Social Workers' Psychosocial Interventions with Child Secondary Victims of Gender-Based Violence: A Case of Four Major Townships in Johannesburg, South Africa.

A report on a study project presented to

The Department of Social Work

School of Human and Community Development

Faculty of Humanities

University of the Witwatersrand

In partial fulfilment of the requirements for the Degree Master of Arts (Social Work) by Coursework and Research Report

By

Muriel Dlamini

September 2022

Supervised by: Dr Nkosiyazi Dube

DECLARATION

I hereby declare that this research report is my own original and unaided work and that I have correctly referenced all the sources utilized. This research report has not been submitted previously for any degree or examination.

Muriel Dlamini

Date: 28 September 2022

ACKNOWLEDGEMENTS

Firstly, I would like to thank God Almighty for carrying me throughout this journey. This research would not have been possible to finish had it not been for His love, grace and mercy. My heartfelt appreciation goes to my amazing supervisor Dr Nkosiyazi Dube for being so understanding and supportive throughout my academic journey and beyond. For being available always and for believing in me, thank you, Dr D! I would also like to thank my former supervisor whom I started this journey with, Dr Ajwang' Warria, your guidance was greatly appreciated.

My special thanks go to the Department of Higher Education and Training- Nurturing Emerging Scholars Programme (DHET-NESP) for granting me this opportunity to achieve my dreams. To the student support department- Razia Moosa and the team, thank you so much for your help and support throughout this journey!

I would also like to thank the authorities from Afrika Tikkun- Wings of Life, Rays of Hope, Ekujuleni Kwenhliziyo Community Development and POWA together with the social service workers who participated in the study. This research would not have been possible if it were not for your willingness.

To my amazing parents, my brother Otinell, and my twinny Melisa, thank you for all your love, encouragement, sacrifices and prayers to the one above on my behalf. I am eternally grateful. To my best friend and prayer partner Jo Zulu, your love, support and prayers were not in vain, I am forever grateful for you. To my friends Mpho and Kgomotso, thank you for always checking up on me and for your support, I appreciate you so much.

Abstract

Gender-based violence (GBV) is a global pandemic that threatens the future of many generations. GBV does not only affect its direct victims but also children who witness it, who then become child secondary victims. Left unaddressed or unspoken, these unfortunate events can affect both their present (childhood) and future lives (adulthood). Globally, South Africa is among the leading countries facing GBV woes. This calls for more intervention, especially for children exposed to violence at home and in their respective communities. Psychosocial interventions by social workers are therefore crucial in assisting children who are secondary victims of domestic and gender-based violence. The study aimed to explore psychosocial interventions used by social workers to address the effects caused by GBV on children. The study employed a qualitative research approach and adopted a case study design. Eight social workers from organizations in four townships (Alexandra, Diepsloot, Soweto, and Tembisa), who have worked with child victims of GBV were interviewed. The participants were invited through snowball sampling techniques. Data was collected through one-on-one individual interviews using a semi-structured interview schedule as a research tool. The data collected was analysed through manual thematic analysis. The findings of this study revealed that there is a need for child secondary victims of GBV to get access to counselling services after witnessing violence at home as a way of processing and dealing with psychological trauma. They also revealed that, while there is no stipulated intervention used when working with child secondary victims of GBV, the use of more holistic ways of intervention has proven much more effective. Recommendations are made for future research and these call for the need for collaboration between the departments of Basic Education and Social Development, as well as other health professionals, to help curb the negative effects caused by exposure to GBV on children.

Keywords: Social workers, psychosocial interventions, child secondary victims, gender-based violence, townships in Johannesburg, South Africa

Table of Contents

Chapter One: Introduction to the Study

1.1 Introduction

Gender-based violence (GBV) remains a growing threat to many generations across the world. Globally, it is estimated that between 133 and 275 million children are exposed to intimate partner violence (IPV) in their childhood years (Pereda & Diaz-Faes, 2020). Children of all ages, races, and backgrounds are exposed to various forms of violence daily, through their parents or guardians and community members who have exhibited some form of violence in front of them. The Centers for Disease Control and Prevention (2018) note that approximately one billion children are exposed to violence every year in their childhood. These forms of violence range from kidnappings and domestic violence to IPV, which all fall under GBV and gang violence at a community level. In a study by Finkelhor et al. (2009), more than a third of the children who had been part of the study reported having witnessed violence, and 86.6% of those children reported having been exposed to violence within that year, showing that these children were at ongoing risk of victimization. Exposure to such incidents may be traumatic for the children and escalate their risks of suffering both short- and long-term impacts, including effects on their behaviour, social development, physical and mental health, educational attainment, and quality of life (Gregory et al., 2020).

According to Onyejekwe (2004, as cited in Dlamini, 2021), South Africa has a high rate of GBV, inclusive of rape and domestic violence, with endless cases reported daily. In a study by Hatcher et al. (2019 as cited in Muluneh et al., 2020) nearly half (48.4%) of the women in the age range of 15–49, with male partners had experienced IPV. According to Mpani and Nsibande (2015), a 2013 study carried out by Gender Links in four South African provinces had men reporting to have committed violence against women in their lifetime (Nduna & Oyama, 2020). The statistics read as follows, Gauteng: 78%, Limpopo: 48%, Kwa-Zulu Natal: 41%, and Western Cape: 35% (Mpani & Nsibande, 2015 as cited in Nduna & Oyama, 2020).

After such disappointing reports and statistics, especially in Gauteng, the need for social work intervention is highly needed. Intervention is often made a priority for the direct victims of GBV, however, if the same precedence is not granted to the children who witness that violence, the cycle will never stop. Finkelhor et al. (2009) mention that whether direct (victims) or

indirect (witnesses), violence does affect children in a significant way. Slight incidents may result in long-lasting and far-reaching consequences. However, with the guidance of the country's law and legislation, social workers have been able to intervene even with child secondary victims, yet there seems to be not much change when it comes to children becoming violent themselves. This is both as children and as they become adults.

1.2 Statement of the Problem and Rationale of the Study

South Africa is known as one of the leading countries in the world with violence (Sibanda-Moyo et al., 2017). This violence includes violent crimes such as muggings, *smash and grab* cases, violence against women and children, IPV, domestic violence, and GBV. There are various categories of GBV such as physical, emotional, sexual, and financial abuse (Evens et al., 2019). In many families, violence, especially physical abuse, occurs in front of children who later suffer trauma from the exposure. Childhood trauma is a key modifiable risk factor for psychopathology (Danese, 2020). Despite remarkable scientific advances, traumatized children still have poorer long-term outcomes than non-traumatized children (Danese, 2020). Many young children who suffer trauma must attend early care and education programs that offer important opportunities to promote their well-being (Bartlett & Smith, 2019).

Available research reveals that "many young children who witness IPV suffer greater adjustment problems than non-exposed children, while others appear to fare well despite violence exposure" (Howell, 2011, p. 562). This shows that when not addressed as it happens or sooner, children may suffer from psychological trauma that can be very detrimental to their progression into adulthood.

In South Africa, policies, including the National Child Care and Protection policy, have been enacted to protect children from all forms of abuse at all times. This policy is guided by the South African Bill of Rights, Section 28, which states that all children, meaning any person below the age of 18, have the right to be protected from abuse and neglect, among other issues. Children also have access to financial aid from the government such as social security grants, provided by the Department of Social Development through the South African Social Security Agency (SASSA), as well as free or rather subsidized education for most primary and high schools. While these measures have been put in place, children remain victimized through exposure to family violence, and more work still needs to be done to protect children from such detrimental acts of violence that are putting them in negative situations both now and possibly

in the future: McGaha-Garnett mentions that "youth exposure to violence may compromise healthy social relationships and academic potential" (2013, p. 3).

In most school environments, there have been cases of bullying, and the literature has shown that a possible root cause can be violence within the home, with McGaha-Garnett (2013) stating that imitation plays an important role in children when in social and academic spaces: "Children exposed to violent home and community environments may be more likely to imitate, and transfer learned behaviours to the classroom setting. Children often imitate modelled behaviour in social environments, specifically during peer interaction" (McGaha-Garnett, 2013, p. 2).

While extensive literature and studies focus on children and their GBV experiences such as Yoon et al. (2016), Kulka et al. (2020), and Carnevale (2020), there seems to be a gap in studies and literature investigating how social workers intervene with child secondary victims of GBV in townships around Johannesburg, South Africa. Therefore, this study is of great importance as it may help fill that gap by focusing on some of the challenges as well as experiences of working with child secondary victims of GBV from social workers' perspectives.

It is also envisaged that the findings from this study can help spread awareness to the general public, especially in South African townships, about the importance of counselling for children indirectly exposed to GBV at some point in their lives. It is also hoped that this study will add to the literature and initiate debates for research regarding interventions that can be used by some social workers in South African townships to address the effects of GBV, or exposure to thereof, on children.

1.3 Research Question

What are the intervention strategies adopted by social workers in addressing the effects of GBV in secondary victimized children in townships around Johannesburg, South Africa?

1.4 Research aim and objectives

1.4.1 Research aim

The aim of the study was to investigate the intervention strategies adopted by social workers in addressing the effects of GBV in secondary victimized children in townships around Johannesburg, South Africa.

1.4.2 Research objectives

i) To investigate social workers' understanding of GBV and how it affects children who witness it.

ii) To examine the nature of GBV in children as secondary victims from social workers' perspectives.

iii) To explore the long-term effects of secondary trauma caused by GBV on children.

iv) To explore the challenges, if any, of working with child secondary victims of GBV.

v) To ascertain social workers' recommendations with regards to mitigating the effects of GBV in child secondary victims.

1.5 Definition of Key Concepts

1.5.1 Gender-based violence (GBV)

GBV is defined as violence directed against a person based on their sex or gender, and it includes acts of deprivation of liberty by inflicting sexual, emotional, physical, and mental harm or suffering (Dlamini, 2021). This definition was adopted in this study, and it also looks at domestic violence as a form of GBV. As mentioned in Fapohunda et al. (2021), domestic violence is defined by the World Health Organisation (WHO) as the intentional use of force, power, and threats against a person or group of people to bring about death or physical injury. In many cases, the perpetrators are spouses and close family members (Fapohunda et al., 2021). For this study, the definition by Dlamini (2021) was adopted to guide this study.

1.5.2 Child

The United Nations Convention for the Rights of the Child (UNCRC) defines a child as a human being or a person below the age of 18 unless under the law pertinent to the child, the majority is attained earlier (UNCRC, 2021). Likewise, according to the South African Children's Act 38 of 2005, a child is defined as any person below the age of 18 years. Thus, for this study, "children" refers to any person below the age of 18 years.

1.5.3 Secondary victim

Shoham et al. (2010) define a secondary victim as the kin of primary victims, or offenders, or a broader group who are seen to be affected by their association with events rather than their direct association with the primary victim, such as witnesses to crimes or emergency workers who are said to experience vicarious trauma. In this study, a secondary victim refers to a child who has witnessed or been exposed to violence at home through seeing their parents or guardians fighting.

1.5.4 Social worker

According to the South African Council for Social Service Professions (SACSSP, 2007), a social worker can be understood as a trained individual that promotes social justice and social change with and on behalf of client systems (individuals, families, groups, and communities).

1.5.5 Intervention

Loss (2008) defines intervention as an intended, planned, and targeted operation in a system or process aiming to remove or prevent an undesirable phenomenon. The intervention referred to in this study is the methods or program(s) used by social workers when counselling and assisting clients in need.

1.6 Scope of the Study

I approached four organizations that offer charitable services to the residents in four main townships in Johannesburg, namely Alexandra, Diepsloot, Soweto, and Tembisa. These townships were chosen based on the local culture of GBV cases (being very high and more prevalent) in the areas as well as the types of services that are offered by the chosen organizations. The main reason for focusing on these organizations was that they all shared a common act of service – working with vulnerable children and adults exposed to or who experienced GBV at some point in their lives. The first organization approached was Rays of Hope, a hands-on organization in Alexandra township. The organization's close relationships with community leaders, the police, schools, and the Department of Social Development, have enabled it to leverage appropriate assistance where available and necessary (Rays of Hope, 2021).

The second organization was Afrika Tikkun – Wings of Life, which is based in Diepsloot. It is a multi-service non-governmental organization that offers sustainable opportunities for children and young people from cradle to career by giving psychosocial and humanitarian support, such as counselling and handing out food parcels (Afrika Tikkun, 2021). The organization focuses on the empowerment and establishment of young lives through contributions from trusted partners. The third organization was Ekujuleni Kwenhliziyo Community Development Project based in Soweto which provides psychosocial support, counselling, and trauma debriefing sessions, as well as care for orphans and vulnerable children (Ekujuleni Kwenhliziyo, 2021). The fourth and final organization was POWA, based in Tembisa and was founded and based on women's rights. The group provides services to and advocates for women as a means to ameliorate women's quality of life while ensuring that their rights are recognized (POWA, 2021).

1.7 Overview of the Research Design and Methodology Overview

The study employed a qualitative research approach and adopted a case study as a research design. The criteria for the inclusion of the participants were that they had to be fully qualified social workers that worked with children in the GBV field from non-governmental organizations in Johannesburg's four main townships. As noted earlier, these four townships were Alexandra, Diepsloot, Soweto, and Tembisa. Eight participants were invited through snowball sampling techniques, due to other organizations only having one qualified social worker. A semi-structured interview schedule was used as a research tool, while data was collected through one-on-one and telephonic interviews. The data collected was analyzed through thematic analysis.

1.8 Limitations and Delimitations of the Study

The limitations inherent in the study included the following:

- The study focused on only four organizations that were identified in each of the above-mentioned townships in Johannesburg, making it four organizations in total. It was a challenge to reach the desired number of participants (10) who met the criteria for the sample as some organizations employed only one qualified social worker but many auxiliary social workers and volunteers. This is why the final participant size was eight.

- Due to the COVID-19 pandemic and fear of infection, some participants were uncomfortable being in the same space for more than 20 minutes while conducting the interviews. This resulted in shortened and summarized responses even when I kept probing. To mitigate this, I ensured that all COVID-19 protocols were observed during the interviews, including social distancing, wearing masks at all times, and sanitizing before and after the interviews.

1.9 Organization of the Report

This research report comprises five chapters. Chapter One entails a brief background and orientation of the study, the context in which the study was undertaken, as well as the limitations encountered. Chapter Two discusses the literature review of work in the field of GBV as well as an in-depth theoretical framework that was used to guide this study – the Ecological Approach. The research approach, design, and methodology are explored in Chapter Three, where the research approach and design used, the population and sampling procedures as well as data collection, data analysis, and the trustworthiness of the study are also examined. The discussion and analysis of the data collected are presented in Chapter Four, followed by Chapter Five which provides the main findings, conclusions, and recommendations for future research.

Chapter Two:

Literature Review and Theoretical Framework

2.1 Introduction

GBV remains a great threat to the realization of a safe and peaceful world for all residents. This chapter reviews the literature written on GBV issues in South Africa and the world and it's effects on children. According to the researcher, psychosocial interventions on children who have been exposed to GBV and become secondary victims is an under-researched topic in most countries, especially in Southern Africa. Literature that speaks to GBV's psychosocial impacts on children who have been indirectly affected by GBV, as well as the extent to which GBV causes damage in society were explored in this study.

2.2 GBV: A Global Overview

For many families, violence and conflict are a reality (Pepler et al., 2000). GBV is a global health and human rights issue that is experienced in many countries around the world, bearing negative individual and social factors (Decker et al., 2015). According to Dlamini (2021), GBV can be defined as violence aimed against a person, based on their sex or gender, and includes acts of deprivation of liberty through inflicting sexual, emotional, physical, and mental harm or suffering. GBV can be experienced in various forms such as domestic violence, IPV, sexual harassment, and physical, emotional, and financial violence. Domestic violence is defined as "violent, abusive or intimidating behaviour carried out by an adult against a partner to control or dominate that person" (Laing et al., 2013, p. 4). This causes fear, anxiety, and physical harm to the victim (New South Wales, 2003) who are also often called survivors as a term of empowerment. IPV, which is similar to domestic violence, is defined by Modi et al.(2014) as violence perpetrated by a present or ex-intimate partner, spouse or former spouse, whether male or female or LGBTQI+. The World Health Organization approved the IPV definition that states it is seen as behaviour in an intimate affair that may cause physical, psychological, or sexual harm involving physically aggressive behaviour, forced sexual activity, and psychological abuse or controlling behaviour (Modi et al., 2014). Physical violence or aggression may involve slapping, kicking, and hitting one with fists and pushing a person around violently (Ludsin & Vetten 2005) or marital rape while psychological or emotional abuse comprises violent threats,

controlling behaviour that dictates what one should be doing at a certain time and with whom, among other acts.

According to Bent-Goodley (2009), no race is immune to the GBV pandemic. GBV has been more prevalent and detrimental in black African communities, which leaves the victims with greater fatalities and more severe injuries compared to other racial and ethnic groups (Bent-Goodley, 2009). In a study by Fapohunda et al. (2021), it was established that women tend to tolerate and conceal violence because of societal and cultural views, and thus most domestic violence cases are frequently left unreported. Some of the cases are not reported due to the perpetrator being the breadwinner, meaning their arrest would leave the rest of the family famished and in some instances without shelter. Pepler et al. (2000) mention that exposing children to family violence gives them the impression that it is acceptable to be abusive and that violence is justified, especially when one is furious at someone. In another study by Pepler and Moore (1998), it was found that children who grew up being exposed to family violence had challenges focusing on a task, for example, schoolwork or home chores due to internalizing problems like anxiety, social withdrawal, depression, and insomnia or sleep disturbances among other issues. It was found that they were also at the risk of externalizing behavioural problems, such as temper tantrums, aggression, bullying their peers or siblings, and impulsivity. Developmental psychology talks about the social learning theory, which explains that children observe and copy behaviour that is exhibited by their parents and caregivers. When children grow up in homes where violence happens often, they easily learn and become the next generation of either perpetrators or victims of violence (Thormaehlen & Bass-Feld, 1994). When children are not protected from violence in any setting, that same violent behaviour is bound to be perpetuated for future generations.

2.3 GBV in Southern Africa

GBV is not a new phenomenon on the African continent. Historically, thorough patriarchal practices were followed, and many women and children found themselves at the mercy of their husbands and fathers, with some of the aggressive practices disguised in the name of culture and tradition (Mshweshwe, 2020). In the Southern African society, Richter et al. (2010) mention that, men would leave their families, elderly parents, wife/wives, and children back at home to go and work in different places, usually mines, that were far from home. Upon their return visit to the family, women would have to make sure that their husbands were well taken care of, and the children had to ensure they were fully obedient or would risk a beating, should

they exhibit a behaviour that the father did not tolerate. Fathers were known as the disciplinarians in most households and violence was their way of discipline. Most men, more dominantly black African men, grew up with a belief from toxic masculinity that '*real men are strong*', and '*boys don't cry*'. In a study conducted by Raditloaneng (2013), police evidence and reports from cases opened by survivors of GBV were used, and the effects were found to be disproportionate for both men and women as offenders and survivors correlatively. This was because in many African societies, male-dominance and female-subordination is supported and encouraged by the patriarchal practices that are still highly valued in society. Stratton (2020) mentions that in some feminist studies, it has been argued that colonialism is a patriarchal, sexist, and racist order through its ideologies and practices. These indicate that women's statuses deteriorated even more during colonialism, compared to that of the men (Stratton, 2020), which has caused women more than men to be adversely affected by GBV, destitution, and socio-cultural norms (Raditloaneng, 2013). While no race is unsusceptible to GBV, it is important to note that GBV has been more prevalent and detrimental in black African communities, leaving the victims suffering with greater fatalities and severer injuries compared to other racial and ethnic groups around the world (Bent-Goodley, 2009).

According to Joint United Nations Programme on HIV/AIDS (UNAIDS (2021), one in three women and girls experience abuse from a male figure in their lifetime, while one in four have experienced sexual violation. Reports state, however, that less than 40% of these cases are reported (UNAIDS, 2021). This means that if these acts of violence are continuously perpetrated at home, without anyone being held accountable for them, more children will become even more exposed to violence and learn to imitate such behaviour. What is sad and disheartening about this is that there have been instances where children, both girls and boys, have indirectly experienced GBV from their family and community members. In many cases, the perpetrators of the violence are influential people in the society or are the breadwinners in their households, and when these incidents are reported and the perpetrator is arrested, the victim may potentially regret such a decision and also be blamed by family members. In instances where the victims choose to endure the abuse and the children witness it daily without having their feelings addressed, the repercussions are damaging. Laing et al. (2013) mention that from previous studies there is very little disparity between children who are exposed to violence and those who are direct victims of violence. Those children tend to grow up with anger and bitterness because justice was not served and then choose to behave like the perpetrator as a way of dealing with the past unresolved hurt.

2.4 GBV in South Africa

South Africa is one of the leading countries with the highest prevalence of GBV in sub-Saharan Africa and in the world (Van der Heijden et al., 2020). The main question that arises is, how many children are left affected and scarred by so much violence within the families and communities they come from? Most people in the society are unaware of the psychological damages caused by 'merely' witnessing violence, especially in children. Trauma left undealt with, has negative effects in society, and there have been cases where school children have attacked their peers and even teachers in schools in South Africa. Bullying, as mentioned above, is one of the outcomes stemming from exposure to GBV, and when one has not had the opportunity to deal with past trauma, it is projected negatively onto other people.

According to StatsSA (2011), the Alexandra township had an estimated population of about 180 000 people, Diepsloot had 139 000 people, Tembisa had 440 000 people, and Soweto, which is the biggest township in South Africa, had more than 1,2 million people. These statistics are more than 10 years old and may be outdated; a census only took place this year (2022) and the results have not been finalised and shared with the public These four townships consist of both formal and informal settlements. Formal settlements include normal brick houses, while informal settlements include shacks, often called "squatter camps", where there is no running water or electricity; however, some are able access to electricity through illegal connections. The average dependency ratio for most people in these townships is 34% (StatsSA, 2011), and men are the majority breadwinners and have their parents, spouses, and children as their dependents. Unemployment rates are also an issue in these locations with more than 25% of the population unemployed and dependent on government grants. Having many people financially depending on one person contributes to increased stress levels, and many people resort to drinking in order to cope with their problems. According to Pernegger and Godehart (2007), the townships were meant for separating black people from white people in the outskirts of towns and were generally low-income housing estates. They also mention that some townships are characterized by informal settlements. The COVID-19 pandemic led to many people losing their jobs and and livelihoods. It meant that for others, living conditions had to change (downgrade), for example one would find a family of more than five people staying together in one room or shack, such as a father, a mother, and their three children. Due to loss of livelihood, stress and depression arose which would lead to more fighting and arguments in a household. As a result of the above-mentioned living conditions, children easily

become witnesses to domestic violence at home, and they have nowhere to turn to, especially when the violence occurs late at night.

While such occurrences may happen in many societies around South Africa, laws and legislations have been enacted by the Constitution of South Africa to protect children from actions committed by adults, such as through the Bill of Rights, which saw the birth of the Children's Act 38 of 2005 as well as the Domestic Violence Act 116 of 1998. According to Sibanda & Lombard (2015) the Children's Act 38 of 2005's main purpose is to grant children the needed care, protection, and assistance to ensure they develop to their fullest potential. The Domestic Violence Act speaks to the prevention of family violence which usually takes place at homes with the children present. The sole purpose of this Act is to afford the victims of domestic violence the highest protection from any kind of domestic abuse that can be provided by the law and to introduce measures that ensure all organs of the state give full effect to the Act's provisions (Domestic Violence Act 116 of 1999, 2009).

The Sexual Offences Act 32 of 2007 is another law that helps govern citizen behaviour towards children and other older persons from different genders in South Africa (www.gov.za, 2007). The National Action Plan to End Gender Violence followed in the year 2007 and was established to create an awareness that the 16 days of activism should not only end after the 16 days but be recognized for the whole 365 days in the year (2007). In addition, the 10-year Gender-based Violence and Femicide National Strategic Plan (NSP-GBVF 2020–2030) was established in 2019. According to NSP-GBVF (2020), the framework focuses on providing a multi-sectoral, coherent strategic policy and programming framework that strengthens the national response to the GBV crisis in South Africa. Its main purpose is to address challenges faced by everyone, though especially women, across all demographics (NSP-GBVF, 2020). While such campaigns may be put in place to protect citizens from violence, they also protect children from facing such experiences in their childhoods. Various other global initiatives include the United Nations Agenda 2030 for Sustainable Development and the UNCRC's focus on ending abuse, exploitation, and all forms of violence against children (WHO, 2020), including exposing them to violence at home.

While there is no information that clearly states the number of the children affected by GBV in South Africa, the COVID-19 pandemic aggravated GBV's impact, and this is explored more later in this chapter According to the *Mail and Guardian* (Pilane, 2020), more than 50% of

females in South Africa reported experiencing GBV, while 76% of males admitted having perpetrated it. The WHO mentions that the consumption of alcohol, particularly at unsafe and damaging levels, is a significant contributor to the occurrence of IPV, and, in South Africa, more than 65% of domestically abused women within the last year reported that their perpetrators always or sometimes drank alcohol before the assault (Anna, 2020).

2.5 GBV during COVID-19 in South Africa

The COVID-19 pandemic took the whole world by surprise in 2020; however, along with the virus in South Africa, it brough an upsurge in GBV cases. As the South African government declared a state of emergency and a national lockdown due to the rising cases of COVID-19, the nation experienced a sharp rise in GBV (Leburu-Masigo and Kgadima, 2020). In as much as social work, under normal circumstances, plays a huge and important role in addressing GBV and many other social issues, these services remained under-utilized during the pandemic (Leburu-Masigo and Kgadima, 2020). According to the UN (2020), all children, universally, were and are affected by the social impacts of COVID-19; sadly, that impact will be life-long for many of these children (Samboma, 2020). South Africa as a country has always dealt with GBV as a social ill, and this was aggravated during the national lockdown in 2020 with numerous cases of fatalities and casualties reported. According to Mlambo (2020), more than 80 000 calls reporting GBV were received by the South African Police Services (SAPS) in the first week of the 21-day lockdown period alone. By the end of the three weeks, the total number of calls had surpassed the 120 000 mark (Mbunge, 2020). These high numbers during the first week of lockdown may have been due to the pressures and frustrations of not being able to work and being around people that one would normally be away from. The significant decline during the two weeks that followed may be due to the law enforcement announcements made about perpetrators of GBV being detained when caught on the wrong side of the law (perpetrating violence).

As mentioned above, some families experienced stress due to loss of employment through retrenchments or business closures. This meant that there was no income to cover the accumulating daily family expenses. When faced with hardships and challenges, most people resort to alcohol, violence, and crime as a way of dealing with the pressures that they face as the breadwinners or family providers. It is important to note that this alarming number of cases mentioned by Mlambo (2020) was during the national lockdown where no one reported to a

job site for work. It can be deduced from this, then, that these incidents mostly occurred at home, where children were also present since schools were also closed. Often, when people are intoxicated, they do not think about protecting children from GBV, by not attacking each other in the presence of the children. In another report, in one of South Africa's leading telecommunications networks, Vodacom, support call centers showed more than a 65% increase in incoming calls from women and children constricted in their homes, desperately asking for emergency intervention since the beginning of lockdown (Farber, 2020). According to Gawaya (2020), lockdown brought about a rise in GBV because it effectively made it possible for perpetrators to maltreat their victims with limited to zero room for support services or structures. It is unfortunate that many of these mothers and children had nowhere else to go and had to endure abuse to avoid being homeless. While there may be shelters that cater for abused women and children, fewer and fewer centres still operate in South Africa due to closure, corruption and, most recently, a lack of funders all thanks to COVID- 19 with some funders running out of money.

According to Meyiwa et al. (2017, as cited in George, 2020), GBV is broad in scope and prevalent in its multidimensionality. These include crimes such as domestic abuse, IPV, and also sexual violence such as rape. These GBV forms have always been a global problem, even pre-COVID-19; however the government policies enacted by many countries to reduce the spread of the COVID-19 virus, including lockdowns and stay-at-home requirements, may have aggravated this issue (Porter et al., 2021). Violence at home, in most cases, is linked to parental and guardian stress, financial hardship, and poor mental health (Jewkes, 2002; Zeanah & Humphreys, 2018 as cited in Cappa & Jijon, 2021), and the recent pandemic worsened these situations.

2.6 Child Secondary Victims of GBV

Exposure to violence at home directly affects children, especially when the incidents happen in front of them. These children become silent victims of spousal abuse (Rhea et al., 1996). Gaffe et al. (1990) mention that these children are the unintended, indirect, and frequently ignored casualties of domestic violence (Rhea et al., 1996). Children who witness these acts usually are caught in the midst of their parents' fights, both emotionally, psychologically, and physically (Rhea et al., 1996). According to Yoon et al. (2016), frequent exposure to violence in home settings has unfavourable effects on a child's life and these include increased levels

of internalizing and externalizing behavioural problems. Many children, unless victimized first-hand, are overlooked by adults as witnesses and thus do not receive the necessary and adequate services (Taffe, Hurley, & Wolfe, 1990; Wilson, Cameron, Jaffe, & Wolfe, 1989 in (Rhea et al., 1996), such as counselling and therapy. Rhea et al. (1996) also mention that, under such negative circumstances, children learn that violence is an acceptable way to handle conflict and can be easily used in family interactions. In such home environments, children are bound to adopt wrong beliefs such as seeing sexism as a desirable trait and violence as the best stress-management technique (Rhea et al., 1996). They further mention that being with family and at home become spaces where fear, anxiety, confusion, and anger are often felt instead of being places where children feel safe and loved.

According to Evans et al. (2008) many studies have recorded a notable link between being exposed to violence and behavioural patterns among children; however not much empirical attention has been designated to determine the underlying mechanisms of this correlation. De Bellis (2001) mentions that one of underlying mechanisms of behavioural problems would be post-traumatic stress (PTS) symptoms that a child may have experienced in their childhood. Examples of such traumatic experiences are child abuse and maltreatment or witnessing a family assault. These have a probability of later contributing to a child's negative mental development and psychopathology, including emotional and behavioural disorders (Yoon et al., 2016). The identification of possible mediating mechanisms that link exposure to violence to how children behave is important in the development of effective intervention programs regarding the prevention of behavioural problems in children that have been exposed to violence at home (Yoon et al., 2016).

When children witness violence, they experience indirect victimization while at the risk of being hit themselves, shouted or cursed at, when they try to intervene or protect the person being beaten (Kulka et al., 2020). It has been found that children who experience child abuse and neglect as well as witness IPV, are likely to be subjected to repeating forms of victimization often called poly-victimization (Faller, 2009; Durand et al., 2011; Artz et al.,2014; Kulka et al., 2020). According to Levendosky et al. (2013 in Kulka et al., 2020), some studies focused on post-traumatic stress disorders (PTSD) in children have found that children exposed to IPV become more vulnerable to being directly affected because they usually seek safety and love with their mothers. The studies show that most PTSD symptoms in children are made worse with constant exposure to witnessing parents (Kulka et al., 2020) .

2.7 Impact of GBV on Children

As noted, GBV's consequences not only affect the ones directly receiving it but also the children that witness it. They may not suffer from physical bruises, but the psychological bruises can certainly cause damage in their lives both at present and in the future. Witnessing GBV is seen as psychological abuse with dramatic consequences on children's psychophysical health (Carnevale et al., 2020). Research has shown that children who witness violence at home and children who are abused (first-hand experience) tend to display many similar psychologic effects, and they are at greater risk for internalized behaviours such as anxiety and depression, as well as for externalized behaviours including fighting, bullying, and being disobedient (Stiles, 2002). Browne and Winkleman (2007) define childhood trauma as a psychological result of an external blow which can either be sudden or continuous, leaving the child temporarily susceptible, breaking past all-natural coping mechanisms.

These negative implications for unaddressed trauma are not only visible in children's behaviour, but can result in lifelong illnesses. Nakazawa (2016) mentions that in a study conducted in the United States of America (USA), many people who had experienced any sort of childhood trauma were twice as likely to be diagnosed with chronic illnesses such as depression and cancer among other diseases, as adults. She also mentions that females who had experienced more than three types of childhood adversity had a 60% higher risk of being hospitalized with an autoimmune disease as an adult (Nakazawa, 2016). According to McFarlene et al. (2003), children at creche-going age are most likely to be the ones that show disturbances in behaviour, while the older children to the teenage stage tend to exhibit the effects of disruption in their school and social spaces (Mullender et al., 2002).

According to Haffejee and Levine (2020), children live within circumstances enclosed by political, cultural, economic, and systemic histories and realities. This means exposure and vulnerability to a multitude of risks, including poverty, child abuse, neglect, and violence for many children in South Africa (Haffejee & Levine, 2020). Historical socio-economic imbalances and systemic oppression combined with significant mistakes by key ministries during this period have had a detrimental impact on children (Haffejee & Levine, 2020). One of the initiatives brought about by the United Nations (UN) to help address many social ills such as poverty, hunger, and gender inequalities especially towards women and children are the United Nations' Sustainable Development Goals (SDGs). Sustainable Development Goal

number five states that gender equality must be achieved along with the empowerment of all women and girls because they are typically the most marginalized individuals in society (UN, 2021). However, I would argue that that while this empowerment seems helpful and protects women and children, it excludes other genders such as men and boys, who may grow up and incite perpetration due to having unresolved issues. In as much as women have been more on the receiving end of social injustices, men and boys also have to unlearn some practices towards other genders. Genders referred to in this case being women, lesbian, gay, bisexual, trans, queer, and intersex persons (LGBTQI+).

Peacock and Barker (2014) state that violence against women by men remains a very present part in the society, globally, and it is becoming more common to have talks and campaigns with men and boys in an attempt to stop violence by men (Peacock & Barker, 2014). Numerous programmes and policies have been effectively implemented by non-governmental organizations (NGOs) around the world, promoting positive change regarding male gender-related viewpoints and norms, along with the reduction of men's use of violence towards women (Peacock & Barker, 2014). An example of such an organization in South Africa being the Sonke Gender Justice organisation. For a long time, these issues were only one-sided, without attempts to educate the parties involved, both the victims and the perpetrators. Literature has shown that many perpetrators have a history of direct or indirect exposure to violence in their childhood background, which may include experiencing bullying at school or coming from abusive homes (Finkelhor et al., 2009). There are many external or internal forces or stimuli that cause people to act out through violence such as being physical, shouting, and cursing. Some of these factors include an excess intake of alcohol, an inability to manage stress, and changes in life circumstances, such as a job loss.

According to Hillis et al. (2017), more than one billion children (under the age of 18 years) – half of all the children in the world – are exposed to violence annually, including both direct and indirect experiences, such as physical, emotional, and sexual abuse, as well as witnessing violence at home, in the society, and at school (Hillis et al., 2017). These are young people who are exposed to many violent acts before they can fully understand what is happening around them. Today, most children around the world have more access to the media (television news and programmes) as well as social media (Facebook and TikTok[1]) with unfiltered content,

[1] TikTok is a popular social media app that revolves around the creation and sharing of short looping videos (Stahl & Literat, 2022).

including some television shows, such as World Wrestling Entertainment (WWE) and Ultimate Fighting Championship (UFC) among other violent challenges that have left people, especially children, exposed to violent content. Based on the review of literature, these many forms of violence are bound to leave negative enduring effects in the lives of the victims (Hillis et al., 2017). Some of these consequences include a rise in the risks of injuries, mental and reproductive health conditions, and chronic diseases such as cardiovascular and lung diseases, among others. Access to unmonitored social media increases the risks of children being exposed to GBV. This tends to stay in their minds for a long time and because they have seen it, there is a high chance that they will act out these stunts at home, school, and in their surroundings.

GBV has played a large role in the estrangement of many families worldwide. Many women have experienced brutality at the hands of the men who are supposedly meant to love and protect them. This is usually a result of gender inequalities, where men feel more dominant and superior to women. According to the WHO (2017), up to 38% of murders of women in the world are committed by a male intimate partner. The United Nations Development Program (UNDP, 2016) states that women and adolescent girl are considered GBV's primary victims of GBV and its exacerbated consequences as compared to men. As a result of gender discrimination and their lower socio-economic status, women have fewer options and limited resources at their disposal to avoid or escape abusive situations and to seek justice (UNDP, 2016). Many men still prioritize patriarchy more than humility, which is most notable in Africa, Middle East, and parts of Asia. A study by Fapohunda et al. (2021) established that women tend to tolerate and conceal violence because of societal and cultural views, such as the 'infamous' Nguni quote *emshadweni kuyabekezelwa,* which is loosely translated to "a woman must be patient and endure everything she experiences in her marriage", and thus most domestic violence cases are left unreported.

In a 2014 study, it was revealed that GBV created an expense of a minimal R28.4 billion to R42.4 billion per annum for the South African economy; that was 0.9–1.3% of gross domestic product (GDP) for 2012–2013 alone (Ataguba et al., 2020). If GBV is not addressed and eliminated in the near future, more tragedy and a pernicious future await South Africa's women and children (Ataguba et al., 2020). In a study by Pitipitan et al. (2013, as cited in Muluneh, 2020), a total of 38.9% of women reported a lifetime history of violence (i.e., ever being hit by a sexual partner). In a more recent study, a total of 1 140 out of a sample size of 1 388 (82.1%)

reported ever being hit, and 17.9% of women reported having been hit by a sexual partner in the last four months (Muluneh, 2020). In another study by Hatcher et al. (2019 as cited in Muluneh, 2020) nearly half (48.4%) of the women in the age range of 15–49, with male partners, had experienced IPV. Many people in the community are not aware of the damages caused by witnessing violence, especially in children.

This shows that the statistics increased during lockdown regulations that had been implemented in many countries early in 2020. While no literature clearly states the numbers of children affected by GBV in South Africa, the pandemic of COVID-19 aggravated GBV's impact on children as explained above. With regards to the comparison between rural and urban areas, literature has shown that there are higher rates of GBV in rural areas than in urban areas (Gonzalez-Cruz, 2019). The reason for the high rates of GBV in rural areas is due to the strong traditional and cultural practices that are still observed in rural areas.

2.8 Interventions for Child Secondary Victims of GBV

Intervention by social workers is one of the best ways to reduce recurring GBV culture in the future and to end the violent cycle. A study conducted in the U.S. found that 50% of mental health problems are realized by the age of 14 (Kessler et al., 2005 as cited in Midgley et al., 2018). This is alarming, as 14 is a tender age where children are usually expected to still be in their early teenage years, having nothing to worry about. However, as has always been the case, the actions of parents, guardians, and caretakers have a huge impact in children's mental health. According to Downey and Crummy (2022), interventions introduced to children early, as well as sufficient personalized treatment strategies, play a significant role in the reduction of trauma and its symptoms. Since most mental health issues are visible by age 14, early intervention could be extremely effective in curbing these awful experiences for children around the world.

Finch et al. (2021) note that because of the history victim blaming, intervention is needed to help all of the players involved in GBV – the direct victims, the perpetrators, and the child secondary victims. They mention a study where speaking about GBV and sexual harassment to school children between the ages of 11–13 years old, reduced peer victimization and perpetration (Finch et al., 2021). This supports the idea that early intervention is very effective even to a group of children as opposed to individuals. While the impact of this intervention is noted, more programmes have been made available to adults, promoting the unending inflow of adults in need of counselling because of untreated childhood trauma. Russell (2008)

mentions that it is unhelpful to insinuate that therapeutics meant for adult psychopathologies are pertinent to children, and thus, there are more calls to action to develop child-centred programmes that will tackle issues experienced by children.

The UN in 1946 formed the organization that was aimed at focusing specifically on children and their rights the United Nations Children's Fund (UNICEF). It was initially created to help supply emergency food and healthcare to women and children in countries that had been affected by World War 2 (UN, 2021). Later in 1989, the Convention on the Rights of the Child (UNCRC) was formed and ratified by 140 countries in the world (UNICEF, 2021). According to the World Health Organization (WHO, 2012) and UNCRC a child is defined as human being or a person below the age of 18. More than 50 Articles of The Convention of the Rights of the Child have since been brought forward to be recognized for children's rights. These among others are the right to be protected from being hurt or treated badly (Article 19), the right to freely express their views on all matters that affect them (Article 12) and the right to be protected from sexual abuse (article 34) (UNCRC, 1990). To elaborate a bit more on the Article that best applies in this paper- Article 19, children are meant to be protected from harm, hurt, violence and being treated badly. Sadly, in most cases, all of these negative actions are done and promoted by the people who are meant to protect, love and defend them. Exposing children to violent behaviour does not mean it does not affect them. Researchers, legislators, policy makers, and practitioners have increasingly questioned the adequacy of paradigms and strategies that dominate national and international child protection efforts (Bernett et al., 2009). The nearly universal failure of CP programs has been, in large part, due to a historical emphasis on survival actions to counter fear and danger of immediate harm and loss of life. Preventing the bad is not enough; this narrow corrective intervention strategy cannot be achieved in isolation. A major shift in the core values and practices of CP work through the infusion of a child rights orientation is needed (Bernett et al., 2009, p. 786). There is need for all children to be adequately protected now, so the cycle of violence can be broken for future generations.

Child protection efforts have been disappointing, and more intervention is needed to help eradicate the problem. Children ought to be protected now rather than later, so that this cycle can be broken for future generations. It is interesting to note that only one member country of the UN never ratified this convention (UNCRC) – the USA. This means that many countries want to eliminate this global issue that affects children all over the world. There have not been any set interventions in South Africa to assist children who have been victims of GBV, however

this treaty (UNCRC) can be adopted and modified to fit the South African context. There has also not been a lot of literature that covers intervention for children that have been indirectly affected by gender GBV due to it being under studied. This is one of the main reasons why there is no change in the rate of GBV or why it keeps increasing in South Africa and other developing countries because society continues to address these issues from the top down, instead of from the grassroots, which are the children who will become adults that bring a stop to this pandemic. Bottom-up and top-bottom approaches need to be used together to significantly impact such issues within society.

Over the decades, there have been many attempts in many countries across the globe, fighting to end the war against GBV. In 2008, the United Nations' Secretary General, Ban Ki-moon, created a global multi-year campaign "UNiTE to End Violence against Women" (UN, 2010). This campaign appealed to all countries and states to adopt and implement national laws that would speak to and discipline any form of violence, in alignment with the human rights standards (UN, 2010).

In South Africa, the government launched a legislative framework, the Domestic Violence Act 116 of 1998, which aims to issue restraining orders with regard to domestic violence as well as other matters connected therewith (Domestic Violence Act, 2022). In intensifying the fight against GBV and working alongside the legislation, the South African government created the National Strategic Plan on Gender-Based Violence and Femicide Rollout (NSP-GBVF) to help combat GBV and femicide in South Africa over the decade from 2020 to 2030. This was especially done during the COVID-19 lockdown that saw a large spike in reported GBV cases.

Many social workers that have worked with children exposed to GBV have a better understanding of their clients' perspectives and what should or can be done to help curb the effects of GBV in the long run. The South African Department of Social Development (DSD) and the South African Department of Basic Education (DBE) have the power to fund and implement these interventions through training social workers on how to facilitate GBV programmes through empowering people with knowledge, which will, in turn, help achieve social development as a country. Social development is defined as the promotion of a sustainable society that is worthy of human dignity by empowering oppressed classes, women, men, and children, to tackle their own development, to improve their social and economic position, and to acquire their rightful place in society while living in harmony (Bilance, 1997). If children are protected from GBV, they grow up knowing right from wrong especially where

violence against any gender is involved. Violence, along with other social issues, decelerates progress as well as social and sustainable development.

New policies should be created to best serve society, and citizens must be educated and empowered about the issues that are faced by the society. While this study focuses on the psychosocial interventions that social workers in South Africa are using or may use to reduce the psychosocial effects brought about by GBV, there are measures to help address this issue in both globally and locally.

2.9 Theoretical Framework: Ecological Approach

The ecological approach developed by Urie Bronfenbrenner talks about a comprehensive theoretical base that practitioners can draw upon for effective social treatment (Pardeck, 1988). This theoretic framework was used in this study to help the reader understand how and why the client, in this case a child, would act out in a certain way, even though they were not directly affected by the abuse they may have been exposed to at home. The ecological perspective is suggested as a useful treatment strategy for improved social functioning for the client system; it helps us understand the relationships an individual has with the external systems (Pardeck, 1988). According to Jack (1997), there is sufficient evidence that demonstrates the potential of the strategies used in community social work that promote the social support networks of families to help in significantly reducing child abuse incidences. This theory was developed when it was realized that a child's behaviour is influenced by the human relationships they keep. Brendtro (2006) mentions that some of Bronfenbrenner's research highlighted that human relationships have the power to propel children on pathways that will either bring negativity or positivity into their lives. The ecological perspective will assist in explaining why an environment with so much violence, though not directly acted upon on a child, is influential in a child's psychological well-being or aspect. Children may be young, however that does not mean that they are not perceptive to what is happening in and around their surroundings.

The underlying principles for the ecological theory are based on the belief that a person's development is affected by everything in their surrounding environment (Bronfenbrenner, 2013). This person's environment is then divided into five different levels: the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem. The microsystem refers is the layer closest to the child and contains the structures with which the child has direct contact, encompassing the relationships and interactions a child has with her immediate

surroundings (Berk, 2000 in Ryan, 2015). Structures in the microsystem include family, school, neighbourhood, or childcare environments (Ryan, 2015). At this level, relationships have impact in two directions, both away from the child and toward the child (Ryan, 2015). The mesosystem provides the connection between the structures of the child's microsystem (Berk, 2000 in Ryan, 2015). These include the community and the school environments that the child is exposed to, aside from everyday interaction with family.

The exosystem defines the larger social system in which the child does not function directly (Ryan, 2015). The structures in this layer impact the child's development by interacting with some structure in their microsystem (Berk, 2000). Examples include the parent or guardian's workplace or their friend's parents. The macrosystem layer may be considered the outermost layer in the child's environment (Ryan, 2015), comprising of cultural values, customs, and laws (Berk, 2000 in Ryan, 2015). The effects of larger principles defined by the macrosystem have a cascading influence throughout the interactions of all other layers (Ryan, 2015). The last level, the chronosystem, encompasses the dimension of time as it relates to a child's environments. Elements within this system can be either external, such as the timing of a parent's death or GBV that happens in the family, or internal, such as the physiological changes that occur with the aging of a child (Ryan, 2015). This theory was found ideal for the study to help best understand the child's behaviour and how they may turn out as adults.

2.10 Chapter Summary

In conclusion, this chapter's literature review included a definition of GBV and how it affects the world on a daily basis. It spoke about gender inequality as it contributes to GBV and discussed the UNCRC intervention programmes used in other countries and how they could be adopted in South Africa. Finally, the theoretical framework- Ecological approach- used in this study was defined. The next chapter discusses methodology.

Chapter Three: Methodology

3.1 Introduction

Methodology is pivotal in research studies; hence this chapter outlines the steps that were followed during the research process, including the research approach and design. The chapter also describes the population and sampling procedures, research instrument, and data collection method that were used. Data analysis and the trustworthiness of this study are explained, and the discussions on ethical considerations and clearance conclude the chapter.

3.2 Research Approach

The research approach used in this study was the qualitative approach. Kemparaj and Chavan (2013) refer to the qualitative approach as a variety of methodological approaches which target to generate a deep and elucidated understanding of the social world through learning about people's perceptions, experiences, histories as well as social and material circumstances. A qualitative research approach involves a first-hand personal encounter, with the main aim of in-depth understanding of "externally observable behaviour and internal states" in context (Patton, 2015, p. 56 as cited in Peterson, 2019). This was found to be a more suitable approach for this study because it required exploring the perceptions of experts in their career field, in this case social workers that work or have worked with secondary victimized children through exposure to GBV.

According to Peterson (2019), qualitative researchers embark onto unexplored zones and make sense of participants' language and actions, make statements based on findings, compare those with what is in existence in the literature, and suggest applications and new research directions. An advantage of using this approach is that the researcher, through data collection, has the opportunity to explore the phenomenon in question in-depth, which helps in the outcomes' analysis and interpretation (Creswell & Creswell, 2017). Using qualitative research allowed me to obtain more information from the social work experts and allowed the participants to explain this phenomenon in their own words and from their own understanding. One of the main advantages of qualitative research is that it gives the researcher the ability to address questions of relevance to societal issues and circumstances which may be difficult to answer competently using a quantitative method. Another advantage of a qualitative research approach is that it gives the researcher the opportunity to reveal the participant's personal experiences in

their own circumstances (Corbin & Strauss, 2008). One more positive element is that it provides a detailed description of the participant's thoughts and perceptions and interprets the meanings of their actions (Denzin, 1989).

A disadvantage of this approach is that synchronous communication during face-to-face interviews requires double attention where the researcher has to focus on what the participant is saying as well as studying the body language as the questions are being answered, ensuring that they are answered at the level of depth and detail needed (Opdenakker, 2006). The qualitative approach is a research method used to explore and find out the meanings that individuals and groups attribute to a human/social problem (Creswell, 2011), in this case, the human experiences of GBV and gender inequalities. It usually requires the researchers to be extremely involved in the field for long periods of time (Kemparaj & Chavan, 2013). Some of the disadvantages of a qualitative research approach are that sometimes contextual sensitivities are excluded and the focus is placed on meanings and experiences as mentioned by Silverman (2010 in Rahman, 2017). Qualitative studies are usually carried out with small sample sizes that do not necessarily represent the entire population because of people's differences and diversity in society (Rahman, 2017). The issue of sample size raises concerns over the generalizability of the results to the rest of the research population (Thompson, 2011 as cited in Rahman, 2017). However, the aim of a qualitative research approach is not to generalise but to rather to provide a rich, contextualized understanding of some aspect of the human experience through the intensive study of particular cases (Polit & Becker, 2010, p. 1451).

3.3 Research Design

A case study design was adopted for this study, which Crowe (2011) defines as a design that is used to generate an in-depth, multi-faceted understanding of a complex issue in its real-life context. Creswell (2007) further states that a case study can be seen as an exploration of a system that may be confined by context or time, a case, or cases over time, through comprehensive and in-depth data collection. According to Baxter and Jack (2008), a qualitative case study assists in the investigation of a phenomenon within some certain context through numerous data sources, and it undertakes the exploration through several viewpoints in the interest of revealing multiple sides of the phenomenon. According to Tetnowski (2015) qualitative case study research can be a valuable tool for answering multiplex, real-world

questions that may be difficult to ask, for example, asking sensitive questions about one's personal experience with GBV or HIV/AIDS.

There are three types of case studies, namely, intrinsic, instrumental, and collective. According to Polit and Becker (2011), an intrinsic case study helps gain an understanding of a particular distinctive phenomenon. They also defined the instrumental case study as one that uses a certain chosen scenario to help produce deeper appreciation of a particular case. The third and final type of case study, which was used in this research study, is the collective case study, which Punch (2009) explained as entailing more than one case with the focus being both within and across cases. Kekeya (2021) further explained that collective case studies include aspects of both intrinsic and instrumental cases. Crowe et al. (2011) define the collective case study, which they also refer to as the multi-case study, as one that involves studying multiple cases at the same time or in a sequence, in an effort to generate a still broader appreciation of a particular issue. For this study, I chose the collective case study because of the four different cases (different locations) investigated, qualifying the project for a multi-case study.

Some of the benefits of using this design were that participants, regarded as experts in their professional careers as social workers, gave deep and detailed information. I was able to interact and communicate directly with the participants, gained clarification where necessary, all while discovering their personal opinions in their own circumstances (Corbin & Strauss, 2008). Most of the variables that are researched by social scientist are immeasurable, so the researcher has to carry out a "contextualized comparison," which automatically searches for analytically equivalent phenomena even if they are expressed in different terms and contexts (Starman, 2013). Modelling and assessing complex causal relations are another advantage of this study, as it can allow for equifinality by producing generalizations that are narrower and more contingent (Starman, 2013).

According to Starman (2013) some of the disadvantages of using a case study as a research design are that it is impossible to generalize the findings based on an individual's opinion or input. Case studies usually contain a bias toward verification, meaning they have a propensity to side with the researcher's predetermined perception (Starman, 2013). Working with participants that represent their profession may also promote "socially desirable answers" that may not necessarily be true but appeal for the general public (Salle & Flood, 2012).

3.4 Population, Sample, and Sampling Procedures

According to Rahi (2017), a population is defined as the collective sum of people or objects one wants to comprehend. Banerjee and Chaudhury (2010) go on to mention that a population may be a group with whom certain knowledge or data is needed to be established, while a target population refers to everyone in the group who fits the criteria set out in a research study (Alvi, 2016). The target population for this study was qualified social workers, working in any one of the townships (Alexandra, Diepsloot, Soweto and Tembisa) in Johannesburg, South Africa.

Sampling is a procedure followed when choosing the population for a research study in order to measure people's beliefs, attitudes, or characteristics (Rahi, 2017). A sample is defined by Alvi (2016, p. 11) "as a group of relatively smaller number of people selected from a population for investigation purpose." This study's sample was chosen from a larger group of social workers or potential participants to the size needed for the study; this involved six (6) qualified female social workers and two (2) qualified male social workers from the chosen organizations in the four major townships in Johannesburg—Alexandra, Diepsloot, Soweto and Tembisa—where permission to conduct research was granted. Their ages ranged from 27–53 years old.

The criteria for this study's sample was that the participants had to be qualified social workers; registered with the South African Council for Social Services Professions (SACSSP); and could be from any gender, race, and age range. They had to have worked and/or are currently working in the field of social work in the four above mentioned townships in Johannesburg. They had to have worked with children[2] who have been exposed to secondary victimisation due to GBV.

Snowball sampling was used in this study, as the research question asked a certain group of participants who would have been able to answer from an experienced point of view. Snowball sampling can be describe ed as a type of "convenience sampling" with regards to rare or hard-to-reach populations, as well as vulnerable people (Heckathorn, 2011). According to Parker et al. (2019, p. 4), "the agreeable participants are then asked to recommend other contacts who fit the research criteria and who potentially might also be willing participants, who then in turn recommend other potential participants, and so on." I chose this sampling technique because I

[2] Children refer to every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier. UNCRC (1989).

anticipated a challenge in finding the required number of participants that fit the criteria to participate in the study.

Some of the advantages of this sampling technique include that the researcher saves on costs and time because the subjects are recommended by other participants (Etikan et al., 2016). Because of its flexibility and networking characteristics, snowball sampling is a favoured method of finding research participants in hard-to-reach populations (Woodley & Lockard, 2016). Less multiple planning is needed, and the population employed is relatively smaller than other sampling methods (Etikan et al., 2016).

One disadvantage of snowball sampling is that the initial contacts may form the entire sample and exclude access to some members of the population of interest (Etikan et al., 2016). Another disadvantage is its selection bias and lack of external validity and representativeness (Parker et al., 2019).

Regarding the recruitment of participants, I emailed the contact people at the organizations to inquire whether they had qualified social workers who were fully registered with the council as employees. I also wanted to confirm the services offered to the general public as well as to ask for permission to conduct my research with the employees at the organisations. I emailed Mrs. Tracy Pepler at Rays of Hope (Alexandra), and Mr. Makwena Ramoroka at Afrika Tikkun (Diepsloot), Mrs. Khululiwe Mtshali for Ekujuleni Kwenhliziyo (Soweto) and lastly Ms. Jeanette Sera at POWA (Tembisa). The managers and supervisors from Afrika Tikkun (Diepsloot) and POWA (Tembisa) advised me to physically visit the sites in order to explain further about what my study was on; after explaining the work in person, they then granted me the permission to conduct research. For Rays of Hope (Alexandra) and Ekujuleni Kwenhliziyo (Soweto), I was granted permission to conduct research via emails and phone calls. I then made different appointments with the participants to schedule the interviews at times that were most convenient for them.

3.5 Research Instrument

I used a semi-structured interview schedule (*refer to Appendix B*) as the research instrument for this study. An interview schedule is defined as a set of questions created and asked by the researcher through face-to-face interviews with a participant (Goode & Hatt, 2015). An interview schedule serves as a guideline for the researcher to gather more significant and important information (Rowley, 2012), by asking unfixed, open-ended question. This is one of

the advantages of using interview guide as a research tool as it made it possible for the participants to answer comfortably and gave them a chance to freely explain their views. The disadvantage to using an interview schedule is that it is time consuming to create the necessary questions that would best address my main and larger research question.

3.6 Data Collection

After permission was granted, primary data was collected through in-depth one-on-one interviews as well as in-depth telephonic interviews for two participants who were unavailable during the day, requiring the interviews be conducted after hours (in the evening). Semi-structured interviews are used in qualitative studies that consist of a discourse between the researcher and participant, guided by a flexible interview protocol and supplemented by follow-up questions, probes, and comments (DeJonckheere & Vaughn, 2019). This process allows the researcher to collect open-ended data; to explore participant thoughts, feelings, and beliefs about a particular topic; and to delve deeply into personal and sometimes sensitive issues (DeJonckheere & Vaughn, 2019). Well-planned and conducted semi-structured interviews are the result of rigorous preparation.

The interviews were structured to take no more than 60 minutes. Most of the participants were interviewed at their respective offices and two were interviewed telephonically in the evening. Both platforms were deemed appropriate for the interview sessions as the participants were in their everyday spaces (work or home) where they felt most comfortable. Zoom or other telecommunication channels were not considered as they were going to be more costly in terms of data needed for both the interviewer and the participants. As a student, I did not have enough budget to cater for that need, hence the decision to only conduct the other interviews over telephone only.

For the participants who experienced emotional distress due to their participation in the study, counselling arrangements were made with LifeLine South Africa, an organization that offers counselling services to the public, free of charge. The contact person was Mrs. Nomsa Papale, and her contact details and address are included in the participant information sheet (*refer to Appendix A*) as well as the approval for counselling research participants letter from the organisation *(refer to Appendix D)*.

3.7 Data Analysis

Primary data was explored through manual qualitative thematic analysis of the participants' responses. Qualitative thematic analysis is defined as a method for systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a data set (Braun & Clarke, 2006). Furthermore, through concentrating on the significance of the data set, the researcher can perceive and understand these shared meanings and experiences (Braun & Clarke, 2006). This type of analysis allows the researcher to easily interpret the data by sorting it into broad themes that speak to the study's objectives (Sharif & Masoumi, 2005 p. 8). The purpose of thematic analysis is to identify crucial or compelling themes in order to investigate and gain a deep understanding of the phenomenon being researched (Vaismoradi et al., 2013). According to Gibson and O'Connor (2003), qualitative data analysis is conducted in six steps: familiarization and organization of data, finding and organizing ideas and concepts (data coding), theme identifying, theme revision, theme defining, and theme naming. This process refines the data, so it is easy to understand (Vaismoradi et al., 2013).

During the first step, familiarization and organization of data, the researcher refers back to the interview guide for direction regarding what questions were important to ask (Gibson & O'Connor, 2003). I revisited the recordings and transcripts to refamiliarize myself with the data, especially the interviews that were conducted earlier in the research study. Data can then be organized in a way that allows the researcher to look at and select concepts and themes (Gibson & O'Connor, 2003). This can be done by organizing all the data from the transcript and making a chart (Gibson & O'Connor, 2003). I was able to group and organize the responses according to which objective and question the participants were responding to.

The second step is to find and organize ideas and concepts, where the researcher takes note of the different ideas or words that recur for one particular question from various responses (Gibson & O'Connor, 2003). The researcher can do this by keeping a list as the various responses are read through. According to Gibson and O'Connor (20003), after these frequently used words have been identified, the researcher can organize these ideas into codes or classes. As in the first step, I organized groups of similar concepts from each question.

The third step is to build overarching themes in the data; if the different response categories have one or more themes associated with it, this provides a deeper meaning to the data (Gibson & O'Connor, 2003). After every interview, I transcribed them to ensure the privacy and

confidentiality of the data collected. Transcription also helped me reflect on the collected data and see if any emerging similarities and differences arose from the interviews. While transcribing I would group similar responses into the codes, then I developed themes that best fit what the codes entailed.

The fourth step is to ensure reliability and validity in the data analysis and in the findings. Reliability refers to the consistency of the research's findings (Gibson & O'Connor, 2003). To ensure reliability, I had to be diligent when interviewing, transcribing, and analysing the findings (Gibson & O'Connor, 2003). Validity refers to how accurately a method measures what it is intended to measure (Gibson & O'Connor, 2003) and yields data that represents reality (Gibson & O'Connor, 2003). Most responses were consistent, even though eight people were interviewed.

Step five looks for possible and plausible explanations of the findings. This is where the researcher can make a summary of the research's findings and themes and should ask if these meet expectations based on the literature (Gibson & O'Connor, 2003). After step four of developing themes and ensuring reliability and validity, I began summarizing the findings based on how I comprehended both literature from previous publications as well as what I found in the field.

The last and final stage in the data analysis is an overview of the final steps. This includes not only the results, but how the entire research process was carried out, what went right, what went wrong, highlighting the strengths and limitation as well as what the researcher would do differently, and how the study could be improved. This stage involves a write up, where the researcher provides a chapter of interpretive writing with adequate corroboration of each theme using applicable examples from the data collected (Maguire & Delahunt, 2017).

3.8 Trustworthiness of the Study

Trustworthiness, also called rigor, is defined as the level of assurance in the data, analysis, and methods employed to establish the quality of a study (Pilot & Beck, 2014 as cited in Connelly, 2016). Trustworthiness is divided into different norms and standards inclusive of credibility, dependability, transferability, confirmability, and authenticity as outlined by Lincoln and Guba (1985 as cited in Connelly, 2016). Explained below are the previously mentioned criteria and how I ensured the study followed these guidelines. Credibility is the most crucial criterion, and it refers to the study's truth and reliability (Connelly, 2016). There are techniques to ensure

credibility, which I followed, including prolonged engagement with the participants, observing the participants throughout the interview period, and keeping a reflective journal. Dependability is understood as the data's steadiness and solidity with time and over the study's conditions as stated by Polit and Beck (2014 as cited in Connelly, 2016). To ensure that dependability was achieved, I used the code-recode strategy as stated in Anney (2014) where I coded the data after transcribing and also recoded after I started analysing the data and the codes were consistent and the same.

According to Korstjens and Moser (2018), transferability refers to the degree to which the qualitative research's results can be transferred to other contexts or settings with other respondents. This means that the researcher facilitates the transferability judgment by a potential user through detailed description (Korstjens & Moser, 2018). Polit and Beck (2014 as cited in Connelly, 2016) explain the nature of transferability as the extent to which findings are useful to persons in other settings, even though it is different from other aspects of research in that the readers actually determine how applicable the findings are to their situations. Confirmability is defined as the level or degree to which the findings from a study are consistent and can be repeated (Connelly, 2016). Some of the methods that can be used to prove confirmability are methodological memos of logs as well as an audit trail of analysis (Connelly, 2016), where the researchers may keep detailed notes or journals that contain all of their decisions and analysis as it advances (Connelly, 2016). I kept a journal for all the interviews in which I took field notes. This helped in my analysis and in reviews, too as I wrote down the key points that I assumed would come in handy for the time when I started analysing data.

3.9 Ethical Considerations

The study was guided by research ethics that are put in place to support and protect moral values of the participants. Throughout the study, I made sure to adhere to all ethical protocols with minimal to zero potential harm and setback to the participants. Below are the ethical considerations required for this study:

Informed consent: Informed consent involves providing the participants with sufficient information as well as understanding of the study and the implications of participation (Xu et al., 2020). The participants were issued information sheets and consent forms, as a declaration that they voluntarily participated in the study and were fully aware of what the study pertained.

Participants were explicitly told that participation was voluntary, and no one was coerced, information regarding this and the study were detailed in the consent forms.

Confidentiality: Confidentiality in research is defined as the protection of personal information shared by participants (Kaiser, 2009). According to Saunders et al. (2015), confidentiality is a generic term that refers to all information that is kept hidden from everyone except the primary researcher or research team. Confidentiality also includes keeping private what the participants say, achievable only through researchers choosing not to share parts of the data (Saunders et al., 2015). I ensured participants' confidentiality by collecting and transcribing the data myself and storing it in a password protected laptop. Participants were informed that only two people would have access to the raw data, my supervisor and myself. The use of pseudonyms ensured confidentiality during report writing.

Privacy and anonymity: Anonymity can be a form of confidentiality which refers to keeping participants' identities secret (Saunders et al., 2015). Throughout the study, participants' right to privacy and anonymity was honoured as well as in report writing. For example, all the interviews were held in a safe and secure environment with few disruptions. Furthermore, participants' names were replaced with pseudonyms on reports to minimize the possibility of linking the data, especially direct quotations to a specific participant. All the data collected was stored in password encrypted folders which only I could access. This ensured that all the information was kept private and confidential, and that participants' identities remained protected during and after the study.

Right to withdraw from the study: One feature of the voluntary nature of this research participation was the right to withdraw from the study (Anabo et al., 2019). Participation in this study was voluntary, and participants were allowed to withdraw from the interview at any stage, at no expense or disadvantage, even during the interview sessions or even after the data had been collected. All participants were informed of this right and that choosing not to partake would not create any negative consequences for them. Any collected data would be discarded and destroyed.

Non-maleficence: According to Bufacchi (2020), non-maleficence refers to the moral essence of not enacting harm or wrong in one's actions. I was well aware of the sensitivity attached to this study; even though the participants were professionals in the field of social work, they were still human, and their emotions could be triggered. According to Avasthi (2013),

researchers must ensure that participants are aware of the study's purpose and the possibility of emotional setback. I ensured that non-maleficence was achieved through respecting participants' wishes to pause the interview and continue the following day. I also made counselling arrangements with Mrs. Nomsa Papale from LifeLine South Africa for participants who became distressed due to participation in the study, as already stated above.

3.10 Ethical Clearance

Ethical clearances are compulsory for almost all research work that concerns human beings or animals as well as the environment (Mbabe et al., 2021). Mbabe et al. (2021) also mention that ethical approvals ensure that research studies are carried out in an allowable or justifiable conduct, that is not detrimental to humans, animals, and the environment and that it is done within the set bounds. After I applied for ethical clearance, I quickly addressed the minor corrections and resubmitted; ethical clearance was granted after a few days. This was a smooth process and it had been hoped that it would make some things like data collection a bit easier, however the timing was not so good as it was at the end of the year (December) which meant that many companies and organizations were busy with finalizing or wrapping up the year. This slowed down the process of data collection to just one interview in December and approaching the participants again in January.

3.11 Field Work Experience

After permission was granted and data collection was due to start, unforeseen challenges arose in the field. The first was the challenges that came with the COVID-19 pandemic, which continues to threaten human beings and disrupt the research and academic space. According to Xiang et al. (2020), the outbreak of COVID-19 created a catastrophic effect on humans as economies around the world tumbling down. There was also a huge hindrance to education systems in both first and third world countries (Rashid & Yadav, 2020). Both general research students and postdoctoral researchers' career plans were at risk because of the unforeseen intrusion in their research studies caused by the pandemic (Rashid & Yadav, 2020). However, research still had to continue, despite the interruption: "The mandatory social distancing requirements are difficult to meet in a research setting particularly in the areas requiring bench work and human subjects, as well as fieldwork, are causing significant losses to research studies" (Rashid & Yadav, 2020, p. 342).

COVID-19 presented several challenges to ethics during the recruitment of the population, as well as the risk to researchers who could become infected, spread infections, or even die (Van Griensven et al., 2016). For that reason, researchers must ask themselves questions, such as how can a safe working environment be created for both participants and researchers? (Calia et al., 2021). It becomes crucial for researchers and participants to adhere to the government's restrictions such as "social distancing," which attempts to reduce close contact and therefore minimising the spread of the virus (Weeden & Cornwell, 2020). For offices with limited space, achieving social distancing would tend to be a challenge.

Another challenge was accommodating participants who could not interview in a face-to-face setting. This was done through having to budget for previously unplanned-for airtime or talk minutes to be able to conduct the telephonic interviews which were to run for 45 minutes or longer, just like the face-to-face interviews. It was a challenge because I had to call the participants individually whereas, had they been in one place, I would have been able to conduct 2-3 interviews in one visit. The telephonic interviews were arranged for participants who were working from home and were uncomfortable with in-person interviews due to COVID-19. The advantages of telephonic interviews are that one is able to reach participants who may be unavailable during the day. It also eliminates the travel time required to go to the interview site when doing face-to-face interviews (Elmir et al., 2011). Trier-Bieniek mentions that telephonic interviews are "a more time-efficient and researcher-friendly tool for conducting interviews" (2012, p. 630). Telephonic interviews also help reach wider geographical areas (Opdenakker, 2006). Another advantage mentioned by Kazmer and Xie (2008) is that interaction from different physical locations tends to be more convenient for the parties involved by allowing everyone to stay in environments that are familiar and safer for them.

The disadvantages of telephonic interviews are that technological issues may be experienced, such as be poor sound quality or calls may be abruptly dropped (Oltmann, 2016). Load shedding[3] also plays a significant role in connectivity and network signals which may be a challenge for the researcher and the participant to hear each other clearly when an interview is in progress. Failure to detect nonverbal cues also need to be considered; as the interviewer is

[3] Load shedding refers to an action that is implemented to lessen the strain put on an electricity grid through deliberately cutting the electricity supply to limit the utilisation of energy supply that is brought about by great demand for electricity (Steenkamp et al., 2016).

not directly observing the participant, they miss the rich body language and mannerisms that can give the interviewer additional information to the participant's verbal answers (Opdenakker, 2006). Zoom and other video telecommunication ways were not used because of the extra costs that come with it, such as ensuring there was enough data for both parties involved.

A final challenge experienced during this study was that some participants chose to withdraw for reasons best known to them. This was unanticipated given the potential participants initial agreement and did affect the initial number of participants expected to be part of the study, from ten (10) people to eight (8). This resulted in data being collected in a span of just over four (4) months. It was disappointing to have fewer participants than initially planned, however, it eventually worked out as eight (8) participants were sufficient for the study.

3.12 Conclusion

This chapter discussed the study's approach – qualitative research – as well as why this was suitable. It also touched on the research design and the population and sample size which was a case study for social workers working in four townships in Johannesburg. The chapter also outlined the data collection process and the research instrument used – the interview schedule. Furthermore, it explained the data analysis and the methodology – a qualitative thematic analysis. The study's trustworthiness was also discussed. Lastly, the chapter explained the ethical considerations observed and the challenges in the field and throughout this study. The next chapter explores the data analysis and the study's findings.

Chapter Four: Presentation and Discussion of Findings

4.1 Introduction

This chapter presents and discusses the collected data. Descriptive statistics analysed the participants' demographic information, while thematic analysis was used on the qualitative data. Study findings are discussed in relation to the objectives, theory, and limitations inherent in the research design and analysis. Verbatim responses illustrate the themes.

4.2 Demographic information

Table 4.1: Demographic profile of participants

The total number of participants was eight (N= 8) and their demographic details are tabulated below.

Demographic Factor	Sub-category	No.
Gender of Social Worker	Female	6
	Male	2
Age of Social Worker	20–29 years	1
	30–39 years	3
	40–49 years	3
	50–59 years	1
Race of Social Worker	Black	7
	Coloured	1
Years of experience	1–9 years	3
	10–19 years	3
	20–29 years	2
Location	Alexandra	3
	Diepsloot	2
	Soweto	2
	Tembisa	1

Table 4.1 presents the participants' demographic characteristics. Six participants were female while two were male. All of the participants were fully qualified social workers who had three-plus (3+) years of experience, practising in the field of social work, including working with children affected by GBV. The participants were Zulu-, Tswana-, and Tsonga-speaking with a good command of English. In their responses, however, they would mix English with their mother languages. This was not a problem for me as I understand and am fluent in all these languages, eliminating the need for an interpreter. All the participants were from the Black ethnic group as the study was conducted in predominantly Black communities. Tewolde (2021) mentions races used to be differentiated as either white or black, with the black being African black, Indians and Coloureds. However, as time went on there were further specifications concerning the black population with coloureds being people who were of mixed race or background (Tewolde, 2021). Due to this differentiation, one of the participants identified as coloured and not black.

4.3 Themes that emanated from the study

Table 4.2: Table of themes that emanated from the study

The table below shows the themes that emerged from the study and the quotes that support the themes.

Study objectives	Themes emerging from the data sets	Quotations to support the theme
General understanding of GBV	**Form of violence targeted at specific gender**	*"Gender-based violence is a form of violence that is mainly targeted at a specific gender, whether a male person or a female person. But as we all know, majority of cases that have elements of gender-based violence, the victims are women and children who are girls."* *"Gender-based violence is violence whereby its directed at someone simply because of their gender or from a minority gender. It is said that most cases you find that women are the most*

		vulnerable when it comes to GBV, women and children."
	Violence directed at people from a minority gender	*"... gender-based violence is actually abuse that is experienced or someone who is subjected to abuse based on their gender being whether a male or a female and also sexuality, our LGBTQI community."* *"It affects the opposite sex, it's not about women being abused by men only. Women can be very abusive to their partners as well, so people, the LGBTQI community is the most affected by it, children and women."*
The nature of gender-based violence from social workers' perspectives in Johannesburg townships	**Sexual violence, financial violence, physical violence and emotional abuse**	*"... it could be sexual violence..., economic, you know, economic violence, physical violence, emotional."* *"... whether a male person or a female person ... are violated sexually, financially, physically, emotionally, at home and even on the streets."*
Long-term effects of GBV in children	**Children become bullies to other children**	*"I think most of the kids that are exposed to gender-based violence they tend to be bully, bullying other children."*

	Children become parasuicidal	*"...some will show signs of cutting; they'll be suicidal. Some would bully other kids and even with the bullying it's not the name calling kind of bullying sometimes it is physical and most of the time."*
	Re-enaction of violent behaviour	*"So, children really do mimic, you know I always tell people that children have this mentality; monkey see monkey do. What you allow the children to see is what they will do."* *"I asked why he loved him, and he said, "because he does things like my father". You could see that Mr Mngadi was violent and he was seeing him as a role model because he didn't like being taught by female teachers."* *"So, what happens in front of children is what they learn, and the implication is that in future they may be afraid of, they may repeat the behaviour that they saw their father carrying out in front of them at home. So, it becomes a learned behaviour when they are parents one day, they are now also abusing their wives or their husbands because they grew up in a home where violence was the order of the day"*

Challenges experienced when working with child victims of GBV	**Uncooperative parents**	*"Yes, there are parents who are, I would say, hard-headed because you will be explaining … I find a lot of people resisting intervention are males, the men in the house."* *"Sometimes the children don't come and sometimes the parents don't want the children involved, because usually it comes through the school or through the clinic, to say this child needs help and once the parents find out, they block the child from coming"*
	Parental denial of the situation	*"To be honest I don't think, most parents don't even regard kids' even when you tell them of the effects and everything. I don't know how they take kids or maybe shield them for the sake of their children, most of them they just disregard it."* *"It was always hard for the mother to report … so, the easiest thing to do is just ignore it but sometimes like the studies tell us because he is a breadwinner and all…."* *"… sometimes it happens where the father is the only person who's working, and you find out the mother is not working, and they think that 'if I report this if this person gets arrested where am I going to get who is going to pay rent?' Especially rent that's the only thing that they say it's a struggle but food they can get food from our organization, but according to me it's not that hectic it's just that people are not reporting their cases."*

	Lack of trust in therapy and counselling	*"…because in the Black culture, counselling and therapy is looked down upon. It's something that we didn't grow up with. We are just told "Be strong, be strong", "You are sulking" and all that."* *"So, with our Black people, therapy is not a thing if you understand me. Therapy was never there for us as Black people."* *"Okay, people need to know that counselling is not for mad people. We need to make some awareness's that need to be done, that everybody has a right to go for counselling. That counselling was not made for White people because people know that counselling is for White people but it's not like that now."*
Social workers' recommendations regarding GBV as experienced by children in Johannesburg townships	**More awareness campaigns by the government**	*"I really think our government needs to invest on more awareness. Why I am saying that is now the position that I'm in, I'm a gender-based violence social worker specifically, that's what I'm specializing on."*
	Need for more training and workshops for social workers to be more responsive than reactive	*"I think DSD what they must do, just to make an awareness like workshop. They must not do it once or whatever. I know they come they do the GBV violence on the 16 days of activism, I think it must be done every now and then, you understand?"*

	Need for a coalition between the Departments of Social Development and Education	*"Department of Education needs to work together with DSD, have at least one social worker in every school for children to have access to counselling services."*

4.4 General Understanding of GBV

4.4.1 Form of violence targeted at specific gender

The findings revealed that GBV is understood as violence targeted at a specific gender. However, the majority of participants mentioned that the primary victims of this violence are, in many cases, women and children, whereas the perpetrators are usually the male figures such as fathers and intimate partners. This was evident when one of the participants said:

> *Gender-based violence is a form of violence that is mainly targeted at a specific gender, whether a male person or a female person. But as we all know, majority of cases that have elements of gender-based violence, the victims are women and children who are girls.*

While another said:

> *Gender-based violence is violence whereby its directed at someone simply because of their gender or from a minority gender. It is said that most cases you find that women are the most vulnerable when it comes to GBV, women and children.*

In view of the above quotations, it is clear that women and children are the ones that suffer most at the hands of perpetrators. They show that social workers understand GBV from the different cases they have encountered when offering their services to clients affected by unique issues. Research has shown that many perpetrators of GBV are men, and the victims are women and children. This is supported by the literature, such as where Beyene et al. (2021) note that the primary perpetrators of any form of GBV are reported to be boyfriends or husbands and family members. This has also been supported by initiatives such as the globally recognized 16 Days of Activism, that happens annually from the 25th of November to the 10th of December.

A number of participants mentioned how, even though it is common for women to be victims, men can also be victims in the hands of abusive women and that GBV is not one-sided.

4.4.2 Violence directed at people from a minority gender

The findings revealed that sometimes GBV can be understood as violence directed at people from a minority gender, such as the lesbian, gay, bisexual, transgender, intersex, and queer (LGBTQI+) community or persons. The topic on sexuality and the LGBTQI+ community remains a sensitive topic, especially in many African countries. Moore and Stambolis-Ruhstorfer (2013, p. 492) define lesbian and gay people as, "women and men who identify themselves as attracted, usually exclusively, to members of the same sex/gender." To support this theme, when asked, one participant mentioned that:

> *... gender-based violence is actually abuse that is experienced or someone who is subjected to abuse based on their gender being whether a male or a female and also sexuality, our LGBTQI community.*

While another participant mentioned:

> *It affects the opposite sex, it's not about women being abused by men only. Women can be very abusive to their partners as well, so people, the LGBTQI community is the most affected by it, children and women.*

Clearly, GBV is indeed violence directed at any person regardless of gender. This is concurred in literature where Dlamini (2021) states that GBV can be understood as violence that is aimed against a person based on their sex or gender, and it includes acts of deprivation of liberty through inflicting sexual, emotional, physical and mental harm or suffering. Muller and Hughes (2016) mention that over the past few years, especially in South Africa, there have been many cases of homophobic sexual assault of a gender or sexual minority, with women experiencing the infamous "corrective rape[4]" and men being beaten to a pulp all in the name of "curing" them from gender confusion. Again, males are the majority of the perpetrators of such hate crime.

[4] "Corrective" rape is defined as a situation where a woman is raped in order to "cure" her of her lesbianism (Koraan, 2015).

4.5 The Nature of GBV from Social Workers' Perspectives in Johannesburg

4.5.1 Sexual violence, financial, physical, and emotional abuse

The findings for the nature of GBV from social workers' perspectives showed that there are various forms of violence that people may associate GBV with. It was interesting that the social workers mentioned the forms of GBV as interdependent. This was clear when four participants mentioned how GBV could be sexual, emotional, physical, and financial/ economic abuse. To support this, one of the participants said:

> *So, for me gender-based violence is violence that is perpetrated towards people regardless of gender, could be against women, it could be against men or children, and it could be sexual violence, economic, you know, economic violence, physical violence, emotional.*

Another participant said:

> *Women are violated sexually, financially, physically, emotionally, at home and even on the streets, and when it comes to children, it happens in various ways.*

The literature confirms social workers' views that GBV comes in various forms as it states that it is violence that is aimed against a person, based on their sex or gender, and it includes acts of deprivation of liberty through inflicting sexual, emotional, physical and mental harm or suffering (Dlamini, 2021). Gardsbane (2010) states that GBV includes physical, sexual, emotional, and financial abuse. For some countries and cultures in Africa, including South Africa, patriarchy is still practiced, where men have power and dominion over women. A patriarchal society believes that women should not work but stay at home to bear and take care of the children. This leaves women and children vulnerable and dependent on their spouses or partners for everything including food, toiletries, education, and recreational activities. In the Johannesburg townships where this study was conducted, many households only had the father working and the mother was unemployed. Many cases of GBV were not reported to the police because, if the breadwinner is arrested, there is "no food on the table or no roof over their heads" for those renting accommodation as their homes. This raised many questions regarding people who were not penalized simply because they are the sole providers in their families.

4.6 Long-Term Effects of GBV

4.6.1 Parasuicidal thoughts

Regarding the main physical and mental signs shown by child secondary victims of GBV, the results revealed that bullying, withdrawn behaviour as well as parasuicidal thoughts and attempts were at the top. Bullying is defined as "aggressive goal-directed behaviour that harms another individual within the context of a power imbalance" as stated by Volk et al. (2014, p. 327). Due to feelings of powerlessness when the abuse happens at home, children try to display acts of being strong and tough when in different environments such as at school. This was evident in the responses given by the participants when one said:

> *I think most of the kids that are exposed to gender-based violence they tend to be bully, bullying other children.*

And another said:

> *You will find that they are now normalizing it. So, the children they just think that being violent is a normal thing and they go to schools and do the same thing. Being that they become bully to other children out there. It affects children in another way again because if the mother at home is submissive to the father and she's being bullied, she's being violated, she's being exploited through GBV at home.*

A theory that best explained bullying in child secondary victims was the social learning theory by Albert Bandura, which affirms the significance of observing and emulating certain behaviours and reaction of role models (Mcleod, 2011). Mcleod (2011) further mentions that the social learning theory appraises how the environmental and cognitive factors interact to affect human learning and behaviour. Thus, an individual's background, in this case a child's, influences how one's life turns out. This explains their different behaviour in various settings such as at school, where the parents are not watching them full-time.

The participants also spoke about child secondary victims being withdrawn or showing signs of being "troubled." Withdrawn behaviour can manifest in different forms such as being isolated, preferring to be alone at all times, being too reserved and extremely quiet even in environments where one is expected to be jovial. To support this theme, some of the responses mentioned signs of being withdrawn were:

> *So, withdrawal, that's more like the physical, they withdraw a lot, they don't talk. They become violent themselves and sometimes if, some of them have scars as if they've been exposed or if they've experienced the violence themselves. They have got scars that show, physical scars, some of them are terrified of adults. They can't even speak and at times the moment they hear a noise, there are triggers so that's more like mental. There are noises or things that trigger, you know that terror in them.*

And another one said:

> *That is where you could see that so many painful things have happened to this child. Then after that she would just sit at the corner, she wanted a corner to sit down alone there. She was no longer where she was doing all these things. She would sit in a corner and after that she hit her head purposefully on the floor, like this, in a very painful way.*

It is clear that other children who have been exposed to GBV become withdrawn and unsociable. Even for a grown adult, witnessing violence on an almost daily or weekly basis can be mentally damaging. This is worse for a child who finds themselves in a very difficult position where they cannot challenge the perpetrator or protect the person being abused or even leave the situation. Doyle (2012) noted that signs of post-traumatic stress may become visible, especially in children who have been put through or exposed to abuse (Dwivedi, 2000; Cohen et al., 2003; Margolin & Vickerman, 2007; Wechsler-Zimring & Kearney, 2011). However, such psychological and emotional trauma, when left unaddressed, can cause even more damage to a person, hence the need for children, no matter the nature of the distressing event, such as GBV, to access therapy with a social worker or psychologist. This leads to the other factor that arose when social workers were answering this question; sometimes, affected children develop suicidal thoughts due to depression and an inability to cope with the situation at home. One respondent said:

> *… a lot of children are changing their sexuality because of what they've experienced and sometimes it's just chronic trauma, the depression and because in the Black culture, counselling and therapy is looked down upon. … So, you know post-traumatic-stress disorder, it sometimes it comes out in their adulthood and sometimes suicidal behaviour, you know cutting of wrists.*

From the quotation above, it is clear that post-traumatic stress caused by an unstable, and unhealthy home environments may drive children into suicidal thoughts and attempts. This concurs with the theoretic framework used in this study: the ecological systems theory used by many developmental psychologists as well as social workers. It helps in understanding individuals in the different contexts in which they may find themselves (Neal & Neal, 2013). As mentioned above, in cases where one faces psychological issues, counselling must be undertaken in order to thoroughly address and heal from the issues that are troubling them, because excessive repression of feelings may become unbearable and the only option to the person may seem to be to take their own life.

4.6.2 Engagement in early substance use and abuse

Psychological and emotional scars have serious repercussions in one's life, such as depression. The findings revealed that other long-term effects that affect child secondary victims of GBV are early engagement in substance use and abuse. This was corroborated by one participant who responded:

> *I think that when they cannot cope anymore, they are learning to use substances and also the area that I'm working in, substance abuse is just problematic.*

Another respondent said:

> *... unfortunately, they end up being involved in anti-social behaviours such as drugs and dagga and alcohol just to escape the pain that they go through when they are at home.*

While another responded:

> *So, it creates different things on children, others end up being involved in issues around drugs just to try to cope with the situation.*

Like adults, children also resort to using substances in an attempt to numb their feelings regarding their experiences with violence or being exposed to it at home. In South Africa, children increasingly have more access to drugs and alcohol because there are people who sell these substances illegally. Laws in many countries around the world state that no person below the age of 18 can be sold alcohol, cigarettes, or any kind of drugs. Due to these illegal sellers

and the presence of gangs in some townships, access to illegal substances is easy for underage, troubled children coming from abusive homes due to GBV. Using drugs seems to be one of the best ways to escape their realities. There is not much literature discussing children's use of substances to cope with violent home conditions.

4.6.3 Re-enaction of violent behaviour

The findings below showed that depending on how children interpret certain behaviour, they may imitate the witnessed violent behaviour. Children are curious and attentive beings, especially about their surroundings, which means that they are bound to copy any behaviour they observe whether negative or positive. In an effort to understand the effects of GBV on children that have been exposed to family violence, social workers were asked if they had ever encountered a situation where the child they were attending to had ever exhibited or mimicked that same violent behaviour to them or anyone in their surroundings. Most boys seemed to copy the perpetrator behaviour, while girls leaned more towards copying the victim's behaviour, since most GBV victims are women. To support this, some of the responses said:

> *Not towards me but, they would do it with their peers, mostly. You find the way that boys address girls is similar to how they are treated at home and how they have observed it … but with their peers they mimic the behaviour. They are definitely mimicking the violent behaviour and the victim behaviour.*

While another respondent said:

> *"So, what happens in front of children is what they learn, and the implication is that in future they may be afraid of, they may repeat the behaviour that they saw their father carrying out in front of them at home. So, it becomes a learned behaviour when they are parents one day, they are now also abusing their wives or their husbands because they grew up in a home where violence was the order of the day"*

It became apparent from these responses that children will observe and imitate, no matter the behaviour. This is best explained by the social learning theory where Mcleod (2011) mentions that behaviour is learned from the environment through the process of observational learning. A newspaper article by the *Mail and Guardian* in 2020 reported that more than 50% of women in South Africa reported having experienced GBV in their lifetime, with 76% of men admitting they had perpetrated it at some point in their lifetime (Pilane, 2020). These high rates are

concerning as it shows that many women have been abused, and one must ask, where were the children during the assault? Children nowadays act and speak like adults, showing how much of an influence, what they see from adult, has on their lives. One participant mentioned that:

> *I remember this other time I was going to the staff room coming from the office and I passed these four or five girls talking. The way they were talking was like their mothers, saying "you know he beats me, but he says he loves me." You could hear that this is an adult talk from a child, and they are accepting this certain behaviour. They are definitely mimicking the violent behaviour and the victim behaviour.*

In light of this quote, children and young people are easily influenced by the way other people in their environments behave. It is important to stress that children need to be protected from these negative behaviours that affect their wellbeing, whether now or in the future, so they may have a chance at having normal livelihoods like other children, be it socially, emotionally, psychologically, and physically.

4.6.4 Violent behaviour into adulthood

Similar to how children mimic adult behaviour, the findings revealed that that sometimes child secondary victims of GBV copied the behaviour they grew up observing into their adulthood. This was supported when some participants said:

> *So, what happens in front of children is what they learn, and the implication is that in future they may be afraid of, they may repeat the behaviour that they saw their father carrying out in front of them at home. So, it becomes a learned behaviour when they are parents one day, they are now also abusing their wives or their husbands because they grew up in a home where violence was the order of the day.*

> *We have a lot of kids going behind bars, you know. That's the main thing, especially in Alex. They drop out of school, like I said, the way the boys treat girls, it's very harsh and they force themselves onto girls, we have so many cases of rape going in there with teenage boys.*

> *Then especially when I found out when I do my own research, we found that those people who are in jail most of the prisoners, we found that they are people who are*

> *doing gender-based violence … because when you find out, that was their background when they were young, they think it's the solution for themselves.*

The violence becomes a never-ending cycle, even for future generations to come, unless it is dealt with utmost urgency. The other downside to this behaviour as was mentioned in some of the quotes is that other children end up in jail due to the fact that they think the best way to solve issues is violence.

4.7 Challenges experienced when working with child victims of GBV

4.7.1 Uncooperative parents

The findings showed that some parents do not cooperate with social workers when their children attend counselling, creating challenges for the social worker and hindering progress for the child. This theme was supported when one participant stated that:

> *Yes, there are parents who are, I would say, hard-headed because you will be explaining…. I find a lot of people resisting intervention are males, the men in the house.*

Another participant mentioned that:

> *Sometimes the children don't come and sometimes the parents don't want the children involved, because usually it comes through the school or through the clinic, to say this child needs help and once the parents find out, they block the child from coming.*

The quotations above illustrate that uncooperative parents inhibit their children's progress. At times, the parents may realize that the child needs counselling when it is too late and damage has already been done, such as when the child begins bullying, hurting themselves, or becomes suicidal. Doyle (2012) states that some of the pitfalls that can accompany an intervention with children and their families may be when the child is disregarded or rejected by their family, when parents fail to take responsibility for their actions, and when there is an aggressive or hostile attitude towards the social workers. However, the effectiveness of intervention is best noticeable when done holistically, with both children and their families. If the parents are unsupportive, then there is only so much that can be done with counselling.

4.7.2 Parents in denial of the situation

GBV has played a large role in the broken state of many families worldwide and it is in this context that many children witness such violence. The study's findings revealed that some parents do not take the repercussions of children's exposure to violence seriously. The findings also revealed that some parents do not report GBV cases in order to protect the perpetrator over their children. This was supported when some responses recorded:

> *To be honest I don't think most parents don't even regard kids, even when you tell them of the effects and everything. I don't know how they take (seriously) their kids or maybe shield them, for the sake of what their children go through. Most of them they just disregard it.*

Another participant said:

> *It was always hard for the mother to report … so, the easiest thing to do is just ignore it but sometimes, like the studies tell us, because he is a breadwinner and all that but also, I believe it's kind of a mental challenge of, ok I don't know how to deal with this, it's better I deny everything.*

While another one said:

> *… sometimes it happens where the father is the only person who's working, and you find out the mother is not working, and they think that "if I report this if this person gets arrested where am I going to get who is going to pay rent?" Especially rent that's the only thing that they say it's a struggle but food they can get food from our organization, but according to me it's not that hectic it's just that people are not reporting their cases.*

Drawing from the quotes above, it seemed as if most parents who engaged with social worders did not consider their children's possible traumatic experiences after having been exposed to GBV at home. This seemed to be the case for most of the families in the township communities where there are additional stressors such as poverty and unemployment. Another stressor that many families face is being solely dependent on one person, who is also the perpetrator of violence in that household. As previously noted, the victims then protect the abuser because they fear losing financial support, accommodation, or food, even at the expense of exposing

their children to more violence. Most women in South Africa find themselves at the mercy of the men in their lives on a daily basis. They depend on them for both their livelihood and their children's. Accommodation is costly in South Africa, and many people resort to staying as family units in order to save on rent and daily expenses. This is often referred to as *vat en sit*, an Afrikaans term for cohabitating. According to Semenya (2016), *vat en sit* can be understood as partners who commit to a consensual relationship where they stay together without being legally married to each other. In order to save costs or because they do not have enough money, some people chose to stay in these relationships even if they are being abused. Not much has been written on parents who ignore the problems caused by exposure to GBV on their children. This issue, however, was confirmed by the participants based on their experiences it in the field.

4.7.3 Lack of trust on therapy and counselling services

With regards to seeking and accessing counselling and therapy services, the study's findings showed that there is still a lot of hesitancy and a lack of trust accessing these, more prevalently in Black communities. To support this theme, some participants mentioned that:

> *So, with our Black people, therapy is not a thing if you understand me. Therapy was never there for us as Black people.*

Another participant said:

> *Okay, people need to know that counselling is not for mad people.… That counselling was not made for White people because people know that counselling is for White people, but it's not like that now.*

In light of the quotes above, it is clear that in some Black communities, people still discriminate and stigmatise against mental health including treatment because they associate it with being insane. In most Black communities, which is where this study was conducted, mental illnesses such as depression and anxiety are not taken seriously, and when one attends counselling sessions, they are discriminated against or laughed at. As such, mental health is quickly becoming the top reason why people end up committing suicide or running away from home. In townships where most Black people dwell, counselling and therapy services are underutilized because of cultural beliefs, including "the need to resolve family concerns within the family, as well as the expectation that black men adopt a position of power and authority

within the family and community and what they say goes" (Ruane, 2010, p. 219). For other families, it is against tradition to "talk to strangers" about family secrets. This aligns with Ruane (2010, p. 219) when she states that "this could be ascribed to the African worldview in which black communities deal with both spiritual and personal problems within the community context and do not seek assistance from outsiders." When one states that they have depression, they are often ignored and sometimes called names, such as people saying, "*uyahlanya lona"*, which loosely translates to, "this one is crazy". This attitude contributes to the reasons why we see depression rates rising and successful and attempted suicides increasing especially in the Black population.

4.8 Social Workers Recommendations Regarding GBV as Experienced by Children in Johannesburg Townships

4.8.1 Recommendations for creation of more awareness by the government

A number of participants revealed that the government needed to do more. The name "government" was used interchangeably with the "Department of Social Development" (DSD). The participants mentioned that enough was not being done by DSD to raise awareness of the services offered to them as well as to equip the social workers in this field with the knowledge and tools to address these issues in communities effectively. This was evident when a participant mentioned that:

> *I think DSD what they must do, just to make an awareness like workshop. They must not do it once or whatever. I know they come they do the GBV violence on the 16 days of activism, I think it must be done every now and then, you understand?*

Another respondent said:

> *I really think our government needs to invest on more awareness. Why I am saying that is now the position that I'm in, I'm a gender-based violence social worker specifically, and the cases are very bad.*

GBV cases are reported on a daily basis in South Africa, but it only seems as if anti-GBV campaigns occur in November/December during the 16 Days of Activism. Throughout the year, people, especially the perpetrators, are not thinking about these human rights when they enact violence on others, and sadly, some cases become cold, without any persecutions. While the government has enforced laws against gender-based and domestic violence, many people

are unaware of their rights, and the perpetrators just continue with their usual business knowing that they will not face any punishment. Once people are equipped with the knowledge they need to help progress and improve their lives, a positive change and better living conditions become inevitable for all.

4.8.2 The need for more training workshops and support for social workers working with children

Three participants revealed that there was a need for more training and support to be given to social workers in order for them to be able to work effectively when conducting interventions with clients. Their responses included:

> *Social workers should be trained to be more preventive rather than responsive as more action is done when a big issue has affected people."*

Another participant commented:

> *"We don't have resources. I would go and tell people about the gender-based violence command centre that was established during the pandemic because GBV was also an epidemic, but they don't know what I am talking about. I'm not feasible, I even struggle with pamphlets, that's how bad the department is. I have asked them, please give us gazebos and pamphlets. There are specific days where I need to uphold and celebrate or make awareness of GBV. I mean we've got October; we've got victim's rights month, we teach them the rights of the victim you know, but I don't have anything talking to that, you know, I don't have pamphlets, I don't have posters. So, we need de-briefing."*

Social work is one of the many very demanding and important jobs, just like other professions such as nurses and medicine, because it deals with people's lives. It is therefore critical for the professional to also look after their own mind and body in order to take care of the others (clients). Kim et al. (2011, p. 258) mention that "social worker burnout is a serious problem because it can adversely affect the quality and stability of social services." They also revealed that burnout negatively affected the social workers' (participants) physical health, and they also reported experiences of suffering from more headaches, respiratory infections, and gastrointestinal problems. The employer must take care of its staff by supporting them through de-briefing sessions as well as providing them with the necessary resources to maximise their effectiveness and productivity, such as improving working conditions and giving them bonuses

and incentives. The last recommendation may be, implementing employee wellness programmes that will promote their physical well-being, such as team building activities and having onsite fitness centres.

4.8.3 Need for a coalition between the Departments of Social Development and Education

The need for a partnership between the Depart of Social Development and the Department of Education was highlighted by three participants. They cited that children need to be taught their rights while they are young, which can be done at school. As one participant said:

> *Department of Education needs to work together with DSD, have at least one social worker in every school for children to have access to counselling services. Teach children their rights at an early age so that they know who or where to go to when they meet challenges.*

This response suggested that a collaboration between the social development (social services) and education sectors in South Africa could help tackle the effects of GBV on children. This recommendation concurs with the literature. Pretorius (2020) states that many social problems are evident in children's behaviours in the school environment, making schools the best sites for school social workers as associate partners of teachers and other professionals within the school to accomplish ongoing and comprehensive interventions to address the challenges pupils and educators encounter on different levels through incorporation of different systems and resources (Pretorius, 2020). Teachers would specialize in educating the learners while social workers' expertise would be used to assess the child on site, investigate their abilities and aptitudes as well as their challenges (Pretorius, 2020).

4.9 Conclusion

In conclusion, this chapter presented and discussed the findings that emerged from the study, which concurred with and supported the existing literature regarding working with children from abusive homes. The chapter also discussed the long-term effects of GBV on children and the challenges that social workers face in the field when working with child secondary victims of GBV. Lastly, the chapter discussed the recommendations given by the social workers that can be adopted to address these challenges.

Chapter Five: Main Findings, Conclusions, and Recommendations

5.1 Introduction

The aim of this study was to explore the psychosocial interventions adopted by social workers when addressing the effects of GBV in child secondary victims from four townships around Johannesburg, South Africa. This chapter summarizes the findings, conclusions, and recommendations proposed from the study's findings.

5.2 Summary of the Findings

5.2.1 Social workers' general understanding of GBV

The findings revealed that the participating social workers shared similar views on how they understood GBV. They had a good understanding of how GBV not only affected one gender (women and girls only), but that no gender or race was immune to it as compared to the assumption that violence is always directed towards (Black) women. However, the participants stated that based on their field experience, there was more prevalence in women as victims and survivors even though some instances ended in femicide.

5.2.2 The nature of GBV from social workers' perspectives in Johannesburg townships

Many perceptions were expressed regarding the nature of GBV, including both in-depth and shallow responses. Most social workers mentioned how they found GBV diverse in nature, taking multi-forms of abuse including physical, sexual, financial, and emotional. This differed from the usual assumption that ordinary people have of GBV being physical violence only. The participants' responses were influenced by what they have experienced in the field as well as from the literature. It became apparent that such abuse also affected children in myriad ways, ranging from depression to becoming bullies and losing interest in school.

5.2.3 Long term effects of GBV

The study revealed that children from homes with GBV backgrounds show different signs which can be both physical and psychological or emotional, and the participants spoke about the long-term effects caused by exposure to GBV. Issues such as early engagement in substance use and abuse, self-hate, and hatred for others were stated as ways in which children exposed

to GBV try to cope with their life situations. These children also become violent, believing that family and community issues are best resolved through violence. This has resulted in young children being imprisoned, whether at juvenile correctional facilities or in adult jails when they are over 18 years of age. These consequences can be averted when children are protected from such behaviour, primarily at home, and are listened to when they voice their feelings. Parents need to be taught the importance of counselling, especially after a child has been exposed to disturbing behaviour and GBV.

5.2.4 Challenges experienced when working with child secondary victims of GBV

The participants revealed that they face many challenges when intervening with child secondary victims of GBV, including the stigma and discrimination against counselling in most South African Black communities, uncooperative parents, and parents in denial about their behaviours' effects on their children.

5.2.5 Social workers recommendations regarding GBV as experienced by children in Johannesburg townships

The participants suggested a few recommendations for addressing the challenges faced in the field when working with child secondary victims of GBV as well as maximising the effectiveness of therapy. They indicated that the government's Departments of Education and Social Development needed to come together to help children who are exposed to violence at home. They also mentioned that social workers are burnt out, limiting the quality of services they render to the public, here, the children in dire situations who cannot talk to anyone at home. Lastly, they mentioned that the government had to consistently and continuously create visible awareness to ensure the public knows where and how to access social work services rather than promoting campaigns at certain times of the year.

5.3 Conclusion

GBV, as defined by social workers, is violence directed at a person from any particular gender and can be in any form which includes physical, sexual, emotional, psychological, and financial maltreatment. Over the years, GBV has been traditionally seen as physical violence towards women, however, its definition is deeper and broader because there are instances of men becoming victims of GBV in the hands of women. Even though men also experience GBV, women are the mostly affected gender, hence this discussion was more inclined to the

perpetration by men/ male partners towards women/ female partners. There have also been cases where the LGBTQI community have been attacked in their homes and intimate relationships, showing that no gender is immune to the GBV pandemic. This study also showed that no race is immune to GBV, even though this particular study focused on four black high-density communities (townships) in Johannesburg, South Africa.

Exposure to any form of violence at home, whether domestic violence or GBV that children are subjected to, is seen as abuse and a violation of children's rights. According to the SDGs, children need to be protected from everything that is detrimental to their development as human beings. Children are easily influenced by what they observe in their environment, including how adults behave in front of them. Parents and primary caregivers play a vital role in how their children behave in the society, which can be either good or bad. Social services, such as counselling and therapy, have been made freely accessible for everyone in the townships for people to get help. Social services also work with the SAPS, who are in every township and handle GBV cases on a daily basis.

People need to be made aware of these services and how they can improve their and their families' lives by accessing these services. While there is no specific intervention model used by social workers when helping child GBV survivors, more holistic ways of delivering services are being used and are seen as more effective.

5.4 Recommendations

The recommendations below are based on the findings and conclusions from this study.

5.4.1 Recommendations to social work practice

The social work profession plays an important role in ensuring that children are protected from all harm.

- There is a need for intensive training and workshops for social workers to assist people instead of referring them all the time for issues that they can assist them with.
- Social workers are encouraged to prioritize helping people holistically in order to help achieve social justice for all.

- Social workers should work with other health professionals such as psychologists and psychiatrists when helping clients, children, and their families, to understand the situation they find themselves in and how to best address it.

5.4.2 Development of guidelines on how to intervene when working with child secondary victims of GBV

Many women, especially from the Black society, have been encouraged to persevere in abusive relationships because of societal and cultural expectations, resulting in GBV cases left unreported and perpetrators living freely unpunished (Fapohunda et al., 2021). This study found that there are not many campaigns done in order to spread the word to the public about the availability of services and that information that is shared is insufficient. Thus, not many people report cases or seek help from social work professionals regarding GBV. This finding has led to the following recommendations for policy and practice changes:

- 16 Days of Activism should be a year-long campaign, especially in communities with high rates of GBV and domestic violence.
- Consequences for perpetrators must be more punitive and adhered to in order to mitigate cases of GBV and femicide.
- The Department of Basic Education and the Department of Social Development must work together to ensure that there is at least one social worker in every school that would assist children who need psychosocial help, due to being exposed to GBV at home.
- The Department of Basic Education should train teachers to notice the signs of a troubled child and to make referrals to social workers in the local area if one is not available at the school.
- Social, emotional, and professional support should be made available for social workers regularly due to the emotional stress that the job entails.
- The SAPS must defend all victims from GBV perpetrators, who are referred to as criminals according to the 1998 Domestic Violence Act, the 2012 Criminal Law (Sexual Offences and Related Matters) Amendment Act, the 1998 Maintenance Act,

and the 2011 Protection from Harassment Act. The police must make the necessary arrests to prove that no one is above the law.

5.4.3 Future research

- The study focused on interviewing social workers in four different organisations and townships in Johannesburg. The sample size was relatively small, and the results could not be generalized for the rest of the population. It is therefore recommended that more research needs to be done in other cities and provinces, with different organisations and townships as well.
- Many people in the different communities seem to be afraid of reporting crime, in this case GBV, and they are also not accessing social work services. I would recommend that this hesitancy be investigated further to discover the root causes of why people do not report GBV cases and seek counselling for what they have experienced.
- There should be more research conducted in more affluent suburbs to see if there are similarities and differences among people who fall between different income brackets.
- The literature speaks more to children who use, and abuse substances and alcohol being influenced by seeing their parents practicing that behaviour. However, the participants mentioned that child secondary victims of GBV engage in early substance use and abuse to cope with their home situations and numb the pain they feel. It is recommended that more research be conducted with cases of child secondary victimization from GBV and the early use of substances to address the exposure to violence that they experience at home.

References

Alvi, M. (2016). *A manual for selecting sampling techniques in research*. 1-57. https://mpra.ub.uni-muenchen.de/70218/

Anabo, I. F., Elexpuru-Albizuri, I., & Villardón-Gallego, L. (2019). Revisiting the Belmont Report's ethical principles in internet-mediated research: Perspectives from disciplinary associations in the social sciences. *Ethics and Information Technology*, *21*(2), 137–149. Scopus. https://doi.org/10.1007/s10676-018-9495-z

Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of emerging trends in educational research and policy studies*, *5*(2), 272-281.

Avasthi, A., Ghosh, A., Sarkar, S., & Grover, S. (2013). Ethics in medical research: General principles with special reference to psychiatry research. *Indian Journal of Psychiatry*, *55*(1), 86–91. https://doi.org/10.4103/0019-5545.105525

Banerjee, A., & Chaudhury, S. (2010). Statistics without tears: Populations and samples. *Industrial Psychiatry Journal*, *19*(1), 60–65. https://doi.org/10.4103/0972-6748.77642

Bartlett, J. D., & Smith, S. (2019). The role of early care and education in addressing early childhood trauma. *American Journal of Community Psychology*, *64*(3–4), 359–372. https://doi.org/10.1002/ajcp.12380

Bent-Goodley, T. B. (2009). A Black Experience-Based Approach to Gender-Based Violence. *Social Work*, *54*(3), 262–269. https://doi.org/10.1093/sw/54.3.262

Berk, L. E. (2000). Ecological systems theory. *Child development*, 23-38.

Beyene, A. S., Chojenta, C. L., & Loxton, D. J. (2021). Consequences of gender-based violence on female high school students in eastern Ethiopia. *African Journal of Reproductive Health*, *25*(4), 4.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brendtro, L. K. (2006). The vision of Urie Bronfenbrenner: Adults who are crazy about kids. *Reclaiming children and youth*, *15*(3), 162.

Bufacchi, V. (2020). Justice as Non-maleficence. *Theoria: A Journal of Social & Political Theory*, *67*(162), 1–27. https://doi.org/10.3167/th.2020.6716201

Calia, C., Reid, C., Guerra, C., Oshodi, A.-G., Marley, C., Amos, A., Barrera, P., & Grant, L. (2021). Ethical challenges in the COVID-19 research context: A toolkit for supporting analysis and resolution. *Ethics & Behavior*, *31*(1), 60–75. https://doi.org/10.1080/10508422.2020.1800469

Cappa, C., & Jijon, I. (2021). COVID-19 and violence against children: A review of early studies. *Child Abuse & Neglect*, *116*, 1-9. https://doi.org/10.1016/j.chiabu.2021.105053

Casale, D., Posel, D., & Mosomi, J. (2020). Gender and work in South Africa. In *The Oxford Handbook of the South African Economy*. 1-27.

Carnevale, S., Di Napoli, I., Esposito, C., Arcidiacono, C., & Procentese, F. (2020). Children witnessing domestic violence in the voice of health and social professionals dealing with contrasting gender violence. *International journal of environmental research and public health*, *17*(12), 4463.

Connelly, L. M. (2016). Trustworthiness in qualitative research. *MEDSURG Nursing*, *25*(6), 435–436. Scopus.

Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A., & Sheikh, A. (2011). The case study approach. *BMC Medical Research Methodology*, *11*(1), 1-9. https://doi.org/10.1186/1471-2288-11-100

Danese, A. (2020). Annual Research Review: Rethinking childhood trauma-new research directions for measurement, study design and analytical strategies. *Journal of Child Psychology & Psychiatry*, *61*(3), 236–250. https://doi.org/10.1111/jcpp.13160

Decker, M. R., Latimore, A. D., Yasutake, S., Haviland, M., Ahmed, S., Blum, R. W., Sonenstein, F., & Astone, N. M. (2015). Gender-Based Violence Against Adolescent and Young Adult Women in Low- and Middle-Income Countries. *Journal of Adolescent Health*, *56*(2), 188–196. https://doi.org/10.1016/j.jadohealth.2014.09.003

DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health*, *7*(2), 1-8.

Denzin, N. K. (1989). Interpretive biography (Vol. 17). *Sage.*

Dlamini, N. J. (2021). Gender-Based Violence, Twin Pandemic to COVID-19. *Critical Sociology*, *47*(4–5), 583–590. https://doi.org/10.1177/0896920520975465

Downey, C., & Crummy, A. (2022). The impact of childhood trauma on children's wellbeing and adult behavior. *European Journal of Trauma and Dissociation*, *6*(1), 1. Scopus. https://doi.org/10.1016/j.ejtd.2021.100237

Etikan, I., Alkassim, R., & Abubakar, S. (2016). Comparision of snowball sampling and sequential sampling technique. *Biometrics and Biostatistics International Journal*, *3*(1), 55.

Evens, E., Lanham, M., Santi, K., Cooke, J., Ridgeway, K., Morales, G., Parker, C., Brennan, C., de Bruin, M., Desrosiers, P. C., Diaz, X., Drago, M., McLean, R., Mendizabal, M., Davis, D., Hershow, R. B., & Dayton, R. (2019). Experiences of gender-based violence among female sex workers, men who have sex with men, and transgender women in Latin America and the Caribbean: A qualitative study to inform HIV

programming. *BMC International Health and Human Rights*, *19*(1), 9. https://doi.org/10.1186/s12914-019-0187-5

Fapohunda, T., Masiagwala, P., Stiegler, N., & Bouchard, J.-P. (2021). Intimate partner and domestic violence in South Africa. *Annales Médico-Psychologiques, Revue Psychiatrique*, *179*(7), 653–661. https://doi.org/10.1016/j.amp.2021.07.007

Finch, M., Featherston, R., Chakraborty, S., Bjørndal, L., Mildon, R., Albers, B., Fiennes, C., Taylor, D. J. A., Schachtman, R., Yang, T., & Shlonsky, A. (2021). Interventions that address institutional child maltreatment: Evidence and gap map. *Campbell Systematic Reviews*, *17*(1), 1-104. Scopus. https://doi.org/10.1002/cl2.1139

Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, K. (2009). Children's exposure to violence: A comprehensive national survey. *Office of Juvenile Justice and Delinquency Prevention.* 2-9.

Gardsbane, D. (2010). Gender-based violence and HIV: Technical brief. *Arlington (VA): US Agency for International Development, AIDSTAR-One*.

George, L. (2020). *Gender-Based Violence Against Women in South Africa*.

Haffejee, S., & Levine, D. T. (2020). 'When will I be free': Lessons from COVID-19 for Child Protection in South Africa. *Child Abuse & Neglect*, *110*, 104715. https://doi.org/10.1016/j.chiabu.2020.104715

Howell, K. H. (2011). Resilience and psychopathology in children exposed to family violence. *Aggression and Violent Behavior*, *16*(6), 562–569.

Kaiser, K. (2009). Protecting respondent confidentiality in qualitative research. *Qualitative Health Research*, *19*(11), 1632–1641. Scopus. https://doi.org/10.1177/1049732309350879

Kekeya, J. (2021). Qualitative case study research design: The commonalities and differences between collective, intrinsic and instrumental case studies. *Contemporary PNG Studies*, *36*, 28-37.

Kemparaj, U., & Chavan, S. (2013). Qualitative research: A brief description. *Indian Journal of Medical Sciences*, *67*.

Kim, H., Ji, J., & Kao, D. (2011). Burnout and Physical Health among Social Workers: A Three-Year Longitudinal Study. *Social Work*, *56*(3), 258–268.

Koraan, R. (2015). 'Corrective rape' of lesbians in the era of transformative constitutionalism in South Africa. *Potchefstroom Electronic Law Journal*, *18*(5), 1930–1952. https://doi.org/10.4314/pelj.v18i5.23

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, *24*(1), 120–124. https://doi.org/10.1080/13814788.2017.1375092

Kulka, T., Padilha, M. da G. S., & Antunes, M. C. (2020). Effects of Domestic Violence Against Women on Their Children. *Trends in Psychology*, *28*(2), 287–301. https://doi.org/10.1007/s43076-020-00013-7

Laing, L., Humphreys, C., & Cavanagh, K. (2013). Social Work and Domestic Violence: developing critical and reflective practice. *Sage Publication.*

Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *All Ireland Journal of Higher Education*, *9*(3), 3351-3359.

Mbabe, W., Ajayi, O., Bagula, A., Leenen, L., & Schoeman, N. (2021). A Workflow System for Managing Ethical Clearance in Research Work. *2021 IST-Africa Conference (IST-Africa)*, 1–9.

Mbunge, E. (2020). Effects of COVID-19 in South African health system and society: An explanatory study. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews, 14*(6), 1809–1814. https://doi.org/10.1016/j.dsx.2020.09.016

McGaha-Garnett, V. (2013). The effects of violence on academic progress and classroom behavior: From a parent's perspective. *VISTAS Online*, *10*(1), 1–9.

Mcleod, S. (2011). *[Albert Bandura's Social Learning Theory]*. Sage. https://www.simplypsychology.org/bandura.html

Midgley, N., Capella, C., Goodman, G., Lis, A., Noom, M., Tishby, O., & Weitkamp, K. (2018). Introduction to the special section on child and adolescent psychotherapy research. *Psychotherapy Research*, *28*(1), 1–2. https://doi.org/10.1080/10503307.2017.1380864

Modi, M. N., Palmer, S., & Armstrong, A. (2014). The Role of Violence Against Women Act in Addressing Intimate Partner Violence: A Public Health Issue. *Journal of Women's Health*, *23*(3), 253–259. https://doi.org/10.1089/jwh.2013.4387

Moore, M. R., & Stambolis-Ruhstorfer, M. (2013). LGBT Sexuality and Families at the Start of the Twenty-First Century. *Annual Review of Sociology*, *39*(1), 491–507. https://doi.org/10.1146/annurev-soc-071312-145643

Mshweshwe, L. (2020). Understanding domestic violence: Masculinity, culture, traditions. *Heliyon*, *6*(10), e05334. https://doi.org/10.1016/j.heliyon.2020.e05334

Mullender, A., Hague, G., Imam, U. F., Kelly, L., Malos, E., & Regan, L. (2002). *Children's Perspectives on Domestic Violence*. SAGE.

Muller, A., & Hughes, T. L. (2016). Making the invisible visible: A systematic review of sexual minority women's health in Southern Africa. *BMC Public Health*, *16*(1), 307. https://doi.org/10.1186/s12889-016-2980-6

Nakazawa, D. J. (2016, August 10). Childhood trauma leads to lifelong chronic illness—So why isn't the medical community helping patients? *ACEs Too High*. https://acestoohigh.com/2016/08/10/childhood-trauma-leads-to-lifelong-chronic-illness-so-why-isnt-the-medical-community-helping-patients/

Neal, J. W., & Neal, Z. P. (2013). Nested or Networked? Future Directions for Ecological Systems Theory. *Social Development*, *22*(4), 722–737. https://doi.org/10.1111/sode.12018

Opdenakker, R. (2006). Advantages and Disadvantages of Four Interview Techniques in Qualitative Research. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *7*(4), 4-13. https://doi.org/10.17169/fqs-7.4.175

Pardeck, J. T. (1988). An ecological approach for social work practice. *J. Soc. & Soc. Welfare*, *15*, 133.

Parker, C., Scott, S., & Geddes, A. (2019). Snowball sampling. *SAGE Research Methods Foundations*.

Peacock, D., & Barker, G. (2014). Working with men and boys to prevent gender-based violence: Principles, lessons learned, and ways forward. *Men and masculinities*, *17*(5), 578-599.

Pepler, D. J., Catallo, R., & Moore, T. E. (2000). Consider the children: Research informing interventions for children exposed to domestic violence. *Journal of Aggression, Maltreatment and Trauma*, *3*(1), 37–57. Scopus. https://doi.org/10.1300/J146v03n01_04

Pernegger, L., & Godehart, S. (2007). Townships in the South African geographic landscape–physical and social legacies and challenges. *South Africa, Training for Township Renewal Initiative*.

Peterson, J. S. (2019). Presenting a Qualitative Study: A Reviewer's Perspective. *Gifted Child Quarterly*, *63*(3), 147–158. https://doi.org/10.1177/0016986219844789

Polit, D. F., & Beck, C. T. (2010). Generalization in quantitative and qualitative research: Myths and strategies. *International Journal of Nursing Studies*, *47*(11), 1451–1458. https://doi.org/10.1016/j.ijnurstu.2010.06.004

Porter, C., Favara, M., Sánchez, A., & Scott, D. (2021). The impact of COVID-19 lockdowns on physical domestic violence: Evidence from a list randomization experiment. *SSM - Population Health*, *14*, 100792, 1-10. https://doi.org/10.1016/j.ssmph.2021.100792

Pretorius, E. (2020). A collaborative partnership between school social workers and educators: A vehicle to address the social contexts of learners and quality of education in South Africa. *Social Work*, *56*(2), 139–156. https://doi.org/10.15270/52-2-817

Rahi, S. (2017). Research design and methods: A systematic review of research paradigms, sampling issues and instruments development. *International Journal of Economics & Management Sciences*, *6*(2), 1–5.

Rashid, S., & Yadav, S. S. (2020). Impact of Covid-19 Pandemic on Higher Education and Research. *Indian Journal of Human Development*, *14*(2), 340–343. https://doi.org/10.1177/0973703020946700

Rhea, M. H., Chafey, K. H., Dohner, V. A., & Terragno, R. (1996). The Silent Victims of Domestic Violence—Who Will Speak? *Journal of Child and Adolescent Psychiatric Nursing*, *9*(3), 7–16. https://doi.org/10.1111/j.1744-6171.1996.tb00261.x

Ruane, I. (2010). Obstacles to the Utilisation of Psychological Resources in a South African Township Community. *South African Journal of Psychology*, *40*(2), 214–225. https://doi.org/10.1177/008124631004000211

Russell, R. L. (2008). Child and adolescent psychotherapy research: Introduction to the special section. *Psychotherapy Research*, *18*(1), 1–4. https://doi.org/10.1080/10503300701725090

Saunders, B., Kitzinger, J., & Kitzinger, C. (2015). Anonymising interview data: Challenges and compromise in practice. *Qualitative research*, *15*(5), 616-632.

Semenya, D. K. (2016). A pastoral evaluation on the issue of 'vat en sit' with special reference to the black reformed churches of South Africa. *HTS Teologiese Studies / Theological Studies*, *72*(1). Scopus. https://doi.org/10.4102/hts.v72i1.3050

Sharif, F., & Masoumi, S. (2005). A qualitative study of nursing student experiences of clinical practice. *BMC Nursing*, *4*(1), 1–7.

Sibanda, S., & Lombard, A. (2015). Challenges faced by social workers working in child protection services in implementing the Children's Act 38 of 2005. *Social Work*, *51*(3), 332–353.

Sibanda-Moyo, N., Khonje, E., & Brobbey, M. K. (2017, April 28). *Violence Against Women in South Africa: A Country in Crisis 2017*. Africa Portal; Centre for the Study of Violence and Reconciliation (CSVR). https://www.africaportal.org/publications/violence-against-women-south-africa-country-crisis-2017/

Silverman, D. (2011). *A guide to the principles of qualitative research*. Sage, London.

Stahl, C. C., & Literat, I. (2022). #GenZ on TikTok: The collective online self-Portrait of the social media generation. *Journal of Youth Studies*, *0*(0), 1–22. https://doi.org/10.1080/13676261.2022.2053671

Starman, A. B. (2013). The case study as a type of qualitative research. *Journal of Contemporary Educational Studies/Sodobna Pedagogika*, *64*(1).

Steenkamp, H., February, A., September, J., Taylor, A., Hollis-Turner, S., & Bruwer, J.-P. (2016). *The influence of load shedding on the productivity of hotel staff in Cape Town, South Africa.*

Stiles, M. (2002). Witnessing Domestic Violence: The Effect on Children. *American Family Physician*, *66*(11), 2052-2067.

Stratton, F. (2020). *Contemporary African Literature and the Politics of Gender*. Routledge.

Tewolde, A. I. (2021). Immigration and the (Ir)relevance of the South African Racial Classification System: Towards Transforming the Official Racial Categories. *Society*, *58*(1), 54–59. https://doi.org/10.1007/s12115-021-00563-1

Thormaehlen, D. J., & Bass-Feld, E. R. (1994). Children: The secondary victims of domestic violence. *Maryland Medical Journal (Baltimore, Md.: 1985)*, *43*(4), 355–359.

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences*, *15*(3), 398–405.

Van der Heijden, I., Harries, J., & Abrahams, N. (2020). Barriers to gender-based violence services and support for women with disabilities in Cape Town, South Africa. *Disability and Society*, *35*(9), 1398–1418. Scopus. https://doi.org/10.1080/09687599.2019.1690429

van Griensven, J., Edwards, T., de Lamballerie, X., Semple, M. G., Gallian, P., Baize, S., Horby, P. W., Raoul, H., Magassouba, N., Antierens, A., Lomas, C., Faye, O., Sall, A. A., Fransen, K., Buyze, J., Ravinetto, R., Tiberghien, P., Claeys, Y., De Crop, M., … Haba, N. (2016). Evaluation of Convalescent Plasma for Ebola Virus Disease in Guinea. *New England Journal of Medicine*, *374*(1), 33–42.

Volk, A. A., Dane, A. V., & Marini, Z. A. (2014). What is bullying? A theoretical redefinition. *Developmental Review*, *34*(4), 327–343. https://doi.org/10.1016/j.dr.2014.09.001

Weeden, K. A., & Cornwell, B. (2020). The Small-World Network of College Classes: Implications for Epidemic Spread on a University Campus. *Sociological Science*, *7*, 222–241. https://doi.org/10.15195/v7.a9

Woodley, X. M., & Lockard, M. (2016). Womanism and snowball sampling: Engaging marginalized populations in holistic research. *The Qualitative Report*, *21*(2), 321–329.

Xiang, Y. T., Yang, Y., Li, W., Zhang, L., Zhang, Q., Cheung, T., & Ng, C. H. (2020). Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *The lancet psychiatry*, *7*(3), 228-229.

Xu, A., Baysari, M. T., Stocker, S. L., Leow, L. J., Day, R. O., & Carland, J. E. (2020). Researchers' views on, and experiences with, the requirement to obtain informed consent in research involving human participants: A qualitative study. *BMC Medical Ethics*, *21*(1). Scopus. https://doi.org/10.1186/s12910-020-00538-7

Yoon, S., Steigerwald, S., Holmes, M. R., & Perzynski, A. T. (2016). Children's Exposure to Violence: The Underlying Effect of Posttraumatic Stress Symptoms on Behavior Problems. *Journal of Traumatic Stress*, *29*(1), 72–79. https://doi.org/10.1002/jts.22063

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
SOCIAL WORK

Appendices

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

DEPARTMENTAL HUMAN RESEARCH ETHICS COMMITTEE (SOCIAL WORK)
CLEARANCE CERTIFICATE

Protocol number: SW21/11/02

Project title: Social workers psychosocial interventions with child victims of gender-based violence: A case of townships in Gauteng, South Africa.

Researcher/s: M Dlamini, student number: 862844

School/department: SHCD Social Work

Date considered: 12 November 2021

Decision of the committee: Approved (Minimal risk)

Date ratified: 26 November 2021

Expiry date: 30 November 2024

Date: 01 December 2021 **Chairperson:** Prof E. Pretorius

Cc: Supervisor: Dr Ajwang' Warria

Declaration of researcher(s)

To be completed in **DUPLICATE** and **ONE COPY** returned to the Administrative Assistant, Room 8, Department of Social Work, Umthombo Building Basement or e-mailed to Fezile.Ndebele@wits.ac.za

I/We fully understand the conditions under which I am/we are authorised to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the committee. **For Masters and PhD an annual progress report is required.**

02 / Dec /2021

SIGNATURE DATE

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

School of Human and Community Development: Social Work
Private Bag 3, WITS, 2050, South Africa
T +27 11 717 4472 | E socialwork.SHCD@wits.a.c.za | www.wits.ac.za/shod/social-work/social-work-as-a-profession/

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
SOCIAL WORK

Appendix A: Participant Information Sheet

Social workers' psychosocial interventions with child victims of gender-based violence: A case of townships in Gauteng, South Africa

Researcher: Muriel Dlamini

Dear Sir/ Madam,

My name is Muriel Dlamini, and I am a Masters' student at the University of the Witwatersrand. As part of my studies, I have to undertake a research project, and I am investigating social workers' psychosocial interventions with child victims of gender-based violence in townships, South Africa under the supervision of Dr Nkosiyazi Dube. The aim of this research project is to explore the psychosocial interventions currently used by social workers and to find new suggestions to help enhance the effectiveness of assisting child secondary victims of GBV. In essence, I wish to investigate the challenges experienced and gaps observed from the current psychosocial interventions used by social workers.

As part of this project, I would like to invite you to take part in an interview. This activity will involve a single interview, 45-60 minutes long. However, additional interviews may be arranged. I would also like to audio record the interview using a digital device with your permission. This recording will be stored on a password-protected laptop and only the researcher will have access to this recording. The information will be kept for two years following any publication or six years if no publication comes from the study.

You will have no personal costs if you participate in this project. Data will be provided for online interviews to ensure that there are no costs to you. You will not receive any direct benefits from participation but there are no disadvantages or penalties if you do not choose to participate or if you withdraw from the study. You may withdraw at any time or not answer any question if you do not want to. The interview will be completely confidential and anonymous as I will not be asking for your name or any identifying information, and the information you give to me will be held securely and not disclosed to anyone else. I will be using a pseudonym (false name) to represent your participation in my final research report. If you experience any distress or discomfort at any point in this process, we will stop the interview or resume another time.

Should you need any form of emotional support or counselling after taking part in the interview, counselling has been arranged for you at a free cost at LifeLine South Africa.

You may contact them at any time, using the details below:

Contact person: Mrs. Nomsa Papale- 0849228808.

The toll-free counselling line- is 0800 150 150.

Physical address-10th floor North City House

28 Melle street

Braamfontein

Johannesburg, 2001

If you have any questions during or afterwards about this research, feel free to contact me at the details listed below. This study will be written up as a research report. If you wish to receive a summary of this report, I will be happy to send it to you. The data collected from this research project will be stored in a lockable cardboard drawer that only the researcher will have access to and will be kept for two years. With your permission, the data collected from this research project may be used by other researchers. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Yours Sincerely,

Muriel Dlamini

Researcher/ MA Social Development Student

Email: 862844@students.wits.ac.za

Phone number: 078 494 0924

Supervisor: Dr Nkosiyazi Dube

Supervisor's email: nkosiyazi.dube@wits.ac.za

Phone number: 011 717 8686

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
SOCIAL WORK

Appendix B- Interview guide

Social workers' psychosocial interventions with child victims of gender-based violence: A case of townships in Gauteng, South Africa

Identifying information:

Age: …….

Gender: …….

Race: …….

Years of experience in working with children: ……

Interview guide:

Objective 1- To examine the nature of GBV in children as secondary victims from the perspective of social workers.

i) **What is your understanding of gender-based violence and how does GBV affect children who witness and get exposed to it?**

ii) **What are the signs (physical and mental) that have been exhibited by the children who come for therapy after being exposed to gender-based violence?**

iii) **Have you ever encountered a situation where a child you are working with has mimicked the violent behaviour towards you or anyone in their surrounding? Please explain.**

Objective 2- To identify the long-term effects of secondary trauma caused by GBV on children.

i) **What are the main long-term effects suffered by child secondary victims of GBV?**

ii) **Are there any success cases you know of where therapy has been effective in addressing secondary trauma and behavioural change? Kindly explain.**

iii) **Do you work with parents and guardians to help curb these effects from affecting children for a longer period? How?**

Objective 3- <u>To explore the challenges of working with child victims of GBV.</u>

i) **What has been your overall experience so far in working with child secondary victims of GBV?**

ii) **Are the current interventions accommodating and helpful to the child victims of GBV? How?**

iii) **Are there any differences between boys and girls accessing therapy after being exposed to GBV, and are they usually freely willing to get counselling, or are they usually forced?**

Objective 4- To ascertain social workers' recommendations regarding gender-based violence as experienced by children in Johannesburg townships

i) **What suggestions or recommendations can you provide to help address these barriers and maximize the effectiveness of therapy?**

Thank you for taking part in the interview.

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
SOCIAL WORK

Appendix C- Consent form for participating in the study and audio recording.

Social workers' psychosocial interventions with child victims of gender-based violence: A case of townships in Gauteng, South Africa

I, the undersigned, confirm that (please tick box as appropriate):

		Yes	No
1.	I have read and understood the information about the project, as provided in the Information Sheet.		
2.	The recording will be transcribed and any information that could identify me will be removed.		
3.	The recording will be stored in a secure location (a locked-up cardboard or password protected computer) with restricted access to the researcher and the research supervisor.		
4.	I understand I can withdraw at any time without giving reasons and that I will not be penalised for withdrawing nor will I be questioned on why I have withdrawn.		
5.	The transcript with all the identifying information directly linked to me removed, will be stored permanently.		
6.	I understand that my responses will be used in a write up of a master's project and may also be presented in conferences, book chapters, journal articles or books.		
7.	I agree that the researcher may use anonymous quotes in her research report.		
8.	I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form.		
9.	I consent to being audio recorded by the researcher.		

Participant:

_____ _____ _____

Name of Participant **Signature** **Date**

Researcher:

_____	_____	_____
Name of Researcher	**Signature**	**Date**

Appendix D- Counselling letters

LifeLine
Building Community Heart

LifeLine South Africa
[illegible]
Randburg, 2125
Tel: (011) 715-2000
Fax: (011) 715-2020
www.lifeline.org.za

04 October 2021

University of the Witwatersrand

Braamfontein

Student name: Muriel Diamini

Student number: 862304

RE: Approval for counselling research participants at LifeLine

This letter serves as confirmation that Muriel Diamini has been granted permission to refer her research participants at LifeLine South Africa organisation as mandated by the Wits University ethics committee.

Ms Diamini's participants can contact our counselling centre staff as the need arises

Stop Gender Violence Toll free HelpLine: 0800 150 150
Stop Gender Violence WhatsApp Line: 0800 150 150

For more information, you are welcome to call me, Nomsa Papala
Cell No: 082 514 6315
Work No: 011 715 2000 ext 2003
Email: NomsaPapala@lifeline.org.za

Nomsa Papala

Manager: Stop Gender and Interpersonal Violence

Signature: _____

[illegible]

Afrika Tikkun
Developing Young People from Cradle to Career

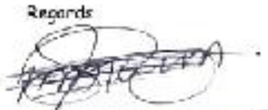
JOHANNESBURG: Ground Floor, Eastwood, 57 Sixth Road, Hyde Park, Johannesburg, South Africa, 2196
P.O Box 1100, Gardenview, 2132 Tel: +27 11 325 5914 Fax: +27 11 325 5911
CAPE TOWN: 11 Shelley Road, Salt River Cape Town, 7925 (Access at 121 Cecil Road)
Tel: 27 21 270 0424
PATRON IN CHIEF IN MEMORIAM: Nelson Mandela
CO-FOUNDERS: The late Chief Rabbi Cyril Harris OBE and Dr. Bertie Lubner O.M.S.S
www.afrikatikkun.org Email: info@afrikatikkun.org
Afrika Tikkun Not-for Profit Company (NPC) Public Benefit Organisation No. 18/11/13/2470 – Not-for Profit Company No. 021-892-NPC – Association incorporated under Section 21 No. 98/15627/08 – VAT No. 4010185539

Dated: 2021/11/25

APPROVAL FOR CONDUCTING RESEARCH

Afrika Tikkun, Wings of Life Centre gives permission to Muriel Dlamini, student at Wits University (862844) permission to conduct research with our clients and staff on or before 10th day of December 2021. The research will also involve Diepsloot Child Line which is housed in the same premises with Afrika Tikkun Wings of Life

Regards



Centre Manager

+27 87 150 2249
0796922191
makwenar@afrikatikkun.org

Afrika Tikkun –
Wings of Life Community Centre
Ext 6, Peach Street
Diepsloot
087 150 2249

EKUJULENI KWENHLIZIYO Community
Development Project
Non-Profit Organization
Rag No: 222-072 NPO
VAT No:9659767173Cell: 068 158 5921

1762A/ 159 MAHOLWANE STREET
ZOLA NORTH SOWETO
P.O KWA-XUMA
1868

FROM	EKUJULENI KWENHLIZIYO COMMUNITY DEVELOPMENT PROJECT
TO	UNIVERSITY OF THE WITWATERSRAND
SUBJECT	RESEARCH PROPOSAL

RE: APPROVAL TO CONDUCT RESEARCH AT EKUJULENI KWENHLIZIYO COMMUNITY DEVELOPMENT PROJECT (EKCDP)

Student Name: Muriel Dlamini

Student Number: 862844

Institution: University of the Witwatersrand

Qualification : Masters Research

This letter serves to confirm that Muriel Dlamini has been granted permission to conduct her research at Ekujuleni Kwenhliziyo Community Development Project (EKCDP) as per mandate by WITS Ethics Committee. Above, is the location of our organization where it is situated.

For more information please don't hesitate to contact;

Khululiwe B. Mtshali

EKCDP Director

Social Work

Practice No: 10-48444

Cell: 083 6466 231

Tel: 011 715 2000/32

Email: khululiwem@lifeline.org.za

ekujulenikwenhliziyo@yahoo.com

Cnr St Andrews Rd & William Nicol Drive,
Hurlingham
P.O. Box 413356, Craighall, 2024
Tel: 011 784 6214

Rays of Hope Alexandra (063-389-NPO)

www.raysofhope.co.za

15th October 2021

Dear Sir

Permision to conduct research at Rays of Hope Alexandra NPC is hereby granted to Muriel Dlamini (Student number: 862844) as part of her Masters research:

Muriel will work with Bertha Muchadeyi, our Programme Manager for The Vulnerable, and will be based at our Alexandra offices – 2 Lupin Ave, Marlboro Gardens.

Yours sincerely,

Tracey Peppler
tracey@raysofhope.co.za
Business Relationship Specialist
Rays of Hope

POWA
PEOPLE OPPOSING WOMEN ABUSE

Tel: +27-11-642-4345/6 • Fax: +27-11-484-3195 • Website: www.powa.co.za • P.O. Box 93416, Yeoville 2143
Association incorporated under Section 21 • Reg. No. 2001/003984/08 • NPO 001/037

30 November 2021

APPROVAL FOR CONDUCTING RESEARCH

People Opposing Women Abuse (POWA) gives permission to Muriel Dlamini, student at Wits University (862844) permission to conduct research with the shelter staff.

Sincerely

Jeanette Sera

Acting Executive Director