements to countries who signed them. These include the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), which will be discussed below.

International Covenant on Civil and Political Rights (ICCPR)

The ICCPR is an international human rights policy, adopted by the UN in 1966. It is one of the two treaties that give legal force to the UDHR (the other being the ICESCR, referred to above). The ICCPR obligates the countries who signed it to protect and respect the civil and political rights of individuals. The rights enshrined in this document are essential to allowing people to enjoy a wide range of human rights, including those relating to freedom from torture and other cruel, inhuman or degrading treatment or punishment. Article 2.1 of ICCPR states that:

Each state party to the present covenant undertakes to respect and to ensure to all individuals within his territory and subject to its jurisdiction the rights recognised in the present covenant, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

In addition, article 7 of this document states that “no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment”, and article 16 states that everyone shall have a right to recognition everywhere as a person before the law. The words “everyone” and “all” in both the above-mentioned provisions imply that sexual minorities are included in the protection provided by these policies. However, scholars are of the view that a lot still needs to be done in order to ensure the protection of sexual minorities’ rights.

Mittelstaedt (2008) and Narayan (2006) assert that sexual minorities’ rights are not strong in developing countries. In many of these countries, sexual minorities are subjected to discrimination, abuse, torture, and sometimes state-sponsored execution (Marks, 2006; Wilets, 1995; Gerber & Gory, 2014). This suggests that there is still work that needs to be done in this regard. Marks (2006) states that in countries such as Iran and Saudi Arabia, abuses perpetrated against sexual minorities are not seen as a human rights violation. These countries have laws calling for the execution of individuals involved in same-sex relationships. These include civil law and *shari’a*, which are the rules that govern the practice of Islam.

Sexual minorities’ relations are criminalised in 82 countries and the consequences of being lesbian or gay often include public humiliation, hard labour, confinement, torture, harassment, blackmail, spurious trials with no right to appeal, and even death (Narayan, 2006). Narayan (2006) points out that very few of the laws that criminalise sexual minority rights specify the type of conduct that is prohibited, and this lack of specificity then allows the state a great deal of flexibility in implementing the laws.

Although many countries insist on denying sexual minorities their fundamental human rights, it is argued that there has been considerable progress in obtaining the protection of sexual minorities’ basic human rights in countries such as Australia, parts of Latin America, North America, and Western Europe (Narayan, 2006; Mittelstaedt, 2008; Wilets, 1994). Policies providing clear guarantees of non-discrimination on the basis of sexual orientation have been implemented in Denmark, France, New Zealand, the Netherlands, and some of the states and provinces of Australia, Canada, and the United States (Wilets, 1994). In addition, the majority of provinces in Canada have explicitly prohibited sexual orientation as grounds for discrimination. Furthermore, the Human Rights Act of 1993 was implemented in New Zealand, and this policy

document is regarded as a far-reaching anti-discrimination statute that specifically prohibits discrimination on the basis of sexual orientation, HIV status, or marital or family status (Wilets, 1994).

The sections below present the Sexuality Discrimination Bill of 1995 and the Human Rights Act of 1993, as legislation that prohibits discrimination on the basis of sexual orientation.

Sexuality Discrimination Amendment Bill of 1995

The Sexuality Discrimination Amendment Bill was enacted by the Australian parliament to eliminate discrimination against people based on their sexuality. In addition, it was established to give effect to the international obligations under the ICCPR and the ICESCR. Part six of this act confers rights, entitlements and responsibilities on same-sex couples, similar to those applying to de facto couples of partners of the opposite sex.

Human Rights Act 1993

The Human Rights Act was amended in New Zealand to provide better human rights protection, in general accordance with United Nations Conventions on Human Rights. It states that it is unlawful to discriminate against anyone because of their sex or gender identity.

Moreover, the legislatures of eight USA states and almost one hundred cities in the USA have prohibited discrimination on the basis of sexual orientation. In Australia, at least six provinces and territories have now passed explicit legislation prohibiting discrimination based on sexual orientation. The Australian federal Human Rights and Equal Opportunity Commission Act of 1986 confers on the Human Rights and Equal Opportunity Commission the power to investigate and conciliate complaints of discrimination in employment on the grounds of sexual orientation. However, despite this progress in legislation, it is argued that states fail to enforce their anti-discriminatory laws for sexual minorities, which leaves LGBT people unable to exercise the same rights as their heterosexual counterparts (Narayan, 2006). For example, in November 2005, Brazil, a country leading the battle for LGBT rights, censored the first televised gay kiss. As a result, gay activists protested, including staging a rally advocating for legislation that would allow same-sex marriage.

Despite the notable progress on paper, several authors maintain that sexual minorities are still confronted with numerous challenges because of their sexual orientation (Wilets, 1997; Narayan, 2006).

3.3.2 African legislation and commitment to rights of sexual minorities

This section looks at homosexuality in Africa, particularly in the Southern region. Anyamele, Lwabaayi, Nguyen and Binswanger (2005) note that same-sex relationships are an occurrence across the world. In African countries, same-sex relationships are often associated with homosexual behaviour that is prohibited in most African countries under sodomy laws, which were introduced by colonial powers. Homosexuality is also prohibited in many countries on claims that it is un-African and a crime (Anyamele, et al., 2005; da Costa Santos, 2013). Therefore, sexual minorities in different parts of Southern African continue to experience violent attacks, hate crimes and discrimination because of these notions.

Due to the on-going discrimination and hate crimes that occur in many societies towards homosexuals, sexual minority rights in Africa have received much attention on both national and international media platforms, with more calls for their elimination than their recognition (Namwase, Jjuuko and Nyarango, 2017; Da Costa Santos, 2013). This means that sexual minority rights became an issue of concern for many countries around the world, including African countries, with some countries hesitant to include rights for this group in their legal treaties. Anyamele et al. (2005) state that two thirds of African countries criminalise same-sex behaviour.

Rudman (2015) maintains that discrimination against sexual minorities is endemic in most African countries. This means that discrimination against sexual minorities is still found in many African countries, and this is even preserved by discriminatory laws that are put in place in these countries. These include the Same-Sex Marriage Act (SSMA) that was sworn to law in Nigeria in 2013.

The Same-Sex Marriage (Prohibition) Act of 2013 (SSMA)

The SSMA of Nigeria prohibits same-sex marriages, prescribing 14 years of imprisonment for anyone who engages in a same-sex marriage agreement, and 10 years of imprisonment for anyone who administers or witnesses a same-sex marriage. According to this act, a marriage contract entered into between persons of the same

sex shall not be recognised as entitled to the benefits of a valid marriage. In addition, it states that a civil union entered into between people of the same sex by virtue of a certificate issued by a foreign country is void in Nigeria, and any benefit accruing from it by virtue of the certificate, shall not be enforced by any court of law. Furthermore, it bans LGBT associations and clubs in Nigeria altogether. Arguably, by this law, Nigeria breaches the international obligations which guarantee fundamental rights to dignity, equality, non-discrimination, privacy, freedom from arbitrary arrest and detention and freedom of expression and association, to all people.

Similarly, in Uganda, the Anti-Homosexuality Bill 18 of 2009 was signed into legislation in 2014, promulgating the Anti-Homosexuality Act of 2014. This bill is discussed below.

Anti-Homosexuality Bill 18 of 2009 and Act of 2014

The main objective of the Anti-Homosexuality Bill was formulated as follows: to establish an inclusive, consolidated legislation to protect the traditional family by prohibiting any kind of relationship between people of the same sex. In addition, its purpose was to strengthen the country's capacity to deal with emerging internal and external threats to the traditional heterosexual family. Furthermore, the bill aimed to provide an enhanced legislature to protect the valued culture of the people of Uganda. According to a world report by Clark (2014), the bill proposes life imprisonment for those involved in same-sex activities and a death penalty for "intensified" homosexuality, which is defined as involving homosexual acts by individuals who are HIV-positive and for those repetitively found to be in same-sex relationships. Furthermore, in the bill there is also an article maintaining that anyone who knows about same-sex activities and fails to report this within twenty-four hours can face a fine or three years in prison. However, a couple of months later this law was ruled invalid, based on the lack of quorum in Parliament when the bill was approved. Rudman (2015) states that another law with comparable content was being drafted. Three months after the decision of the Ugandan Constitutional Court to disapprove this bill, the Prohibition of the Promotion of Unnatural Sexual Practices Bill of 2014 (the Sexual Practices Bill) was exhibited to various parliamentarians and leaked to the media.

According to da Costa Santos (2013), about 33 African countries penalise consensual same-sex intercourse between adults with imprisonment and an additional three

countries penalise it with the death penalty. Moreover, African leaders have often spoken in an explicitly homophobic tone, elucidating that homosexuality is un-African. Such leaders include the former president of Zimbabwe, Robert Mugabe, and former Namibian president, Sam Nujoma. In the interpretations of these leaders, homosexuality is dangerous to the integrity of their culture. Mugabe said, for example, that gay people were worse than dogs and pigs and instructed members of his party to tie homosexuals up and bring them to the police to be arrested (Mittelstaedt, 2008). Namwase et al. (2017) assert that almost all African countries are party to international human rights instruments, which prohibit discrimination on the bases of sex or other statuses and are therefore obliged to ensure equal treatment and protection of everyone under the law. These include the Universal Declaration of Human Rights, which in articles 1 and 2 guarantees full and equal human rights for all, as well as the right of everyone to protection against discrimination (Anyamele et al., 2005). In addition, the African Charter was also adopted more than 30 years ago by the Organisation of African Unity as a regional mechanism for the protection and promotion of human rights on the African continent (Huamusse, 2006).

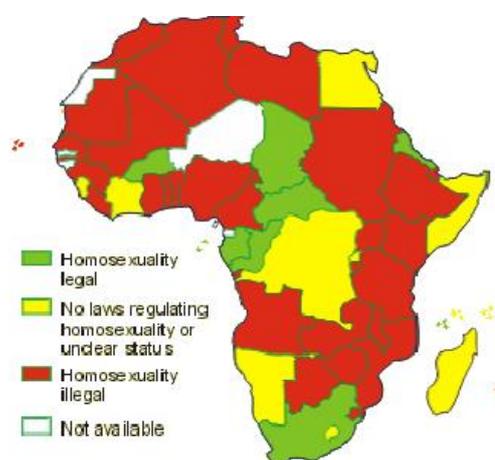


Figure 1: The legal situation of homosexuality in Africa

(Adapted from Anyamele et al., 2005)

Figure 1 above illustrates the legal circumstances of sexual minorities in African countries. The figure is coded with different colours that represent the (un)lawfulness of homosexuality in the different countries. Countries where homosexuality is lawful are represented by the colour green, whereas those with no laws regulating homosexuality are represented by yellow, and those where homosexuality is illegal

are represented by red. The figure shows that the majority of African countries still criminalise homosexuality and still view it as un-African. However, South Africa is an exception on the African continent when it comes to the protection of sexual rights, with the inclusion of sexual minority rights in its constitution (da Costa Santos, 2013). After apartheid, South Africa was established on democratic values and a constitution that preserves principles of human dignity, equality and social justice. The section below presents South African policy and legislation that safeguards the human rights of sexual minorities.

3.3.3 South African commitment to legal protection of sexual minorities

The point of departure in terms of legislation and policy that seeks to promote and protect human rights and equality of sexual minority groups in South Africa, is the Constitution. As a policy document, the Constitution makes the attainment of equality a fundamental value of the Republic of South Africa, while section 9 ensures the privilege to equality and restricts discrimination based on sex, gender and sexual orientation, separately. Different acts were proposed to give effect to the Constitutional right to equality, while respecting and accommodating human diversity and strengthening the society (De Vos & Bernard, 2007). The most notable of these is Equality Act No. 4 of 2000, which is the national enactment mandated in section 9(4) of the Constitution, and therefore receives special constitutional status. The Sexual Orientation, Gender Identity and Expression (SOGIE) discussion paper (2018) maintains that, essentially, the act recognises the need to address systematic discrimination and is aimed at eliminating social and economic inequalities.

Some scholars argue that South Africa was the first African country to include lesbian and gay rights in its constitution, in May 1996 (De Vos & Bernard 2007; De Vos, 2015). South Africa is celebrated worldwide for its progressive legal framework. The Constitution of the Republic of South Africa (1996) lists human dignity, achievement of equality and the advancement of human rights and freedom as core provisions of the state. This means that human rights are a fundamental base for the democratic South African society (Mahomed & Trangos, 2016). Section 9(3) of the Constitution states that;

The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status,

ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.

The Constitution prohibits any form of discrimination against anyone; thus, including sexual minority groups. In addition, De Vos (1998) maintains that, apart from the prohibition of discrimination against sexual minorities enshrined in section 9(3) of the Constitution, the right to dignity in section 10 and the right to privacy in section 14 provide further constitutional protection for sexual minorities. De Vos (2015) asserts that since South Africa became a democratic country in 1994 and included the prohibition of unfair discrimination based on sexual orientation in its constitution, the constitutional court has passed important judgements confirming the legal equality of all citizens, irrespective of their sexual orientation. One important example is the acceptance of the Civil Union Act (Act 17 of 2006) by the South African parliament. This act makes provision for the recognition of same-sex marriage and intends to extend the same rights and status that is afforded to heterosexual couples to same-sex couples, who enter a Civil Union marriage (De Vos, 2015). However, while South Africa has the most progressive policy framework in terms of protecting the human rights of sexual minorities, many scholars assert that discrimination and violence against sexual minorities continue to be a challenge (Rudman, 2015; De Vos, 2015; Mahomed & Trangos, 2016). This suggests that there is a gap between the progressive legal framework and what is happening on the ground, in relation to the experiences of sexual minorities.

Furthermore, Judge and Nel (2008) assert that despite the constitutional guarantees of freedom and human rights for all, studies show the pervasiveness of prejudices committed against sexual minorities as an endemic part of South Africa (Judge & Nel, 2008). They state that the inclusion of the gay rights section in the post-apartheid constitution failed to remedy homophobia in South Africa, and studies show that it is still widespread. Gays and lesbians continue to be treated as outsiders in some societies, and face severe “discrimination, harassment and violence” (Judge & Nel, 2008). This led to gays and lesbians complaining that constitutional protection is just pretence as, in reality, they faced great animosity from many people, including from the law enforcement officers who were supposed to be ensuring their safety.

Morupisi (2015) shares the same view, namely that although legal successes are critical in reinforcing gay identity, this fails to eliminate homophobia and homophobic violence. Reports reveal that gays and lesbians who live in townships and rural areas are affected the most. The greatest number of attacks go unreported because the victims are frequently attacked by the community and their family members if they talk to the media. It is also mostly black and coloured people who are victims of these homophobic attacks. These reports are supported by a South African Social Attitudes Survey (SASAS) that was conducted over five years (2003-2007). The results of this survey show that more people, particularly the elderly residing in rural areas, have negative views of homosexuality, because they still believe it is anti-African, brought in only to corrupt African culture and morals (Morupisi, 2015).

Another study by the Pew Research Centre in 2013 revealed that about 61 percent of the South African community believes homosexuality should not be accepted. Roberts and Reddy (2008) note that negative perceptions could be a result of “low levels of education, awareness, urban-rural divide, age and religion”. Other scholars have suggested that, in order to remedy this intolerance, the awareness of homophobia as a form of discrimination should be taught as early as primary school. At the moment, as a result of people’s prejudiced convictions about sexual orientation, sexual minorities are confronted with numerous challenges in South Africa, even with its progressive legislation.

Mittelstaedt (2008) notes that even in countries where both international treaties and domestic laws protect the rights of sexual minorities, violent hate crimes and other forms of discrimination still occur with shocking regularity. South Africa is thus not alone but it does provide a particularly graphic example. As mentioned earlier, it was the first African nation to adopt a constitution providing for, among other things, sexual minority rights, and the first African nation to legalise same-sex marriage. Despite these measures – or perhaps, as a result of these measures – violent attacks against openly LGBT South Africans continue, with “corrective rape” occurring with some frequency. Certainly, anti-gay laws and state-supported discrimination can, and do, increase violence toward gays by legitimising homophobia and by inciting the public, which previously might not have paid much attention to the LGBT community. The next section discusses some specific challenges facing sexual minorities in South Africa today.

3.4 CHALLENGES OF SEXUAL MINORITIES IN SOUTH AFRICA

Reygan and Lynette (2014) argue that despite South Africa's advanced Constitution and affirming policies, sexual minorities experience discrimination in various settings in society. These include family, community, and institutional settings.

3.4.1 Family Setting

Families are significant role players in the lives of sexual minority groups. Alessi (2013) notes that the role of a sexual minority member's family can be one of three: family can be a source of blame, an impairment to sexual minorities' happiness, or a resource that can improve sexual minorities' well-being. Sexual minorities experience challenges on a more personal level in the family setting than in any other setting. For this reason, families can pose challenges in the lives of sexual minorities, including fear of coming out or disclosure and rejection (D'Augelli et al., 1998).

3.4.1.1 Fear of coming out/disclosure

Pistella, Salvati, Ioverno, Laghi and Baiocco (2016), note that coming out is a process whereby LGB people choose to reveal their sexual orientation status to others (including friends and family), and that it is an important part of sexual minorities' identity development and their mental health. Disclosing their sexual orientation status to their families proves to be something challenging for sexual minorities due to the fear of the reaction of their families (D'Augelli et al., 1998; Ali & Barden, 2015). Before coming out or disclosing their sexual status, sexual minorities are usually confronted with negative thoughts that their families might reject and/or mistreat them after finding out that they are LGBT (D'Augelli et al., 1998; William, 1994). It is generally acknowledged that during the process of coming out sexual minorities may experience fears relating to acceptance, bullying, harassment, safety and oppression (Ali and Barden, 2015).

A study was conducted by (D'Augelli et al. 1998) to determine how families of sexual minorities reacted after discovering the sexual status of their family members. The study revealed a difference in the level of acceptance between parents, with 51% of mothers and only 27% of fathers being accepting of their family members' sexual orientation. The authors maintain that sexual minorities face victimisation within the family, regardless of their race, age class or environment (D'Augelli et al., 1998;

William, 1994). William (1994) argues that members of sexual minorities become the focus of the family's dysfunction, which means that they could be used as scapegoats: any dysfunction in the family would then be attributed to the fact that one of the family members belongs to a sexual minority group.

After coming out to their families, sexual minorities become a source of conflict within the family, which may result in feelings of loneliness, disconnection, confusion, grief, shame, anger, fear, vulnerability and depression, that can, in turn, lead to suicidal thoughts (Ali & Barden, 2015). In addition, sexual minorities carry the emotional burden of being blamed for dividing the family when some of its members are not accepting of their sexual orientation status. This happens more often in so-called traditional families, where, because of disparities in beliefs and consequent conflicts, sexual minorities are often beaten, kicked out of their homes and disowned (Ali & Barden, 2015; Pistella et al., 2016).

Sexual minorities may experience self-hatred as a result of living in a homophobic environment (Bernal & Coolhart, 2005). This can be associated with the internal oppression that they suffer during the process of coming out. Bernal and Coolhart (2005) note that when a person continuously receives messages of devaluation, these messages become internalised. During the coming out process, sexual minority youth may receive messages that being LGBT is bad, that it is a sin, disgusting, perverted, wrong, sick, diseased or weird. These messages are consistently communicated through the media, religion, guardians, schools, and companions. Upon consistently receiving these messages, an individual may probably not be able to resist making a negative association with being LGBT. As an adolescent recognises him- or herself as conceivably strange, the message converts into "You are terrible, a sinner, sickening, perverted, wrong, sick, and odd." This phenomenon in which LGBT individuals transform external hate into self-hate has been referred to as internalised homophobia (Lennon-Dearing & Delavega, 2016).

3.4.1.2 Emotional distress and suicidal thoughts

According to Almeida et al. (2009), sexual minorities experience high levels of emotional distress. Subhrajit (2014) agrees and argues that LGBT people face significant levels of stigmatisation, discrimination and harassment in their daily lives. The majority of LGBT people learn to cope with this, particularly when they have the

support of family and friends and participate in LGBT organisations and social networks. However, a significant number of LGBT people, mostly younger LGBT people, must cope with stigmatisation, discrimination and harassment without support (Subhrajit, 2014). This may be because of the lack of acceptance from their families. This may have a negative impact on their mental health, leading to significant levels of psychological distress, self-harm and becoming suicidal. LGBT teenagers can be particularly isolated, given that many will be exploring their sexual orientation or gender identity without any support. At this time of negotiating their journey to adulthood, a critical period of social and emotional development, they can be particularly vulnerable.

It is also often more difficult for LGBT people to be out in rural areas. Cities are more conducive to allowing LGBT people to select which areas of their life they wish to be out in and to whom they wish to be out, e.g., at work, with friends, family, neighbours, medical services and associative activities. This is more difficult in rural areas where being out in one domain, e.g., at work, means it is highly likely that one's community, family and friends are also aware that one is LGBT. Rural LGBT people may be more likely to leave the place of their birth and/or youth than the general population.

Gay and bisexual men and women are more likely to experience depression and anxiety than are their heterosexual counterparts. These emotions may include intense sadness, anxiety, loneliness, discomfort in social situations, and feeling overwhelmed. This is not because of their gender identity alone, but also because in a patriarchal society, being gender variant causes a lot of distress; so much distress, in fact, that it can be described by the diagnosis of a mental disorder. A number of factors may contribute to this, from living in a homophobic society to facing family rejection to being closeted in some or all aspects of life. Mental disorders are not symptoms of sexual orientation, but rather of discrimination and fear of discrimination. Most likely due to violence, social rejection, and isolation, the LGBT community experiences higher rates of anxiety, mood and substance use disorders, and suicidal thoughts among people ages of 15 and 54 years.

3.4.1.3 Rejection

After coming out to their families, sexual minorities often experience rejection from their family members (Savin-Williams, 1994). What exactly constitutes rejection is

unclear (Carastathis, Cohen, Kaczmarek & Chang, 2017), but it may include withdrawal of emotional warmth, affection, concern, love, nurturance and support, as well as physically and psychologically harmful behaviour (Rohner, 2004). This may be caused by different factors within the family. As is widely known, families are governed by a set rules, belief systems and cultural ideologies. Research done by Graziano (2004) shows that some families, due to shock and disbelief at the fact that their family member is gay or lesbian, take these members to *sangomas* who are believed to have the power to “cure” them of being gay or lesbian. When this process fails, because one does not get cured, the LGBT person is rejected by their family.

3.4.1.4 Lack of social support

According to McConnell, Birkett, and Mustanski (2016) sexual minorities are more at risk of mental health problems than their heterosexual counterparts. The authors maintain that this may be due to victimisation. They identified social support, especially from families, as an important factor in the lives of sexual minorities. Rios and Eaton (2016) assert that social support involves different forms of assistance provided by, amongst others, family members, friends and neighbours, and that it may consist of social embeddedness, enacted support and perceived support. In addition, McConnell et al. (2016) argue that families provide an important developmental context for sexual minorities, particularly youth. These scholars contend that families may mirror societal stigma in relation to sexual and gender minority.

3.4.2 Community Setting

Sexual minorities are confronted by numerous challenges in the communities in which they live. These are discussed in the sections below and include, but are not limited to, homophobia, violent attacks and hate crimes, corrective rape crimes, verbal and physical abuse and harassment, and substance abuse.

3.4.2.1 Homophobia

Reygan and Lynette (2014) note that even though the laws regulating same-sex relations have been transformed in South Africa, homophobia remains an everyday reality for gay and lesbian people. Butler, Alpaslan, Strümpher and Astbury (2003) assert that originally, homophobia was defined as an irrational fear of homosexual individuals. However, over the years, the definition of has been extended to

incorporate disgust, anxiety and anger. In addition, these scholars argue that the term has come to be utilised not exclusively for the reactions of heterosexuals but also for the internalisation of negative emotions by homosexual men and women themselves. Furthermore, homophobia can be seen as fear and hatred towards same- sex sexual partners (Butler et al., 2003). Anguita (2012) argues that homophobia can be caused by socio-cultural factors, including, particularly in black cultures, traditions and religions which have labelled homosexuality as un-African and (especially since decolonisation) as a disease brought in by white colonisers. Such views, of course, perpetuate discrimination against homosexuals (Anguita, 2012). This is evidenced by statistical reports of the Human Rights Watch (2011), which state that the incidence of homophobia is higher in black communities than in white communities.

A *Times Live* news report by Keeton (2017) claims that of the nine South African provinces, the Eastern Cape has the highest occurrence of homophobic violence in the country, followed by KwaZulu-Natal and Limpopo (the second worst provinces), the Western Cape and then Gauteng. Even though South African societies are largely homophobic, some provinces show a relative number of individuals who are more open about their sexual orientation and gender orientation. This is evident for the Western Cape and Gauteng, with a proportion of 57% of LGBT individuals who are open about their sexual orientation status (Keeton, 2017). However, this does not mean that homophobia is less prevalent in these communities. Judge and Nel (2008) share the same views and assert that higher levels of openness and integration into lesbian and gay communities, that is increased visibility of individuals as gay or lesbian, unfortunately lead to increased rates of homophobic victimisation.

3.4.2.2 Violent attacks and hate crimes

According to Reid and Dirsuweit (2002), violence and crime are far-reaching in the democratic South Africa, and this might well be partly as a result of the general disempowerment, unemployment and poverty of racial minorities. These scholars assert that violence is therefore a way of obtaining control and maintaining power (Reid & Dirsuweit, 2002). Furthermore, Wells and Polders (2006) assert that in a widely patriarchal society such as South Africa where women are gradually becoming empowered, masculinity is threatened, and this can lead to anger and aggression.

Therefore, threats to traditional gender roles increase the pressure to exhibit masculinity, which could result in sexual or homophobic violence.

Judge and Nel (2008) define hate crimes as any event that involves a criminal offence, perceived as being motivated by prejudice. Such crimes constitute criminal acts of prejudice that are committed against people, property, organisations or society because of the group to which they belong or with which they identify. Similarly, Herek (1989) provides a more in-depth definition of hate crimes and maintains that hate crimes are words or actions intended to harm or intimidate an individual because of his or her association with a minority group. It is argued that these include violent assaults, murder, rape and property crimes motivated by prejudice, as well as threats of violence or other acts of violence (Herek, 1989; Swiebel & Van Der Veur, 2009). Furthermore, it is said that perpetrators of hate crimes aim to demean and dehumanise their victims, whom they consider different from them, based on their actual or perceived race, ethnicity, gender, age, sexual orientation, disability, health status, nationality, social origin, religious beliefs, culture, language or other traits.

Moreover, Herek (1989), Wells and Polders (2006) and Swiebel and Van Der Veur (2009) assert that hate crimes towards sexual minorities are a serious problem nationwide. Swiebel and Van Der Veur (2009) argue that this is the cruellest form of crime and oppression, as the physical and mental integrity of a person is at stake. Judge and Nel (2008) maintain that hate crimes against sexual minorities are often committed to send a message to the victim or survivor that his or her sexual orientation and/or gender-non-conformity is wrong and must therefore be changed. An international study showed that a range of openly lesbian, gay and bisexual individuals have experienced some form of victimisation, including verbal abuse, threats, being chased or followed, or being spat on (Judge & Nel, 2008; Wells & Polders, 2006). Statistics from the United States reveal that lesbian women and gay men are particularly susceptible to hate crimes, with the majority of them having experienced some form of victimisation in their lives, whether non-physical, in the form of verbal harassment (hate speech), or physical, in the form of violence (Wells & Polders, 2006; Swiebel & Van Der Veur, 2009). Subsequently, Swiebel and Van Der Veur (2009) contend that it is important to differentiate between hate crimes and hate speech. They argue that hate speech against sexual minorities can take the form of verbal aggression and often happens in public spaces. Furthermore, international studies

have found that merely 11 to 14% of anti-gay hate crimes are reported to the police (Wells & Polders, 2006). This is no different in South Africa, where many sexual minorities who experience hate crimes, do not report them. Hence, there is no statistical evidence showing experience of hate crimes by sexual minorities in South Africa. A research study conducted by the OUT-LGBT Well-being shows that non-reporting of criminal incidents is an issue of concern in South Africa (OUT, 2016).

Wells and Polders (2006) maintain that, as a result of under-reporting, there is limited information in terms of the extent of hate crimes towards gay men and lesbian women. Swiebel and Van Der Veur (2009) share the same sentiments, namely, that generally there is a lack of reliable data on hate crimes and hate-motivated incidents. This can be explained by the following factors. Firstly, victims of violence and hate crimes usually hesitate to report to the police. Secondly, countries use different classifications for hate crimes and hate-motivated events (Swiebel & Van Der Veur, 2009), but in South Africa there is no separate crime register that is kept to record hate crime statistics, thus hate crimes based on sexual orientation remain obscured by the broader crime statistics (Wells & Polders, 2008; Koraan & Geduld, 2015). For this reason, the extent of homophobic attacks in South Africa remains relatively unknown, which increases the invisibility of sexual minorities' experiences (Wells & Polders, 2006; Department of Justice and Constitutional Development, 2012). It is important to understand that communities are seen to be approving hate crimes when they remain silent, fail to act, or do not provide support to victims of these crimes (Judge & Nel, 2008).

The Human Rights Watch (2011) documents lesbian women and gay men's experiences of hate crimes, verbal and physical abuse and harassment. In this report, a few individuals from sexual minority groups explain how they have been verbally violated by members of the communities they live in. They explain that random community members call them names like *isitabane* or *moffie*, derogatory names in isiZulu and Afrikaans, respectively. This is evidenced in a research study conducted by Wells and Polders (2008), investigating the prevalence of hate crimes in Gauteng in 2003. The study showed that hate speech was the most common crime committed towards sexual minorities in Gauteng. The justification behind this is that there is no physical harm that is suffered and, therefore, society is accepting of this crime. Thus, communities are generally tolerant of hate speech.

3.4.2.3 Corrective rape crimes

Koraan and Geduld (2015) define corrective rape as a case when a female is raped in order to “cure” her of her lesbianism. Similarly, Di Silvio (2010) maintains that corrective rape is an act of violence committed against lesbian women to “cure” them of their nonconforming sexual orientation. However, the author avers that corrective rape is not limited to lesbians, because it is meant to be curative or punitive to nonconforming sexual orientation (Di Silvio, 2010). Bhekisisa (2014) argues that the term “corrective rape” has evolved to include the rape of any LGBTQIA individual, with the aim of getting the person to “behave” the heterosexual way. Furthermore, it is argued that perpetrators of corrective rape crimes commit this violent offence with the belief that homosexuality is an imported “white” disease (Di Silvio, 2010). These violent acts are sometimes motivated by cultural ideologies and understandings of what the society expects from individuals of a specific gender. (This idea will be explored in subsequent sections.) Koraan and Geduld (2015) note that in South Africa in the past 15 years there have been at least 31 murders linked to lesbianism, and an average of 10 lesbians are raped per week to “correct” their sexual preference.

Corrective rape crimes are often perpetrated by family members, friends, or neighbours of the victims, who claim that they are teaching lesbian women a lesson by raping them and showing them how to be a “real woman” (Di Silvio, 2010). This reflects the idea of cultural ideologies and beliefs in terms of what society perceives appropriate conduct is for a certain gender. Supporting this view, Lock Swarr (2012) asserts that lesbians challenge gender expectations in their expressions of masculinities and sexualities, which advances to heightened visibility in their communities. In addition, South African lesbians, particularly those in the former townships outside urban centres, pursue sexual relationships with “straight” women that are deeply emotional and intense. These relationships facilitate intimacy and affirm lesbians’ masculine expressions. However, this prominence and these relationships suddenly put lesbians in serious physical danger, as they are seen as threatening and inaccessible to the men in their communities. Same-sex relationships and expressions of masculinity by lesbians, often lead to physical attacks and rapes targeting masculine lesbians (Lock Swarr, 2012).

It is argued that lesbians are raped in ways envisioned to be disciplinary, or “corrective” or “curative”, because they undermine the one-sided idea of masculinity and heterosexuality and reject men’s proposals and advances. Attached to this are the ideas of homosexuality as un-African or as an influence of the global North, contrary reactions against the apparent increase in rights in contemporary South Africa, and cultural and religious intolerance for challenges to sexuality and gender practices (Lock Swarr, 2012). Lesbians are seen as unmasking the susceptibility of male masculinities, since, reputedly, successful masculinity depends on men’s need to control women and force them to follow gendered rules of heterosexual conduct (Lock Swarr, 2012). In addition, masculine lesbians’ relationships with straight women ironically both affirm and weaken masculinities and claims to male bodies. Lesbian relationships and the violence that surrounds them point to uncertainty about the parameters of masculinities and men’s exclusive claims to them (Lock Swarr, 2012).

3.4.2.4 Verbal and physical abuse and harassment

The Human Rights Watch (2011) maintains that all their interviewees said that they had been verbally abused, ridiculed, or harassed at some point in their life or, for a significant number of people, throughout their lives—because of their gender expression and presumed or known sexual orientation. Verbal abuse and harassment lead lesbians and transgender men to be fearful and cautious, as these constantly send the message that people in their communities dislike them. Left unchecked, such opposition circulates and reinforces prejudices among and within communities. Verbal abuse and harassment that people face due to their sexual orientation can create or enhance negative self-image, shape public opinion, instil fear and shame in people, and inhibit their ability to access public space and seek redress or justice. It also creates and reinforces the climate of impunity within which, as the report shows, violence can escalate from verbal harassment and abuse to physical and sexual attacks. Almost all the people interviewed by Human Rights Watch said that male strangers and acquaintances subjected them to frequent name-calling and other forms of non-physical abuse, against which they rarely had recourse.

3.4.2.5 Substance abuse

Many authors have shown that the incidence of substance abuse is high amongst sexual minorities (Corliss, Rosario, Wypij, Wylie, Frazier & Austin, 2010; Wells et al.,

2013). However, Kelly, Davis, and Schlesinger (2015) assert that substance abuse in sexual minorities is not caused by sexuality or gender, but is instead facilitated by other factors, such as the stigma that sexual minorities face in a heterosexual community, and the need to belong to a majority group, prior to the coming out process. Other factors include family rejection, lack of acceptance and other challenges that sexual minorities face. Thus, substance abuse becomes a challenge that sexual minorities confront as a result of these other, contributing factors.

3.4.3 Institutional Setting

The Human Rights Watch (2011) notes that sexual minorities face prejudice and discrimination at institutional level as well; for example, in health and education institutions. These are discussed below.

3.4.3.1 Health issues

According to Victor and Nel (2016), existing healthcare practices in South Africa often assume heterosexuality in service delivery, which adversely influences the nature of help or support rendered to LGBT people and hinders sexual minorities' access to healthcare services. For this reason, sexual minorities experience challenges in accessing adequate health services. Several local studies indicate discriminatory or negative experiences with healthcare providers (Graziano, 2005; Meyer, 2003; Rich, 2006; Stephens, 2010; Wells, 2005; Wells & Polders, 2003). Many healthcare providers in South Africa appear ignorant of sexual orientation issues or have difficulty providing adequate services (Nel, 2007). Their limited understanding is partially due to a lack of training in sexual minority issues in health care (Coetzee, 2009; Nel, 2007).

Muller (2014) presents a case that proves these notions: a young man was hospitalised after he fractured both his arms while fleeing a group of men who threatened to beat him up for being gay. Muller (2014) describes how the nurse changed his attitude after hearing why the young man had been running away from his attackers. The nurse told the man that he deserved the attack, he rebuked him for his "un-Christian" behaviour and mocked him in front of the other nurses. Such treatment from health practitioners is shocking as one expects health practitioners to be professionals who are there to serve people, regardless of their differences. It is unsurprising that sexual minorities are said to not attend health facilities because of

such experiences. In addition, this explains the high rate of HIV/AIDS infected and affected individuals amongst sexual minorities.

3.4.3.2 Educational institutions

Schools are not only for the learning of academic subjects, but are also places where young people and their educators do a lot of work on the construction of their identities in a variety of ways, particularly around issues of sexuality, which is intimately connected with struggles around gender (Francis, 2017). Butler et al. (2003) argue that customarily, education has discriminated against minority groups and is only now undergoing radical transformation. Francis (2017) asserts that young people in educational settings or schools experience widespread homophobia and transphobia. This may be due to the fact that the teachers are from communities that believe homosexuality to be un-African and a crime. Thus, they transfer their own beliefs onto towards the learners through their actions. A research study conducted over a three-year period on the coming out experiences of 18 South African gay and lesbian youth, reported that all participants experienced discrimination, isolation, and intolerance in their high schools. The 18 sexual minority youth detailed how they experienced harassment, inflicted by peers, teachers and school administrators, avoidance, rejection, and isolation (Francis, 2017). A gay participant in the study told the researchers about two gay friends in the school who had committed suicide after the headmaster threatened to expel them because of their sexual orientation (Butler et al., 2003; Francis, 2017).

3.5 CONCLUSION

In conclusion, this chapter presented a global and an African perspective on policy and legislation that aims to protect sexual minorities, before turning to a historical overview of South African legislation on same-sex relationships. At international level, it was argued that the United Nations serve as a fundamental instrument for international human rights protection, and that they are very explicit in requiring the protection of all people, regardless of any status. However, it is apparent that even though some countries have policies available to protect sexual minorities, LGBT people still face challenges because of their sexual orientation. Moreover, many African countries criminalise homosexuality on notions that it is un-African. Furthermore, this chapter presented challenges facing sexual minorities in South

Africa in the family, community and institutional settings. The next chapter provides a discussion of the study conducted on social workers' perceptions of their role to advocate for the social justice of sexual minorities.

CHAPTER 4:

THE PERCEPTIONS OF SOCIAL WORKERS ON THEIR ROLE TO ADVOCATE FOR SEXUAL MINORITIES

4.1 INTRODUCTION

This chapter presents the findings of the study on the perceptions of social workers in the Western Cape Province (in South Africa) on their role to advocate for social justice of sexual minorities. Section 4.2 offers a brief discussion on the methodology of the study (as this was dealt with in detail in Chapter 1), while section 4.3 presents some biographical information on the participants. The remainder of the chapter provides an exploration of the discussions that took place during the interviews and presents the results of the analysis of these interview data, in the form of themes, sub-themes and categories. These themes, sub-themes and categories are recorded in a table and each sub-theme is discussed in depth and supported with references to the relevant literature. In addition, the empirical findings are presented within advocacy theory as a theoretical substantiation. This chapter aims to critically examine social workers' perceptions on their role to advocate for social justice of sexual minorities.

4.2 METHODOLOGY

The following section is a short description of and reflection on the research methodology that was utilised for the study, as discussed in depth in Chapter 1. The research approach, research design, sampling methods, data collection and data analysis employed in the research are briefly discussed.

4.2.1 Research Approach

To explore social workers' perceptions on their role to advocate for social justice of sexual minorities, a qualitative research approach was utilised. The use of a qualitative approach aided a thorough comprehension of the data gathered during the interviews, as it allowed the researcher to explore these data in depth. Creswell (2007) asserts that qualitative research is a method of investigation in which scholars interpret what they see, hear and comprehend. This research approach was selected because the study aimed to understand social workers' perceptions on their role to advocate for social justice of sexual minorities.

4.2.2 Research design

This study utilised an exploratory and descriptive research design. Kumar (2005) states that exploratory research is utilised with the aim of investigating an area that has not been studied or where little is known about the phenomena of study. And a descriptive research design is used to provide detail and paint a picture of a situation and focuses on “how” and “why” questions (De Vos et al., 2011). Thus, the exploratory and descriptive research designs were employed to allow for the opportunity to engage and share the perceptions of social workers. This further promoted a deeper understanding by allowing the researcher to be practically involved in the process.

4.2.3 Sampling method

This study utilised a non-probability sampling method, specifically purposive sampling and the snowball sampling technique. Purposive sampling is a technique that is based on the judgement of the researcher in that the sample comprises elements that contain the most characteristics of the population (De Vos et al., 2011). Also, Babbie and Mouton (2010) maintain that a snowball sampling technique is necessary when members of a particular population are hard to locate. Hence, in this study, a snowball sampling technique was useful to identify more social workers who come across sexual minorities in their practice.

The anticipated sample size comprised 16 qualified social workers who provide services to sexual minorities in their practice. The participants were expected to have been practicing for a period of at least one year. However, Guest, Bunce and Johnson (2006) suggest that when no new information, theme or sub-themes can be identified through having more interviews, data saturation has been reached. Data saturation is reached when there is adequate information to replicate the study (O'Reilly and Parker, 2012; Walker, 2012), and when there is no longer the ability to acquire additional, new information and when further coding is not possible (Guest et al., 2006). To this end, the researcher concluded the data collection with a sample size of 16 participants, as the narratives started becoming repetitive, with no new information being obtained.

The participants who partook in this research were involved in their own personal professional capacity through one-on-one interviews. Annexure A (informed consent) was presented to all participants, informing them about the purpose of the study.

Participants were also made aware of their rights to confidentiality, refusal to participate and withdrawal during the process.

The criteria for inclusion of participants were that they should:

1. be registered with the South African Council for Social Service Professions (SACSSP),
2. have provided services to sexual minorities in their practice,
3. currently be working as social workers, and for a minimum of one year, and
4. have the ability to speak and communicate in the English language during the interviews.

4.2.4 Data collection

Given the qualitative nature of the study, semi-structured interviews were utilised. Taking into consideration that the research focus was on investigating the social workers' perceptions on their role to advocate for social justice of sexual minorities, semi-structured interviews allowed for an in-depth exploration of the topic, permitting the researcher to produce rich data. This is consistent with De Vos et al.'s (2011) view that semi-structured interviews are used mainly to get a clear picture of participants' convictions about a particular topic. Therefore, semi-structured interviews allowed for a comprehension of participants' ideas, as open-ended questions were asked about their perceptions.

4.2.5 Data analysis

According to De Vos et al. (2011), data analysis is a method of conveying order, structure and meaning to the information collected in the empirical research process. In analysing the data, the researcher focused on organising the data into themes, sub-themes and categories. Furthermore, recurring data patterns were identified whilst organising the participants' narratives. After some recurring data patterns were detected, categories were formed and classified under themes and sub-themes, with summaries related to the participants' narratives explained at the bottom of the sub-themes and supported with relevant literature. Conclusions and recommendations were then drawn from the analysed data.

4.3 BIOGRAPHICAL INFORMATION OF PARTICIPANTS

Table 4.1 presents the identifying details of the 16 social workers who participated in the study (n=16). Codes were utilised as pseudonyms for the participants, instead of their names, in order to ensure their anonymity. Reuben and Babbie (1993) recommend that the researcher should conform to the relevant standards by following the rules and behavioural expectations about the most appropriate conduct in a given profession. The information regarding the participants' identifying details was included in the interview schedule to build a profile of the participants that could contribute to the empirical investigation. The variables were area of practice and years of practice.

Table 4.1: Participants' area of practice and years of experience

Participants	Area of practice	Years of practice
A	Human rights organisation	8
B	Diversion	5
C	Diversion	3
D	Diversion	2
E	Diversion	6
F	Women and children	6
G	Woman and children	4
H	Clinical counselling	30
I	Child protection	4
J	Youth care centre	5
K	Youth care centre	4
L	School social worker	2
M	Substance abuse	3
N	School counsellor	16
O	Child protection	8
P	Counsellor	10

4.3.1 Characteristics of participants

In this section, a short summary is provided of the participants' characteristics. This is done in terms of area of practice and years of practice.

4.3.1.1 Area of practice

Four of the participants were from the diversion area of practice. Their work involved the diversion of adult offenders away from the formal justice system into a more restorative justice system. The remainder of the participants (i.e, the other twelve) were from organisations that work with women and children, school counsellors and participants that work in child protection organisations. Although most participants were not from organisations that work directly with sexual minorities in their service rendering on a day to day basis, because of the mandate of their organisations, these participants did provide services to sexual minorities in their practice. Chereni (2017) asserts that performing advocacy is every social worker's ethical obligation in everyday practice in every area of practice. This is the reason for the inclusion of social workers who have provided services to sexual minorities, from different areas of practice.

4.3.1.2 Years of practice

The study focused on social workers who had a minimum of one year's practice in the field of social work and who were practising social work at the time of the study. This was in order to ensure that participants would be able to present their perceptions regarding their role in advocating for social justice of sexual minorities. This is important, as it signifies that the data were collected from the most relevant and experienced participants, ensuring that participants has sound knowledge and that the information was gathered from an educated standpoint.

The existing literature suggests that the process of transition from university social work education to the workplace needs to be managed in order to allow newly appointed social workers to fully settle in (Bradley, 2008). The inclusion of participants who had been employed as social workers for five years and more, positively influenced the study, as these participants seemed to be more settled in their work. Years of practice of social workers who participated in the study ranged between two and thirty years. In the study, it was apparent that social workers who had been

working for a period of three to five years had more insight into the role they play in advocating for social justice of sexual minorities.

4.4 SOCIAL WORKERS' PERCEPTIONS ON THEIR ROLE TO ADVOCATE FOR SOCIAL JUSTICE OF SEXUAL MINORITIES

In this section, the social workers' perceptions on their role to advocate for the social justice of sexual minorities, are presented. Sub-themes are presented in accordance with the themes that were identified. In addition, the sub-themes and categories that were identified in the interview data are presented in the table below and discussed in more detail thereafter. Several scholars highlight the fact that social justice is one of the core values and functions of social work (Morgaine, 2014; Chibonore & Chikadzi, 2017), and advocacy provides an avenue for social workers to connect their practice with the profession's aim of social justice (McLaughlin, 2009). For this reason, the perceptions of social workers in advocating for social justice are investigated and discussed in terms of advocacy theory.

4.4.1 Emerging themes, sub-themes and categories

The information that was collected from the 16 participants during the interviews was classified into themes, sub-themes and categories. Table 4.2 below is a summation of these themes, sub-themes and categories, which will be explored in further detail in this section.

Table 4.2 Themes, sub-themes and categories

Themes	Sub-themes	Categories
Theme 1: social workers' role in social justice of sexual minorities	1.1. Advocate	<ul style="list-style-type: none"> a. Accompanying clients to open a case b. Speaking on behalf of clients c. Following up on cases d. Creating a safe space e. Being involved in policy reforms

	1.2. Educator	<ul style="list-style-type: none"> a. Educating families b. Raising awareness
	1.3. Broker	<ul style="list-style-type: none"> a. Linking to other service providers b. Writing letters
Theme 2: challenges facing sexual minorities	2.1. Challenges in the family	<ul style="list-style-type: none"> a. Lack of acceptance upon disclosure b. Living a double life
	2.2. Challenges in the community	<ul style="list-style-type: none"> a. Hate crimes b. Corrective rape c. Substance abuse

	2.3. Institutional challenges	d. Educational institutions e. Religious institutions f. Lack of access to public services
Theme 3: Nature and types of services provided to sexual minorities in social work practice	3.1. Micro-level	a. Individual counselling b. Family conference
	3.2. Mezzo-level	a. Support groups b. Victim and Empowerment Programmes
	3.3. Macro-level	a. Awareness campaigns

4.5 THEME 1: SOCIAL WORKERS' ROLE IN SOCIAL JUSTICE OF SEXUAL MINOTIRIES

This theme focused on social workers' perceptions of their role to advocate for the social justice of sexual minorities. Chibonore and Chikadzi (2017) argue that the fight for social justice is a key feature in the mandate of social work globally, and that advocacy is vital to the social justice mission of social work. McLaughlin (2009) points out that advocacy actions provide an opportunity for social workers to link their practice

with the profession's aim to promote social justice for and on behalf of sexual minorities. Participants reflected their perceptions on the role of social workers to advocate for social justice of sexual minorities. The theme is explored through sub-themes that represent the use of advocacy theory.

4.5.1 Sub-theme 1.1 Advocate

A number of sub-themes and categories were identified. Below, a summary is provided of categories (a), (b), (c), (d) and (e). According to Chibonore and Chikadzi (2017), advocacy is one of the key roles of social workers when fighting for change in the lives of the vulnerable and marginalised groups in society. As discussed in Chapter 2, several authors hold the view that in social work, there are two main approaches to advocacy, namely case advocacy and cause advocacy. The sub-themes of advocacy were evident, and the following categories were identified: accompanying clients to open a case, speaking on behalf of clients, following up on cases, creating a safe space and being involved in policy reforms.

4.5.1.1 Category (a): Accompanying clients to open a case

This category is associated with a practical form of advocacy, that is suggested by Freddolino et al. (2004). These authors maintain that practical advocacy includes helping clients in different ways, from assisting them with applications for funding, accompanying them to appeals or interviews, and sometimes much more. Participants who indicated advocacy as a perceived role that they play in the social justice of sexual minorities, were asked to explain how they played this role in practice. It emerged from the participants' narratives that accompanying clients to open a case is one way in which social workers advocate for social justice of sexual minorities. This is demonstrated by the narrative below:

I accompany the client to the police station, maybe to lay a charge and then... to follow on the process at the police station to see to it that they receive a case number, the court dates are given on time, maybe they going to get back to them or whatever it is that needs to happen from the police station to maybe the department of justice. (Participant A)

From the above narrative, it can be argued that social workers do practice a form of advocacy in their work with sexual minorities. However, it is noticeable that social

workers' efforts in this area are narrow, as they seem to be focused only on one approach of advocacy, namely case advocacy. In the previous chapter it was alluded to that case advocacy is centred around the representation of clients on a case to case basis, as opposed to advocating for a substantial part of a population (Chibonore & Chikadzi, 2017). To this end, researchers suggest that the two main approaches to advocacy in social work are complementary to each other and therefore, should be used in combination.

4.5.1.2 **Category (b): Speaking on behalf of clients**

Within the interviews, participants perceived their role as advocates to include speaking on behalf of clients and being the voice of their clients, as well as ensuring that their clients are free to express themselves. Chibonore and Chikadzi (2017) suggest that the greatest advocacy efforts include speaking on behalf of people who would ordinarily not be able to speak for themselves. However, the authors emphasise that this should be a participatory approach, where a client is capacitated and empowered to be actively involved in the change process. This is shown in the following narratives of participants:

I think maybe just being a voice on their behalf as well and making sure that the things that they cannot freely say or request from any other place, as a social worker I should be able to do those kinds of things for them as well, so just being a voice. (Participant E)

In addition, another said:

We also advocate because we have to stand on their behalf when they cannot, when they are scared of expressing their feelings because they are not sure of the reaction, they will get from people around them ...

(Participant L)

The above narratives postulate that social workers perceive speaking on behalf of their clients as their way of advocating for the social justice of sexual minorities. McLaughlin (2009) highlights the fact that literature often presents advocacy as a strategy that is more closely aligned with macro- or policy practices. However, social workers in direct practice are closely involved in many aspects of individual clients' lives, including medical, financial, spiritual, gender and sexuality issues, and are therefore able to

intervene in many aspects in which injustice may occur. Therefore, it can be argued that the narratives above reflect advocacy efforts that social workers undertake in direct practice with sexual minorities. This also coincides with Donaldson and Shields' (2009) idea of advocacy as an act of representing, defending, intervening, supporting and recommending a course of action on behalf of sexual minorities, with the aim of retaining social justice.

4.5.1.3 **Category (c): Following up on cases**

Sexual minorities lack the ability, knowledge, skills and/or channels to follow through when they have been discriminated against (Hepworth et al., 2013), especially because they are often met with prejudice and discrimination, even in institutions where sexual minorities should be receiving the assistance they require. This is often because of their stigmatised status in society. Therefore, when following up on cases, social workers assume a primary role in coordinating the delivery of essential services provided by other resources. Participants perceive their efforts in advocating for the social justice of sexual minorities to also involve following up on cases. Following up on cases includes the assessment of the needs of sexual minorities and ensuring that the needed services are provided in a timely manner (Hepworth et al., 2013). This is consistent with what the following participants communicate in the narratives below:

I follow on the process at the police station to see to it that they receive a case number, the court dates are given on time, maybe they going to get back to them or whatever it is that needs to happen from the police station to maybe the department of justice. (Participant A)

I have only had experience here at court and a lot of the times, a lot of explaining to other stakeholders where they are coming from and how they can actually approach the whole situation as well. (Participant E)

From the above narratives it is evident that social workers perceive their role in advocating for sexual minorities to include following up on cases. These efforts are made to ensure that sexual minorities receive the essential services that they require, like any other individual, without being discriminated against. In advocacy theory, this action is associated with the instrumental form which is concerned with social workers' engagement with other systems to ensure the rights of sexual minorities and access to the relevant resources. This form of advocacy realises that because of their

marginalised status, sexual minorities may not be able to directly take actions for themselves because of specific challenges that they face. Thus, the actions of social workers as reflected in the above narratives are essential to secure rights and resources for sexual minorities (Freddolino et al., 2004).

4.5.1.4 **Category (d): creating a safe space**

Creating a safe space and building trust are key elements in relationship building with clients in social work, and that this allows a platform from which support can be provided to clients (Marais & Van der Merwe, 2016). In addition, creating a safe space for clients reduces the level of threat and enhances the trust of the client (Hepworth et al., 2013). This is thus an essential task in the social-worker-client relationship. Participants identified that their role in advocating for sexual minorities involved the creation of a safe space for sexual minorities to express their feelings freely. This is reflected in the narratives below:

My role involves creating a safe space for the client, really creating a safe space. (Participant B)

I think, just show that okay, have a platform you know to get them altogether, maybe run programmes where they will have that space to talk about their feelings because obviously it's not ... easy out there, so provide them a space to be able to talk about how they feel and also be able to empower them, I think. (Participant D)

advocating for sexual minorities from a social worker's standpoint would be providing them with a safe space. (Participant F)

Ferguson-Colvin and Maccio (2012) assert that sexual minorities may feel compelled to keep their sexual identity secret because of society's negative views of homosexuality. Having to keep such a secret of an essential part of their lives, sexual minorities may suffer negative mental and physical health outcomes. Therefore, it is essential to provide them with a safe space in which their dignity and the value of who they are, is affirmed. In the above narratives, social workers reflected on the fact that they perceived their role to include the creation of a safe space for sexual minorities to express themselves and their feelings freely, without the fear of being judged or discriminated against. In advocacy theory, the efforts identified by the participants of

creating a safe space for clients can be associated with a case advocacy approach. This approach to advocacy enables sexual minorities to take initiatives in the future and to fight for themselves without the involvement of a social worker (Chibonore & Chikadzi, 2017). This suggests that with the creation of a safe space for sexual minorities to freely express themselves without being judged has the ability to strengthen the voice and confidence of sexual minorities to speak for themselves.

4.5.1.5 **Category (e): Involvement in policy reforms**

Involvement in policy reform suggests the participation of social workers in a process of making changes to laws, regulations and institutions, to address a problem or achieve a goal such as social justice, economic growth, environmental protection or poverty alleviation (OECD, 2006). Social workers are valuable to policy level discussions as they are directly involved with people in communities and therefore can see first-hand how policy influences the everyday lives of the people they work with (Netting et al., 2016). Thus, the involvement of social workers in policy reforms is of utmost importance in advocating for social justice of sexual minorities. The following narratives demonstrate that social workers do indeed perceive their advocacy role as including their involvement in policy reforms.

It goes beyond the office or the work that you do with an individual so maybe it has to go more on advocacy maybe on policies that are being designed for example that are going to cater for everything. (Participant E)

I guess there is roles on different levels, so on a more like macro level social worker should definitely be involved in policy, policy, kind of, what's the right word, kind of reform or advocating for policy that protects all people and the rights, like recognises their rights. (Participant C)

The above narratives show that social workers perceive their role to involve their participation in policy reforms that seek to protect the rights of sexual minorities and policies that affirm their dignity and worth. However, Hepworth et al. (2013) maintain that some organisations place more emphasis on the micro-intervention of social workers, neglecting the macro-intervention that social workers should also be offering.

4.5.2 Sub-theme 1.2: Educator

The role of an educator in social work involves the development of skills of sexual minorities by providing them with pertinent information, giving professional advice, and identifying and modelling alternative behaviour patterns and their consequences, while teaching problem-solving skills and clarifying perceptions (Engelbrecht, 1999; Sibula, 2007). Advocacy theory affirms that education is one of the strategies that social workers can employ in advocating for the social justice of sexual minorities in practice (Lens & Gibelman, 2000). Educational advocacy involves endeavours that social workers undertake on behalf of an individual or a group with the aim of influencing others in the direction of social justice (Freddolino et al., 2004). These efforts were identified based on the categories that were recognised in the participants' responses regarding their role as educators.

4.5.2.1 **Category (a): Educating families**

Education is one of the social work functions which involves an exchange of empowering information between a social work practitioner and a client system. Functioning as educators involves social workers in the activities of teaching, training, outreach, research and scholarship. The two narratives below from Participant K's interview data demonstrate social workers' efforts to undertake the role of someone who empowers through functioning as an educator:

We try to explain to families especially parents because it's not easy for them to accept because when you have a child you expect to have grandchildren. But I also understand the parents because they must also be given time. So, we try and explain to families so that they get to understand this lifestyle. We also do a family conference. (Participant K)

So we provide information, that is, we educate families that have members that are gay or lesbian to understand that their kids are not possessed with demonic spirits, like parents would put it when they find out that a child is lesbian, gay, bisexual or transgender, like they even say that this thing does not exist because God did not create Adam and Steve. (Participant K)

The above narratives describe a social worker's perception of how they employ the role of an educator in their practice with sexual minorities. Social workers noted that

explaining to families is one way of advocating for sexual minorities' acceptance in families. In advocacy theory, educating is one of the advocacy strategies that social workers employ in fighting for social justice (Lens & Gibelman, 2000). Therefore, it can be said that social workers seem to understand the role that they must play in advocating for the social justice of sexual minorities. However, again, their approach to advocacy seems to be that of case advocacy only.

4.5.2.2 **Category (b): Raising awareness**

Dunst, Lucas and Click (2004) argue that awareness campaigns are multimedia initiatives that include a mix of strategies that try to influence the ways in which people think, decide, behave and act. The narrative below demonstrates social workers' efforts to influence how families conceive of sexual minorities, and the way in which families and communities respond and react towards sexual minorities.

We normally do awareness campaigns, where we try to influence the mind-set of the community, for instance we once had a talk about gender stereotypes that we want to construct people and put them in boxes that if you are a girl this is how you should behave and if you are a boy you behave this way

(Participant E)

We also do community work which comes with awareness campaigns

(Participant G)

The narratives above demonstrate social workers' efforts to influence public perceptions of sexual minorities and, consequently, inform ways in which communities react to sexual minorities. Advocacy theory, in this regard, particularly the instrumental form of advocacy, recognises that in some cases, clients may not be able to take actions on their own because of their marginalised status. Therefore, specific actions taken by social workers on behalf of clients become necessary (Freddolino et al., 2004).

4.5.3 Sub-theme 1.3 Broker

The social worker is involved in the process of making referrals to link a family or person to needed resources. Social work professionals do not simply provide information. They also follow up to be sure the needed resources are attained. This requires knowing resources, eligibility requirements, fees and the location of services.

The following is a representation of participants' narratives regarding their role as brokers in their practice in advocating for sexual minorities' social justice. The narratives are presented in categories (a) and (b).

4.5.3.1 **Category (a): Linking to other service providers**

According to Hepworth et al. (2013), to carry out the role of a broker, social workers must have comprehensive knowledge of community resources so that they can make suitable referrals. In addition, the authors assert that familiarity with the policies of resource systems and working relationships with key contact persons are vital to making effective referrals. Regarding the role of social workers to advocate for sexual minorities' social justice, participants noted brokering as one of the main roles that they perceived as being played by social workers. Participants were asked to explain how they undertake the role of a broker in their practice in advocating for sexual minorities. Due to the fact that clients may require resources and knowledge that a particular organisation cannot provide, social workers perform the role of linking clients to other resources. This is evident in the narrative below from one of the participants interviewed.

We do also try to link them with other service providers that would better assist them. (Participant F)

If they need to see a psychologist or something, so we refer them to psychologists. (Participant J)

From the narrative above it is evident that social workers see their role to advocate for sexual minorities' social justice to also include brokering and linking clients with other services and resources that they are sometimes unable to provide. Based on the advocacy theory, the narratives above reflect a case approach to advocacy. Case advocacy varies from case to case and thus links are made to resources based on the case that the individual sexual minority presents (Chereni, 2017).

4.5.3.2 **Category (b): writing letters**

For social workers to perform the role of broker well, they also need to have a working relationship with key contact persons in the relevant organisations and centres, in order to make effective referrals. In the narrative below, social workers identified their connectedness with other organisations as another way in which they advocate for

sexual minorities' social justice, and they emphasised the good relations that they have with station commanders in different areas of communities where sexual minorities reside. Participants explained that their relationship with other stakeholders or other professionals assists them in promoting sexual minorities'.

We are quite known for writing letters of complaints, our organisation is known for that and we also have a good relationship with the station commanders...
(Participant F).

In advocacy theory, particularly in the form of advocacy aimed at protecting the vulnerable, social workers are said to not only speak on behalf of their clients but to also organise and maintain the resources needed to protect and improve the wellbeing and safety of sexual minorities (Freddolino et al., 2004).

4.6 THEME 2: CHALLENGES FACING SEXUAL MINORITIES

This theme focuses on the challenges that sexual minorities face at different levels. (Reygan and Lynette, 2014) noted that sexual minorities continue to face numerous challenges in South Africa, despite the country's progressive constitution. The reviewed literature indicates that sexual minorities experience discrimination in different settings in the society. In this study, participants identified challenges faced by sexual minorities at family level, community level and institutional level. The sub-themes below are presented in accordance with the challenges experienced by sexual minorities. Categories at different levels, and narratives that illustrate the categories, are discussed below.

4.6.1 Sub-theme 2.1: Family challenges

Families are significant role players in the lives of sexual minorities (Alessi, 2013). They can be a source of blame, an impairment to sexual minorities' happiness, or a resource that can improve sexual minorities' well-being. For this reason, sexual minorities experience challenges at family level, as confirmed by the narratives which follow, and which are discussed as part of one of two categories, (a) and (b).

4.6.1.1 Category (a): Lack of acceptance upon disclosure

The following narrative confirms Alessi's (2013) claim that families can be a source of blame and an impairment to sexual minorities' happiness.

Mostly they are not accepted within their families, especially in Christian families, it is difficult for families to accept. Also, parents and families are usually reluctant to accept them because they are scared of their neighbours, they are concerned about what are the neighbours going to do or say.

(Participant J)

The narrative above clearly indicates that acceptance in families after coming out as a member of sexual minorities continues to be among the prevailing challenges that sexual minorities face. The literature reviewed in chapter 2 concurs with this narrative and states that in families where there is someone who ascribes to heterosexist beliefs and may not be accepting of their sexual minority status, it may be difficult for sexual minorities to be accepted and some may even be disowned by their families (Ali and Barden, 2015; Pistella et al., 2016). This is also evidenced by the following narrative:

There are challenges, for instance in one family, the father was refusing to accept and he refused to listen, he was like no, if he is like that, you social worker can take the child to live with you, ...

(Participant L)

This narrative also demonstrates that sexual minorities battle with rejection from their families upon coming out. It can therefore be concluded that social workers are aware of the challenges that sexual minorities face in family settings. However, they only have a limited understanding of these challenges, as is evident from the fact that some challenges that the literature notes in this regard, were not mentioned by the social workers in this study at all. These include a lack of social support, emotional distress and suicidal thoughts (Almeida et al., 2009). This relates to the fact that some of the participants argued that the organisations where they work are to a certain degree not accessible to sexual minorities, because of the scope or mandate of these organisations. It is argued in the literature that social workers tend to ignore their role in social justice issues on claims that it is not the core practice mandate of their organisations (Powell, Garrow, Woodford & Perron, 2013), thus making their services inaccessible to one of the most vulnerable groups in society.

4.6.1.2 **Category (b): Living a double life**

The Oxford Dictionary (2019) defines a double life as the life of an individual who leads two different lives, which are kept separate from each other, often because one of them involves secret, normally illegal or “immoral”, activities. Participants indicated that another challenge that sexual minorities face in their families is living a double life. This has been associated with the fear of rejection by their parents and of being seen as a disappointment in the family, especially in families that hold heterosexual beliefs, as well as in highly religious families (Ali & Barden, 2015). Consistent with this view, participant P noted:

The clients that I see are students, so in their lives as students they are living one life when they go home they are with their families whom they have not disclosed to yet that they are gay, bisexual, they are living another life pretending to be what society claims to be “normal”. (Participant P)

The narrative above reflects that living a double life is a challenge that sexual minorities are faced with in families. The reviewed literature indicates that because of the stigma that is associated with being from a sexual minority group, sexual minorities live a double life where they pretend to be “straight” in different settings of their lives (Escoffier, 1998). Escoffier (1998) notes that, unsurprisingly, this causes a lot of emotional distress for sexual minorities.

4.6.2 **Sub-theme 2.2: Community challenges**

Participants were asked to mention the challenges that sexual minorities face in the communities where these minorities reside. The categories that were identified are presented below in categories (a), (b) and (c), and are supported with participants’ narratives.

4.6.2.1 **Category (a): Hate crimes**

In the interviews, social workers were able to mention the challenges that sexual minorities face in the communities where they live. In the narrative below, the social worker noted that particularly in black communities, hate crimes are evident because of the lack of public knowledge of sexual minorities and what it means to be from a sexual minority group. This is consistent with the claim that hate crimes in black

communities stem from the idea that homosexuality is “un-African”, and that it is still taboo in most black communities. This is also reflected by the narrative below.

Hate crimes that are directed at them for being lesbian or gay, whereby you find that they are sexually abused in order to correcting their behaviour, lack of knowledge of people especially in black communities of not knowing how to engage with them, and the inability to access services like other people because of their sexual orientation. (Participant I)

In the narrative above, the participant indicates that hate crimes are still amongst the most prevalent challenges that sexual minorities face, regardless of the progressive legislation that South Africa has, and that such crimes are especially prevalent in black communities. Koraan and Geduld (2015) support this notion and assert that black lesbians in townships are remarkably susceptible to rape and murder, as merely by being what they are, they challenge traditional gender norms and deviate from what is considered mainstream and the “normal” sexual orientation.

4.6.2.2 **Category (b): Corrective rape crimes**

Participants mentioned that corrective rape crimes are still prevalent in communities, regardless of the progressive legislation of South Africa. The narratives below show that social workers were able to identify corrective rape crimes to still be amongst the major challenges that sexual minorities face in their communities today.

... we've had quite a lot of corrective rape cases in the past but what we find is in the past when they would go to report especially for males, when they go to report it at the police station it's always a point of being ridiculed, they are not taken seriously then it's sort of being passed around as come listen what this person is saying (Participant E)

They are being raped especially in black communities because of being gay and because they say God did not create Adam and Steve. (Participant F)

With lack of acceptance there comes issues of violence and corrective rape crimes that are perpetrated against sexual minorities. (Participant N)

The above narratives reflect the knowledge and ability of social workers to identify the predominant challenges that sexual minorities are confronted with in communities where they reside. The narratives concur with Koraan and Geduld's (2015) notion that corrective rape is especially a concern for black lesbians, because much of the popular discourse in South Africa suggests that lesbianism is a taboo and that same-sex desire is not indigenous to South African culture. In addition, the participants' narratives suggest that police officials do not take corrective rape crimes seriously. This might well be one of the reasons for the lack of statistical records of corrective rape crimes: victims of corrective rape sometimes do not report the crime because they know that police officials do not take cognisance of such reports and, instead, pass the report around as something to joke about in their office (Di Silvio, 2010; Koraan & Geduld, 2015).

4.6.2.3 **Category (c): Substance abuse**

In the narrative below, the participant identified substance abuse as one of the challenges that sexual minorities are confronted with as a result of the lack of acceptance in their families:

In my experience working here, there was one problem downstairs through our intervention here was substance use problem which seem to stem from as a result of family challenges as a result of their sexual orientation

(Participant C)

Participants in the study noted that substance abuse was still amongst the most prevalent challenges that sexual minorities face as a result of prejudices towards them. Kelly et al. (2015) note that substance abuse in sexual minorities is caused by factors such as fear of disclosure and of rejection by family members. In addition, the authors assert that the need to belong to a majority group prior to the coming out process is amongst the factors contributing to and perpetuating substance abuse in sexual minorities (Kelly et al., 2015).

4.6.3 Sub-theme 2.3: Institutional challenges

Participants were asked to mention and explain the challenges that sexual minorities face in institutions. The categories identified in this regard are presented as categories (a), (b) and (c) below and are supported by participants' narratives.

4.6.3.1 **Category (a): Educational institutions**

Francis (2017) asserts that educational institutions are not only for the acquiring of academic knowledge but that they are also places where young people and their educators do extensive work on the construction of their identities, in a variety of ways. This identity construction often involves issues of sexuality, which is intimately connected with struggles of gender. Thus, sexual minorities especially experience serious discrimination and homophobia in schools. The narratives below confirm this view.

We also had a case where a child was chased out of school because she refused to wear skirts because she was a lesbian. (Participant L)

I remember the one girl that was referred to me, she was lesbian and she did not want to wear girls clothes at school and there was a confusion in terms of where she must stand in school assembly, whether or not she should stand in the girls or the boys line because she was wearing pants and the teachers were shouting at her. (Participant O).

The narratives above show that the social workers know that sexual minorities face challenges at school. In these narratives, it is noticeable that teachers behave in a homophobic manner towards sexual minorities, confirming Francis' (2017) findings. This attitude of teachers can be traced back to the fact that they are also part of the society that holds negative beliefs about homosexuality. Butler et al. (2003) argue that, customarily, education has discriminated against minority groups and is only now undergoing radical transformation.

4.6.3.2 **Category (b): Religious institution**

Religion plays a crucial role in shaping ideologies that exist in societies today. Christianity, in particular, has had a significant influence in shaping a negative public perception of homosexuality, with its anti-homosexual beliefs. This is supported by the participants' narratives, which show that religion, especially Christianity, continues to pose challenges for sexual minorities, especially in terms of coming out to their families. The narrative below concurs with this.

With the first client her parents, family is very religious and I think that's a huge part of the Christian and I think her father runs a ... has a congregation and the

mom is also involved in the church so that a very big part of their life and obviously why she doesn't want to tell her family because she thinks that, sort of in her words it would crash them as parents but also what will the rest of the community say because they are so involved in the community and they are looked up to. (Participant P)

From the above narrative it can be deduced that sexual minorities whose families are religious are more likely to not come out to their families. Several researchers support this notion and argue that families who ascribe to heterosexist beliefs may not be accepting of sexual minorities (Ali & Barden, 2015; Pistella et al., 2016). Participants identified how religious, especially Christian, organisations and families reinforce notions that same-sex relations are un-African and un-Godly (De Ru, 2013). However, seeing that South Africa has one of the most progressive constitutions, which affords human rights and prohibits discrimination on the basis of sexual orientation, it is questionable whether religious organisations can still proudly say that they cannot accept gay people in their organisations.

4.6.3.3 Category (c): Access to public facilities

Victor and Nel (2016) argue that current South African healthcare practices often assume heterosexuality in service delivery, which adversely influences the nature of help and support rendered to LGBT people and hinders such people's access to healthcare services. Lack of access to healthcare facilities was indicated by the social workers in this study as a challenge that still prevails in the case of sexual minorities. The narrative below illustrates a social worker's explanation of how ignorant some healthcare practitioners still are regarding sexual minority issues. This coincides with Nel's (2007) claim that various healthcare providers in South Africa appear ignorant of sexual orientation issues or have difficulty in providing adequate services to sexual minorities.

...the inability to access services like other people because of their sexual orientation. Services such as clinics, when they go to clinics nurses would make comments such as if you were not isitabane, this and that would not have not happened so you find that they are ashamed to visit clinics or medical facilities without the fear of being judged for who they are, the nasty comments that would come with professionals, and also there is a whole lot of professionals,

whom should know better would discriminate for being who they are which makes it difficult for them to have free access to services (Participant I)

From the narrative it is evident that healthcare professionals seemingly do not take issues of sexual minorities seriously. Instead, they blame them for their illness and injuries on claims that they are the reason for the illness or injury; i.e., if they were not gay, they would not be sick. This confirms Nel's (2007) finding that South African healthcare practitioners, and the entire society, are still homophobic.

4.7 THEME 3: NATURE AND TYPES OF SERVICES PROVIDED TO SEXUAL MINORITIES IN SOCIAL WORK PRACTICE THROUGH ADVOCACY THEORY

As discussed in the previous chapters, in advocacy theory, social workers provide services to sexual minorities on different levels of intervention. These include the micro-, mezzo- and macro-level of intervention (Ebue et al., 2017). Participants were asked to name the nature and types of services that they provide to sexual minorities at each of these levels of intervention. A number of sub-themes and categories were identified within the theme of the nature and types of services offered to sexual minorities. These sub-themes and categories are discussed below, supported by the relevant theory, as well as the participants' responses.

4.7.1 Sub-theme 3.1: Micro-level of Intervention

The nature of the services provided to sexual minorities by social workers at the micro-level, through advocacy theory, are direct services to sexual minorities, couples and their families (Ebue et al., 2017). In rendering services at this level, social workers engage with individuals, couples and families in order to solve problems. These engagements happen through the provision of counselling and educational services. Therefore, the nature of the services provided to sexual minorities at this level are concentrated on deep, direct and extensive engagements in order to facilitate change in individual behaviour or relationships (Ebue et al., 2017). Below is a representation of the two categories ((a) and (b)) that were identified in the participants' narratives with regards to the types of services they provide to sexual minorities through advocacy theory on the micro-level of intervention.

4.7.1.1 **Category (a): Individual counselling**

Based on advocacy theory, counselling is associated with creating support to enhance functioning, a form of advocacy that recognises the efforts that are made by social workers to improve the emotional sustenance of sexual minorities (Freddolino et al., 2004). In this category, participants mentioned individual counselling as a type of service that they provide to sexual minorities through advocacy theory to assist these minorities in dealing with the challenges that they face within their families. This is reflected in the narratives below:

We do individual counselling services where we encourage them to feel confident in themselves and stick to what they believe about themselves.

(Participant K)

So that's counselling individual, basically as well, so that we can be able to support them emotionally and determine the kind of assistance they will need afterwards. (Participant E)

In agreement with the above narratives, Zazzarino and Bridges (2019) maintain that, due to the stigma and discrimination that sexual minorities face, counselling services become an essential need for them. Participants noted that individual counselling was indeed the type of service they provided the most to sexual minorities in practice. This reflects the efforts that social workers make to advocate for the social justice of sexual minorities in practice on a micro-level, as they meet sexual minorities in their day to day practice.

4.7.1.2 **Category (b): Family conference**

As a form of advocacy, creating support to enhance functioning alludes to the fact that social workers practising this type of advocacy with sexual minorities realise the importance of the connection between support systems, especially a family support system, and the wellbeing and functioning of sexual minorities (Freddolino et al., 2004). This is because they know that families can be a source of blame and an impairment to sexual minorities' happiness, or a resource that can improve sexual minorities' well-being (Alessi, 2013). Therefore, it is of paramount importance that in their efforts to advocate for the social justice of sexual minorities, social workers involve the families of sexual minorities in their intervention programmes, in order to enhance sexual minorities' functioning. Macgowan and Pennell (2002) note that family

conferencing is one way social workers can use to enhance the well-being and social functioning of sexual minorities by improving the family support system. This is reflected in the following narratives:

We do family conference where everyone in the family will sit together and express their feelings, how they feel about the situation and we try to make them understand that this is what is happening and it's not going to change, you rather accept it. (Participant L)

We do family conference and we try and give information to the family members and we try and make them understand that they need to be supportive towards sexual minorities, so we meet with the families for a number of times to monitor the progress of the family. (Participant M)

In the narratives above, the participants mentioned family conferencing as one of the services they provide to sexual minorities on the micro-level of intervention. Given the value of a supportive family to sexual minorities (Macgowan & Pennell, 2002), it is unsurprising that this is associated with a decrease in the number of challenges that sexual minorities face on a family level. In addition, the participants in the narratives above strongly believe that their effort to provide family conferencing services is a strategy that helps to enhance the functioning and well-being of sexual minorities. Supporting this idea, Macgowan and Pennell (2002) maintain that family conferencing is an essential initiative in social work that assists families to create plans to resolve the issues they may have with one another. Participants further confirmed that family conferences are quite effective in working with the families of sexual minorities, who, for different reasons, refuse to accept that one of their family members is a member of a sexual minority group.

4.7.2 Sub-theme 3.2: Mezzo-level of Intervention

As mentioned in previous chapters, the services provided to sexual minorities by social workers at the mezzo-level of intervention are concerned with small- to medium-sized groups (Ebue et al., 2017). The form of advocacy at issue here is creating support and enhancing functioning. This form of advocacy recognises the importance of the organisation of social support for sexual minorities in order to enhance their functioning. Furthermore, this concurs with Frost, Meyer and Schwartz's (2016) idea

that sexual minorities rely on one another for social support. Categories (a) and (b) below were identified in this regard.

4.7.2.1 **Category (a): Support groups**

Dada, Burnhams, Laubscher, Parry & Myers (2018) and Jacobs (2013) assert that in social work, support groups are a most useful way to provide social support to those who have been through the same issues and are therefore able to share their experiences and be a support system for one another. Participants noted that they ran groups separately with sexual minorities, where they provided them with a safe space to express themselves and to share with one another the challenges that they were being confronted with as sexual minorities. In addition, the narrative below shows that social workers also make efforts to equip sexual minorities with life skills that can assist them for survival in the communities where they live. Social workers are quite confident that their efforts in these support groups are helpful, as they assist sexual minorities to have confidence in themselves and to be assertive, but not rude. This is consistent with Sanders (2013), who argues that many sexual minorities who have social support feel empowered and confident about themselves.

With my clients, I do support groups where we give them time to talk about their challenges, with sexual minorities I separate them and have a group specific for them to share their problems, and they get to realise that they are facing the same problems but they are not aware, so through these groups or supervision sometimes because we sometimes see them, individually where we sit down and ask a child how they feel at home and at school you find out that it assists them and it boosts their self-esteem and we also educate them.

(Participant L)

The above narratives show that the participants identified support groups as one of the services they provide to sexual minorities in practice. Frost et al. (2016) suggest that social support is an essential resource that is influential in negotiating the different forms of stress that sexual minorities encounter in their daily lives. The authors argue that social support can be enacted in different ways, including the creation of support groups to provide emotional support to sexual minorities. The participants in this study noted support groups as a service and a platform they provide for sexual minorities to be able to receive emotional support from one another in a group.

4.7.2.2 **Category (b): Victim and Empowerment Programme (VEP)**

The National Policy Guideline asserts that the victim and empowerment programme (VEP) is a continuing care service that is provided to an individual or a group that has suffered harm, trauma or material loss due to crime, and violence (Department of Social Development, 1997). In addition, Phaswana-Mafuya, Peltzer, Mlambo, Mkhonto and Tabane (2012) add that in social work, VEPs are necessary to help survivors of crime and violence to heal and to move on from the harm that they suffered. Furthermore, these authors assert that VEPs include the provision of practical services, such as court support, to clients. This assertion is consistent with practical advocacy, which maintains that social workers assist sexual minorities in different ways, including accompanying them to court appeals. Participants stated that they provided VEPs to sexual minorities who have suffered crime and violence. This is reflected in the narrative below:

Here we do VEP (Victim and Empowerment Programmes) we offer court support, so we deal with people who are victims of violence, crime and violence.
(Participant A)

In the above narrative, the participant noted their efforts in providing VEPs to sexual minorities who have suffered crime and violence. In addition, participants noted that they provided this service to sexual minorities in order to restore their dignity and worth. This is consistent with the National Policy Guidelines, which maintain that the aim of VEPs is to restore the loss or damage caused by criminal acts through actions intended to empower the victim to deal with the consequences of the event (Department of Social Development, 1997).

4.7.3 Sub-theme 3.3: Macro-level of Intervention

At this level of intervention, social workers provide services on a larger scale, involving communities. In addition, some scholars maintain that services provided at macro-level in social work include a process of social planning and community organisation that is aimed at bringing about change in communities and in policy arenas (Hepworth et al., 2013; Ebue et al., 2017). At this level of intervention, the cause advocacy approach becomes applicable, as it involves a process where people work together to effect change in policy practices and laws that affect all individuals in a specific group

or class (Chibonore & Chikadzi, 2017; Dalrymple and Boylan, 2013; McLaughlin, 2009). The category (a) identified at this level, is presented below.

4.7.3.1 **Category (a): awareness campaigns**

On a macro-level of intervention, participants noted that they ran awareness campaigns on issues facing sexual minorities in communities, because of the negative perception that people have of sexual minorities, which, in turn, leads to discrimination and violence that sexual minorities suffer at the hands of their own communities. In social work, awareness campaigns are considered multimedia initiatives that include a blend of strategies that try to influence the ways in which people think, decide, behave and act (Dunst et al., 2004). Participants identified awareness campaigns as a strategy they utilise to influence the negative perception that people have towards sexual minorities. With these strategies, participants noted that they try to eliminate discrimination, the hates that people have of sexual minorities and the belief that “God did not create Adam and Steve”, as it was put earlier. This is reflected by the following narrative:

We also run gender awareness campaigns as well with unemployed people as well as professionals. So, this is to get people to be educated around issues of gender within the community or at home basically to get people to be aware that we all different and therefore should be more accepting. We also talk about the difference between sex and gender and concepts like equality and inequality. (Participant F)

From the above narrative, it is evident that social workers are confident that they make an effort to raise awareness around issues of sexual minorities. It is also acknowledged that awareness campaigns are part of macro-level intentions in social work that are effective in influencing the ways people act and behave (Hepworth et al., 2013; Ebue et al., 2017). However, participants did not refer to their efforts to influence policy and to strengthen the legislation that protects sexual minorities from the violence and crime that they are faced with in their communities.

4.8 CONCLUSION

In conclusion, this chapter presented the perceptions of social workers on their role to advocate for sexual minorities' social justice in terms of themes, sub-themes,

categories and narratives by the participants. The study experienced challenges, though, in collecting more in-depth insights from the participants, due to the fact that most of the participants argued that they do not advocate for sexual minorities' social justice in their practice. The narratives presented in this chapter represent the most articulated discourses. Many of the narratives were more related to the effort that social workers make to advocate for sexual minorities' social justice within the different settings in which they practise. The chapter that follows will offer integrated conclusions based on the key findings of the study, followed by recommendations for social work practice in a South African context and for future research.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The aim of the study reported in this thesis was to gain an in-depth understanding of the perceptions of social workers on their role to advocate for the social justice of sexual minorities in the Western Cape (South Africa). A lot of literature exists on the challenges facing sexual minorities in South Africa, and on the services provided by social workers, based on advocacy theory. However, no research has been conducted on the specific topic of this study, in the South African context, except that of Logie et al. (2008), Alessi (2013) and Subhrajit (2014), which investigated the challenges that sexual minorities face, and the social stigma associated with homosexuality. This chapter presents the conclusions that can be drawn on the basis of the data regarding social workers' perceptions on their role to advocate for sexual minorities' social justice in South Africa, as well as some recommendations, for social work and for future research, that follow from the study's findings.

5.2 CONCLUSIONS

This section contains the conclusions that can be drawn on the basis of the empirical investigation reported in this thesis, as presented in the previous chapter. The conclusions are offered within the context of social work practice in the Western Cape Province of South Africa. Below, conclusions are presented according to the following themes:

- Social workers' role in social justice of sexual minorities.
- Challenges facing sexual minorities.
- Nature and types of services provided to sexual minorities through advocacy theory.

5.2.1 Social workers' role in social justice of sexual minorities

On the basis of the literature review provided in Chapters 2 and 3, and the perceptions of the social workers who participated in this study (as reported in the previous chapter), it is evident that social workers assume different roles in their efforts to advocate their clients. These roles include being an advocate, an educator, and a broker.

- Advocate

According to the perceptions of social workers, their role in advocating for sexual minorities' social justice involves being advocates, as, for example, when they accompany a victimised client to open a case at the police station. In addition, acting as advocates for sexual minorities also involves social workers speaking on behalf of sexual minorities, when they can no longer speak for themselves, because of their marginalised status in the spaces they find themselves in, especially within their families. This also includes social workers following up on cases of victimisation to ensure that all the processes that needed to be followed by the justice system or at the police station – from opening a case to receiving a case number – are indeed followed, without discrimination. Social workers perceived their advocacy efforts to involve creating a safe space for sexual minorities to express their concerns and becoming involved in policy reforms on behalf of sexual minorities.

- Educator

As educators, social workers regard it as one of their responsibilities to counsel sexual minorities' families, and especially their parents, to provide them with information and to engage them towards an understanding that their children are not demon-possessed and that being a member of a sexual minority group is not something to be ashamed of. In addition, social workers noted their efforts to raise public awareness through awareness campaigns, getting people to understand that being a member of a sexual minority is not something to be ashamed of and not something to be frowned upon.

- Broker

Brokering was also amongst the roles that social workers perceived to be part of advocating for sexual minorities' social justice. They saw themselves as acting as

brokers when they linked sexual minorities to other service providers when they required a service that, due to the scope of their organisational practice, social workers could not provide. They also noted writing letters of complaint when sexual minorities had not received fair treatment from the justice system as another way of brokering. In this regard they noted their strong professional relationship with the station commanders of different police stations as facilitating their brokering for sexual minorities.

The following conclusions were drawn in respect to social workers' roles as advocate, educator and broker:

- Surprisingly, the social workers' narratives demonstrated professional knowledge of identifying, in some way, their role in advocating for sexual minorities' social justice at various practice settings, regardless of the scope of practice of their organisations.
- The literature suggested that social workers' roles in advocating for sexual minorities' social justice included them acting as facilitators, coordinators and promoters of legal support for sexual minorities. However, the social workers who participated in this study did not explicitly identify these roles.

5.2.2 Challenges facing sexual minorities in South Africa

This section focuses on the challenges facing sexual minorities, as identified by social workers in practice. Social workers identified challenges that sexual minorities face at family level, community level and institutional level.

- Family challenges

Family challenges that were identified by social workers include the lack of acceptance that sexual minorities faced upon disclosing their sexual orientation to their families. In addition, social workers noted that substance abuse was another challenge that sexual minorities faced as result of being rejected by their families. This rejection was also said to hinder sexual minorities from expressing their true selves in their families, because they were expected to behave in a certain way, forcing them to lead a double life. Social workers noted that this was more prevalent in families who were religiously affiliated, particularly with the Christian religion, and who ascribed to values of heterosexuality.

- Community challenges

Community challenges identified by social workers were hate crimes, corrective rape and substance abuse. These were noted by the participants to still be amongst the prevailing challenges that sexual minorities continue to face in the Western Cape. However, in their identification of corrective rape as a challenge that still prevails at community level, social workers emphasised the fact that this happened in the past.

- Institutional challenges

Institutional challenges that social workers identified as still being faced by sexual minorities included challenges in educational institutions, such as schools, and religious institutions, such as churches, as well as a lack of access to health care institutions because many South African health practitioners were considered homophobic.

Key conclusions regarding the challenges faced by sexual minorities were the following:

- Social workers mentioned that the practice scope of their organisations was somewhat exclusive and made it difficult for sexual minorities to approach their organisations for help. For this reason, social workers felt that the organisations they worked for were not open to sexual minorities. Because of this, sexual minorities lacked access to organisations that could be of assistance to them in fighting for their rights.
- Social workers identified challenges facing sexual minorities at community level (hate crimes, corrective rape crimes) in a more general way. For this reason, it can be argued that social workers are less involved in practice with sexual minorities and hence their ability to identify issues facing sexual minorities is more general, rather than being a result of their own experiences working with sexual minorities.
- Social workers could not identify an extended scope of challenges that face sexual minorities at intrapersonal and interpersonal levels, i.e. challenges that sexual minorities experience within themselves.

5.2.3 Nature and types of services provided by social workers to sexual minorities through advocacy theory

This theme focused on the nature and type of services provided to sexual minorities in social work practice, through advocacy theory. From the information gathered, it was evident that social workers provided preventative services at different levels of intervention, namely at the micro-, mezzo- and macro-level.

- Micro-level of intervention

At this level of intervention, social workers noted that they provided direct services to individuals and families. These include individual counselling and family conferences.

- Mezzo-level of intervention

At the mezzo-level, social workers noted that they provided support services to enhance the functioning of sexual minorities. They stated that, in doing this, they were providing sexual minorities with support groups, in order for them to share experiences with one another. Also, Victim and Empowerment Programmes were amongst the services that social workers identified as providing to sexual minorities, and, particularly in this kind of service, social workers also provided court support for sexual minorities when they had experienced crime and victimisation and needed to appeal in court. However, social workers also noted that during such court proceedings, sexual minorities did not normally attend the sessions, due to the fact that sometimes family members, to whom they had not yet disclosed their sexual orientation, also attended court, making this a difficult situation.

- Macro-intervention

At the macro-level of intervention, social workers pointed to their endeavours to raise awareness by running awareness campaigns within communities in an effort to influence public awareness of sexual minorities.

Key conclusions that were reached on the nature and types of services provided by social workers to sexual minorities through advocacy theory, were the following:

- **Micro-level-** Social workers seemed unsure of the services that they provided specifically to sexual minorities in their practice. They claimed that this was due to the fact that they did not have services that were specifically tailored to sexual

minorities. Therefore, the services provided to sexual minorities by social workers at the micro-level were limited to assisting them with issues of disclosure to their families.

- **Mezzo-level-** Social workers demonstrated an ability to identify the nature and type of services that they provided to sexual minorities at this level. They alluded to the provision of support services to enhance sexual minorities' social functioning through the provision of support groups and VEP programmes.
- **Macro-level-** Social workers could not identify their involvement in policy reforms to advocate for sexual minorities, on a larger scale of intervention. It seemed that social workers either chose to focus on one level, namely on the micro-level, or they were limited by the scope of practice of the organisations they worked for.

5.3 INTEGRATED CONCLUSIONS

The following are the integrated conclusions that can be drawn from the four themes, in relation to the role of social workers in advocating for the social justice of sexual minorities in South Africa.

- Social workers assume the roles of advocates, educators and brokers in their efforts to advocate for the social justice of sexual minorities in South Africa.
- The literature suggested that social workers' roles in advocating for sexual minorities' social justice included that social workers be involved as facilitators, coordinators and promoters of legal support for sexual minorities. Social workers could not identify the aforementioned roles, though.
- Social workers who were interviewed had provided services to sexual minorities in practice. This yielded the most relevant professional knowledge of the roles and services that are provided to sexual minorities in practice.
- All social workers who were interviewed were working as social workers at the time of the study and had been doing so for a minimum of one year, which meant that they were in a better position to provide professional input in terms of their perceptions of the role of social workers in advocating for sexual minorities' social justice.

- The organisations where the social workers were working at the time of the study, were said to be closed to sexual minorities because of their scope of practice. This means that sexual minorities find it difficult to approach such organisations for help, because these organisations are not accessible to sexual minorities. Child protection services and women and children organisations, for example, tend to limit their attention to their target group, leaving sexual minorities unable to access social work services that could be beneficial to them.
- Social workers were able to identify specific challenges that sexual minorities continued to face. However, this was on a more general view, which showed that social workers were less involved in service provision for sexual minorities.
- Social workers could not identify any involvement in policy reforms, which is problematic, as it alludes to the fact that social workers focus their efforts on a micro-level of intervention and hardly ever on a macro-level.
- Social workers seemed unsure of the services that they provided specifically to sexual minorities in practice. This was due to the fact that social workers did not have specific services that were tailored to sexual minorities' needs. Therefore, social workers provided the above-mentioned services at the micro-level of intervention.
- Social workers could not identify an extended scope of challenges that faced sexual minorities at the intrapersonal and interpersonal levels, i.e., that sexual minorities experienced within themselves.
- Services provided to sexual minorities on a micro-level were limited to assisting with issues of sexual minorities' disclosure to their families. This does not demonstrate intervention by social workers in terms of other challenges facing sexual minorities at this level.
- There are no specific guidelines that assist social workers in rendering services to sexual minorities, in practice.

5.4 CONCLUSIONS ON THE ATTAINMENT OF THE OBJECTIVES OF THE STUDY

The study focused on gaining an understanding of social workers' perceptions on their role to advocate for the social justice of sexual minorities in South Africa.

Recall that the study had the following objectives:

- To critically discuss the nature and the types of services provided to sexual minorities in social work practice, based on advocacy theory. This objective was achieved in Chapter 2 of the thesis, where a detailed discussion was provided of (1) the theoretical underpinnings of the study, namely, advocacy theory, and (2) the nature and types of services that are provided to sexual minorities through advocacy theory, at the different levels of intervention in social work, namely, micro-, mezzo- and macro-.
- To contextualise the challenges facing sexual minority groups within a South African Context. This objective was achieved in Chapter 3 of the study, where an overview was provided of the historical and current policy and legislation of same-sex relationships in South Africa and the challenges that sexual minorities continue to face, even with the country's progressive legislature.
- To empirically investigate social workers' perceptions on their role to advocate for social justice of sexual minorities. Chapter 4 reflects on the achievement of this objective. The findings from the 16 social workers were presented. Narratives were extrapolated, analysed and discussed in the form of themes, sub-themes and categories. The themes were matched to sub-themes, categories and participants' narratives, and analysed in relation to advocacy theory.
- To draw conclusions and present recommendations on social workers' perceptions on their role to advocate for social justice of sexual minorities in South Africa. In the first part of this chapter, specific conclusions were presented, and, next, the recommendations will be presented.

5.5 RECOMMENDATIONS

Three sets of recommendations are made below on the basis of the study's findings. Firstly, some recommendations are directed at social work organisations and social work practitioners, to improve service rendering by social workers and the

organisations in which they are employed. Secondly, recommendations are made to educational institutions, and, lastly, recommendations are made for further research.

5.5.1 Recommendation to organisations where social workers practice

- Social workers are obliged by their code of ethics to protect and promote the human rights and dignity of vulnerable groups. In addition, they are required to advocate for the social justice of vulnerable groups in their practice. From the literature overview provided in Chapters 2 and 3, it is evident that sexual minorities are one of these vulnerable groups. Therefore, it is recommended that organisations where social workers are employed need to provide continuous professional development workshops and training on issues related to advocacy and its implementation in practice.
- Social work organisations need to start preparing to advocate for sexual minorities and the challenges that they face because of heterosexual beliefs clouding society. Thus, it is recommended that irrespective of their scope of practice, social work organisations must have services that are tailored specifically to sexual minorities, based on the challenges they face.
- Services provided to sexual minorities in social work should not only be limited to intervening with issues of sexual minorities' disclosure to their families, but should also be directed at intervening on all the identified challenges that sexual minorities face.
- Social work organisations need to broaden their scope of practice to include service provision to sexual minorities. This means that social work organisations must open themselves to vulnerable people in communities, irrespective of their scope of practice. Thus, social work organisations should be more accessible to sexual minorities.
- It is recommended that social work organisations need to create a practice framework or practice guide for social workers' service rendering to sexual minorities in practice.

5.5.2 Recommendations to social work practitioners

- Social work practitioners need to keep themselves updated about current literature on advocacy.
- In stating their perceptions on their role to advocate for the social justice of sexual minorities, the social workers in this study did not identify collaboration as a way in which they could play a role in advocating for sexual minorities' social justice. Therefore, it is recommended that social workers consider collaborations with other social services professionals, such as police officers, nurses, doctors, and psychologists, and establish a vulnerable population forum where they can target issues of sexual minorities and how they can assist.
- Social workers need to provide services that directly address the challenges that sexual minorities continue to face in practice.
- Social workers should be proactive in their efforts to render services to sexual minorities.
- Religion has been noted as a huge issue in shaping the way in which people act and behave. This could, therefore, serve as a barrier to social workers, making them reluctant to provide services to sexual minorities. Therefore, it is recommended that social workers must be willing to provide services to sexual minorities, regardless of their religious beliefs. Their professional values and beliefs may be helpful in this regard.

5.5.3 Recommendations to educational training institutions

- Theories and models of social work must include a unified advocacy theory. In addition, social work students must be taught how to intervene with vulnerable and marginalised groups in society
- Social work education tends to focus more on equipping students to intervene at a micro-level, with less emphasis on macro-level practice. Therefore, it is recommended that social work education devote more time to teaching students effective intervention strategies at a macro-level.

5.5.4 Recommendations for Further Research

- The willingness or preparedness of social workers to provide services to sexual minorities is concerning. Therefore, both qualitative and quantitative research efforts are recommended to determine how prepared social work organisations are to provide services to sexual minorities in South Africa. This is important as the study reported here identified that there is a thin line between the scope of practice of organisations where social workers work, and their willingness or preparedness to provide services to sexual minorities.

It is hoped that the current study has, if even only in a humble way, contributed to our understanding of social workers' perceptions of their roles in advocating for the social justice of one of the most vulnerable groups in South African society.

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ANNEXURE A: CONSENT FORM
STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH ON
THE PERCEPTIONS OF SOCIAL WORKERS ON THEIR ROLE TO ADVOCATE
FOR SOCIAL JUSTICE OF SEXUAL MINORITIES

You are asked to participate in a research study conducted by S. Nyembezi, a master student from the Department of Social Work at the University of Stellenbosch. The results of the study will become part of a research report and a peer reviewed journal. You are requested as a possible participant in this study because you are a registered social worker that is based in the Western Cape.

Purpose of the study

The goal of the study is to investigate the perceptions of social workers on their role to advocate for social justice of sexual minorities.

Procedures

If you volunteer to participate in the study, you would be required to do the following:

A semi-structured interview that will be used to gather information confidentially.

Potential risk and discomfort

Any uncertainties on any of the aspects of the schedule you may experience during the interview can be discussed and clarified at any time

Potential benefit to subject and or society

The results of the study will enhance a comprehension of the perceived role of social workers to advocate for social justices of sexual minorities. In addition, this information could be used to improve service rendering of social workers to vulnerable groups. The study could raise awareness to social workers community on use or utilization of advocacy role in social work practice.

Payment for participation

Participants will not receive any form of payment for participating in the study.

Confidentiality

Any information gained through the study that can be identified with the participant will remain confidential and will not be disclosed unless permission to do so has been granted by you. Confidentiality will be maintained by means of coding where each questionnaire will be numbered. All questionnaires will be managed, analysed and processed by the researcher and will be kept in a password protected computer.

Participation and withdrawal

You are free to choose whether to be in the study or not. If you volunteer to be in the study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer and still remain in the study.

Identification of student-researcher

If you have any concerns or questions about the research, please feel free to contact Dr. Z.F. Zimba (supervisor) Department of Social Work, Stellenbosch University tel. 021 808 2488

Rights of research subjects

You may withdraw your consent at any time and discontinue participation without any penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

Signature of research subject or legal representative

The above information was explained to me the participant by In English and I am in command of this language or it was satisfactorily translated to him/her. the participant was given an opportunity to ask questions and answers were provided to the questions satisfactorily.

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 participant] [he/she] was encouraged and given ample time to ask questions. This conversation was conducted in English and no translators used.

Signature of investigator.....

Date.....

ANNEXURE B: IN-DEPTH INTERVIEW GUIDE FOR SOCIAL WORKERS

These questions were not asked in the order given below; it will all depend on the responses that will be given by the participants. In addition, the questions do not represent the exact manner in which they will be asked.

Section A: Personal information

Area of practice

Years of experience

THEMES OF THE INTERVIEWS

THEME1: Perceptions of social workers on their role to advocate for social justice of sexual minorities.

- What is your perception on the role of social workers to advocate for social justice of sexual minorities?
- What do you perceive to be your role in advocating for social justice of sexual minorities?

THEME 2: Challenges facing sexual minority groups within a South African Context.

- Mention challenges you have identified that are facing sexual minority groups.
- How do you use the advocacy role on the identified challenges to advocate for social justice of sexual minorities in your practice?

THEME 4: Types of services provided to sexual minorities

- What are the types of services do you provide to sexual minority groups in social work practice?
- What is the nature of the services you render to sexual minorities in your practice?
- Which Services do you provide, please be specific?
- How do you provide the services to sexual minority groups through Advocacy Theory?

ANNEXURE C: LETTER TO ORGANISATIONS

05 Botmashoogte Cnr
Helshoogte and Protea
Road, Idas Valley,
Stellenbosch 7600
0613443935

DATE: 03 June 2019

The manager/Director

RE: REQUEST FOR PERMISSION TO CONTACT SOCIAL WORKERS AT YOUR ORGANISATION TO PARTICIPATE IN A STUDY

I Sinazo Nyembezi student number 17796350, the undersigned, I am a Master student at Stellenbosch University in the department of Social Work. In fulfilment of requirements for a Masters degree, I have to undertake a research project and have consequently decided to focus on the following research topic: **Perceptions of social workers on their role to advocate for social justice of sexual minorities**. I, therefore, request for permission to contact social workers in your organisation to ask for their permission to participate in the research project. Social workers will be requested to participate in the study at their own professional personal capacity. The perceptions they will give will not be views of the organization, but their own professional views. Times for the interviews will be organized based on the availability of social workers.

This study has the following aims (1) to contextualise the challenges facing sexual minority groups within a South African context (2) to critically discuss the nature and the types of services provided to sexual minorities in social work practice based on the advocacy theory (3) to empirically investigate the perceptions of social workers on their role to advocate for social justice of sexual minorities (4) To draw conclusions and present recommendations on the perceptions of social workers on their role to

advocate for social justice of sexual minorities in South Africa. It is further anticipated that the findings of the study could have implication in to social work practice with sexual minorities.

I have attached ethical clearance from the Research Ethics Committee of my University for your Perusal.

Your favourable consideration of my request will be appreciated.

Yours Sincerely

Sinazo Nyembezi

(Researcher)



ANNEXURE D: ETHICAL CLEARANCE

NOTICE OF APPROVAL

REC Humanities New Application Form

19 October 2018

Project number: 8584

Project Title: PERCEPTIONS OF SOCIAL WORKERS ON THEIR ROLE TO ADVOCATE FOR SOCIAL JUSTICE OF SEXUAL MINORITIES

Dear Miss Sinazo Nyembezi

Your REC Humanities New Application Form submitted on **15 October 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)
19 October 2018	18 October 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 (**8584**) 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	Final Proposal	15/10/2018	
Informed Consent Form	CONSENT FORM	15/10/2018	
Data collection tool	THEMES	15/10/2018	

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.

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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 **no 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 RECs 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.