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Managing cases of child sexual abuse: the challenges experienced by social workers in child protection organisations located in Nkangala District, Mpumalanga

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Managing cases of child sexual abuse: the challenges experienced by social workers in child protection organisations located in Nkangala District, Mpumalanga

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MA Dissertation

by

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May 2023

Declaration

I, Hlobisile Bongekile Nxumalo, Student number 2481862, declare hereby that this study is a true reflection of my own research, and that this work or part thereof, has not been submitted for any degree in any other institution of higher education. Secondary material used was acknowledged and referenced in accordance with the requirements of the university. I understand what plagiarism is and the implications thereof in terms of the university policy.

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Date: 3rd May, 2023

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Abstract

Social workers play a key role in managing cases of child sexual abuse. If cases are not managed in a professional and effective manner, the child in need of care and protection can be exposed to further risk. Although Mpumalanga has been one of the provinces in South Africa reporting a high number of child sexual abuse cases, an extensive literature review indicated that no research had specifically focused on the challenges faced by social workers managing cases of child sexual abuse in Nkangala district, Mpumalanga. The main purpose of the study was to explore the challenges faced by social workers when managing cases of child sexual abuse and who are employed by child protection organisations in the Nkangala district. The general systems theory, and more specifically the family systems theory and how the child protection system can be viewed through the general systems lens, formed the theoretical framework underpinning the study. A qualitative approach was adopted and a single case study research design. The sample consisted of 18 purposively selected social workers responsible for managing cases of child sexual abuse and employed by one of five non-government welfare organisations located in Nkangala district, Mpumalanga. Data were gathered by conducting in-depth, face-to-face interviews with participants. The research tool that was used in this regard was the semi-structured interview guide and data were analysed using thematic analysis. Research findings provide a clear understanding of the challenges social workers face when trying to manage child sexual abuse in the Nkangala district. A major recommendation based on research findings is that that all social workers managing cases of child sexual abuse become familiar with the standardised procedures to be followed that are in the best interests of the child

Key terms: case management, child sexual abuse, social workers, child protection organisations.

Chapter 1

Introduction

Background

The Children's Act, No. 38 of 2005 (hereafter referred to as the Children's Act) mandates the protection of all children in South Africa on the grounds that they are all national assets. The phrase "it takes a village to raise a child" derives from an African proverb that basically says "the village" is needed to offer a secure environment for children. "This 'village' is where children are provided the security they need to develop and flourish, and to be able to realize their hopes and dreams" (Reupert et al., 2022, online para. 4).

Unfortunately, in South Africa 'villages' are not taking adequate responsibility for raising a child because the physical, emotional, and sexual abuse of children is a major social problem in South Africa (Alexandra-Scott et al., 2016; Meinck et al., 2017).

In 2015, the 'Optimus Study' was conducted in South Africa. The study is important because it was the first-ever study in South Africa where the overall goal was to estimate the annual incidence and lifetime prevalence of child sexual abuse (Optimus Study, 2015). Statistical data was shocking: "One in five young people reported having experienced some form of sexual abuse in their lifetimes, and this was true of both boys and girls" (Burton, et al., 2015, p.2).

The South African Police Services (SAPS) in 2019 reported 24 387 sexual offenses against children in its crime statistics for the 2018–19 year. The breakdown of figures show that the

number of rape cases was 18 586, sexual assault 4 451, attempted rape 562, and contact sexual offences 788.

Children in South Africa faced an increased risk of abuse and violence, as a result of the broad ranging impact of COVID-19 (UNICEF, 2020). The alarm was raised after Childline South Africa (2020) reported a more than 36.8% increase in calls for help during August 2020, compared with the same month in 2019.

Unfortunately, Child Sexual Abuse (CSA) cases in South Africa are under-reported, and there is a range of possible reasons for this. In the Optimus Study (2015) the following possible reasons are listed: threats received by, or intimidation from, perpetrators, cultural practices valuing silence on family matters, the lack of access to police services or other support or protection services, the acceptance of gifts from the perpetrator in exchange for a family's silence, and the child's feelings of shame or guilt about the abuse. Beliefs that talking about sex is taboo and have also been implicated for low reporting rates.

For children who have been sexually abused, it is essential that their cases are managed professionally and effectively by all service providers. South Africa adopts a multi-disciplinary approach when rendering services to child abuse victims, but social workers usually carry the key responsibilities for managing such cases. If these cases are not managed effectively, the child concerned can be exposed to further harm (Smit, 2019).

Statement of the problem and rationale for the study

Mpumalanga is a province located in eastern South Africa, bordering Eswatini and Mozambique. Mpumalanga consists of three districts, one of them being Nkangala which is where the research was conducted. (See Appendix D). According to the Mpumalanga

Department of Social Development (2019), sexual offences against children in Mpumalanga accounted for 24,387 (an increase of 3.8% from the previous years) of the reported crimes against minors, while 1,184 children were the victims of attempted murder (an increase of 11.8%). Police investigated 7,815 cases of assault with the intent to cause grievous bodily harm (an increase of 3.3%) and 10,829 cases of common assault (an increase of 3.7%).

In addition to the high number of child abuse cases in Mpumalanga, I have directly seen some of the difficulties social workers encounter while handling cases of child sexual abuse because I am currently employed by the Suid-Afrikaanse Vroufederasise (SAVF), a non-government welfare organisation (NGO) based in Mpumalanga. The SAVF renders statutory services to children in need of care and protection in terms of the Children's Act, including children who have been sexually abused. Some of my social work colleagues employed by SAVF have also expressed concern about managing cases of CSA effectively.

Sensitive approaches in response to CSA are important because statutory intervention in respect of a child who has been sexually abused has the potential to alleviate or exacerbate harm to the child victim (Smith, 2017). Similarly, Jamieson et al., (2017, p. 9) emphasized that some researchers such as Borg (2014) and Eben et al. (2017) claimed that limited resources and a weak social welfare infrastructure contribute to the ineffective service provision to abused children and their families, leaving children at risk of continued abuse as well as becoming victims of fatal child abuse*".*

Apart from sexually abused children being exposed to risk when statutory intervention is not managed effectively in a professional manner, social workers managing such cases are exposed to secondary trauma which negatively impacts on the quality-of-service delivery (Franken, 2019).

Although studies focusing on CSA are prominent throughout South Africa, the phenomenon of social workers managing cases of CSA has not been researched in the Nkangala district to date. The other reasons for selecting the Nkangala district as the place to conduct my research was because I am not employed in the Nkangala district, but in another district of Mpumalanga. This eased too much bias coming into play where I am familiar with the social workers managing cases of child sexual abuse.

Based on this problem scenario, I deemed gaining an in-depth understanding of what social workers perceive as reasons why they are finding it difficult to render effective services in respect of child sexual abuse cases as meaningful. I reasoned that they could provide important perspectives of how these problems can be addressed.

I also reasoned that based on my research findings social workers at the five NGOs in Nkangala district, their supervisors, and managers, as well as the Department of Social Development that oversees the five NGOs, would be in a better position to develop policies that could facilitate better management of child sexual abuse cases. This is essential because all actions in respect of children should be in their best interests.

Essentially, I regarded my research findings as being able to fill this essential gap of knowledge regarding social work management of CSA cases in the Nkangala district, and as being able to make a small contribution to this knowledge in the social work profession.

Definitions of key terms

With reference to the Children's Act No. 38 of 2005 the following key terms are defined:

- Social worker**:** a person who is registered or deemed to be registered as a social worker in terms of the Social Service Profession Act, 1978 (Act 110 of 1978).

Note: In my research, I am specifically referring to social workers who manage cases of child sexual abuse. Their main responsibilities include conducting a child risk assessment to determine whether it would be in the child's best interests to conduct statutory intervention because the child has been harmed or faces a number of factors exposing the child to harm.

- Child: a person under the age of 18 years.
- In my study sexual abuse: in relation to child, means-
    (a) Sexual molesting or assaulting a child or allowing a child to be sexually molested or assaulted.
    (b) Encouraging, inducing, or forcing a child to be used for the sexual gratification of another person.
    (c) Using a child or deliberately exposing a child to sexual activities or pornography

In the Nkangala district in Mpumalanga, social workers manage both contact and non-contact forms of child sexual abuse. However, cases of procuring or allowing a child to be procured for commercial exploitation has not been managed.

- Case management: is the procedure for managing the helping process (including planning, implementation, monitoring, and evaluation), addressing a case (e.g., a child, or a group such as siblings or the whole family) at least until the situation is better or the problem is resolved (Mc Cormick, 2011).

It is a way of organizing and managing services in which a social worker determines the services required with a "client" (a child or family group), gets those services, and oversees their delivery.

If social workers manage cases effectively, they can ensure participation of key clients in decision-making, organizing, planning of action, analyze global situation and develop plans, carry out their own responsibilities and monitor, coordinate and support the actions of others involved in implementing the plans and review the effectiveness of the plans and adapt accordingly with client of child protection target group (McCormick, 2011).

- Child Protection organization: To prevent and respond to child abuse, neglect, and exploitation, formal and informal institutions, functions, and capacities have been put in place, this is according to the UNICEF, UNHCR, Save The Children, & World Vision, (2012: 3 cited in Strydom et al., 2020). Starting at birth, child protection systems link children to essential social services and just legal systems. They offer care to those who are most in need, such as children who have been uprooted by war, poverty, or natural disasters; those who have been the targets of child labor or human trafficking; and those who are disabled or in foster care. Protecting children's physical, mental, and psychosocial needs is crucial for ensuring their futures. (UNICEF, 2017).

Main research question

The main question of the study:

“What challenges do social workers experience when managing cases of child sexual abuse in child protection organisations located in Nkangala District, Mpumalanga?”

Sub-research questions:

1. What type of sexual abuse cases are managed by social workers in Nkangala district?
2. What challenges do social workers experience in the child protection field of social work in Nkangala district?
3. In which section of the statutory intervention process do these challenges occur and why is this so?

Main aim and objectives of the study

The main aim of the study was to explore the challenges social worker experience when managing child sexual abuse cases in child protection organisations located in Nkangala District, Mpumalanga.

Its objectives were to:

- Explore the types of child sexual abuse cases social workers have managed.
- Explore the extent of child abuse in Nkangala District.
- Investigate who refers the cases of child sexual abuse to social workers.
- Explore what procedures are followed when managing cases of sexual abuse.
- Investigate the challenges social workers face when managing cases of child sexual abuse.
- Explore the views of social workers on the impact of poor cases management on themselves and the abused child. Probe what social workers think should be done to enable themselves to render effective services.

Brief overview of the research approach and design

A single case study design, which is essentially a qualitative approach to research, was implemented to achieve the aim and objectives of the study. Purposive sampling was used to select 18 participants most likely to possess the knowledge or skill necessary to offer reliable information and insightful opinions on the topic. A semi-structured interview guide that I had prepared, guided me when it came to data gathering. Thematic analysis took place by following the steps outlined by Braun and Clarke (2013).

Organisation of the report

Five chapters make up the research report. The report's first chapter served as an introduction. This chapter includes a brief overview of the research approach and study design, the background of the phenomena, the problem statement and justification for the study, the primary research question, aim, and objectives, and the background of the phenomenon.

In the second chapter, the theoretical framework underpinning the study and literature review is presented. This chapter focuses on accredited information on CSA from an international and national perspective.

The third chapter focuses the research methodology and methods shaping my research study. It includes the research approach and design the population, sample and sampling procedure, the research instrumentation, the methods of data collection and data analysis. It also discusses how I tried to increase the study's credibility and consideration of ethical considerations.

In Chapter Four the findings of the study are presented and critically discussed. Verbatim quotes are used to substantiate my research findings.

The final chapter, Chapter Five, focuses on the main findings of my study, conclusions I reached, and recommendations I have made.

Chapter 2

Theoretical Framework and Literature Review

This chapter discusses the theoretical framework underpinning my research study, and relevant literature based on a rigorous literature review.

Theoretical Framework

Grant and Osanloo (2014) highlighted that a theoretical framework is a structure that directs research by depending on a formal theory, developed utilizing a well-established, cohesive theory of certain phenomena and relationships. I selected the child protection system systems theory and the family system theory as the theoretical framework for my study.

The general systems theory was developed by Ludwig von Bertalanffy, who lived from 1901 to 1972. His original research focused on the theory of organismic systems, where he investigated the steady-state thermodynamic equilibrium in living organisms as open-systems (Adams et al., 2013). He stated that the formal correspondence of general principles, regardless of the types of relationships or forces between the components, leads to the conception of a "General Systems Theory" as a new scientific doctrine, concerned with the principles that apply to systems in general. His research culminated in the idea of a general systems theory (Bertalanffy, 1950).

According to (Wulczyn et al., 2010), who addressed how various systems theory concepts can be applied to the creation of a child protection system. The following is a list of these components:

- Any system involves a collection of components that are organized around a common goal and this goal ‘holds’ the system together. In the case of the child protection system

regarding managing cases of CSA, ensuring the child is not exposed to further harm and rendering services in the child's best interests are a common goal.

- To the extent that systems take shape around the goals of the system, the impact of the child protection system on the status of children (i.e., the well-being of children) is a central dynamic that affects how the system evolves through time. Ideally, where there is a gap between the goals of the system and whether children are being protected, efforts within the system will turn to bringing what the system accomplishes into line with system goals.
- All systems reflect a nested structure—in the case of child protection, children are embedded in families or kin, which live in communities, which exist within a wider societal system.
- Attention needs to be paid to coordinating the interaction of these subsystems such that the work of each system is mutually reinforcing to the purpose, goals, and boundaries of related systems.
- All systems accomplish their work through a specific set of functions, structures, and capacities. However, the characteristics of these functions, structures, and capacities will be determined by the context in which the system operates. Children are effectively protected by such systems when both the system and the normative context in which it is embedded place highest priority on assuring children are free from violence, abuse, exploitation, and other forms of maltreatment.
- All change within a system framework is bi-directional (i.e., a change in any subsystem has an impact of other subsystems and the system as a whole. In the case of the child protection system, if a child has been sexually abused, this can negatively affect the

child's physical, psychological, and emotional well-being, and also create malfunctioning of the family system etc.

- Well-functioning systems pay particular attention to nurturing and sustaining acts of cooperation, coordination, and collaboration among all levels of stakeholders, including those managing key activities as well as those performing key functions. As far as managing cases CSA is concerned, those managing key activities and performing key functions include social workers, medical practitioners, the SAPS, Commissioner of Child Welfare, teachers etc.
- Systems will achieve their desired outcomes when they design, implement, and sustain an effective and efficient process of care in which stakeholders are held accountable for both their individual performance as well as the performance of the overall system. In terms of the child protection system, all role players need to strive to render effective and efficient services to the child concerned and his/her family.
- Effective governance structures in any system must be flexible and robust in the face of uncertainty, change, and diversity. In the child protection system, key role players need to be able to manage different cases of child sexual abuse. For example, cases such as non-contact sexual abuse are managed differently from cases of rape.
- All systems have boundaries. The boundary (i.e., the structural relationship) between a child protection system and other formal systems (e.g., education, health, mental health) or informal systems (e.g., family, kin, community) is an important feature of the child protection system that has implications on how one defines functions, capacities, the process of care, governance, and accountability.

- With respect to the helping process, all child protection systems have to have a means to identify children whose rights have been violated.
- Externalities and emergencies can have notable impacts on the capacity of any child protection system. Well-designed systems (i.e., those with strong infrastructure) will be better prepared to manage externalities and emergencies; externalities and emergencies may lead to stronger systems in the long run, provided the actors/role players involved respond in a cooperative manner.
- When it exists as an organization, the child protection system has to maintain a level of capacity appropriate with what the system requires. Capacity refers to human resources, funding, and infrastructure. In other words, organisations managing cases of child sexual abuse (an institutional system) need the capacity to enable them to reach the goals of which to compel the use of resources towards the goals of the system. Child protection relies on people and organizations properly equipped to carry out the work. How children, families, communities, states, and formal and informal organizations are assembled around a common purpose is fundamentally a question about the past, the future, and whether the system in place today meets the goals set forth.

The family systems theory is also based on the general systems theory (Thompson et al., 2019). According to the family systems theory, the family system is made up of different sub-systems. These subsystems include individual family members, such as the child, the mother, the father etc. and dyads, consisting of interaction two family members such as the relationship between mother and child, sister, and brother. Coe et al. (2018) explained that family functioning care can be best assessed by "understanding the functioning within and across each subsystem." As discussed above, change in one subsystem has an impact on other subsystems and the family as a

whole. There are also metaphorical (relational) boundaries between each subsystem. For example, a healthy relational boundary between parents and children allows parents to have a private life separate from their children. However, in cases of incest and sexual abuse within the family system (e.g., stepfather sexually abuses the child of the mother) the metaphorical boundaries have been overstepped and the family relational 'rules' have been broken. Of course, this has a negative impact on individual family members (e.g., especially the child concerned) and the family system as a whole malfunctions.

Literature review

A rigorous literature review clearly indicates that the topic of CSA has been well researched by different disciplines. The literature below highlights the nature of sexual abuse, and the negative short and long-term impact sexual abuse has on the child concerned, mainly from the social work perspective. For social workers managing cases in respect of CSA, a multi-disciplinary approach is recommended. Social workers are key role players in a multi-disciplinary team and have been advised to follow a specific protocol. Social workers adopt a number of guidelines when managing cases of child abuse (including sexual abuse), such as a risk assessment model. Their approaches also need to be child centred. Finally, research studies conducted globally and in South Africa have identified many challenges usually experienced by social workers.

Definitions and nature of child sexual abuse.

According to Matthews and Collin-Vézina, (2017) deciding on a definite decision of child sexual abuse has been longstanding; in fact since the 1970s. They added that there is an urgent need for an explicit definition because leading research and policy bodies are calling for

this. Matthews and Collin-Vézina, (2017, para. 2 online) clearly stated that not having a shared definition of child sexual abuse is a:

> … central unresolved issue for the worldwide community, is the lack of a conceptual model of CSA and the absence of a shared definition or understanding of what constitutes "child sexual abuse." Different concepts have been used including child sexual abuse, child sexual assault, child sexual victimization, child sexual exploitation, adverse sexual experiences, and unwanted sexual experiences. Yet, these concepts are both unclear and diverse.

The World Health Organization also recognizes this need. However, at this stage, the WHO defines CSA as an "… activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. CSA is "… the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society" (Mathews & Collin-Ve´zina, 2019, citing WHO, 1999).

The term CSA includes a range of activities like "intercourse, attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography, and the use of the child for prostitution or pornography (Singh et al., 2014, p. 430).

Similarly, Borg (2014, as cited in Eben et al., 2017) who researched CSA in the African context, explains that child abuse may involve physical contact, including penetrative (e.g., rape, defilement, sodomy, or oral sex) or non-penetrative acts, they may include non-contact activities, such as involving children in looking at or in the production of sexual online images, watching

sexual activities or encouraging children to behave in sexually inappropriate ways. It is a most cruel and tragic occurrence and a serious infringement of a child's rights to health and protection (Cohen et al., 2015).

Based on the identity or relational position of the person who committed the crimes, civil law and child protection legislation use various approaches to the definition of the idea of CSA. CSA is limited to situations where this person is the child's parent, caregiver, or family member; in others, it includes any person in a position of care or authority over the child.

Common causes of child sexual abuse

Childhood sexual abuse usually happens alongside other forms of abuse or neglect, and in family environments in which there may be low family support or high stress. Family stressors include high poverty, which may result in no income, low parental education, absent or single parenting, parental substance abuse, domestic violence, or low-caregiver warmth, (Pérez-Fuentes, 2013, as cited in Nguyeni et al., 2015). Out-of-home youth may be particularly at risk for CSA, initially as a condition that leads to their out-of-home status and later because of situations such as violent street life (Pérez-Fuentes, 2013, as cited in Nguyeni et al., 2015).

Children living in conflict and post-conflict environments are also at increased risk of CSA, attributable to the breakdown of normal protective structures or the use of CSA as an act of war (Tyler, 2001, as cited in Nguyeni et al, 2015).

Unaccompanied minors who have been separated from their families and may not have access to proper protection are some of the children who are particularly at risk in these situations, Laura et al., (2014). Other vulnerable children include children in detention, child soldiers, adolescents, physically challenged children, working children, adolescent mothers who

may lack support or resources, and children born of rape, who may be cast aside by their communities (Tyler 2001, as cited in Nguyeni et al., 2015).

Borg (2014) highlighted the fact that, in comparison to other world regions, Africa has extremely little published research on child abuse. This needs to change, too, as child marriage and other damaging traditional practices are still common in some parts of Africa. Social workers in Africa should promote child protection and healthy parenting, and they should involve local and national opinion leaders.

Social and economic inequality are a legacy of the Apartheid era in South Africa. South African society continues to experience extremely high levels of violence, from which women, girls, and children are not safeguarded. Children are, in fact, the most vulnerable group in society and are frequently the targets of sexual assault.

According to several studies, having sexual intercourse with a child is believed to cure the HIV virus. This is because they are believed to be HIV-free, and consequently younger women and girls have become increasingly attractive to older men as sexual partners, willing or unwilling, Jewkes et al., (2010, as cited in Artz 2016).

Cultural beliefs play a huge role for children to be sexually abused in South Africa, as girls have been abducted and sexually assaulted enroute to school (Madu et al., 2000, as cited in Artz, 2016). Artz (2016) also pointed out that other causes of CSA include family dynamics such as parental abuse of alcohol and other substances, parental hospitalization, or absence from the home due to health reasons, and the number of biological parents a child is living with.

Factors that contribute to child sexual abuse.

According to (The Younique Foundation, 2022), there are 11 factors that increase the risk of child sexual abuse:

Risk increaser 1: Stressful home environment

When an adult provides stability and security to a child who lacks confidence in their environment, especially at home, the child is more susceptible to accepting the stability, even if it comes with other undesirable habits. Children who experience stress at home may also feel unable to confide in a parent because the latter is likely to be overburdened with issues and may not react well.

Risk factor 2: Low self-esteem

Due to their desires for love, admiration, and acceptance, children with poor self-esteem are particularly prone to vulnerability. This is particularly true for children who experience bullying or whose parents have low self-esteem. Children with poor self-esteem are more prone to gravitate toward those who flatter them, give them gifts, and give them more attention. A youngster could not understand the value in the limits, respect, and permission they are entitled to if they don't feel like they are worthy of those things.

Risk increaser 3: Unmonitored access to technology

Children may develop their knowledge, creativity, and communication skills in countless ways because of technology such as social media. Due to the increased anonymity and ability to maintain secrecy offered by the internet, perpetrators of abuse have a lot more access to possible targets. Perpetrator may be able to communicate through home phones, tablets, or laptops. These tools not only significantly increase the perpetrator's field of influence, but they also significantly

lower the barriers to it (such as trying to isolate a child or being able to send inappropriate material).

Risk increaser 4: Poor communication

Children who do not feel comfortable sharing personal information with their parents/primary caregivers may grow distant, lonely, and insecure because of this, making them more vulnerable to grooming by an offender. When it comes to significant issues like the new adults in their lives, offensive behavior they have seen or experienced, or physical changes to their bodies, children are less likely to confide in their parents or primary caregivers. A child who has poor communication with their parents is more likely to conceal sexual abuse when it occurs. It is possible that they constantly worry about getting into trouble, being ridiculed, or condemned, burdening their parents, or being neglected.

Risk increaser 5: Loneliness

A strong emotion is loneliness. It may result in emotions of abandonment, exclusion, and alienation. Isolating the child from their loved ones—emotionally as much as physically—is a key component of grooming. This phase will be considerably simpler to complete if a child is already experiencing isolation. A perpetrator also has more possibilities to get close to a victim if a child is frequently left alone or unattended.

Risk increaser 6: Children who identify as LGBTQ+

The risk of feeling socially isolated and alienated from their peers exists for children who identify as lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more LGBTQ+ or who are in the process of coming to terms with their sexual orientation and/or gender identity. They could start to feel like outsiders without any emotional support because of

the worry, anxiety, and uncertainty they might feel. When a perpetrator recognizes a child's fragility and need for direction, they may try to persuade them that they are the only one who can comprehend and accept them. The child may be reluctant to disclose gender orientation since they have heard all the lies about sexual assault and sexual orientation. An abuser can use a child's fear of telling their parents about their sexual orientation against them to keep the abuse from being reported.

Risk increaser 7: Misunderstanding boundaries

A major contributor to the danger of child sexual abuse is a lack of knowledge or awareness of limits. Children are very unlikely to be able to discriminate between proper and inappropriate behaviour if they do not have a firm grasp of limits. They could be unable to identify boundaries that have been crossed by another person or by themselves. They are less likely to report any sexually abusive behaviour they see, experience, or hear about because they have a hazy grasp of what constitutes abuse. A potential offender may notice them if they act inappropriately or participate in inappropriate behaviour.

Risk increaser 8: Disabilities

Many disabled children are sexually molested, and it is three times higher than normal children. This statistic is due to a variety of factors, including the child's need for personal care, desire for acceptance, reliance on others, inability to flee due to physical restrictions, inability to report abuse due to communication difficulties, and a lack of education on healthy sexuality and sexual abuse.

Risk increaser 9: Blended families

Communication and relational dynamics are challenging in blended families. On how to teach their children about boundaries, conflict resolution, privacy, and healthy sexuality, parents may disagree. Conflict in the household may increase because of tension between extended family members and stepfamily members, which could make children feel less secure in their surroundings. Blended families raise a child's risk of meeting a perpetrator, whether it be an adult (such as a stepparent or a live-in spouse) or a fellow child (a stepsibling).

Risk increaser 10: Domestic abuse

Sexual abuse is probably also a high risk in a household when other types of abuse, neglect, and maltreatment are present. This is especially true in households where physical violence is present. Instability, insecurity, lack of communication, and improperly channeled aggression are fostered by domestic violence in the home. Additionally, it could be related to drug or alcohol abuse by one or more family members. These elements all raise the likelihood of child sexual abuse. In a home where the mother has experienced partner hostility, the probability of intra-familial child sexual abuse is six times higher.

Risk increaser 11: Prior sexual abuse

It is more likely that sexual abuse will occur again to children who have already experienced it. Revictimization is what is meant by this. Whether in childhood, adolescence, or adulthood, sexual abuse may return in the life of a child victim if they do not have the support system and coping mechanisms to deal with their trauma. Additionally, a child who has experienced sexual abuse that has not been addressed is probably still in a situation that puts them at risk and permits the abuse to go on.

Statistics regarding child sexual abuse globally, in Africa and in South Africa

Many researcher have emphasised that child sexual abuse is a global public health and social concern (Azzopardi et al., 2019; Hailes et al., 2019; Russel et al., 2020).

Unfortunately, it is mainly developed countries in the world (such as the USA and Britain) where research has focused on the extent, risk factors, and prevention interventions for child sexual abuse. This is even though the rates of child sexual abuse are consistently higher in developing and non-western countries than western and developed countries (Russel, et al., 2020).

Africa is a continent with one of the highest rates of child sexual abuse in the world. It has a very high proportion of children exposed to the risk of sexual abuse. For example, approximately 41% of the African population are under the age of 15 years (Selengia et al., 2020).

Melton et al., (2020) presented a number of possible reasons why Africa has a very high prevalence of child sexual abuse. For example, in terms of cultural beliefs virginity is seen as something sacred and it is commonly believed that taking a girl's virginity brings about cleansing and fortune; parents do not provide responsible child care because their focus is on obtaining work to provide for the family's basic needs, girl children enter into unhealthy sexual relationships as a means of acquiring money. Furthermore, rape is not disclosed to avoid bringing shame and dishonour to the family.

An extremely high level of violence persists throughout South African society, from which women, girls and children are not protected. Artz and Ward (2016) pointed out that the national Optimus Study South Africa provides nationally representative data on the extent and impact of

child sexual abuse in South Africa. Findings shows that child sexual abuse is widespread; 36.8% of boys and 33.9% of girls reported some form of sexual abuse. That is, one in every three adolescents – reported having experienced some form of sexual abuse at some point in their lives.

According to the aforementioned data, boys are more likely than girls to be sexually abused as children. This is unique because boys are typically required to protect their sisters within families, and girls are typically protected more by families than boys. As far as I can tell, very few men are coming forward to social service offices to report abuse, let alone sexual abuse. My personal observations are confirmed by previous research findings. Findings indicate that boys are reluctant to disclose sexual abuse, one of the main reasons being that in terms of social norms only girls are sexually abused (Sivagurunathan, et al., 2019).

Gwala and Gcwabe, (2021) published that a third of South African girls experience some type of sexual abuse during their lives, frequently at the hands of someone they know, and rape continues to be one of the major problems facing the country. More than 24 000 minors were sexually assaulted in South Africa, according to the 2019/2020 Annual Crime Statistics (Gwala & Gcwabe, 2021).

Precious Robinson, from the 'Right to Care' and chairperson of the South African Civil Society for Women's, Adolescents' and Children's Health (SACSoWACH) believes it is sad that many of these situations go unreported in South Africa. Since cultural and societal standards play a significant role in permitting rape to be covered up, they rarely come to light even when reported. He expressed:

> … some cultures have this tendency of saying if a thing happens within a family, let's not take it out. It's a secret, it's a family issue. Families will often worry about what

> people will say if they hear about it". Stepfathers are sometimes the perpetrators and often when the girls try to tell their mothers, the mothers accuse them of trying to break their relationship… South Africa is a nation with laws and organizations that can help implement them, including UNICEF, WHO, UNAIDS, and other multidisciplinary teams. (Gwala & Gcwabe, z2021).

The Department of Social Development et al., [DSD], (2012) reported that statistics do not reflect the incidence of child sexual abuse in South Africa. Factors contributing to lack of reporting include obedience of children and their subservience to adults and domestic violence, child sexual abuse is considered a private matter and is thus not discussed outside of the home. Child sexual abuse is also kept hidden for fear of being stigmatized by community members.

The effects of sexual abuse of children

The negative impact of child abuse in the following areas have been identified by researchers:

Educational effects

According to estimates, a fifth of CSA victims will probably struggle academically (Artz et al., 2017). This covers concerns like homework and/or attendance at school. South Africa's education and health sectors are significantly impacted by CSA (Artz et al., 2017). Children frequently report having trouble focusing, which is linked to changes in their academic performance (Ferreira et al., 2007) and causes learning issues (Beckett, 2007). The helplessness that CSA victims feel when they are unable to flee the abuse might cause the kid to develop a persistent state of hypervigilance and alertness. The developing body and brain of the kid victim may become dysregulated as a result (Karakurt & Silver, 2014).

Physical effects

It might be challenging for the victims of sexual abuse to move on after the abuse because illnesses including STIs, HIV, and AIDS can follow the abuse (Capri et al., 2012).According to Lee et al. (2012), CSA victims may also have gynaecological problems, digestive problems, frequent urinary tract infections, and unexplained body pain in addition to poor overall health. According to Henderson and Thompson (2011), the youngster may also have bodily symptoms such as headaches, stomach aches, and sleep difficulties. As the child literally focuses the suffering, they would like to inflict on others onto themselves, psychosomatic symptoms may be common (Kaminer & Eagle, 2010).According to Artz et al. (2017), just a third of children who have been abused by a known adult seek professional help.

Psychosocial effects

Post-traumatic stress symptoms are viewed as "normal reactions to abnormal situations" after a traumatic experience has occurred. According to Artz (2016) and Kim et al. (2016), these issues can include nightmares, bedwetting (enuresis), posttraumatic play (in which the child engages in repetitive play), clinging to a parent and fear of strangers, regression in developmental milestones, outbursts of anger, stealing, and lying, irritation, weepiness, nervousness, changes in eating and sleeping patterns, excessive fear of the dark, and fear of separation. These do not necessarily represent symptoms of sexual abuse; rather, they are signs of general stress and trauma (Fouché, 2007). According to Mather et al. (2007), sexual abuse is frequently covered up by other issues, such the ones stated above, when it is encountered by social workers.

Multi-disciplinary and interdisciplinary approach to child sexual abuse

A team of specialists known as a multidisciplinary team (MDT) collaborate and work in concert to ensure a successful response to reports of child abuse and neglect. Members of the team represent the public institutions and private practitioners tasked with protecting and treating children in a given neighbourhood, as well as with investigating crimes against them. Investigations, policy concerns, the care of victims, their families, and offenders may be the main areas of focus for an MDT, or it may combine some of these duties. (U.S. Department of Justice, 1998).

According to the U.S. Department of Justice (1998), the MDT approach encourages well-coordinated child abuse investigations that profit from the input and focus of numerous parties, especially law enforcement, prosecution, and child protective services, in order to ensure a successful conclusion to the investigation and to minimize additional trauma to the child victim.

Different stakeholders should be involved in a CSA case, such as SAPS when charges are laid against the perpetrator, doctor/medical practitioners for full medical examination to assist in collecting evidence for court purposes, Commissioner of Child Welfare. All professionals involved with child sexual abuse cases should lobby to national and provincial parliaments as well as to the local councils on systems of family law, and propose laws affecting children. Apart from that, they need to make sure that the policies in place are effective.

According to Herbert and Bromfield (2017), the MDT approach to child sexual abuse comprises a range of collaborations between organizations in charge of different aspects of the response to child abuse that cross disciplinary and agency boundaries. Children who have been physically and sexually abused and their families will interact with a variety of agencies, each with their own mandate. Multi-disciplinary work aims to improve the response through enhanced

communication and collaboration across agencies, to reduce the potential for confusion, duplication, and agencies acting at cross-purposes. “MDTs typically have highly ambitious outcomes including higher rates of successful prosecution of perpetrators of abuse. MDT also leads to reduction of additional trauma associated with inappropriate responses to abuse, and the reduction of child trauma symptoms” (Conners-Burrow et al., 2012, cited in Herbert and Bromfield 2017).

Any report of child mistreatment including sexual abuse cannot be appropriately addressed by a single profession or State agency. Indeed, it is a requirement for a number of professions and State organizations to file reports, look into allegations of child abuse and neglect, or help affected children or abusers.

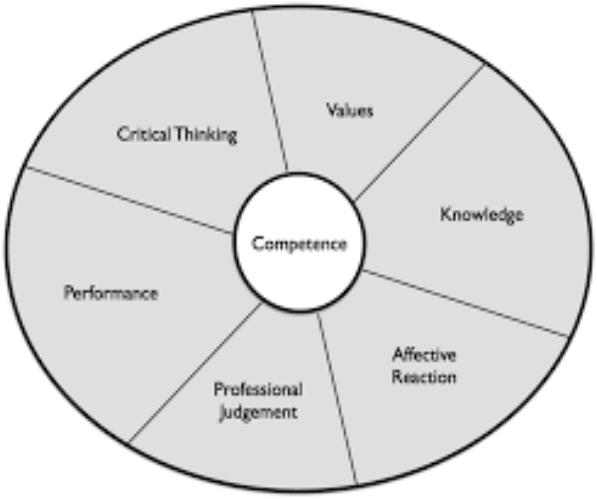
Kenny (2001) stated that educators are well equipped to recognize and intervene when children are not able to benefit fully from their educational opportunities due to any kind of abuse. Educators have a key role to play in identifying, protecting, and preventing children from being sexually abused. The team should work in collaboration for the best interest of the child (Kenny, 2001).

Knowledge competencies required when managing cases of child sexual abuse

Social workers, and other people rendering services to survivors of child sexual abuse require knowledge in the following areas: definitions of child sexual abuse, scope of the problem, children and sexual abuse disclosure, perpetrators of sexual abuse, sexual abuse of girls and boys, sexual abuse impact across age and developmental stages; impact of sexual abuse on caregivers; needs of children after sexual abuse and resilience, and local child protection mechanisms and norms (Carmi & Gianfrancesco, 2017).

Carmi and Gianfrancesco, (2017) also emphasized that social workers need to have a greater understanding of the role of identity, culture, gender, beliefs, and religion, and how these can impact on a child who has been abused. These authors reiterate that social workers and other service providers managing cases of child sexual abuse, require the necessary tools, skills, and knowledge to address these issues. Figure 1 below depicts dimensions of Social Work Competencies.

Figure 1: Dimensions of Social Work Competencies: (Poulin and Matis 2015, p.121).



Competence is both a professional and pedestrian term (Poulin & Matis, 2015, p. 416), competence refers to "the ability of an individual to perform a task," further adding that "the task must be performed fully and properly". Poulin and Matis, (2015, p. 460) explained that Mc Knight (2013) proposed that competence is an "ongoing ability" to "integrate knowledge, skills, judgment, and professional attributes in order to practice safely and ethically" within one's professional scope. Simply put, competence refers to the ability of the individual to complete

tasks related to real- life situations within his or her profession (Blomeke, et al., 2015, cited in Poulin & Matis 2015).

A social worker managing cases of child sexual abuse requires education and training in areas directly connected to children's safety. The ethical code of the SACSSP (Van Wyk, 2011), which highlights personal and professional values, as well as the requirements set forth in the Children's Amendment Act 41 of 2007 (South Africa, 2007b) for designated child protection services, serve as the foundation for a designated social worker's work. These services included in the Children's Amendment Act that are relevant to CSA cases include:

- Services relating to prevention, early intervention, family reunification, placement of and integration of children in alternative care;
- To conduct investigations and make assessments with cases of suspected abuse;
- To intervene by removing children in the necessary cases;
- To develop an individual development plan; services aiming to support Children's Courts proceedings as well as the execution of court orders.

According to Section 151 of the Children's Act, any child who is suspected of being the victim of maltreatment must be referred to a designated social worker for an investigation. As such, the primary duty and responsibility of designated social workers is to protect children (Luyt, 2015). Alleged CSA cases are frequently presented to designated social workers (Schiller, 2017). A designated social worker must possess particular knowledge, values, abilities, and resources to successfully deliver services that are centred on the needs of the clients in order to give professional help and develop effective interventions in CSA instances (Van Wyk, 2011). The designated social worker must value the victim's account of the abusive circumstance and take into account the larger context in which the abuse took place (Aucamp et al., 2013).

In order to ensure sound professional judgement (Pecora et al., 2013) and to act in the child's best interests (Spies et al., 2015), it is crucial for designated social workers to plan effective interventions in a timely manner by gathering accurate information (Kim et al., 2016; Pecora et al., 2013). As a result, the social worker should possess extensive understanding of the theories and procedures pertaining to risk and safety assessments because it's crucial to use evidence-based practise from a strengths-based viewpoint and to keep the child at the centre of attention.

To establish a thorough grasp of the family's condition, it is also critical that the social worker use a holistic approach while focusing on supporting data (Spies & Le Roux, 2017). To ensure child-centered social work practise, the social worker must get regular and well-managed supervision (Ministry of Social Development, 2014). Additionally, it is crucial that the social worker be culturally sensitive and knowledgeable about diversity issues. This strengthens the professional bond between the social worker and the client. (Blom, 2006).

Child sexual abuse case management by social workers

While the term case management has many different interpretations, it is generally understood to refer to a coordinated approach to service delivery at the individual and household levels that involves the identification of children who are at risk, assessment and planning, referral to services, and follow-up, in conjunction with the extended family, the community, and other service providers (Frankel & Gelman, 2012). The protection of children and other services are provided all around the world via case management. Child Protection case management can be provided in emergency and development settings using social work approaches to address a range of child protection concerns. Case management services can be provided as part of a strategy to reduce inter-connected risks and vulnerabilities that cause protection violation or as a

response to violations that children have experienced. Having case management procedures in place ensures quality, consistency, and coordination of services (UNICEF, 2012).

A generalist approach is usually adopted by social workers, where problem behaviour is related to an imbalance of biological, psychological, and social matters of learned behaviour (Ntwampe, 2013, citing Magure, 2002). However, when the generalist practitioner has to manage cases of child sexual abuse, that social worker also needs to be capable of using advanced skills.

When responding to cases of child sexual abuse, the social worker should implement a multimodal perspective and adopt an intertwined process. In 2021, the International Rescue Committee (IRC) and United Nations Children's Fund (UNICEF) provided a guideline for social workers managing cases of child abuse needs following the incident of child sexual abuse. Figure 2 on the following page summarises the steps social workers should implement when caring for child survivors of sexual abuse.

Social workers rendering services on a micro level must focus on meeting the child survivor's health, safety, psychosocial and legal needs.

The Department of Social Development (2015) has pointed out that, for social workers to play a meaningful role in managing cases of child sexual abuse in the South African context, the following procedures should be completed:

1. Should focus on the needs of an *individual child* and their family, ensuring that concerns are addressed systematically in consideration of the ***best interests of the child*** and building upon the child and family's resilience.

2. Should be provided in accordance with the established case management process, ensuring each case follows a series of steps involving ***children's meaningful participation*** and family empowerment throughout.

3. Involve the ***coordination*** of services and supports within an interlinked or referral system.

4. Require systems for ensuring the ***accountability*** of case management agencies (within a formal or statutory system where this exists).

The IRC and UNICEF (2012, p. 109), describe six steps that should be followed when managing cases of child sexual abuse (See Figure 2 on the following page).

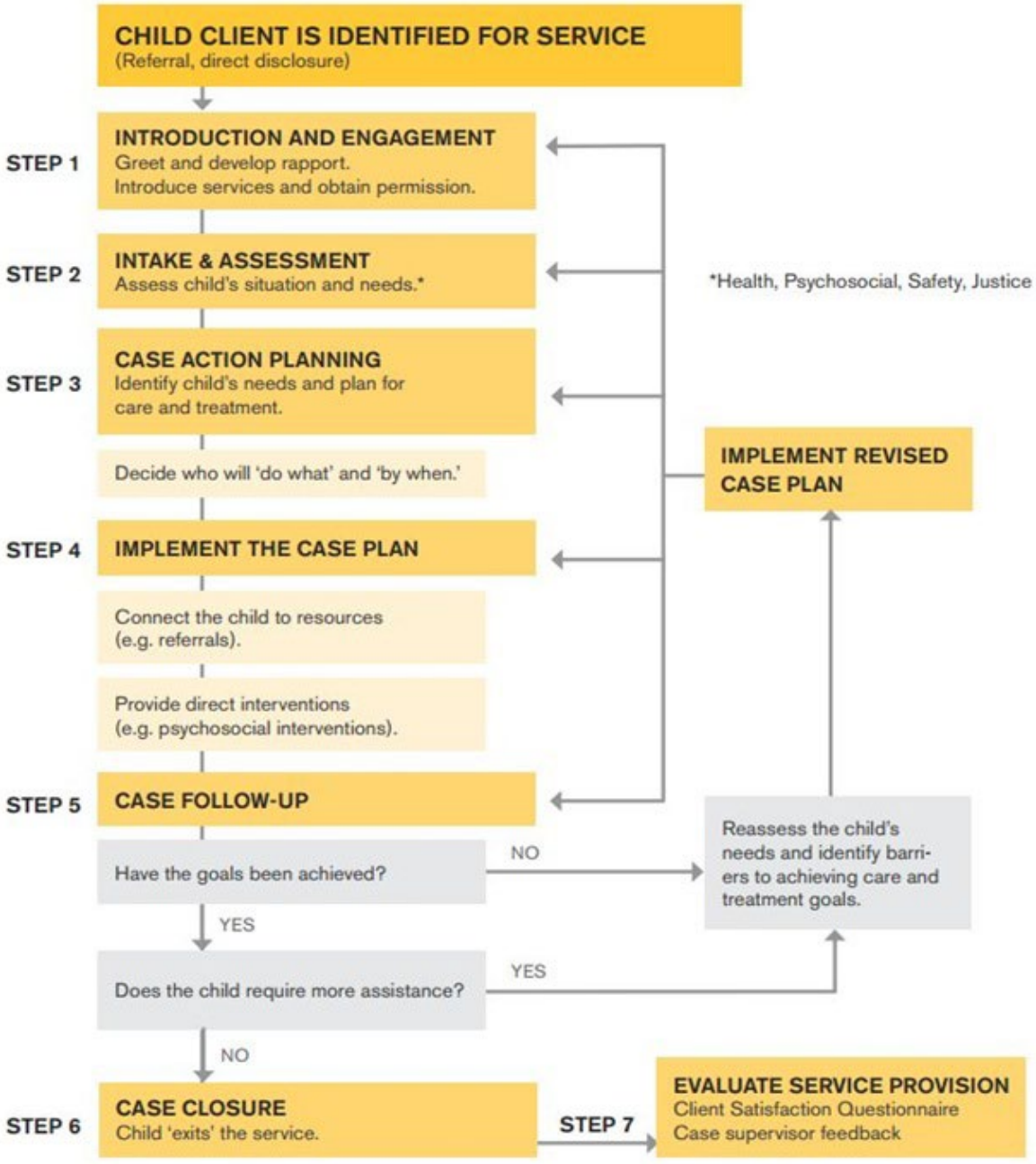
Child client is identified for service

A case of child sexual abuse can be brought to the social worker's attention through different ways of referral. She might receive a referral from someone who alleges that they has personally observed the sexual abuse of a child, SAPS refers the case because criminal charges have been laid against the alleged perpetrator, the person contacting the social worker has noticed that the child is manifesting signs and symptoms of sexual abuse, the child has disclosed sexual abuse to the person contacting the social worker.

Step 1 Intake and Engagement

This caseworker's (i.e., the social worker managing the case) goals are to build rapport and trust with the child, explain the purpose of the interview, try to obtain consent to assess their circumstances. All information coming to fore during the interview must be recorded.

Figure 2: Caring for child survivors of sexual abuse (IRC & UNICEF, 2012, p. 109



The caseworker should help the child decide whether to move forward based on the information shared, or, if the social worker must open a case without consent and explain the boundaries of confidentiality. This information must be provided in a child-friendly manner that invites inquiries from the child or family to aid in their decision-making.

Step 2. Intake and assessment

The process of collecting and evaluating data regarding the situation of the child is called assessment. The caseworker weighs the dangers the child faces together with the child and family's resources, strengths, and protective factors when conducting the thorough assessment. After identification and registration, the initial assessment should happen as soon as feasible, if not immediately. Within two weeks following registration, the comprehensive evaluation which builds on the initial assessment and is a more in-depth, holistic process—should be finished.

Step 3. Case action planning

This step of the case management process is about documenting the plan to meet the child’s assessed needs. The plan should identify some goals for the child and family, some actions to achieve them and the person responsible for each action and a timeframe.

Step 4. Implement the case plan

The caseworker works with the child, the family, the community, and any service providers to ensure the child receives the required services after everyone has signed the written case plan (including the child and carer) and it has been given the supervisor's approval.

Step 5. Case follow-up

It is possible to ensure that the case plan is being carried out and that it is still addressing the child's needs by doing follow-up and monitoring. The caseworker needs to check with service providers to see if specific measures have been taken is known as follow-up. Monitoring include scheduling frequent home visits, office visits, and meetings with the child and family to ensure that the child's situation is stable and improving.

Step 6. Case closure

Case closure is the last stage of a case management procedure. Cases can only be closed by a manager if all of the objectives for the child and family have been achieved, the child is protected from danger, their care and well-being is supported, and there are no new or additional concerns. Cases should not be closed until at least two follow-up visits within a 6-month period have been made to establish the child's continued well-being. Closure should be explored with the kid and family during these visits to make sure everyone is on the same page, that they have informal community support, and that they are aware of how to access services moving forward.

The National Policy Guidelines for Victims of Sexual Offences (1998), highlights the following practical steps that a social worker should adopt when referred a case of child sexual abuse: the case must be dealt with at the welfare agency where the matter was reported:

Immediate actions:

The social worker needs to consider the following factors when interviewing a child in a case of sexual abuse: emotional maturity, stages of development, and the age. Parents also needs to be interviewed and Section 7 of the Children’s Act be taken into

consideration, which requires that the best interests of the child standard to be applied.The social worker should assure the child that what happened is not his or her fault, and the child needs support from the family, therefore removing the child to temporary safe care should be the last resort. It mandatory to report the abuse even if it is allegations using Form 22 of the Children's Act. Form 22 is a form used in reporting of child abuse to provincial Department of Social Development, designated Child Protection Organisation or Police official. In all the steps, the social worker should make it a priority to protect the child.

Longer-term actions:

It is the role of the social worker to ensure a strong bond between the parent(s) and the child so that it is easy for the child to disclose and ensuring that all children in the family are safe. It is important that the abuser be assisted to receive treatment.

The following information imparted to the victim will assist to calm the victim:

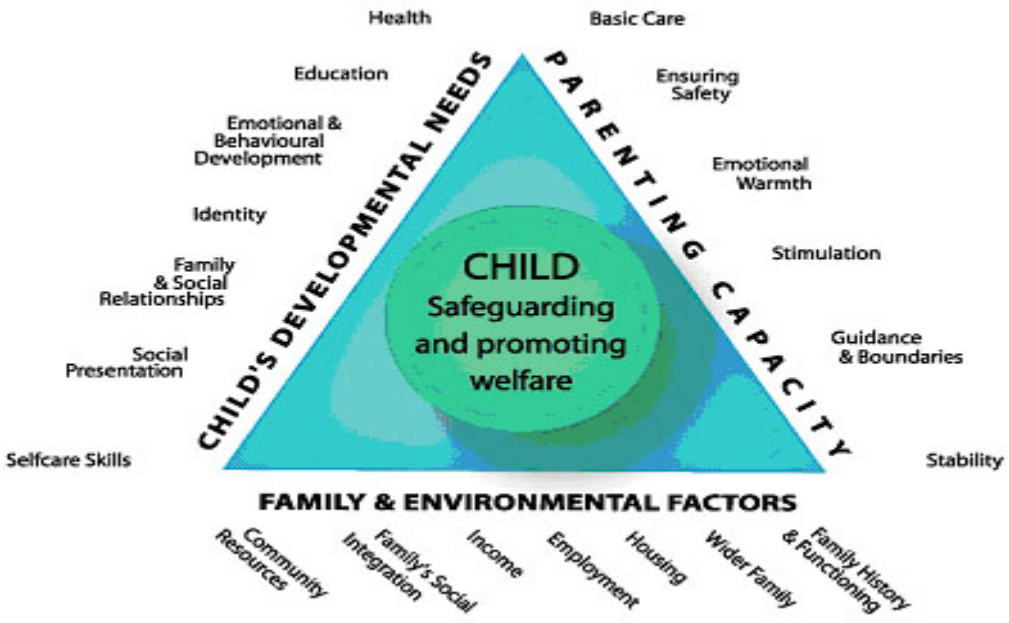
The social worker must protect and support the victim emotionally by ensuring that the victim does not repeatedly explain the intimate details. The victim must also be ensured that only relevant people will know about the case, which is to ensure confidentiality. The examination process should be clearly explained to the victim and the parents.

The following steps will ensure that the court procedures are less traumatic to the victim:

The social worker should continue supporting the victim during the court proceedings which includes making the victims familiar to the court environment prior to the trial. The victim should be updated by the social worker with all court proceedings and ensure continuous counselling.

In Britain, a framework was developed for assessing whether children need protection and care. This framework puts the child at the centre of three main domains, namely, parenting capacity, the child's developmental needs, and family and environmental factors to safeguard and promote the welfare of the child. This is captured in Figure 3 below:

Figure 3. Assessment framework triangle



(Source: The Framework of the assessment of Children in Need and their Families, Department of Health in Wison et al, 2008, p. 480).

The framework emphasizes the duty of the social worker is to "safeguard the child and promote the welfare throughout the process of assessing whether there are grounds for concern that the child may be suffering or is at risk of suffering significant harm or maltreatment and deciding what action should be taken" by the social worker with the help of other stakeholders involved (Wison et al., 2008).

Domain 1: the child's developmental needs

This domain requires different stakeholders to be involved to collect sufficient information about the risk level of the child. In this domain the developmental stage of the child should be considered by all stakeholders involved. The following department may be involved in making sure that the child's developmental needs are met, safeguarded and the child's welfare is protected, Department of Health, Department of Education, South African Police Services. The family members including parents/ caregiver, peers, siblings also play a huge role in identifying the emotional and behavioural development, family and social relationships, social presentation, self-care skills and the identity of the child, safety and risk assessment (Wison et al., 2008)..

1.1 Health

Comprises wellbeing on both a physical and mental level as well as growth and development. It is necessary to consider any impairment and the effects of genetic variables. Entails getting the right medical attention when ill, eating a healthy diet, exercising, getting immunizations as needed, getting developmental screenings, getting dental and vision care, and, for older children, getting the right guidance and information on matters that have an impact on their health, such as sex education and substance abuse.

1.2 Education

Includes all aspect of a child's beginning-at-birth cognitive development. Includes chances to play and engage with other children , access books, develop a variety of skills and interests, and feel successful and accomplished. Involves an adult who is interested in educational endeavors, advancements, and successes and who considers the child's starting place and any specific educational need.

1.3 Emotional and behavioural development:

Relates to a child's ability to express themselves appropriately to others outside of their immediate family as they get older, starting with their parents and primary caregivers. Includes the type and caliber of early attachments, temperamental traits, flexibility in dealing with change, resilience to stress, and degree of acceptable self-control.

1.4 Identity

Relates to the child's developing sense of self as a unique and valuable individual. Includes the child's perception of his or her capabilities, self-esteem, and ability to feel good about being an individual. Age, gender, race, religion, sexual orientation, and handicap all may be factors in this. Feelings of acceptance and belonging by one's family, peers, and the larger community at large, including different cultural groups.

1.5 Family and social relationships

Ability to put oneself in another person's shoes and the growth of empathy. A secure and loving relationship with parents or other primary caregivers, positive relationships with siblings, increasing importance of age-appropriate friendships with peers and other significant people in the child's life, and the reaction of the family to these interactions.

1.6 Social presentation:

Concerns the development of the child's understanding of how behaviour, appearance, and any handicap are viewed by others and the impressions they leave. Consists of cleanliness and personal hygiene, as well as the availability of guidance from parents or caregivers about how to present oneself in various settings. includes proper clothes for age, gender, culture, and religion.

1.7 Self-care skills:

Relates to a child's acquisition of the practical, emotional, and communicative skills necessary for increased independence. Includes opportunities to develop confidence and practical abilities to engage in activities away from the family as well as independent living skills as older children. Early practical skills include dressing and eating. Encourages the development of social problem-solving techniques. When a child is developing self-care skills, special consideration should be paid to how their handicap, other vulnerabilities, and social situations affect them.

Domain 2: the parenting capacity

"Parenting capacity entails the ability of parents/caregivers to ensure that the child 's developmental needs are being appropriately and adequately responded to and to adapt to the child's changing needs over time (Wison et al., 2008)." The social worker should be able to identify the parenting capacity which includes, providing basic care of the child, ensuring safety, emotional warmth, stimulation, guidance, and boundaries, as well as the stability of the child.

2.1 Basic care

Taking care of the child's physical requirements and giving them suitable medical and dental treatment, including the supply of proper personal hygiene as well as food, drink, warmth, and shelter.

2.2 Ensuring safety

Ensuring that the child is sufficiently safeguarded against damage or risk. Included are safeguards against serious harm or danger, contact with risky people or other children, and self-harm. Recognizing dangers and hazards both at home and elsewhere.

2.3 Emotional warmth

This can be done by making sure that the child's emotional needs are satisfied, we may give them a sense of being particularly cherished and a strong sense of their own racial and cultural identities. Aspects of this include meeting the child's needs for connections with important adults that are secure, stable, and affectionate and that are sensitive to their needs and responsive to them. Amounts of appropriate comfort, hugging, and physical contact that convey warmth, admiration, and encouragement.

2.4 Stimulation

Encouraging and stimulating the brain while fostering social interactions and learning possibilities for children. Includes supporting and participating in the child's play, fostering educational opportunities, and aiding the child's cognitive development and potential through engagement, communication, talking and responding to the child's language and questions. Assuring the child's achievement and their ability to attend school or receive an equivalent chance. Assisting a child in overcoming life's problems.

2.5 Guidance and boundaries

Empowering the child to control their own feelings and actions. For a child to be able to develop an internal model of moral values and conscience, as well as social behavior acceptable for the society in which they will grow up, parents must set limits and model appropriate behaviour as well as control over emotions and relationships with others. The goal is to help the child develop into an independent adult who has their own ideals and can act in a proper manner around others rather than being reliant on externally imposed regulations. This includes letting

children experience exploration and learning without overprotecting them. Includes managing emotions, controlling anger, showing consideration for others, and using effective discipline and behavior modification.

2.6 Stability

Fostering a family environment that is sufficiently stable to allow a child to form and maintain a solid attachment to the primary caregiver(s) to promote optimal development. Included are things like making sure that strong ties are not broken, extending emotional warmth consistently throughout time, and reacting similarly to repeated behaviours. Depending on how well a child is developing, parental responses alter and grow. Moreover, ensuring that children stay in touch with significant others and other vital family members.

Domain 3: Family and environmental factors

The child and his or her family "cannot be seen in isolation and are both positively and negatively influenced by the environment in which they live." These factors include the extended family, neighborhood, and social networks. This domain consists of the following dimensions: family history and functioning, extended family and other social systems, housing employment, income, family social integration and community resources (Wison et al., 2008)Social workers need to be trained enough to be able to assess the child looking at all the domains and dimension.

3.1 Family history and functioning

Both genetic and psychosocial factors are influenced by family history. Family dynamics, including sibling relationships and their effects on the child, parental strengths, and challenges, including those of an absent parent, the relationship between separated parents, significant changes in family or household composition, the history of parents' formative years, the

chronology of significant life events, and the significance of those events to family members are all factors that affect how well a family functions.

3.2 Wider family

These involve the people who are the parents and child's definitions of the extended family. This includes distant extended family members as well as related and unrelated people. In what capacity do they play a part in the child's and parents' lives?

3.3 Housing

Does the house have the necessities and facilities necessary for the child's age and development as well as that of the other occupants? Is the housing adequate and accessible for family members with special needs? includes the building's façade and inside, as well as the immediate neighborhood. Water, heat, sanitation, kitchen facilities, sleeping rooms, cleanliness, hygiene, and safety, as well as their effects on the child's upbringing, are examples of basic amenities.

3.4 Employment

Who is employed at home, what their schedule looks like, and have things changed? How does this affect the child? What do family members think about your job or lack thereof? How does it impact their interaction with the child? Include the effects of children's exposure to and experiences with work.

3.5 Income

Income that is available on a consistent basis. Is the family getting all the benefits to which they are entitled? sufficient revenue to cover the necessities of the household. The way the family uses its resources. Do the child's socioeconomic struggles influence them?

3.6 Family's social integration

Examination of the local community's and neighborhood's broader background and its effects on the child and parents. includes the family's level of social integration or isolation, as well as their significance placed on their social networks, friendships, and peer groups.

3.7 Community resources

Explains all the amenities and services available in a neighborhood, such as the basic necessities of primary healthcare, daycare, and education, as well as places of worship, transportation, businesses, and recreational activities. includes the resources' availability, usability, and quality as well as their impact on the family, including impaired members.

The Interagency Safeguarding Children Procedures (2018) stated that throughout the assessment process, child should be seen, heard, and included. It is important to understand how they communicate in the context of their family, community, behavior, and developmental stage. The effects of what is happening to the child must be fully understood, and information must be methodically acquired, recorded, and checked, as well as shared with the child and their parents/caregivers as necessary.

To get the best results for the child, assessments, service delivery, and decision-making processes should routinely analyze how the assessment process and the services offered affected the child. Any assistance offered should be the result of a thorough review of the child's requirements and the adjustments needed to improve the child's outcomes. Based on their age, developmental stage, and identity, children should take an active part in every step of the process. Observations of the interactions between the child and the parents or other caregivers

should be made as part of the direct work with the child and family (Safeguarding Children Procedures, 2018).

Furthermore, Safeguarding Children Procedures (2018) is arguing that, to protect and advance the child's welfare, it is the responsibility of all organizations working with the child, the parents, and the larger family to work together and share information. Personally, I feel that most of the time it is impossible to get all the information that you need as a social worker from a child due to the influence of the parents and social workers not having enough resources that can assist in doing home visits and keeping close contact with the child, the family, as well as the community that the child lives in.

Child-centred approach

To manage cases of child sexual abuse in a professional manner, one needs to be able to provide a child-centred approach when rendering services to children (UNICEF, 2012).

A child-centred approach entails social workers being child-friendly so that the child can come to trust the social worker and feel relaxed in his/her company. The way the social worker communicates with a child depends on his/her age and the stage of development. Basically, the key points are as follows:

» Possess child-friendly attitudes that contribute to recovery and healing.

» Able to communicate with child survivors according to age and developmental stage.

» Able to adapt case management services for child sexual abuse cases.

They should also be able to understand essential components to case coordination.

» Able to demonstrate best practice for coordinating child sexual abuse cases. » Service provider agreements that outline referral and information sharing protocols exist.

» Agreements and guidelines for interacting with legal and reporting systems exist.

» Able to monitor activities using established tools.

According to the Child Welfare Information Gateway (2022), in order to monitor progress toward objectives, ongoing case management necessitates frequent, organized communication with the family. To ensure the delivery of appropriate services and evaluate the efficacy of provided services, caseworkers coordinate with numerous service systems. Family members are also urged to make use of their knowledge to find resources, engage fully in programs, and assess development.

Legislation relevant to child sexual abuse and protection

International Conventions and Protocols:

With the change in government in 1994, South Africa signed and ratified numerous Conventions and Protocols during the decade after the change of government. These included (among others) - the Convention on the Rights of the Child (1989) and the African Charter on the Rights and Welfare of the Child (1990).

The National Constitution of South Africa (1996) is regarded as one of the most progressive in the world and has in it a specific clause protecting the rights of children. This clause was inserted because of active lobbying on the part of the Child Rights NGO's inclusive of SASPCAN (ISPCAN's national partner in SA) and Childline SA. The CRC and Charter

served as the foundation for the development of the Constitution of the Republic of South Africa 108 of 1996 (South Africa, 1996), which specifically protects children's rights in South Africa in Section 28. Children have the right to be shielded from mistreatment, neglect, exploitation, and humiliation (Hendricks, 2014).

In order to uphold children's rights and ensure their protection from additional psychological distress, the Sexual Offences Act and Related Matters Amendment Act 32 of 2007 includes provisions to prevent secondary victimisation during reporting, investigations, and court proceedings (DSD et al., 2012). These provisions include the introduction of intermediaries and the ability to give testimony via closed-circuit television in a separate courtroom (Townsend et al., 2014).

The Sexual Offences Act and the Children's Act outline the mandatory reporting (legal obligation) that requires professionals and members of the public to report any reasonable belief and/or suspicion of sexual abuse to a designated child protection organisation, the provincial DSD, or a police official, even if it is only a belief with substantial justification (Artz et al., 2016; Hendricks, 2014). However, it is unclear from the provisions of the aforementioned legislation what the justifications for these suspicions would be (Aucamp et al., 2012).

The Children’s Act, No. 38 of 2005: This legislation deals with giving effect to the rights of children as well as to addressing provision for the basic developmental and protection needs of children. The Act, passed in two sections, has a strong focus on the protection and development of the family as first line of protection and development of children. The Children's and the Children's Amendment Act 41 of 2007 were created in accordance with the Constitution, CRC, and Charter.

According to Spies et al. (2015), the Children's Act includes a comprehensive continuum of prevention, early intervention, and tertiary protection services for children, with Section 110 having a particular focus on child protection. Additionally, it is explicitly stated that adults must respect, take into account, and permit appropriate participation from children's viewpoints (Schiller, 2017). Chapter 9 contains measures for children in need of care and protection, while Article 7 provides a full explanation of the 'best interest of the child' idea (Meüter, 2011).

Social work challenges experienced regarding sexual abuse cases

On an international front, a study conducted in Asia indicated that social workers could experience emotional reactions to the child's behaviour. These include shock, distrust, and burnout (Kurniasari, 2018). A study in South Korea, revealed similar findings, for example, an increase the social worker's risk of emotional stress (Tumwesigye, 2021). Tumwesigye (2021, citing Furgerson, 2017) recommended that social workers attain proper training and get emotional support before and after work to help them better understand and be able to control their emotions by promoting a clear thinking.

In sub-Saharan Africa, research has been conducted in Zimbabwe. Muridzo et al. (2018) explored challenges experienced by a various professional (e.g., medical practitioners, nurses, and policemen) rendering a multi-professional approach to managing cases of child sexual abuse. Findings basically indicated that owing to a failing economy, these professionals have limited resources and financial means to managing such cases as is required.

A study conducted in South Africa by Schiller (2017) indicated that African legislation, policy, and conventions regarding recommendations to do with management of child sexual abuse cases do not always complement one another and as a result social workers experience some confusion regarding how to manage these cases.

Schiller's (2017) research findings highlighted that sometimes children experience re-victimization because of insufficient resources for service delivery. She recommended that undergraduate social work students receive more training as far as managing child sexual abuse cases is concerned.

Effective supervision of social workers managing cases of sexual abuse is also proving to be a challenge for child welfare NGOs in the South African context. Neoliberalism (i.e., a political approach that favours free-market capitalism, deregulation, and reduction in government spending) has led to the social work profession having to adopt a business-orientated approach. Social work supervisors thus also have the responsibility to fulfil the roles of fundraiser and manager. Consequently, social workers do not receive the necessary supervision because of a lack of funding by the State that leads to inadequate financial resources and funding for supervisory posts (Ornellas & Engelbrecht, 2020).

According to Liebenberg, (2019) designated social workers in South Africa have an average caseload of 150 cases per annum, with these cases often being complex and requiring work experience and expertise. These investigations are emotionally, as well as intellectually challenging for the designated social worker. Luyt (2015 cited in Liebenberg, 2019) was of opinion that designated social workers also have lower levels of work satisfaction.

Conclusion

This chapter focused on the theoretical framework I selected to underpin my study. I also focused on relevant literature pertaining to child sexual abuse, particularly the procedures that social workers should followed when managing cases of child sexual abuse.

Chapter 3

Research Methodology

Introduction

This chapter focuses on the research methodology relevant to the study I conducted. The term 'methodology' mainly has to do with the methods used to gather and analyse data. However, methodology is also based on philosophical assumptions or paradigms.

Research paradigm and approach

The constructivist research paradigm underpinned my research study. Adom et al., (2016) explained that the constructivist paradigm asserts that people construct their own understanding and knowledge of the world through experiencing things and reflecting on those experiences. The constructivist paradigm is relevant to the current study because the qualitative research methodology is related to the constructivism philosophical perspective (Neuman, 2014). This is true because the constructivist paradigm uses various data collection methods to comprehend a topic under research from the perspectives or experiences of the participants (Given, 2016). I thus adopted a qualitative approach when conducting my research. Creswell et al., (2018, p. 4) explained that "… qualitative research is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem."

The use of the qualitative research approach for the study was influenced by the aim of the study, which is exploratory and descriptive in nature. The study sought to explore the experiences of social workers in Nkangala District, Mpumalanga, who are managing cases of child sexual abuse. The approach is useful in generating information

required for the study by providing an in-depth understanding of social workers' experiences in this regard. The key advantage of using a qualitative research approach is that it is interpretive with a broad and complex focus (open-ended) that allowed me to have deeper insights and understanding of the issues.

This study used qualitative research, which is another method for acquiring data, processing it, and interpreting the results of a study. Using qualitative research methods, it was possible to describe the values, feelings, perspectives, and motivations of the respondents under investigation (Neuman 2014).

To be able to identify solutions, particularly in difficult situations, this in-depth data are gathered using organised approaches and specific abilities (Bradley, 2010). Qualitative research methodologies have some biases because respondents can be contacted during the data collection process. This is particularly true if participants can be persuaded to give a particular response. However, according to Kumar, et al. (2011), qualitative research is best suited when the goal is to get a deeper understanding of the studied phenomenon and to describe in great detail the study participants' perspectives.

Research Design

Research designs are types of inquiry within qualitative, quantitative, and mixed methods approaches that provide specific direction for procedures in a research study. Others have called them strategies of inquiry (Creswell & Creswell, 2018). It encompasses the formulation of the research questions, the identification of data collection and analysis procedures, and the approach to the reporting of findings.

There are various research designs, including explanatory, exploratory, correlational, causal-comparative, and descriptive study design. I selected a single case study research design which is exploratory in nature.

An exploratory research design is used when the goal of the investigation is to learn new information or to evaluate a research phenomenon from a different angle (Miminoshvili, 2016). The goal, context, paradigm, and procedures of a research design should all be compatible with one another (Neuman, 2014). If the objective of the study is to learn new things or to evaluate a research phenomenon from a different angle, an exploratory research design is used (Miminoshvili, 2016). Cresswell (2014) encourages the use of the exploratory design as the technique to use when there is little knowledge about the subject being researched.

The study adopted a single case study research design. The case study design refers to an inquiry in which a researcher collects detailed information about a particular topic from a specific group of individuals (Creswell, 2014). In this study, the case being studied was management of child sexual abuse cases by social workers. The boundaries were that the social workers were employed by child protection NGOs located in Nkangala District in Mpumalanga. The case study design investigates issues from participants' perceptions and draws meanings from their experiences and opinions attached on such issues (De Vos et al., 2005). Therefore, this research approach and design was appropriate for this study as the primary aim of this study was to gain insights into social workers' perceptions of effectively managing cases of CSA.

Using a case study design has advantages. For example, the examination of the data is most often conducted within the context/environment of its use, whereas quantitative research separates a phenomenon from its context. Furthermore, the "detailed qualitative accounts often produced in case studies not only help to explore or describe the data in real-life environment,

but also help to explain the complexities of real-life situations which may not be captured through experimental or survey research (Zainal, 2007, p.4).

A disadvantage of case studies is that they provide very little basis for scientific generalization since they use a small number of subjects. The case study research design has also been criticized because there is the tendency for a researcher to have a biased interpretation of the data (Zainal, 2007).

Population, sample, and sampling procedure

According to Fraenkel and Warren (2019), the study population refers to the set of individuals having common characteristics in which the researcher is interested. .Prior to gathering primary data, a suitable sample was selected to ensure accurate results. The target population is the entire group of units that are qualified to participate in the current study and meet the essential requirements (Bless et al., 2013). In other words, the target population meets all requirements for the selection criteria for the research phenomenon. The study population consisted of social workers in Nkangala district, Mpumalanga, managing cases of child sexual abuse.

Before deciding on the optimal sample technique for this study, I weighed up adopting one of two sampling strategies, namely probability and non-probability sampling strategies. Probability sampling comprises the use of chance or probability in order to fairly select study participants from among the components of a sample frame (Creswell, 2014). Assuring that the process is under control and that each segment of the target population has roughly equal chances of being picked for the study, using the probability sampling technique is important (Neuman, 2011). The non-probability sampling strategy, on the other hand, does not provide elements with equal opportunities to be chosen because it depends on human judgement (Hair et al., 2010).

Depending on the characteristics that the researchers are looking for, the sample is chosen. Non-probability sampling methods include snowball sampling and convenience sampling, which select participants based on their accessibility and the researcher's ability to get in touch with them (Grey, 2014).

Maree (2007, p.79) explained that "qualitative research is generally based on non-probability and purposive sampling rather than probability or random sampling approaches". Maree (2007, p.38) also clarified that "purposive sampling can be used to get the best information by selecting items or people most likely to have the experience or expertise to provide quality information and valuable insights on the topic".

I conducted non-probability, purposive sampling in my study. Participants from five NGOs in Nkangala District were recruited. These were the Child Welfare Society, the Christlike Maatskaplike Raad (CMR), the Suid Afrikaanse Vroue Federasie (SAVF), Tutela Child and Youth Care Centre, and Rata Social Services.

Participants who were selected based on the following selection criteria:

- qualified men and women social workers who had managed at least one case of child sexual abuse.
- employed by one of the five NGO's rendering services in Nkangala district, Mpumalanga.

I did not include social workers who did not have any experience in managing a case of CSA and those who were not rendering social work services in Nkangala district. In total, 18 social workers participants took part in my study.

Data collection method

Depending on the purpose of the study and the methodology used, choosing the right tool for data collection is necessary. There are different data collection tools such as questionnaire, focus groups and interviews. According to Neuman (2014), a questionnaire is a list of questions to which participants record their responses, typically within a limited range of options.

Focus group discussions are casual exchanges between selected participants regarding a certain subject, which implies that the selected individuals should have life experiences commensurate with the phenomenon being studied (Neuman, 2011). Group interviews can provide a chance to collect a specific type of qualitative information that can reveal the social and cultural background of people's perceptions and beliefs (King et al., 2019).

I decided to conduct in-depth interview with the participants. Interviews are a form of direct communication in which participants are asked questions and their answers are recorded (Grey, 2014). According to Saunders, et al. (2012), structured, semi-structured, and unstructured interviews can be distinguished. A collection of questions that are asked in the order they appear on the list form the basis of structured interviews. Semi-structured interviews have pre-set questions that are grouped into themes and asked in any sequence depending on the interview's flow, in contrast to unstructured interviews where there are no pre-set questions and the respondent freely discusses information about the problem area (Saunders et al., 2012).

To gather data, semi-structured in-depth interviews were conducted with the participants. Interviews were an effective method for data collection where the study intended to explore participants' perceptions, thoughts, feelings, and beliefs about a topic. De Vos et al. (2005) states that interviews are a useful way to get in-depth data on the topic at hand. Semi-structured

interviews provide a better understanding of social phenomena than would be obtained from purely quantitative methods, such as questionnaires (Creswell, 2003).

Semi-structured interviews' flexibility, which might reduce their validity, is one of their drawbacks. Depending on how much the interviewer deviated from the specified set of questions, it can be difficult to compare responses amongst participants (Cresswell, 2014). Semi-structured interviews' open-ended format can urge interviewers to ask questions that will influence the outcome, which can lead to observer bias. On the other hand, participants can try to give the researcher the responses they believe he or she wants to hear, which could result in social desirability bias. (Neuman, 2014). However, the advantages of semi-structured interviews outweighs the disadvantages, which is why the study utilised this approach to collect data.

Semi-structured interviews also allow the researcher to narrow down some areas or topics to be used to guide the interview (Rabionet, 2011). Interviews also provide the opportunity for direct face-to-face or virtual platforms interaction. Face-to-face interviews were conducted with all 18 of the selected participants. Safety protocols that needed to be implemented because of Covid-19 were followed (e.g., spatial distance between researcher and participant at least 1.5m and both researcher and participants wore masks). It was also planned that in case face-to-face interviews were not possible, interviews would be conducted online using Microsoft Teams or Zoom, depending on what was most convenient for the participants. I was fortunate that all the participants requested face-to-face interviews in their offices.

Research instrument and tool

Pezalla et al., (2012, p.25) pointed out that “Because the researcher is the instrument in qualitative interviews, unique researcher characteristics have the potential to influence the collection of empirical materials.” Being a social worker by profession, I am familiar with

effective communication skills and thus tried to listen actively and show empathy and respect during the interviews.

An interview guide consisting of mainly of open-ended questions was used as a tool to collect the data. The open-ended questions are preferred by the qualitative research approach as participants got the opportunity to express their experiences in their own words.

An in-depth interview guide is a method for structuring an interview and ensuring that important questions are not forgotten during the interview (Creswell, 2014). The guide contained a set of questions and provided a structure to be followed by me during the interview sessions. The interview guide was flexible, and it allowed the researcher to probe for clarity on related issues that might have arisen during the interview that were not part of the interview guide (Clarke & Braun, 2013).

Pre-testing of research tool

To ensure that the questions contained in the interview guide were understandable and relevant regarding the purpose of the research, it was presented to two social worker who met the sample selection criteria. Some minor amendments to the questions were based on the feedback received from the two social workers. These amendments included such as rephrasing the questions during the interviews to make some of the questions understandable to the participants.

Method of Data Analysis

Thematic analysis was used to analyse the collected data. Thematic analysis is an approach for analysing qualitative data that uses raw data to derive key themes and concepts through interpretations of collected data (Clarke & Braun, 2013). Key themes were developed by

reviewing the interview transcripts. The collected data were analysed using six steps as suggested by Braun and Clarke (2006; 2013). These steps are as follows:

Step 1. Familiarizing with the data

I familiarized myself with the collected data by transcribing the audio-recordings and reading the transcriptions. The process of transcription is seen as an excellent way for a researcher to familiarize with the collected data (Riessman, 1993). I read and re-read the transcripts of the interviews to familiarise myself with the information and key themes were identified (Clarke & Braun, 2013).

Step 2. Generating initial codes

This phase involves generating initial codes from the data (Clarke & Braun, 2013). I organised the data into meaningful categories and generated codes to represent each category to make the analysis of the data and its interpretation more efficient (Clarke & Braun, 2013). This step was achieved by thorough reading of interview transcripts and organise collected data into categories and generated appropriate labels for them.

Step 3. Searching for themes

This phase involved sorting the codes into potential themes. Themes are broader than codes (Clarke &Braun, 2013). I identified common recurring patterns that came across different codes and grouped the codes into potential themes that tell a meaningful story about the study. This phase was achieved by combining different codes into broader themes that accurately depicts the different data sets (Creswell, 2014).

Step 4. Reviewing themes

This phase requires the refinement of identified themes. I ensured that identified themes adequately captured the contours of the coded data (Clarke &Braun, 2013). Therefore, identified themes were compared to generated codes and data to ensure they accurately represent the collected data. This was done by re-reading the data and comparing the information with generated themes to ensure all relevant information is included accurately and adequately.

Step 5. Defining and naming themes

During this phase, the identified themes were named and defined. I described each theme, stating the story each theme tells and how these stories fit within the broader picture of the research (Clarke & Braun, 2013). In other words, I wrote a detailed analysis for each theme and stated how these themes helped in answering the research question.

Step 6. Producing the report

This phase involved the final analysis and writing of the report. The final analysis and writing of the report demonstrated evidence of the themes within data sets (Clarke & Braun, 2013). This final write-up is of a logical story the data tells within and across themes about the research question (Clarke & Braun, 2013). This report is an analytical report and using extracts from collected data as evidence to argue the research question.

Trustworthiness

In qualitative research, it is crucial to include strategies to enhance the trustworthiness of the study (Nobel & Smith, 2015).Because this study used a qualitative methodology, validity and rigour were achieved by assessing the reliability of the research. In qualitative investigations, validity problems should be tied to trustworthiness, which turns into a question of persuasion in which the researcher is considered as having made those procedures evident and hence auditable,

according to Neuman (2014). When assessing trustworthiness, researchers should make an effort to convince both themselves and others that their findings are significant (Rubin & Babbie, 2013). Guba (1981) suggests four key elements for boosting trustworthiness in qualitative research. The four qualities are credibility, transferability, reliability, and confirmability. These four elements are intertwined and interdependent, ensuring that they are all met in order for the study to be trustworthy.

This study focused on credibility, transferability, dependability, and confirmability to enhance its trustworthiness (Shenton, 2004).

Credibility

Credibility refers to the extent to which the study measures what it sets out to measure. Credibility deals with the question of 'how consistent the findings are with reality?' (Shenton, 2004). To ensure credibility, participants were given a chance to decide to participate in the study by themselves to ensure that they are genuinely providing free information. This was done by informing them that participation is voluntary, and one is free to withdraw from participating at any point without explanation (Shenton, 2004). Data collection was done through semi-structured interviews. Thus, probing was of priority and participants were requested to clarify where there was lack of clarity.

The interviews were audio-recorded to ensure that all data collected were transcribed and included all terms that were important when achieving transferability. In case of opposing or data suspected to be untrue, that allowed me to remove that information after the interview and during transcription of the data.

The boundaries of my case study are clearly defined as well as the selection criteria I used when purposively selecting participants. The fact that I interviewed social workers managing CSA cases at five different welfare agencies and followed the steps of thematic analysis presented by Clarke and Braun (2013) also contributed to enhancing the research credibility.

Transferability

Transferability involves the extent to which the findings of one study can be transferred or applied to a wider population (Shenton, 2004). Contextual information of the study was provided for comparison purposes to enable transferability to similar areas and populations. A detailed description and background information on the study area and population were provided to allow the readers to understand and conceptualise the study setting as suggested by Shenton (2004). A detailed description of the participants and the contextual information on the child protection organization's geographical location and historical details were provided. In this way, information from the study could be used as an analogue for similar studies in comparable areas and populations.

Dependability

Dependability refers to the extent to which the study can be repeated using the same methods in the same context to reveal the same results (Shenton,2004). The study documented the procedure followed from the information reviewed, detailed description of the study area and population, research design, data collection, data analysis and interpretation, and reporting. The answers of participants were not predetermined by the semi-structured interviews. Participants were allowed to produce the answers from their own minds and experiences. My research

supervisor had access to the transcribed interviews and data analysis process and findings, to confirm the dependability of the findings.

Confirmability

Confirmability refers to the extent to which the study findings can be confirmed to be neutral and objective, free of the researcher's bias (Shenton, 2004). It has to do with the level of confidence that the research study's findings are based on the participants' narratives and words rather than potential researcher biases. An audit trail was implemented. It refers to a transparent description of the research steps (Amankwaa, 2016). The steps carried out from the start of the research project to the development and reporting of research findings are also described in detail. The reporting includes the interview guide, research notes, and transcriptions as appendices for verification and confirmation.

Ethical Considerations

Ethical considerations in research are a set of principles that guide your research designs and practices (Bryman, 2012). Applying proper ethical principles and protecting human participants is crucial in all research studies (Creswell, 2014). The University of the Witwatersrand has rules to guide researchers during their studies which involve human participants. These rules are based on the Protection of Personal Information Act (POPIA), No. 4 of 2013.

According to Creswell (2014), a researcher is required to submit the research proposal for the proposed study to get ethical clearance before conducting a study. I applied for permission from the Wits Human Research Ethics Committee (non-medical) to conduct this study and the

permission was granted in the form of an ethical clearance certificate. The protocol number is H22/02/14.

The following ethical principles were considered when implementing my study:

Voluntary participation

Voluntary participation means that participation in this study requires potential participants to be well informed about the research and have the freedom to decide whether to participate or to decline (Neuman, 2014). It also means that the participants are free to withdraw from the study at any time. The participants were not forced to take part in my study by any means. Potential participants were provided with Participant Information Sheet and given an opportunity to decide whether they want to participate in the study. I made it clear that participation is voluntary, and that one can withdraw at any time with no negative repercussions.

Informed consent

It was essential to seek written consent from research participants after fully informing them of the terms of the agreement. Informed consent, according to Cresswell (2014), occurs when someone gives their consent willingly, voluntarily, intelligently, as well as clearly and demonstrably. Therefore, it was crucial to obtain the participants' informed consent before the interviews began, as well as their consent to audio record the interviews. The research questions, the selection process, certain potential risks, and discomforts associated with participation were all explained to the participants.

The principle of informed consent was verbally explained to the participants, emphasizing that they can at any time withdraw from taking part in the study without any negative consequences. A verbal explanation of informed consent was done before the start of

each interview session. I commenced the interviews after written consent was obtained from participants. Participants were also invited to allow me to audio-record the interviews and as evidence for their agreement a written consent was obtained to do so.

By adhering to the above ethical requirements, the participants were ensured that they feel and are safe to trust the process for trustworthy results (Briggs et al, (2012).

Data protection and management

According to Creswell (2014), analyzed data need to be stored for a particular period before it is discarded. Data from my study will be kept for a period of two years if publications are forthcoming, or findings presented at conferences, and for a period six years if not. Copies of the interview transcript without any identifying information have digitally stored securely in a password-protected computer for future research. The consent forms are kept in a locked cabinet.

Anonymity and confidentiality:

In order to maintain the anonymity of the data gathered from study participants, the project must either not collect any personally identifying information about specific individuals (such as name, address, email address, etc.) or it must be unable to connect specific responses to participants' identities (Given, 2016). Anonymity could not be achieved in this study because I personally interviewed the participants and thus their personal identifying particulars are known to me, the researcher. However, when compiling my final report and using participants' verbatim quotes, I did not in any way divulge their personal particulars. Instead, I used pseudonyms and not their real names.

Confidentiality refers to not disclosing any private information about participants without their permission (Johnson & Christensen, 2008). According to Maree (2014), the confidentiality of the findings of the study and the protection of the participants'

identities are an important ethical aspect of any study. Terre Blanche et al., (2006, p. 76) stated that, “All participants should be encouraged to maintain confidentiality and be briefed about the confidentiality risks”. Confidentiality obligations were clarified in the Informed Consent Form.

Autonomy:

The principle of autonomy (or respect for persons) calls for the recognition and respect of the right of competent individuals to make their own decisions while simultaneously defending the autonomy of the weaker by avoiding the imposition of undesirable decisions (Paul et al., 2019). This basic principle of autonomy gave rise to the practise of informed consent, which allows a competent subject or legally appointed representative to decide for themselves whether or not to participate in a study. All the participants were informed of their rights in the ‘Participant Information Sheet’ and ‘Consent Form so they could make informed decisions about whether to participate in my study (See Appendix B and C respectively)

Permission from relevant authorities

This study was conducted in five child protection organisations situated in Nkangala District, namely the Child Welfare Society, the Christlike Maatskaplike Raad (CMR), the Suid Afrikaanse Vroue Federasie (SAVF), Tutela Child and Youth Care Centre, and Rata Social Services.

Considering the ethical issues for this study, written applications for permission to conduct research at these organisations were delivered both personally and via email. In the letters, the purpose of the research, research procedures to be followed were explained, and the organizations were notified that the safety of their personnel will be

highly prioritised. Obligations of autonomy and confidentiality was also explained in the gatekeepers' letter. As mentioned above, all the five CPOs granted written permission for me to conduct the study at their organisation (see attachments).

Non-maleficence:

Non-maleficence means that participants should not be harmed by participating in the research project (Marshall & Rossman, 2011). Participants in a study, according to Neuman (2014), may suffer emotionally or physically as a result of their participation. The primary concept of do no harm was followed, which means that necessary measures were taken to ensure that the participants are not harmed as a result of their participation in the study (Marshall & Rossman, 2011). As mentioned, the Covid-19 health protocol was followed to ensure participants' physical well-being. The participants were not expected to be exposed to any psychological or emotional risk. The participants were advised that if they do not want to answer a question, they are free to do so. Ms Mabaso was requested to assist with debriefing if necessary to the participants after discussing a case of sexual abuse. The participants did not experience any psychological or emotional hurt during and the interviews and did not express the desire for counselling.

Beneficence:

People are treated ethically when their judgements are respected, they are shielded from damage, and efforts are made to ensure their well-being. Such treatment is covered by the beneficence principle (Neuman, 2014). When interviewing participants, I reminded participants that they are not obliged to respond to all the questions I put to them. If they felt a question was too sensitive, I would suggest we take a short break or

leave the sensitive question and move on to the next question. I also showed empathy when interviewing the participants.

Study Limitations and Delimitations

Study limitations refer to weaknesses within a research design that may influence outcomes and conclusions of the research (Ross & Zaidi, 2019). In my study the following limitations exist:

The research design is qualitative in nature which is very time-consuming. However, I tried to establish trusting relationships with all the participates so that the interviews I conducted were in-depth and contained 'rich', meaningful data. I also reminded them that there was no right or wrong answer.

I also faced difficulty obtaining written permission from the directors of the five NGOs where the research was conducted. I intended recruiting participants from six NGOs, but the manager of one NGO decided not to grant permission because some social workers intended taking leave. This placed me under pressure to meet time deadlines regarding data gathering and analysis.

The five Child Protection NGOs are situated rather far from one another and thus it was financially costly to gather data.

Although study findings do not benefit the participants directly, it is hoped that the study findings will make their employers more aware of the challenges they are experiencing when managing cases of child sexual abuse

Chapter 4

Presentation and Discussion of Findings

Introduction

The main research question of the study was: "What challenges do social workers experience when managing cases of child sexual abuse in child protection organisations located in Nkangala District, Mpumalanga?" In this chapter, I will first provide information regarding the demographic particulars of the research participants. Thereafter, I will present my findings based on an in-depth, thematic data analysis which was described in detail in Chapter 3.

The main themes emerging based on data analysis are related to the main objectives of the study. I will also critically discuss the main findings.

Demographic particulars of participants

Eighteen participants of different races, sex, and age participated in the study. Pseudonyms were used to protect the identity of all participants. Table No. 1 on the following page summarises the demographic particulars of all 18 participants.

The demographic data shows that most participants were between the ages of 26 and 53 years old. Both black and white South African social workers participated in the study. Four participants were men, which was expected because only a small percentage of men entered the social work profession. There are few men in the social work profession because social work is not traditionally male-dominated (Galley, 2020).

Table 1

Demographic particulars of participants.

Pseudonym	Sex	Age	Race
Madge	Female	32	White
Chelsea	Female	27	Black
Axton	Male	53	Black
Georgia	Female	30	Black
Cicely	Female	40	Black
Shelly	Female	45	Black
Jemina	Female	39	White
Ethel	Female	26	White
Ida	Female	28	Black
James	Male	31	Black
Brooke	Male	35	Black
Mildred	Female	34	Black
Edwina	Female	50	White
J. J	Female	38	Black
Mary	Female	50	White
Harper	Female	34	Black
Simon	Male	29	Black
Emma	Female	31	Black

Themes emerging based on thematic analysis of data gathered

Thematic analysis basically involves analyzing qualitative data and identifying relevant, recurring ideas or themes. Braun and Clarke (2015) emphasized that thematic analysis involves research focusing on the research participants' words and narratives and interpreting how these words and narratives produce realities. For this reason, I use verbatim quotes from the participants to indicate how identified themes are relevant to the study's main aim and objectives. Table 2 on the following pages, summarises the six main themes and sub-themes that emerged based on the study objectives.

In order to clarify for the reader which participant has made a particular verbatim quotes which are cited to substantiate the themes and sub-themes, their pseudonyms appear in bold font. The line spacing is also set at 1.5 cm and not 2 cm as the general content is..

Table 2. Summary of the main themes and sub-themes

Objectives	Sub-themes	Themes
1. Explore the types of child sexual abuse cases social workers have managed	Social workers manage both contact and non-contact sexual abuse cases	Theme 1: Different types of child sexual abuse cases are managed by social workers.
	Perpetrators are usually related to the child concerned.	
2. Investigate who refers the cases of child sexual abuse to social workers.	Many people take responsibility for reporting cases of sexual abuse, but most frequently, it is teachers.	Theme 2: Mandatory reporting suspected child sexual abuse taking place
	Some referrals come from people who wish to remain anonymous.	
3. Explore what procedures are followed when managing cases of sexual abuse.	Different levels of understanding regarding procedures to be followed once a case referral has been received	Theme 3: Not many social workers have an in-depth understanding of the procedures to be followed when managing cases of child sexual abuse.
	Risk assessment is prioritized to ensure the safety of the child.	
	A multi-disciplinary approach is adopted.	
	The best interests of the child comes first.	
4. Investigate the challenges social workers face when managing cases of child sexual abuse	A shortage of social workers hampers the rendering of professional child protection services.	Theme 4: Various challenges faced have a negative impact on effective case management.
	Lack of supervision	
	Cultural beliefs	
	Social workers lack intra- and inter-disciplinary collaboration in fulfilling their work responsibilities.	Theme 5: Negative effects of poor case management.
	Social workers rendering services in rural areas often find it difficult to communicate with clients in the Assessment Phase.	Theme 6: Strategies to improve case management
	Lack of financial support negatively affects skills development and service rendering.	

	Families are reluctant to cooperate.	
5. Explore what social workers think are the negative impacts of poor case management, both in terms of themselves and the children concerned	Stigma is attached to the profession if cases are not managed effectively.	
	Children are negatively affected, and the negative effects can be long-term.	
6. Probe what social workers think should be done to enable themselves to render effective services when managing cases of child sexual abuse	Training focusing on child sexual abuse is required.	
	Having enough resources	
	Strengthening of relationships with the supervisors and clients	
	Strengthening of work relationships with key stakeholders	
	Awareness campaigns will help community members understand the consequences of child sexual abuse.	
	Considering case ratio per social worker	
	More social workers in schools are necessary	
	Tightening of laws and rules	

Theme 1. Different types of child sexual abuse cases are managed by social workers

Sub-theme 1: Social workers manage both contact and non-contact sexual abuse cases

The participants clarified that their cases involved contact and non-contact cases. The contact cases managed included penetration, sodomy, and oral sex. The non-contact forms of sexual abuse included cases of grooming. For example, children were encouraged to look at pornography or produce online sexual images. It also took the form of showing

the child online sexual activities and encouraging them to behave in sexually inappropriate ways. For example, **Axton** pointed out: "I have managed cases involving touch and covert, where the perpetrator uses things that may trigger sexual intimacy for the child, to an extent that the child ends up agreeing with what is said by the perpetrator"

Similarly, **Georgia** responded: "Pornography; showing porn to the child and his private part, as well as rape".

This sub-theme reinforces many studies focusing on the types of sexual abuse. It brings attention to the fact that forms of sexual abuse can be categorized as contact and non-contact. Non-contact sexual abuse involves 'grooming' children into becoming vulnerable to abuse. Bennett and O'Donohue (2014) explained that many perpetrators engage in grooming (also referred to as the seduction stage) before committing contact sexual abuse. This process is used to 'prepare' future victims of sexual abuse to be acquiescent to abuse.

Unfortunately, in both non-contact and contact forms of sexual abuse, there are negative short- and long-term effects on a child's development (Wolf & Pruitt, 2019). Although some children show resilience, sexual abuse for most victims has a negative impact on their social, psychological, and sexual functioning later in life (Sanjeevi, et al., 2018).

An interesting finding related to this theme was the issue of how digital media can be associated with a form of non-contact sexual abuse. According to **J.J.:**

> Mostly teenagers are experiencing this kind of abuse. There is one case of a young boy who was practicing sex on his classmates, both boys and girls of the same age. I think they were practicing what they see on the social media.

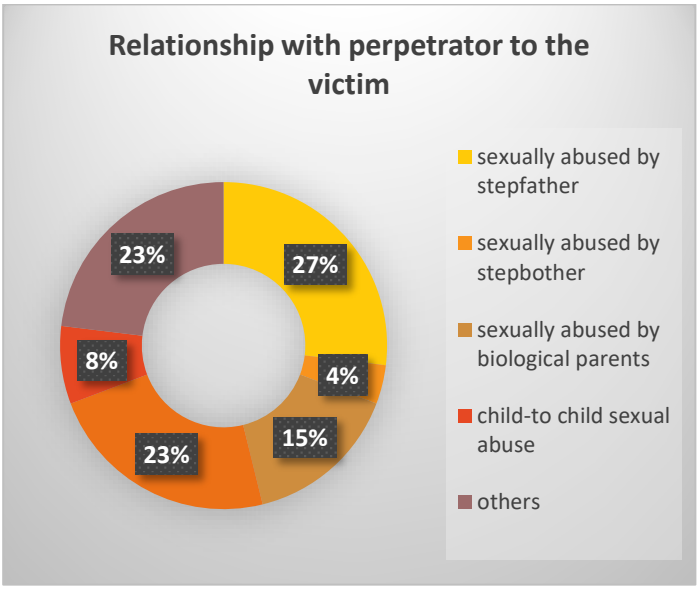
Koukopoulos et al. (2019) highlighted that although there is no evidence indicating that online sexual abuse is a more serious offence than offline crimes, the sexual behaviour taking place online can place the child at serious risk.

Sub-theme 2. Perpetrators are usually related to the child concerned

Although statistical figures are not usually used to reflect qualitative research findings, I think the figures on the following pages help clearly reflect the most common relationships perpetrators had with their young victims in my study.

Figure 1

The relationship the perpetrator has with the child victim.



The above figure highlights most cases of sexual abuse are perpetrated by stepfathers and step brothers as well. This means that in most cases men are found to be perpetrators regardless of whether the victim is a girl or a boy. Additionally, the figure further highlight that children are also sexually abused by their biological parents. A small percentage of cases of child sexual abuse are also perpetrated by another child as represented by 8% on the figure.

Participants emphasized that sexual abuse frequently occurs when the children's parents have left them with someone related to the family when they went to work. These people included their grandparents, uncles, and their stepfathers. It was also evident from participants' comments that the parents trusted their relatives with their children. For example, **Madge** mentioned:

> One child was raped by her uncle when she was five years, and the case was reported to us when she was 12 years old as the family could not believe her, saying that she is lying about the uncle.

Shelly voiced a similar point:

> One case I had was a case where the biological mother and the stepfather were working shifts, and the stepfather took advantage when the mother was at work to sexually abuse the child.

Basically, the findings are in line with much literature that clearly indicates that most sexually abused children know the perpetrators. Ojuade (2019, p. 151), who conducted research in Nigeria, emphasized this point stating that due to the fact that most sexual abusers are very much acquainted with their victims, approximately 30% are relatives of the child. Most often, brothers, fathers, uncles, or cousins; around 60% are other acquaintances such as 'friends of the family,' babysitters, or neighbours. Strangers are offenders in approximately 10% of sexual abuse cases; this makes reporting the offenders an increasingly herculean task for child victims.

Theme 2: Mandatory reporting of suspected child sexual abuse is taking place

This theme is based on two sub-themes.

<u>Sub-theme 1. Everyone takes responsibility for reporting cases of sexual abuse but most frequently it is teachers</u>

Data analysis revealed that teachers have a significant role to play in providing a safety net for children who are being sexually abused or who are at significant risk of being abused at home. In essence teachers have a mandate to report cases of sexual abuse when they have reasonable grounds to believe that a child is being sexually abused. This was confirmed by some of the participants in the current study. According to **JJ**: "You find that most of the sexual abuse cases are reported by teachers, and this is because some of the children they confide in someone they trust, which is the teacher."

In support **Shelly** highlighted that: "Most of the cases of sexual abuse I work on comes from the schools and teachers would have reported such cases to us".

The fact that teachers at schools in nearby areas make the majority of referrals is reassuring because the Department of Education highlights that educators are compelled to report any abuse experienced by children. This is more emphasized by the *loco parentis* role they have over children.

Section 110 of the Children's Act details the right to protection children are afforded in section 28 of the Constitution. Hendricks (2014, p. 2) pointed out that this section compels certain professional sectors to report any child abuse, neglect, or maltreatment that is suspected on reasonable grounds to a designated child protection organisation, the provincial Department of Social Development, or a police official.

More specifically, the said Act calls for " any correctional official, dentist, homoeopath, immigration official, labour inspector, legal practitioner, medical practitioner, midwife, minister of religion, nurse, occupational therapist, physiotherapist, psychologist, religious leader, social service professional, social worker, speech therapist, teacher, traditional health practitioner, traditional leader or member of staff or volunteer worker at a partial care facility, drop-in centre or child and youth care centre to report a possible case of child abuse, neglect, or maltreatment.

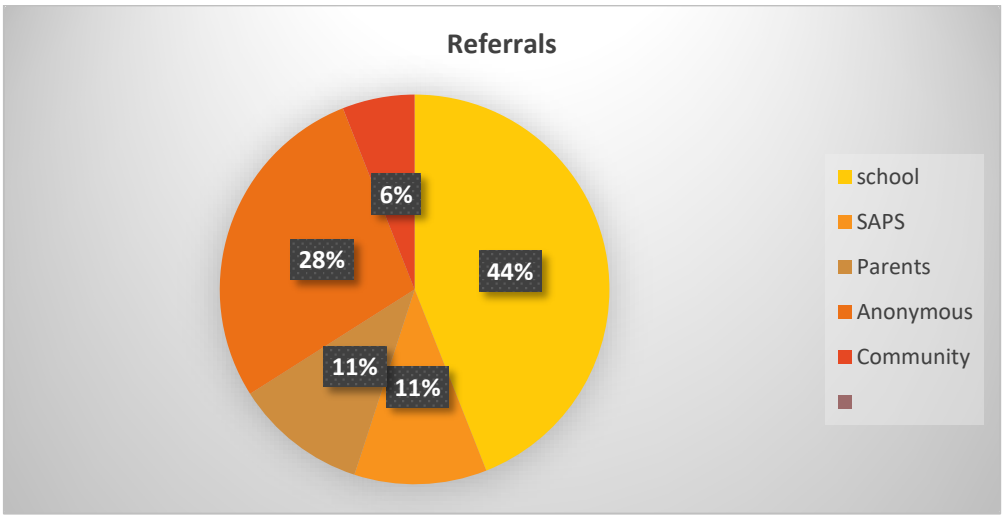
In terms of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, any person who has knowledge, reasonable belief, or suspicion that a sexual offence has been committed against a child is obliged to immediately report the matter to a police official.

Figure 2 on the following page clearly illustrates the percentage of referrals made from various sources. My findings corroborate that of Kenny (2001), who found that educators are trained to recognize and intervene when children cannot fully benefit from

their educational opportunities due to abuse. Teachers and educators have a key role to play in identifying, protecting, and preventing children from sexual abuse.

Figure 2

Percentages of referrals from different sources.



Sub-theme 2: Many referrals also come from people who wish to remain anonymous

Anonymous reporting when it comes to child sexual abuse is important as it allows the victims of sexual abuse to get help immediately. Anonymous reporters of sexual abuse can be neighbours who might have reasonable suspicions or concerns that a child might have been sexually abused or is at risk of being sexually abused. About five participants stated that people do not want to be known when reporting cases of child sexual abuse. **Georgia** stated: "… people do not want to be known when reporting such cases for their own safety purposes."

Findings by the Department of Social Development et al. (2012) revealed that child sexual abuse is usually kept hidden for fear of being stigmatized by community members. This may be the reason why we have a lower number of referrals from community members.

In my personal work experience, even if a social worker is aware of the reporter's name, they usually do not disclose who referred the case. Often, they state that the case

was ‘referred by the child's school’ when conducting home visits after receiving the address from the anonymous person. This is because neighbours often report cases of sexual abuse. Although ethical issues come into play regarding this ‘fabrication’, they do so because they are concerned about the reporter’s safety should it become known that they are the ones who reported the case.

Theme 3. Not many social workers have an in-depth understanding of the procedures to be followed when managing cases of child sexual abuse.

My study findings revealed that participants do not have standard procedures for managing cases of child sexual abuse when the case is reported. Rather, procedures depend on how the case is reported and the social workers’ level of understanding thereof.

Four sub-themes underpinned this theme.

Sub-theme 1: Different levels of understanding regarding procedures to be followed once a case referral has been received.

Only one participant, **Madge,** seemed to clearly understand the intervention procedures needed once a case referral has been accepted. As is obvious from her detailed description below of the procedures, Madge is skilled and experienced in managing cases of child sexual abuse. (I have decided to include the full description so inexperienced social workers can gain good insight into the practical steps taken when managing cases of sexual abuse in the Nkangala district):

> … there are two ways, sometimes the case is reported to social workers after a [criminal]case has been opened, so there is no need for the social worker to go to the police station to open the case with a case number. The social worker goes to the hospital for the J88 to be filled by medical doctors, but if there is tangible evidence, normally, we take the child to Thuthuzela, where they access the child, they check the child if there is any semen, they take samples. They check if there was any

> penetration. The next morning you then must open your Children's Court case. As a social worker, it is vital that you also speak to the child to hear her or his side of the story; you gather all facts. Thuthuzela is within the hospital. You go there first before the J88 is filled by the medical doctors; therefore, you open the case at the children's court. If the case was not opened before the social worker gets the case, that is where it is a must for you as a social worker that you must open the case for yourself at SAPS to get the case number. A social auxiliary worker is then assigned to speak to the child which is the other way used to gather information … We place the child at an alternative placement unless the caregiver has the capacity to continue taking care of the child in that environment after she or he has been assessed. We inform the child about everything that has been happening and the way forward, and we ask for his or her suggestion if they are of age, as well as the primary caregiver. We continue to do therapy. If the child is removed, we prepare the caregiver at the CYCC to probe the child when the child is placed, questions, for example, "Is there anybody that you would like to call?" How often does the child want to call them? Services like trauma debriefing, place of safety, therapy, medical attention continues. The social worker has to make sure that the child continues with school and there is a suitable permanency plan for the child. If the child is placed in a temporary place of safety as it can take up to 6 months.

Madge's description of the procedures to be followed when managing cases of sexual abuse is consistent with the National Policy Guideline for Victims of Sexual Offences (1998). These guidelines emphasise that the social worker must emotionally protect and support the victim by ensuring that the victim does not repeatedly explain the intimate details. To safeguard confidentiality, the social worker must also ensure that only relevant people will know about the case. The examination process should be clearly explained to the victim and his or her parents.

Unfortunately, the other participants found it difficult to describe the procedures to be followed when cases of child sexual abuse are brought to their attention. Several participants admitted that they were unsure of the best practices. One particular participant **J.J**. explained that:

> In the organization where I am employed, social workers can accept cases of alleged sexual abuse and conduct risk assessments. However, if the child concerned presents as being in need of care and protection, these cases are referred to DSD for further attention.

Three other social workers in the same organisation as J.J. also seemed unfamiliar with all the procedures that must be followed. This is probably because they do not have the opportunity to finalize child sexual abuse cases in court. Their responses substantiate that quite a few CPOs in the Nkangala district of Mpumalanga lack training on the protocols to be followed when handling cases of child sexual abuse. Based on child protection research conducted in South Africa by the Children's Institute, Jamieson et al. (2017) made the point that:

> Social workers need training on child protection, including assessment, statutory processes, and therapeutic interventions. A procedural manual, commonly referred to as the "blue book", was developed to guide social workers on how to implement the Child Care Act, there is no equivalent document for the Children's Act, and hence implementation is idiosyncratic. Protocols are not being followed, and professionals are not being held accountable for inadequately protecting children. The result is that children are literally lost in the system.

Sub-theme 2: Risk assessment is prioritized to ensure the safety of the child

The findings indicated that children's safety should be at the forefront of risk assessment. In essence, the findings highlighted that risk assessment helps inform social workers of the child's immediate and ongoing safety, experiences and needs. This is supported by some of the participants in the study. One participant **Axon** explained risk assessment as follows:

> The first step is to identify the nature of the abuse; it is so bad that you can even open a case; the seriousness of the case. Therefore, you communicate with the child because the child is the one to trust and with all the facts, not the adults, as the adults can tell something different. It is vital that you communicate with the child

> who is a victim and take it from there. Then, safety first, actually, you go to the police station to ensure the safety of the child from the offender.

Similarly, **Chelsea** emphasized that it is essential to ensure the safety of the child when conducting risk assessments:

> Assessing the risks [referring to the risks the child is exposed to] while still doing the investigations. The risks if the child is still in the same household or environment, those are the risks that we assess first. If we see that the risks are very high, then we take the child to a place of safety, or should we remove the perpetrator where the child is residing in order for the child to be comfortable to share all information, as it is difficult to talk to the child while the child has to go back afternoon to the same house where there is the perpetrator. We assess through risk assessment.

James focused on risk assessment procedures that he follows: "With me, I take the safety and risk assessment tool used by our organization which is guiding you when asking questions so that you will be able to focus on the element highlighted."

Although James did not mention the standardized risk assessment instrument his organization utilizes, many risk assessment models are known to assist social workers in estimating the child's dangers and shielding the organization from legal action if a child in danger is not removed. Interestingly, many child welfare agencies worldwide use risk assessment instruments to guide social workers conducting risk assessments. However, it is important to note that the risk instruments do provide structure for assessing the child's current and future harm to the child, they should not be used alone because they do not provide a comprehensive overview of the family functioning and how they can be engaged in the helping process (Child Welfare Information Gateway, 2022.

Therefore, the findings have demonstrated that risk assessment in child protection occurs during the processes of notification and investigation. It aims to determine whether a report of concern about a child needs further investigation and which service, or level of

intervention, is required to respond (Australian Institute of Family Studies, 2016). More specifically, Smith (2013), citing Burman et al. (2007, p. v), described risk assessment as "… the process of estimating and evaluating risk. A probability calculation that a harmful behaviour or event will occur involves an assessment of the frequency of the behaviour/event, its likely impact, and whom it will affect.

Sub-theme 3: A multi-disciplinary approach is adopted

Herbert and Bromfield (2019, p. 1) emphasised that "… the physical and sexual abuse of children is a complex social issue that often requires a multi-disciplinary response; an alliance between police, child welfare authorities, mental health, medical examiners, and advocates for children and their non-abusive caregivers." Furthermore, a multi-disciplinary approach focuses on good teamwork, and all role players focus on meeting the child's best interests.

Participants' responses indicated that they are indeed trying to implement a multi-disciplinary approach when managing cases of child sexual abuse: For example, **Harper** pointed out that: "The SAPS, doctors in hospitals, and Thuthuzela are their main stakeholders."

Another participant **Mary** also mentioned that several different professionals are involved: "Mostly, I am working with police, DOJ, psychologists, clinical psychologists, and sometimes with play therapists and counsellors that assist in counselling the family."

Similarly, **Cicely** responded that: "Obviously, we work with SAPS, forensic officials, and those responsible for testing to examine the child to see if she is telling the truth if indeed, there was contact or rape."

Axton explained that after a child has been removed and placed in temporary safe care, she must notify the children's court within 48 hours. "After that, that is where I can

consult other stakeholders. This case involves inter-sectoral departments practicing various disciplines. As a social worker, it is my duty to give counselling, trauma debriefing, therapy".

Chelsea also highlighted the importance of teamwork among different professionals as well as family and community members:

> The social worker, Department of Health, South African Police Service, Psychologists, family members, and neighbours must work together for the best interest of the child in terms of sharing information because a child is raised by a village. We can never leave the school aside because the child is spending most of her hours with the teachers and they are the ones to see if there is any behaviour change and report to us to investigate.

The above findings corroborate with IRC& UNICEF's (2012) findings that revealed that caseworkers (social workers rendering services on a micro level) must focus on meeting the child survivor's health, safety, psychosocial, and legal needs. This obviously involves collaborating with key role players to meet the child's needs.

Sub-theme 4: The 'best interests' of the child comes first.

The National Policy Guideline for the Victims of Sexual Offences (1998) highlighted three factors that must be considered when interviewing a child in a case of sexual abuse: emotional maturity, stages of development, and age. Most of the participants highlighted the need to take these issues into consideration when engaging with the child concerned in the helping process. **Ethel** focused on these three factors when sharing her work experience:

> The social worker must consider the ages of the children. For example, in my cases the 3-year-olds may not be able to really talk about it, so this is where you get a play therapist; someone that will use playing so that everything will come out regarding what happened. A 5-year-old may also struggle. You may refer her to a psychologist

> or therapist, but sometimes we use both. Understanding the stages of development is very crucial … you will be better able to determine whether a child is developing normally, comprehend what they are and are not capable of achieving during the helping process, and be able to respond to the child's needs and rights.

Theme 4. Various challenges have a negative effect on case management

The theme is based on seven sub-themes

Sub-theme 1: A shortage of social workers hampers the rendering of professional child protection services.

Most participants emphasised that they do not have enough time to professionally manage child protection cases due to the shortage of social workers employed by their organisation. This short-staffed scenario led to work overload.

Shelly stressed that there is not sufficient time to personally interview the child concerned as most of her time is spent doing administrative work instead of professional assessments of the problem situation to recommend that is in the best interests of the child concerned to the Commissioner of Child Welfare (a magistrate). **Shelly** added:

> The high number of caseloads is making everything difficult throughout the process, to do your planning, contracting usually takes time before starting intervening with the mother, the father, the child, and the family and sessions cannot take place once, and it is difficult to implement all sessions in case you are managing more than 100 cases. We wish to implement and provide holistic service, but it is not possible, and you end up jumping some processes to finish.

My findings basically substantiate the findings made by Hope and van Wyk (2018) when conducted research in South Africa that focused on urgent child removal. In their research, social workers reported that they do not have sufficient time to gather all the necessary information they need to submit a comprehensive final court report. The negative effect of insufficient information has a domino effect because staff interviewed at

Child and Youth Care Centres complained about not having enough information about the child and their circumstances.

Harper reiterated this matter:

> We are always rushing to the next case. Sometimes you find yourself moving on to the next case without finishing the current one, and you only remember about the child when a report is due. I believe that the social workers' pressure to complete as many cases and intakes as possible for statistical purposes is what is causing them to prioritize quantity over quality for their clients.

Participants indicated that a social worker cannot give each case the time and attention it requires when they are overloaded with cases. Social workers can allocate the necessary amount of time to interact with and effectively serve children and families when they have a manageable caseload. Furthermore, a heavier workload may result in more time being spent on paperwork than on building relationships with people, which is a crucial element of the services that social workers offer.

Hope and van Wyk (2018) found that there are several challenges faced by child protection workers. My findings echo some of the challenges that they identified: the nature of emergency child protection (which is a time-consuming process), and a lack of information available (which has a negative effect on professionals). These challenges have an impact on the capacity of child protection professionals to render effective, efficient, and quality services to children in need of protection. This understanding of the challenges facing child protection sheds light on why the presenting intervention in child protection is paperwork focused, rushed and 'drop and go', with limited emotional cushioning for children.

Harper also implied that the work overload child protection social workers are experiencing is directly related to the shortage of social workers in NGOs because the

government did not place graduate social workers with them due to a shortage of funds. Many social work graduates are unemployed whilst NGOs are experiencing a shortage of staff. **Harper** explained:

> Some of the caregivers are discouraged and demotivated to report cases to social workers and if they do not report our caseload will drop and will affect our subsidy from the department of social development". According to the ratio, each social worker is expected to have 65 files including short contact cases and if that does not happen the managers always emphasise that the department may take the post as they seem not to see any need for adding a social worker due a smaller number of cases in the organization.

Harper's point of view is corroborated by the Government News Agency (2019) report that reads: Since the implementation of the scholarship programme in 2007, provincial Departments of Social Development were able to absorb social work graduates. However, since 2013, provincial departments were unable to absorb social work graduates due to lack of funding and this led to the current backlog in the absorption of social work professionals," Oliphant said. By the end of January 2019, 3 969 social work graduates, who benefited from the social work scholarship programme, were still unemployed. "It should be noted that this figure excluded those who funded their studies through other loans, bursaries, and other means (Government News Agency, 2019)

Sub-theme 2: Lack of supervision

Participants in the current study highlighted that there was lack of supervision which hampered their work in dealing with children sexual abuse cases. Lack of supervision makes it difficult for social workers to provide effective child protection services to children facing sexual abuse. In support one of the participant **Harper** indicated that:

> The supervisors in the NGOs do not have enough time to supervise the social workers because they are also expected to fundraise for the operating costs or any top-up funds for the organization. They end up neglecting their supervisees' need for intensive supervision when challenging decisions had to be made. They also do not have enough time to be with them in the field because the DSD is putting pressure on them to have a certain number of cases per social worker otherwise, they do not receive subsidies from the State.

In 2012, the DSD in partnership with the SACSSP defined supervision in South Africa as a formal arrangement through which supervisees' review and reflect on their work. It is related to ongoing learning and performance. Social work supervision is an interactive process in a positive non-discriminatory relationship, based on distinct theories, models and perspectives of supervision. It entails educational, supportive, and administrative functions that promote efficient and professional social work services.

In a study conducted by Hope and van Wyk (2018), similar findings emerged. Only one of the participants in their study indicated that she received supervision. Rossouw (2022) also highlighted that " … research shows that supervision plays a vital role in the development of social workers, and the absence of supervision has been linked to burnout and staff attrition in social work agencies".

This information by **Harper** is concerning because Rossouw (2022) emphasised high caseloads can lead to less or no supervision. This can be dangerous, especially in child protection cases, as a wrong decision could mean the death of a child.

The pressures mentioned above, which make child protection such difficult and complex task, must be dealt with through effective supervision and management (Goddard & Hunt,2011). Supportive management and supervision are essential to both taking care of the child protection professional and making sure they can do their job of protecting children as well as possible. A good supervisor encourages workers to analyze their

thinking and actions critically while also providing emotional and professional support (Munro,2011)). Effective supervision and management are highly correlated with effective child protection: The pressures mentioned above, which make child protection such difficult and complex task, must be dealt with through effective supervision and management (Goddard & Hunt, 2011). Care for the child protection worker and effective management require supportive supervision.

Sub-theme 3: Cultural beliefs

In my study, it became apparent that understanding different cultural beliefs is important for example, **Simon** explained:

> We believe in our Ancestors. These are our great-grandparents who died.: They tooke care of us. So, what happened to the child, the child knows that she is supposed to adhere to their calling so now, that's why they are punishing her.

I think that many child protection workers would probably interpret Simon's statement as projecting blame onto the child victim of abuse. This interpretation of the problem could act as a barrier to developing a trusting work relationship with the perpetrator.

According to the National Association of Social Workers [NASW], (2013) some social workers are unwilling or disinterested in learning different ethnic groups. However, this attitude may lack experience and knowledge with certain groups and fail to uphold their ethical responsibility to learn about their clients. It is evident from Carmi and Gianfrancesco's (2017) research findings that social workers need to have a greater understanding of the role of identity, culture, gender, beliefs, and religion, and how these can impact on a child who has been abused. These authors reiterate that social workers and other service providers managing cases of child sexual abuse require the necessary tools, skills, and knowledge to address these issues. This means that the social worker should

assure the child that what happened is not his or her fault and empower the family to support the needs of the child. The social worker needs to empower him/herself with any cultural practices of the different families.

Sub-theme 4: Social Workers lack inter-disciplinary collaboration in fulfilling their work responsibilities

Although an inter-disciplinary approach to managing child protection cases is essential, my study findings reveal that some of the key professional role players responsible for rendering services to children who have been sexually abused children are delaying the process and are not working in collaboration with the child protection workers.

For example, **Ida** stated that it is important to conduct the assessment without being biased and working in collaboration with other stakeholders: " … but it becomes painful when other role players are not pushing as you are, and you end up taking shortcuts to reach the end or for justice to be served."

Mildred highlighted a lack of support from the SAPS: "We are too soft as social workers to remove children even though the SAPS is accompanying us, but when you are there, they just sit in their cars, fold their hands, you are on your own in most cases."

Similarly, **Axton** highlighted the SAPS' lack of cooperation:

> My biggest challenge is always the other stakeholders. For example, you can arrive at the SAPS to find out that they just delay you and maybe you planned that by this time I would be at the hospital. They delay you and they have a tendency of saying you must come at a certain time regardless of the urgency of the case until you tell them that you want to talk to the station commander, then they rush to help.

Emma emphasised that lack of cooperation in the medical system has a negative impact on child protection workers' ability to render professional services: "As

professionals, we are not being prioritised in hospitals. We have to stand the line with all the other patients while there are clients also waiting for us in our offices." Emma also stated that if social workers do not follow up on cases reported, the role players involved just sit back. Mostly these are role players (including social workers) employed by the government. Emma felt like this resulted in destroying the future of the child.

Brooke believed the judicial system is failing the work being done by the social workers:

> You, as a social worker, can try by all means to make sure that he is behind the bars but definitely he will come back unexpectedly in the community…. sometimes after you have opened the case, the child would give a contradicting statement to the court then there is no evidence, and you are thrown out of the court mostly if it is non-contact. For example, a child may misuse the zip with a word belt; then your case is thrown out of the court. I always feel that the courts are protecting the perpetrators if children are contradicting their statements.

My research findings reiterate other research findings related to poor interdisciplinary collaboration in child protection services. Lloyd (2018) emphasised that effective child protection requires an understanding of collaborative roles: " … children are best protected when professionals are clear about what is required of them individually and how they need to work together." Ofsted et al., (2017)echoed this important point when he explained that health practitioners, social workers and police officers need to work together with teachers when rendering services to children exposed to risk.

Sub-theme 5: Social workers rendering services in rural areas often find it difficult to communicate with clients

Edwina described the challenges social workers face in understanding the terminology used in rural areas and with older people: to this effect **Edwina** stated that: "To make the family to speak about the abuse is a challenge mostly in a rural area and also

understanding the terminology that they are using when doing the assessment with grandparents."

Based on my personal work experience, I agree with Edwina's point of view. I have observed that social workers find it difficult to engage with clients during interviews if they are not originally from that area. For example, 'ukuhlukumezeka ngokocansi' which is a Zulu term meaning a spectrum of sexual violence usually at gunpoint done to individuals or group of people and the perpetrator use their genitalia to violate their victims. and 'ukugagadlela' is being used by Ndebele people mostly, which means to have sexual intercourse with someone without his or her permission, and this is making it difficult for social workers employed in urban areas to understand the rural terminology. It would be ideal if the social worker grew up in the same area that she or he is working in.

Culture and religion play an important role in terms of the terminology used, as some older people may see it as disrespectful if the social workers use words like rape. According to NASW (2013) "Language, a lack of cultural awareness, and a lack of cultural training are all examples of cultural competence hurdles in social work. Cultural competencies, as described by the Council on Social Work Education (2013), are " … processes that foster effective relationships with individuals of all cultures based on inquiry and respect of diversity linked to language, class, ethnicity (race), and religion".

In addition to guiding work with individuals, families, groups, communities, and organizations in roles such as direct care providers, administrators, and change agents, this approach emphasizes the inherent worth of all human beings. The NASW (2013), cited in the Social Work Degree Centre, mandates that social workers take socioeconomic and cultural considerations into account while working with clients. Family customs, religion

or spirituality's role in the clients' lives, cultural conventions, and language are a few examples of these variables (NASW, 2013).

I think that the Person-in-Environment, a fundamental concept in the social work profession, is a broad perspective that captures this approach as it highlights the importance of understanding an individual in light of the environmental context he/she lives in.

Sub-theme 6: Lack of financial support negatively affects skills development and service rendering

Some participants identified a lack of adequate funding as a key challenge that the NPOs they work for face, and this has a snowball effect. For example, a lack of finances means that they do not have the opportunity to develop their work skills because training programmes and further education needs to be funded. The following participants highlighted this point of view: **Simon** highlighted that:

> Every cent for us counts! So, we miss a lot of information as we lack finances and no resources…. we always try to perform with nothing… Government social workers are attending lots of workshops, and with us we must depend on donations in order for us to be able to attend these workshops.

Chelsea further indicated that: "I have not undergone any training focusing on CSA [child sexual abuse]. If I were to undergo those trainings, I think I would be able to be more effective and have more information to help."

Another participant **Brooke** further highlighted that: "Interview technique skills that we are lacking make it difficult to get the children to disclose."

In many respects, these responses are disheartening because training is critical to the development of a skilled child welfare workforce and to achieving outcomes of safety, permanency, and well-being for children and their families. It is also key to worker

retention" (Child Welfare Information Gateway, 2022). Skills development can be used to build capacity in child protection social workers to enhance their child protection services.

Tumwesigye (2021) recommended that social workers attain proper training and get emotional support before and after work to help them better understand and be able to control their emotions by promoting clear thinking. These investigations are emotionally, as well as intellectually challenging for the designated social worker lacking proper training in child sexual abuse cases (Van Wyk, 201).

Luyt (2015) is of opinion that social workers also have lower levels of work satisfaction due to the lack of proper training when it comes to dealing with children who have been sexually abused.

The participants also identified a substantial impediment to providing necessary material resources because of a lack of funding. For example, the lack of cars, computers and stationery, greatly impacted the provision of services. **Jemima** pointed out that: "Finances and not having enough cars to go out to do home visits to do thorough assessment is a challenge".

Ethel explained that he thought that the lack of resources had to do with financial demarcations. She summarised the problem circumstances:

> This province does not have resources, and you cannot cross the province. Pretoria and Johannesburg have resources such as good hospitals with therapists where you can send the children for intense counselling for three months. We are not allowed to go there, so I feel everything is at fault because now the government says that there are resources, but we are not allowed to use those resources because it is in a different province…".

J.J: highlighted that the poor salaries received by the social workers in the organisation where he is employed is another indication of lack of poor funding. **J.J** stated:

> As social workers, we love our job, but the salaries are demotivating us to an extent that during the lockdown instead of us attending to serious cases we were told to distribute food parcels and the government is not taking the profession serious.

Similarly, **Simon** further highlighted that:

> Lack of resources really affect us not to give full services. We cannot do seven cases a day as we are sharing one car. Some of our court reports are delaying as we are told that there is no ink to print the report and you cannot send the magistrate an email, they want hard copies from us.

Furthermore, **Harper** highlighted lack of funding undermined the type of services rendered to clients:

> Lack of resources … our phones most of the time are not working to make follow-ups with our clients…. and sometimes when they call reporting for abuse, they cannot get hold of us due to the phone problems. We do not have any transport to attend to the cases. We, use our cars and sometimes the organization is paying you back if there are funds. We are trying to fundraise, but there is nothing coming, and the department cannot buy a car for us. They only subsidize our salaries and give small amounts of operation per social worker.

Schiller's (2017) research findings also highlighted that sometimes social workers are regarded as unprofessional because of insufficient resources for service delivery. Schiller (2017) and Tumwesigye (2021) reinforce my findings. The said authors make it clear that if NPOs do not have a good funding support system, the social workers are 're-victimized'. Without sufficient funding, they will not develop the necessary skills to deal with the cases of child sexual abuse; and not being able to do their work properly increases their stress level due to not having funds to equip themselves.

Sub-theme 7: Families are reluctant to co-operate.

Most of the participants shared that family involvement and participation most of the time drag the cases though it is important to ensure they are involved. Some parents are

covering up for their boyfriends or stepfathers, negatively affecting the process. **Mary** emphasised this point:

> Most of the time, because the family is threatening the child to withdraw and not to testify, some children are changing the story on the court day if the process was not done correctly. For example, if the social worker did not take the child to the hospital after the rape, there will be no evidence for court while the court wants all evidence to prove it.

Mildred shared a similar perspective:

> It is very stressful to remove a child from the biological parents if there was no penetration because the child might change her mind due to family influence. Any influence, in my opinion, stems from the family's concerns about the child's future. The effects of abuse on the child, and the repercussions for the child if the abuser is aware that the child reported can make a child change his/her mind . Most children change their minds if they are given something by the family or the perpetrator or even if the children are threatened and they experience other kinds of abuse except for being abused sexually. More awareness campaigns can play a huge role in empowering the children to report and be strong to stand for the truth.

Robinson (2021) pointed out that families are reluctant to cooperate due to poverty. Being financially dependent on the perpetrator results in a contradiction of statements. Lebow (2021), stated that the reason for the families' reluctance to cooperate in cases of child sexual abuse is that they fear that the reputation of the family may be at stake. Even talking about abuse is considered taboo. The person who hurt the child can be the head of the household. The truth could threaten resources or finances, and they fear stirring the pot or breaking up the family unit. Other survivors in the family are also not ready to speak up. Religious expectations around abstinence may result in the family being unwilling to speak about the child being abused. This is illustrated in the different responses from participants Brooke and Axton, regarding family influence on child sexual abuse.

Brooke reiterated that: “Some families agree that the perpetrator can pay damages for sleeping with the child or breaking her virginity”.

Axton further highlighted that: “Some mothers who depend on their boyfriends who are raping the children always protect the perpetrators and want to cover everything, and they try by all means to be against the social worker”.

Theme 5. Negative effects of poor case management

Effective case management in social work is crucial to ensure that all clients’ needs are adequately addressed throughout the helping process. The services and potential solutions needed to meet the client's needs are assessed, planned, monitored, and evaluated with the aid of case management.

Sub-theme 1: Stigma is attached to the profession if cases are not managed effectively

The stigmatisation of social workers can affect social workers and clients negatively. Social work profession tend to be a stigmatised profession and most people associate social workers with breaking up families and many other misconceptions. Thus there is certain stigma associated with social workers in society and this is captured by some of the participants in the current study. One participant in particular, **Simon** highlighted that:

> Social workers feel humiliated and stigmatized because some individuals have already declared that social workers are ineffective. Simon further said that supervisors always remind them to exercise extreme caution. If a case is not handled properly, families are aware of their legal rights and may sue the social worker and the organization.

The above finding is in line with Krull and Blom (2021) study findings that reported that when social workers are stigmatised this tend to affect clients and the social work profession negatively, thus impacting on effective service delivery.

Sub-theme 2: Negative effects of poor case management on children

Poor case management harms the child concerned socially, psychologically, and emotionally.

Jemima commented that:

> Children who were not assisted well; most of the time they distance themselves. They do not have social relations with their families and their friends and even at school or their surroundings. They want to isolate themselves. Some children may even go to depression if they were not attended holistically and their performance at school drops.

Ethel further expressed that:

> They may develop PTSD. For example, if she was never referred to psychologists for thorough counselling, maybe the social worker just encouraged the child to be strong and go on with her life; they may sit with all the problems. Memories as no one assisted them to be able to deal with such. Some children may become very uncontrollable; they may steal, be on drugs to try to cope with what happened.

Emma also emphasised possible negative outcomes of poor case management such as extreme cases of a child contemplating committing suicide. In support she reiterated that: The child may think of committing suicide or running away from home to stay on the streets".

Mary further pointed out that:

> Some children may have behavioural problems, such as getting into relationships with older men. They also feel like used goods. There can be a lot of emotional

> scars, and some children develop psychiatric malfunctioning due to being abused by a close family member, such as a brother.

Madge also made clear how the children who were not well-assisted lost hope in social workers and thought they could help themselves better than reporting sexual abuse to social workers. **Madge** highlighted:

> The child loses faith in the social services profession. They will never ever trust whatever your process if you failed to manage the case effectively." Madge also described a child's statement: "Maybe I will do it myself; I will kill him myself because no-one is on my side".

.In essence, poor case management makes it difficult for the concerns of the child to be prioritised when it comes to sexual abuse, meaning that the best interests of the child are not taken into consideration. In addition, poor case management gives rise ineffective, poor-quality interventions on the child and there is lack of coordination amongst relevant stakeholders

Theme 6. Strategies to improve case management

When researching how presenting challenges can be addressed, it is essential to hear the voices of people on the ground level who have identified and described the challenges they experienced. This was the intention of Objective No. 6 of my study. Eight sub-themes emerged regarding participants' experiences.

Sub-theme 1. Training on child sexual abuse is required

Many of the participants expressed that they require time to develop themselves and become better skilled at rendering child protection services. The findings highlighted that a properly trained social worker can be able to effectively intervene in child sexual abuse cases. This will ultimately ensure that the best interests of the child are prioritised and taken into consideration. Proper training can ensure that social workers are aware of

the signs and symptoms of child sexual abuse, intervention procedures and make the necessary referrals if need be. In support, most of the participants highlighted the following: **Chelsea** indicated that "Let's focus on trainings; let's have structured trainings for CSA, not a course but where management of CSA cases can be discussed in a group session".

Another participant **Jemima** highlighted: "I think if we can receive trainings even though we have theories that we are using from universities, but more trainings are still needed".

Mary further indicated that: "Trainings for social workers so that at least they know what to ask, how to intervene, what to say and when".

Liebenberg (2019, p.157) firmly supported the need for ongoing training for social workers as they need to be adequately skilled and trained to deal with CSA cases. This can either be through attending courses and training or through engaging in self-enrichment efforts through reading up on topics and issues in which the social worker feels he or she lacks specific knowledge.

The South African Council for Social Service Professions (SACSSP) also expects every registered social worker to maintain a portfolio of evidence of Continuing Professional Development (CPD) of 20 points for each financial year. This policy strives to ensure that social workers and social auxiliary workers retain and continuously develop. In the policy document it is stated: Their skills and scientific, professional attitude and knowledge by enabling them to develop scientific knowledge, skills, and competencies. Provide quality services that are relevant and appropriate, especially in the South African context. Improve services rendered to individuals, families, groups, communities, and organisations; facilitate reflective practice; keep abreast of current trends, research and

developments in the profession; assert their professional view in multi-sectorial and multi-disciplinary contexts; function effectively as a member of the multi-disciplinary team.Be motivated to continue with practising the profession; be supported by and network with other professionals; reduce occupational stress and other related ailments; create opportunities to develop own business in providing CPD activities; and conduct themselves ethically at all times, (SACSSP, 2019).

However, NPOs are suffering greatly as a result of the CPD policy. Most NPOs struggle to send their social workers to complete training programmes because they are expensive. Some NPOs require social workers to pay for the training from their own pockets, which is also a challenge because social workers cannot afford to pay for the training from their pockets as their salaries are very low.

Sub-theme 2. Having enough resources

The participants in my study cited the lack of resources as an important factor hampering the rendering of holistic and effective services to victims of child sexual abuse. This is supported by **Madge** who stressed that:

> If it is possible, they really have to avail funds for the social workers to be trained on a regular basis, especially concerning this, avail funds, training and also resources that we need to use like cars, allowances such as cell phone allowance as in NGOs we are really doing the most, but we are the ones that are suffering the most in terms of resources.

Mary similarly expressed that:

> Getting enough subsidies to employ more social workers who can work on the grassroots level investigating, supporting, and managing these cases I think would help. My opinion is also that the NPOs' problems can be solved, and quality service can be provided if they receive enough funding from the DSD instead of taking much of their time trying to fundraise for operational costs.

According to interview data, social workers sometimes have trouble gathering information from the children due to their unconducive physical workspace. For example, **Brooke** stated that: “If our offices can create a conducive friendly environment for children to be able to disclose without feeling threatened”. It also goes back to the point of funding as a key challenge for NPOs”.

Edwina further suggested that: I only know the national call centre to report abuse. I think if we can have call centres. Even local and people working 24 hours can work as most of abuse or sexual abuse are happening after hours”.

Edwina made a good point; however, the local SAPS is also open 24/7 for anyone to report abuse.

The above findings are consistent with Hendricks et al. (2014) study that reported that the lack of human and other resources, as well as the lack of support systems to follow up on these investigations, cause frustration for designated social workers.

Sub-theme 3. Strengthen relationships with the supervisors and clients

The major goal of supervision is to uphold current good practices while continuously seeking to enhance the quality of the services provided to clients. Recognising the important role supervisors can play when managing cases of sexual abuse, **Axton** expressed this point of view by stating that: “It is important for social workers to have a good relationship with supervisors as we depend on our supervisors”.

Morrison (2003) noted that the purpose of supervision is to enhance the social worker’s professional skills, knowledge, and attitudes to achieve competency in providing quality care. Quality supervision could reduce workplace stress when managing CSA cases and decrease mistakes made by social workers during the process. Supervision also helps in professional growth and development and improves outcomes.

Strengthening the relationship with families where child sexual abuse incidents can play a huge role when managing cases of CSA. According to **Madge**: “The reason countries like Australia and UK are doing good it’s because they even go and be with the child the whole day. They can go and attend a family dinner with the family”.

To support Madge’s sentiment, I also think strengthening the relationship with the family can create a sense of trust between the social worker and the child with the family at large and make it easy for the social worker to be able to gather facts or evidence.

Sub-theme 4: Awareness campaigns will help community members understand the consequences of child sexual abuse

Some participants expressed the point of view that community members need to be educated regarding child sexual abuse. Awareness campaigns in communities tend to be an effective tool in addressing child sexual abuse and their implementation in communities is vital. **Cicely** supported this by stating that: “I think awareness campaigns need to be done in the communities regarding the impact CSA has on the victim and family”.

The Climate Adapt (2016) stressed that these campaigns are more effective if several ways of communication are used, like dissemination of printed materials; organisation of public meetings and training; professional consultation; communication and information through social and mass media; using informal networks for information dissemination. Nair (2019) aptly explained that media not only creates social awareness about child sexual abuse (CSA) through news coverage, analysis, and intervention, but also places the problem of child abuse in the minds of public, and on the political and social agenda. The media coverage of the issue has a major impact as it helps people to understand what CSA is and why child protection and safeguarding policies and services are required.

Campaigns are being run worldwide to fight against child sexual abuse, such as the "Underwear Rule", which is a campaign run throughout Europe to increase awareness about sexual assault against children, according to the Child Rights International Network (2018). Lanzarote Convention (2007) explains that children's rights should speak to abuse and provides them with a straightforward rule known as the "Underwear Rule" to assist them in understanding where others should not try to touch them Child rights International Network, 2018).

Social workers organize campaigns, community-based workshops, and presentations in South Africa to raise awareness of the risks children face. Risks include abduction, molestation, rape, drugs, child prostitution, and pornography. Community outreach initiatives are meaningful in South Africa; thus, every year, there is 'Child Protection Week (Joubert, 2005, cited in Hendricks & Tanga, 2019). During this time, many stakeholders get involved and share information on child protection and career options for students.

Sub-theme 5: Strengthening of work relationships with key stakeholders

Participants clearly emphasised that strengthening work relationships with external stakeholders was of the utmost importance as different stakeholders have different and important roles to play in combating the increasing number of child sexual abuse cases. Strengthening the relationship can make the services quicker and benefit the users without delay.

Georgia stressed that: "We need to have Imbizo where all stakeholders can meet or gather to address the challenges when dealing with such cases and discuss how each stakeholder can improve".

Axton further indicated that:

> DSD must consider what is called workshops, where we can gather and discuss with other stakeholders. There must be debates or conference whereby each stakeholder must hear that such case is not only for social workers, where everyone will be able to understand that all departments need to support each other in such cases.

Simon further pointed out that:"Magistrates, lawyers, and lecturers must attend our workshops because they know law".

James was the only participant who suggested: "… enforce that the school curriculum teaches children about CSA".

James' suggestion is supported by previous research. For example, Manheim et al., (2019) reported there have been several attempts to develop and implement child abuse victimization programs in elementary schools across the country [USA]. Many programs have targeted older school-age children, but research shows that these programs can be effective for children of preschool and kindergarten age.

Sub-theme 6: Considering case ratio per social worker

The study revealed that having a heavy workload is really strenuous when managing cases of child sexual abuse, and it makes it difficult for child protection social workers to adopt the holistic approach. This is the evidence in the responses of the three participants below:

Madge explained that:

> We need to have a manageable caseload, maybe 40 files per social worker or 50 files. We can have the 65 files as per the ratio but still, it is too much if you are to do a holistic intervention; you need to have a lesser number.

Shelly highlighted the same point:

> A caseload is an issue for all social workers in all NPOs. We need to level up or manage in terms of the social work case ratio. Let it be standard so that every social worker will be able to keep or focus on intervening intensively in each and every case that you are working at.

Truter (2019) noted that a body of research has found that while performing their statutory duties, the well-being of child protection social workers may be at risk due to work-related risk factors such as excessive workloads.

Sub-theme 7. More social workers in schools are necessary.

The need for school social workers who are knowledgeable about child sexual abuse was emphasised by participants. The importance of school social workers is enormous as they can have a positive and life changing effect on the lives of children who are sexually abused or at risk of being sexually abused.

In support, **Ida** suggested that: “Having school social workers in all the schools to work with the teachers as the children are spending a lot of their time in school is important.”

This finding reinforces findings by Allen et al. (2013)) about the importance of social workers in schools. The authors stated that social workers are well-trained professionals who are knowledgeable about dealing with school-aged youth and their psychosocial, academic, and psychological needs (Allen et al., 2013). This profession is important to be part of the school environment to work with cases of CSA. The Social Work Department at the University of Witwatersrand in South Africa has recognised the important role school social workers can play and consequently developed a post-graduate degree in School Social Work. It is currently the only university in South Africa offering this post-graduate degree.

Sub-theme 8: Tightening of laws and policies.

Laws and policies that deal with sexual abuse of children need to be tightened and strengthened so that they can rigorously be enforced to deal with perpetrators of sexual abuse accordingly. **Jemima** expressed the point of view that: “We need to have strict rules and laws because this covering up is promoting more rape”.

However, I do not think it is because of the passed laws and regulations in the country that the high rate of child sexual abuse occurs. Rather, it has to be with the effective implementation of laws.

Everyone is legally obligated to report the matter if child abuse is suspected. However, people are not reporting such cases because of the anticipated negative outcomes. The research shows that healthcare professionals, both internationally and nationally, disobey reporting laws while having a legal obligation to report suspected child abuse (Hendricks, 2014).

Misunderstanding the laws governing reporting child abuse is one of the difficulties mentioned in the international literature. Lack of understanding about child abuse and neglect and poor work experience in child protection services are additional hurdles. Some doctors feel that it is preferable to deal with the family personally and may even be reluctant to share their suspicion for fear of damaging their professional connections with the child and family. In addition, decisions not to report suspected abuse have been affected by loyalty to the patient and the fact that the practitioner is familiar with the patient (Hendricks, 2014).

Chapter Summary

The findings in this chapter emanate from the interviews conducted with the CPO social workers who have experience working with child sexual abuse cases in Nkangala

District in Mpumalanga province. After providing the socio-demographic particulars of the research participants, I presented the themes based on thematic analysis. The themes were structured around the research objectives. I also critically discussed the findings by drawing attention to previous research findings related to the topic.

In the following chapter, I conclude the report by highlighting essential findings coming to the fore and making some recommendations based on evidence.

Chapter 5

Summary of Research Findings and Recommendations

Introduction

The main aim of this study was to explore the challenges social workers experienced when managing cases of child sexual abuse cases in CPOs in the Nkangala District, Mpumalanga. In this final chapter, I discuss the conclusions I reached based on the research findings and make recommendations based on these findings.

Conclusions

Theme 1: Different types of child sexual abuse cases are managed by social workers

Child Protection social workers in Nkangala District in Mpumalanga manage challenging cases of child sexual abuse. Cases include contact and non-contact types of child sexual abuse and mostly involve cases of incest. This implies that they must be familiar with appropriate intervention strategies to address a wide range of sexual abuse cases.

Theme 2: Mandatory reporting suspected child sexual abuse taking place

Findings indicate that it is mostly teachers who take responsibility for reporting cases of child sexual abuse. Those that do report cases are obviously aware of the common signs and symptoms of child sexual abuse and realise the need to report their concerns to the SAPS and social workers as soon as possible in terms of legislation and the best interests of the child concerned.

People are not reporting suspected child abuse because of the anticipated negative outcomes. Misunderstanding the laws governing reporting of child abuse is one of the difficulties mentioned in international literature. Some doctors feel that it is preferable to

deal with the family personally and may even be reluctant to share their suspicion for fear of damaging their professional connections.

Theme 3: Not many social workers have an in-depth understanding of the procedures to be followed when managing cases of child sexual abuse.

When investigating what procedures participants follow when managing cases of child sexual abuse, it became apparent that participants are familiar with the need to conduct risk assessments and focus on the needs and best interests of the child. However, it was concerning to note that only one participant described the procedures to be followed in a knowledgeable, professional manner. This seems to be related to the fact that some social workers, in particular NGOs, only manage cases on a short-term basis and consequently do not gain a full understanding of the best procedures to follow before making a final recommendation to the Commissioner of Child Welfare. If possible, one should avoid transferring cases from one social worker to another because this can make it difficult for the child to establish a close, trusting relationship with the social workers managing their case.

Theme 4: Various challenges faced have a negative impact on effective case management.

Children are a vulnerable population group, and if their cases are not well-managed, this can have short- and long-term negative effects on the well-being of the children concerned.

Unfortunately, child protection social workers are faced with many challenges as investigation results revealed that many social work graduates are unemployed, and NGOs are experiencing a shortage of staff. Pressure to complete as many cases and intakes as

possible for statistical purposes is causing them to prioritise quantity over quality, according to interviews with social workers in Nkangala District.

How supervisors, managers, and peers treat child protection workers directly affects how well-adjusted and attentive they are to children. Effective supervision and management are highly correlated with effective child protection.

Social workers need to have a greater understanding of the role of identity, culture, gender, beliefs, and religion on a child who has been abused. This means that the social worker should assure the child that what happened is not his or her fault and empower the family to support the child's needs.

Social workers should interact with experts from other fields to address complex challenges, such as cases of child sexual abuse. Clients receive a broader range of help and have better access to resources when social workers operate in partnership with other professions. Some participants felt that the judicial system is failing child protection workers in South Africa.

Social workers should learn their clients' home language to improve communication. Theyfind it difficult to engage with clients if they are not originally from the area, they are working in. Culture and religion play an important role in terms of the terminology used, as some older people may see it as disrespectful if the social workers use words like rape.

Social workers working for NGOs face a dilemma regarding resources and service delivery as some findings stated that lack of human and other resources, as well as the lack of support systems, cause frustration for designated social workers.

Some mothers of children who have been sexually abused are covering up for the perpetrators, such as their boyfriends and the children's stepfathers, negatively affecting

the social work intervention process. Some families are reluctant to cooperate due to poverty and the fact that they may be financially dependent on the perpetrator. The truth could threaten resources or finances, and they fear breaking up the family.

Theme 5: Negative effects of poor case management.

When the participants were asked to consider the detrimental effects of poor case management on both themselves and the children concerned, they uttered that they feel humiliated and stigmatised because some individuals have declared that social workers are ineffective.

They further declared that poor case management has a negative impact on the child concerned socially, psychologically, and emotionally. Participants said that families know their legal rights and may sue the social worker and the organisation if a case is not handled properly.

Theme 6: Strategies to improve case management

When examining what social workers believe needs to be done to enable them to manage cases of child sexual abuse effectively, the social workers explained that this could be through attending training courses or self-enrichment efforts, such as reading up on topics in which the social worker feels he/she lacks knowledge. The South African Council for Social Service Professions expects every social worker to maintain a portfolio of evidence of Community Development Programme (CPD) activities to 20 points per financial year. Most NGOs are struggling to send their social workers to complete training programmes as most training programmes are expensive.

The major goal of supervision is to uphold current good practices while continuously seeking to enhance the quality of the services provided to clients. Quality supervision can reduce stress at the workplace when managing cases of CSA and decrease

mistakes made by social workers. Supervision also helps in professional growth and development and improves outcomes.

Child Protection Week (CSA) aims to raise awareness of the risks children face. Risks include abduction, molestation, rape, drugs, child prostitution, and child pornography. Media coverage has a major impact as it helps people understand what CSA all is about.

Strengthening work relationships with external stakeholders was of the utmost importance as different stakeholders have different and important roles to play in combating the increasing number of child sexual abuse cases. Strengthening the relationship may result in the services being quicker and benefit the users without any delay.

Having a heavy workload is really strenuous when managing cases of child sexual abuse, and it makes it difficult for CPO social workers to adopt the holistic approach. A body of research has found that during the course of performing their statutory duties, the well-being of CPSWs may be at risk from work-related risk factors such as excessive workloads.

Although CPOs do not have good insight into the legal and formal procedures followed when managing cases of sexual abuse, they are well-trained professionals who are knowledgeable about dealing with school-aged youth and their psychosocial, academic, and psychological needs. This profession is important to be part of the school environment to work with cases of child sexual abuse (CSA).

Recommendations

Based on research findings, I have made the following recommendations:

- Because many community members are reluctant to report cases of child sexual abuse, it is vital to address concerns in this regard and to highlight why reporting cases of child abuse would be in the child's best interests. Through conducting **education and awareness campaigns**, CPOs could make community members aware of their legal obligations to report suspected cases of child sexual abuse. Community members should also be educated to recognise the basic signs and symptoms of child sexual abuse and how to respond to a child who discloses being sexually abused. Presentation of these programmes can be conducted at parents' school meetings, on local social media and with community leaders to encourage community members to attend education programmes.
- All CPOs should become **familiar with standardised procedures** to follow when managing child abuse cases within the Nkangala District. All key role players involved in the intervention process, including teachers, SAPS, psychologists, nurses, and doctors, should form links to become a **multi-disciplinary task force**.
- **The Department of Social Development should finance NGOs** to hire more social workers to make caseloads manageable. Helping to fund important resources such as cars could also facilitate the rendering of effective services.
- Opportunities for **skills development** that are easily accessible must be prioritised.
- Supervisors and managers of CPOs will also need to **improve their working relationship with CPOs** by constantly doing supervisions and monitoring of cases and be involved in the solution of the CSA casework to avoid burnout and mistakes made by social workers during the process.
- This **study is limited** because the sample size was small, and only four of the 18 participants were men. Further, the participants were of the white and black race

groups; no Coloured or Indian CPOs were interviewed. For these reasons, further, broader research is recommended to create more evidence on the phenomenon I researched.

- Lastly, the Department of Social Development in Nkangala District in Mpumalanga should focus on helping CPOs to **experience job satisfaction** by providing sufficient support in the form of proper salaries and adequate financial support because failure to do so might lead to a greater number of emigrants. In turn, this would lead to poor service delivery for children who have been sexually abused.

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Appendix A. Consent form for interviewing and audio-recording of interview



Title of project: Managing cases of child sexual abuse: the challenges experienced by social workers in child protection organisations located in Nkangala District, Mpumalanga

Name of researcher: Hlobisile Bongekile Nxumalo

I, ……..,[your name] agree to participate in this research study. The research has been explained to me and I understand what my participation will involve. I agree to the following:

(Please circle the relevant options below).

I confirm that I have read and understood the information sheet.

YES NO

I agree that the researcher may use anonymous quotes in his / her research report.

YES NO

I understand and agree that the interview may be audio-recorded.

YES NO

…… (Signature)

…… (Name of participant)

…… (Date)

Appendix B: Participant information sheet



Participant Information Sheet

Title of research project: Managing cases of child sexual abuse: the challenges experienced by social workers in child protection organisations located in Nkangala District, Mpumalanga

Greetings,

My name is Hlobisile Bongekile Nxumalo, and I am registered to do my Master of Arts (MA) Social Work degree at the University of the Witwatersrand, Johannesburg. To complete my MA degree, I am required to undertake a research study. I have decided to research the challenges experienced by social workers when trying to effectively manage cases of child sexual abuse. I have decided to conduct my research in Nkangala District, Mpumalanga because I have observed and heard that in this district that social workers are finding it difficult to manage cases of child sexual abuse effectively.

Because you have personally managed cases of child sexual abuse in your capacity as social worker, I would like to invite you to participate in my study. Although participation in the study will not have direct personal benefits for you, your participation could help expand knowledge in the social work profession about managing cases of child sexual abuse.

If you accept my invitation, I will arrange to interview you at a time and place that is suitable for you, be it in person or online via Microsoft Teams or Zoom because of the Covid-19 pandemic.

If we meet together in person, I will make sure that we follow the necessary safety procedures (for e.g., wearing face masks, sanitising our hands, and sitting at least 1.5 metres apart during the interview).

The interview will last approximately 30-45 minutes. With your permission, I would also like to record the interview session. When I interview you, I will ask you questions related to managing cases of child sexual abuse. You might feel that some of the questions I ask you are too sensitive. For this reason, you can choose not to answer any questions at any time during our interview. If you feel uncomfortable at any stage, I'll immediately stop the interview. I'll give you some time to share with me your thoughts and feelings about why you became upset when the question was put to you. If you want to reschedule the interview as a result of your discomfort, we can reschedule the interview to a time and place that is suitable for you. Please remember that your participation is completely voluntary and thus you can discontinue participating in my study at any time without facing any negative consequences. However, if you become distressed and feel that you would benefit from counselling, I have arranged to personally refer you to Ms. Lindiwe Mabaso. She is a social worker by profession and is employed at a registered non-government welfare organisation known as SAVF. She specialises in employee wellness so she would definitely be the right person to turn to if you feel distressed about work-related matters. Ms Mabaso is willing to offer counselling free of charge. Her email address is: employeewellness@savf.co.za.

Kindly be assured that the information you share with me during the interview will remain confidential. I will not use your identifying particulars in my report, or in any publications that result from the report. Instead, I will be using a pseudonym (false name) when quoting you.

This study will be written up as a research report which will be available online through the university library website. If you wish to receive a summary of this report, I will gladly send it to

you. The data collected from this research study will be digitally stored in a password-protected computer for six years.

If you later have any questions about this research, you are welcome to contact me or my supervisor via the contact details listed below. 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,

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Appendix C: Semi-structured interview guide

Title of project: Managing cases of child sexual abuse: the challenges experienced by social workers in child protection organisations located in Nkangala District, Mpumalanga

Q.1

How long have you been managing cases of child sexual abuse and what kind of child sexual abuse cases have you managed to date?

Probes: What types of sexual abuse have taken place (e.g., contact versus non-contact)? What are the ages of the children concerned? Who were the perpetrators? Under what circumstances did the abuse take place?

Q.2

How do you feel about managing cases of child sexual abuse? Please explain.

Q3

Do you think that you were adequately trained to manage child sexual cases?

Probes: What university did you study at? Did you have a particular course or lectures that focused on child protection, especially managing cases of child sexual abuse

Q4

What are the procedures that you usually follow when managing cases of child sexual abuse?

Probes: Who are the key role players involved in the case? Is a multi-disciplinary approach adopted? What sort of services are rendered to the child concerned and her primary caregivers?

Q 5

If I ask you "What does managing cases of child sexual abuse effectively mean to you?" How would you respond to this question?

Q6

If you think you are not rendering services as effectively as you would like to, why do you think this is so?

Probe: What challenges are you facing regarding effective management of child sexual abuse cases?

Q 7

If a case is not managed effectively, what sort of social, psychological, and emotional impacts do you think this has on the child concerned, his/her primary caregivers and other close members of the family?

Q.8

How do you personally feel when managing cases of child sexual abuse and why do you think this is so?

Q.9

How do you think these challenges should be addressed so that you can manage cases of child sexual abuse more effectively?

Thank you so much for being willing to participate in this study.

Appendix D: Nkangala District is depicted on South African map.

