



Exploring social workers' utilisation of play-based activities for Tsonga children exposed to intimate partner violence in Tzaneen

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Dissertation submitted in fulfilment of the requirements for the degree *Master of Social Work (Play Therapy)* at the North West University

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Declaration by Matladi Prudence Mnetwa

By submitting this mini-dissertation, I declare this is my own original work and that I am the sole author thereof (except where specifically stated otherwise). I have not previously or in part submitted this work for obtaining any qualification. I therefore acknowledge that I have quoted authors by citing in the text. I have provided a list of references.

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To whom it may concern,
This is to certify that I have language edited the MA research dissertation of MP Mnetwa, 'Exploring social workers' utilisation of play-based activities for Tsonga children exposed to intimate partner violence in Tzaneen' . This is submitted in fulfilment of the requirements for the degree Master of Social Work (Play Therapy) at the North West University. The document is suitable for submission provided that the changes are maintained which I have made.

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SUMMARY

Tsonga children who are exposed to IPV in Tzaneen are traumatized by the effects of intimate partner violence (IPV), and are therefore in need of care and protection. Social workers are primary professionals who help them to overcome the trauma of IPV and are obliged by the Children's Act 38 of 2005 to help children who are in need of care and protection.

The aim of the study was to explore and describe social worker's utilisation of play-based activities with Tsonga children exposed to IPV in Tzaneen. The objective of the study was to explore and describe culturally appropriate play-based activities which could be utilised by social workers with Tsonga children exposed to IPV. A qualitative research approach was used to explore the social workers' utilisation of play-based activities for such Tsonga children. The study made use of non-probability; purposeful sampling, and participants were recruited according to selected inclusion criteria. The researcher used an interview schedule to collect data through semi-structured interviews. Data was analysed through thematic analysis, where three themes emerged namely; Utilisation of play-based activities with Tsonga children, culturally appropriate play-based activities and cultural barriers.

The findings describe social workers' utilisation of play-based activities with Tsonga children exposed to IPV in Tzaneen. The findings also suggest the inclusion of cultural appropriate play-based activities in counselling Tsonga children. The findings reveal that cultural aspects play a huge role in children's lives, and the culture of the child must be honoured and supported. It is recommended that social workers should have specialised training in play-based intervention and that the Department of Social Development has to provide social workers with necessary resources.

Key Words: Intimate Partner Violence, play-based activities, children, social workers, Tsonga culture

Nkomiso

Vana va maTsonga lava nga khumbeka e ka madzolonga lawa ya humelelaka emindyangwini ya le Tzaneen, va sala va karhatekile emoyeni. Hikwalaho, vana lava va fanele va hlayisiwa kahle no sirheleriwa. maSocial Worker hi vona lava rhangaka emahlweni hi ku pfuneta vana la va nga khumbeka emdzolongeni lawa humelelaka emakaya. maSocial Worker va tlamiwa hi nawu wa vnan wa 38 ya lembe ra 2005, ku va pfuna no hlayisa vana la va nga khumbheka e ka madzolonga lawa ya humelelaka emakaya.

Xivangelo xo endla dyondzo leyi i ku lavisisa matirhiselo ya mintlangu hi maSocial Worker ya le Tzaneen loko va karhi va pfuneta vana la va khumbheka e ka madzolonga lawa ya humelelaka emindyangwini. Xikongomelo-nkulu i ku lavisisa ku hlonophiwa ka xinto xa xiTsonga na mathiriselo ya mintlangu ya xiTsonga e ku pfuneteni ka vana va maTsonga lava nga khumbheka emdzolongeni ya le mindyangwini. E ka dyondzo leyi ku tirhisiwe qualitative research approach ku kota ku twisisa no hlamusel hi vueti ku xaniseka ka vana hikwalwaho ka ma dzolonga yale midyangwini. maSocial worker ma khume na ntlhunu va hlawurile ku va ta hlamusela maytirhelo ma vona ka vana lava nga kumbeka ka mhka ya madzolonga emidyamgwini.

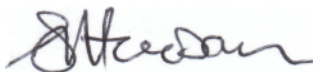
Mbuyelo was dyodzo wu kombisa matirhiselo ya mintlangu ya xiTsonga e ku pfuneteni ka vana, wu tlhela wu katsa na ku hlonipha ka xinto. Mbuyelo wu kombisa ku xinto xi na xiavi le xi kulu, hikwalaho xinto xa vana va maTsonga xi fanele xi hloniphiwa no seketeriwa loko ku ri karhi ku pfunetiwa vana.

Key Words: Intimate Partner Violence, play-based activities, children, social workers, Tsonga culture

LETTER OF PERMISSION

The candidate opted to write an article with the support of her supervisor. I, the supervisor, declare that the input and effort of Mtladi Prudence Mnetwa in writing this article reflects research done by her. I hereby grant permission that she may submit this article for examination purposes in fulfilment of the requirements for the degree *Magister in Social Work*

- The dissertation is presented in article format as indicated in Rule A.5.4.2.7 of the North-West University Potchefstroom Campus Yearbook
- The dissertation consists of Section A, Part 1: Orientation to the problem, Part 2: Literature Review.
- The article is presented in Section B. The article is intended to be submitted to the Child Abuse Research a South African Journal (CARSA). The researcher followed the APA CARSA adapted referencing style and guidelines for authors of the journal
- Section C consists of a summary, conclusion and recommendations
- In Section A and C the researcher used the Harvard reference guide according to the North-West University's referencing manual.



Dr Shanaaz Hoosain

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SECTION A

ORIENTATION TO THE RESEARCH

PART 1

AN INTRODUCTION TO THE STUDY AND DISCUSSION OF THE PROBLEM STATEMENT

1. INTRODUCTION AND PROBLEM STATEMENT

Intimate partner violence (IPV) is regarded as a silent public health epidemic in South Africa (Gordon, 2016: 962). In the description of Gashaw, Schei and Magnus (2018:02) and Rollè, Sechi, Costa, Bergalia, Menzio, Traverso and Brustia (2018:02), Intimate Partner Violence (IPV) is defined as one of the most common forms of violence against women; it includes physical, sexual, and emotional abuse, as well as controlling behaviours by an intimate partner. According to a Policy Brief March (2015:1), the most vulnerable members of our society are women and children who are often the target of violence, while males are often the perpetrators. Research according to Mookodi (2004), cited by Mackenzie, Modie-Moroka and Diraditsile (2018:09) raised a concern that men are often the perpetrators due to patriarchal beliefs that are promoted within the society. Patriarchal beliefs can be considered as a social and ideological idea which regards men who are the patriarchs as superior to women (Rawat, 2014:45).

Patriarchal beliefs allow men to exercise control and power over women, therefore, women are discouraged to express their ideas and views in the family (Rugira & Sampson, 2017:03). According to Mookodi (2004) IPV happens in patriarchal communities, because men are entitled to the economic and decision making power in the family (cited by Mackenzie *et al*, 2018:09). IPV is mainly seen as an outcome of patriarchal power (Namy, Carlson, O'Hara, Nakuti, Bakuluki, Lwanyaanga, Namakula, Nanyunja & Walnberg, 2017; 09). Women are labelled as a subordinate group because of the gender inequity that exist between men and women (OliFFE, Han, Estephanie, Maria, Lohan, Donna, Stewart and Macmillan, 2014:565). Since it is commonly known that women are the victims of IPV, children are also the victims of IPV, as they witness IPV between their parents (Chander, Kvalsvig, Mellins, Kauchali, Stephen, Arpadi, Taylor, Knox, Leslie, & Davidson 2017: 02). There is evidence which suggests that even when children are not direct targets of IPV in the families, they can be harmed by witnessing it. Children and parents who witness IPV are similarly affected; however, the children are often forgotten victims with regard to treatment (Pernebo, Fridell & Almqvist, 2018:214). There is evidence in research indicating that play-based activities could be utilised in counselling as a form of therapeutic intervention for children exposed to IPV (Jacoby-Garrett, 2018:25; Willis, Walters, & Crane 2014:287; Schafer & Drewes, 2018:05).

1.1 The effects of intimate partner violence (IPV) on children

Statistics shows that 37% to 50 % of children in South Africa are exposed to IPV and suffer from emotional stress, which affects their well-being (Chander, et al, 2017:01; Mathews & Benvenuti, 2014:28). Exposure to such violence may include directly observing violence, hearing the scene, and observing the direct effects of the incident such as injuries or broken objects. According to Edleson, (1999) Children are often being told about or overhearing violent conversations and are being used as a tool of the perpetrator (cited by Pinna 2016) Parents conclude that children have not witnessed intimate partner violence because they were not really present when it happened. However, they may provide thorough detailed descriptions of the IPV events, even though their parents assumed that they are not exposed (Pinna, 2016; 147 citing O'Brien *et al*, 1994).

Children's distress due to exposure to IPV may thus go unnoticed, because they find it difficult to verbalise their emotions (Pernebo, 2018:214). Exposure to IPV can harm the emotional well-being of the children if they are not supported. When children's emotional well-being is harmed, they may live in fear and tend to blame themselves for the violence that is occurring in their homes (The National Child Trauma Stress Network, 2014:1).

1.2. Trauma of children who witness intimate partner violence

Witnessing intimate partner violence (IPV) is a traumatising experience which affects children's developmental growth and well-being (Chander *et al*, 2017:1-2; Gibbs, Corbzo & Jewkes, 2018; 09). The experience of IPV trauma, especially when untreated, may influence an individual's violent treatment of others later in life (Halim, Steven, Reich, Badi & Messersmith, 2018:05). The experience of IPV in childhood influences perceptions of normalising IPV as a good behaviour in intimate relationships, strengthening adulthood tendencies to normalize and perpetrate such behaviour (Halim et al, 2018:05). The trauma of IPV has proven to have negative effects on the children's mental health and well-being (Jouries *et al*, 2018:01). The trauma of IPV has effects on a child's developing brain, resulting in long-term consequences such as post-traumatic stress disorder and depression (Kathleen & Franchek-Roa, 2018:01). Chronic stress in children causes psychological changes that lead to stress-related long-lasting illness and unhealthy lifestyles and behaviour in adulthood (Kathleen & Franchek,-Roa, 2018:01). As a result, they may experience problem solving inabilities later in their interpersonal and environmental situations (Anderson & van Ee,

2018:01). Therefore the trauma of IPV has an effect on children's developmental growth, as they have to bear the trauma of IPV in their lives.

Effects of IPV on children's development

Exposure to IPV influences the developmental, psychological, emotional, and social functioning of children (Chamberlain, 2014:17). When the developmental growth is affected, it delays changes in developing independence and self-esteem, for example, children often have problems in mastering communication skills. "Their psychosocial development is delayed , because they display difficulties in dealing with social situations as they display signs of social withdrawal and avoidance patterns" (Carracedo, Fariña & Seijo, 2018:02 citing Limiñana, Suria & Mateo, 2017).

Exposure to IPV has a negative impact on psychological functioning, as children are unable to concentrate and participate in school, for example, they may fall asleep in class due to a lack of sleep at home. They may also have suicidal thoughts as a way of problem solving, as they live in harmful environments which affect their developmental growth (Violence Prevention Initiative, 2015:01).

Children exposed to IPV may develop emotional problems such as distress and fear of being alone. They may suffer from depression or severe anxiety as a result of the trauma on their emotional functioning (Violence Prevention Initiative, 2015:01). When the emotional functioning of the child is disturbed by the experience of IPV, they may also suffer from anxiety and aggression if not given early treatment (Anderson & van Ee, 2018: 02).

According to the Violence Prevention Initiative (2015:01), children may develop social problems such as limited social skills. They are likely to lose a sense of empathy for others and may isolate themselves from social environments, because they lack the ability to make friends easily due to social discomfort or confusion about acceptable behaviour. They display aggressive behaviour toward their peers, as they may practice verbal abuse and engage in fighting. They may be replaying the IPV scene in their minds, which affects their emotional state; they may be in bad moods and isolate themselves from other children, as they are unable to deal with the situation themselves (Chamberlain, 2014:17). These children may engage themselves in high risk play activities such as self-abuse and fights (Jouries et al, 2018:01). Exposure to IPV increases the belief that violence is an appropriate way to solve issues in the family and adult intimate relationships (Anderson & van Ee, 2018:02).

Children exposed to IPV in Tzaneen

Tzaneen is a multi-cultured and multi-lingual small town in Limpopo, north of South Africa. Research by Mushwana (2017:15) in Tzaneen, indicated that people, especially married couples, were committing suicide in larger numbers due to stress that results from the experience of IPV. This means that the rate of IPV is high, and that children may lose both parents or either of them. This childhood exposure may contribute to child victimisation and may add to the traumatic stress which they are already facing (Pinna, 2016 146). A study by Matli (2017:09) in Tzaneen stated that experiences during childhood, such as witnessing IPV, have been identified as factors that put children at risk. Violence may also be learnt as a means of resolving conflict and asserting manhood by children who have witnessed such patterns of conflict resolution (Matli, 2017:09). Matli (2017:09), further indicates that exposure to IPV results in raising violent children, because violence is learned by observing others, primarily parents. A report by the Letaba Herald indicated that Tzaneen has a high incidence of violence against partners, with approximately 272 cases being reported by the year 2017. The Tzaneen statistics show an incidence of 20, 9 % in common assaults against partners (Linder, 2017:05). Approximately 20% of Tsonga children who reside in homes where partner violence occurs are exposed to IVP annually (Linder, 2017:02). This gives an indication of the large numbers of children in Tzaneen who may be exposed to IPV. Such children in Tzaneen are being referred to the Victim Empowerment Program centre (VEP) for further intervention.

Victim empowerment

The Victim empowerment programme (VEP) is funded by the DSD to render psychosocial support and counselling services to victims of crime and violence (Western Cape Department of Social Development, 2015:27). The VEP aims to support victims and survivors of crime and violence as well as their families to deal with the impact of the incident experienced. Children are therefore seen as a victim of IPV, because they have directly witnessed IPV from their parents. The DSD has deployed social workers at VEP to provide a welfare service to them. In Tzaneen, social workers are the primary professionals that work with children who are emotionally traumatised due to exposure to intimate partner violence. Therefore, social workers in South Africa are obliged by the Children's Act 38 of 2005 to help children who are in need of care and protection (section 12:19). They are expected to safeguard children in Tzaneen, as they are vulnerable members of society (Children's Act 38 of 2005).

When Tsonga children are exposed to IPV there exists an increased risk of violence exposure later in life (Chauke, *et al*, 2017). The research on intergenerational transmission of violence furthermore indicates that exposure to violence between parents may teach them that such behaviour is an acceptable or effective means of resolving conflict (Pinna, 2016:147). Counselling children exposed to IPV could also serve as a way to prevent children exposed to IPV from becoming involved in violent relationships as adults (Anderson & Van Ee, 2018: Chamberlain, 2014:07). Social workers in Tzaneen however work according to an integrated developmental approach which focuses on capacity building and empowerment of adults rather than children.

Social worker intervention and integrated development approach

Social workers at the DSD focus on an integrated developmental approach when rendering service to children exposed to IPV. This approach is a service delivery model based on the strengths of the individuals, groups and groups promoting their capacity for growth and development) but does not emphasise counselling them (Department of Social Development, 2014:13). The growing numbers of children exposed to IPV has increased to such an extent that the social workers are compelled to provide counselling to such children (Department of Social Development, 2014:11-12). Therefore, the approach is not effective when counselling children because the model does not focus on children exposed to IPV. Social workers and managers were therefore concerned that children exposed to IPV treated at the VEP centre are not given appropriate interventions suitable for their ages (Baloyi, Chauke, Molepo & Shabangu, 2017). The social workers' view is supported by Mhango (2012) who indicates that integrated social work practice focus on the empowerment of abused women through counselling, but there is no guidance about counselling children. The Department of Social Development (1997:03) on National Policy Guidelines for Victim Empowerment describes women as a vulnerable group who are victims of IPV in South Africa. The National Policy Guidelines for Victim Empowerment do not provide instructions or standards for counselling to children.

The Integrated Developmental Approach is not effective for children because it focuses on capacity building and empowerment of adults rather than providing children with counselling (Department of Social Development, 2014:13). Children are forgotten in terms of treatment, because the approach does not place much emphasis on their therapeutic needs. The approach focuses on placing them in foster care rather than on their therapeutic needs (Department of

Social Development, 2014:40). The integrated developmental approach hence lacks clear guidance on effective services for children exposed to IPV and should also focus on skills development of professionals responsible for service provision to children exposed to IPV. (Department of Social Development, 2014:10-46). UNICEF (2014) has implemented six strategies for helping children exposed to IPV. One of six strategies “promoting and providing support services for children” through the provision of counselling and appropriate referral. Thus, the integrated development approach should include counselling as one of its scope of service.

Counselling Tsonga children exposed to IPV

Counselling children involves engaging them to help them express themselves in order to talk about bad experiences of IPV and offer solutions (Chan, 2017:01). In counselling, they must be given the opportunity to feel comfortable, safe, valued, and respected in order to share their story (Geldard, Geldard & Yin Foo, 2017:20). Social workers at VEP centres are the ones who have to provide counselling or play-based activities to children. Such counselling is aimed at improving the well-being of children exposed variety of problems such IPV (Chan, 2017:01; Geldard, *et al.*, 2017:20). Social workers in Tzaneen at the DSD work according to an integrated developmental approach which does not place an emphasis on children, however they are supposed to provide counselling to children as part of child protection (Children Act 38 of 2005).

Recently, there has been growing research, for example, by Vanfleet and Topham (2016) who view play-based activities as a useful strategy for witnesses of IPV. Children can play out their insecurities and fears in the presence of a safe adult; social workers working with children exposed to IPV would therefore be ideal. Play can be used as a medium in counselling children (NCTSN, 2014:1-2). However, according to Martin, (2017:06) this does not reflect how play-based activities may be applied in South African society. According to Martin’s work there is limited literature about how to implement play-based activities for children exposed to IPV in the South African context, taking into consideration local cultural values. In addition little is known about the implementation of play-based activities for Tsonga children exposed to IPV, or how social workers counselling Tsonga children exposed to IPV currently utilise play-based activities. A lack of literature on culturally diverse practices applied to play-based activities in South Africa means there is minimal guidance in adapting play materials and play-based activities for children of non-western cultures (Martin, 2017:06).

When counselling children exposed to IPV, social workers have to consider children's cultural needs while simultaneously ensuring their safety. This makes social workers' contributions important. In addition social workers are obliged by the South African Council for Social Service Profession to respect the cultural diversity of children in the counselling service. In preliminary research of this study, social work experts in Tzaneen identified the need for play-based activities which are culturally appropriate for counselling traumatised Tsonga children exposed to IPV. The participants were social workers who had experience in working with the Tsonga community. Their knowledge and experience was important to explore and describe culturally appropriate play-based activities for Tsonga children exposed to IPV.

Social workers may also experience personal challenges because of a lack of knowledge and experience in implementing play-based activities due to inadequate training (Mkhize, 2017:45). Currently there are no empirical studies on social worker's utilisation of play-based activities for Tsonga children exposed to IPV.

The current study was therefore needed because it may contribute towards the future development and implementation of play-based activities in counselling for Tsonga children exposed to IPV.

Play-based activities for children exposed to IPV

As early as 1998, leading play therapists Landreth in (Kot, Landreth & Giordano, 1998), Landreth (2003) and Cattanach (1998) found play to be effective for children exposed to IPV. These authors claimed that play may be helpful for children, because they are able to express their emotions during imaginary play and imaginary violence. Willis *et al* (2014:289) also believe that the relationship with the therapist is safer, since it is with an adult who models appropriate adult behaviour when children are playing.

Play-based activities may be ideal, because they afford the affected children the opportunity to work on issues that are stressful (Jacoby-Garrett, 2018:25). Play-based activities are defined as activities that children ought to creatively play such as games with rules, language play, physical play and pretend play (Aistear: {The Early Childhood Curriculum Framework}, 2015: 53). Play-based activities are characterised by creativity, problem-solving, play themes, thoughts and feelings which children use as a medium of communication (Batorowicz, Stadskleiv, Von Tetzchner & Missiuna, 2016:105). The application of crayons, play dough, and blocks can help facilitate the development of a positive self-image (Legget & Boswell, 2017:5-6; Willis *et al*, 2014: 488). Real-life toys such as dolls, animals, puppets, cars and

phones, may also allow them to express lived-experiences. Certain toys such as an alligator puppet, a boxing glove, and soldiers provide avenues for them to express hostility and anger which they may experience as a result of witnessing violence (Willis *et al*, 2014:288).

Play-based activities may therefore help children exposed to IPV to play out bad experiences and talk about the violence they have witnessed. If they find it hard to verbalise, they can work through the trauma of witnessing IPV with play (Willis *et al*, 2014:288). Some children are so traumatised that play-based activities may not be appropriate children may require another type of intervention such as play therapy (Legget & Boswell, 2017:1). The trauma of IPV can also be worked through with drawings, toys, games and art. However, it is important to consider the developmental needs of the individual child, and in the study, most of the children being referred to the social workers at DSD in Tzaneen are in middle childhood (6 to 12 years old).

Play-based activities for middle childhood

The majority of children referred to the social workers at the DSD and VEP in Tzaneen are between the ages of six to twelve (middle childhood). The development phase to focus on is industry and inferiority which is the school age phase (Cherry, 2014:01). Middle childhood is an important phase of life, it is a preparation for adult life where they learn life skills (Drewes & Schaefer, 2016a). The social workers at the Victim Empowerment Programme (VEP) and Department of Social Development (DSD) offices work with these children. They are more vulnerable, and are usually in need of care and protection when they have been referred. Children of this age need play-based activities to verbalise their feelings and emotions, unlike adolescents who possess the ability to verbalise their feelings (Román-Oyola, *et al*, 2018:1-2).

In the middle childhood phase, the following activities may be useful for children exposed to IPV, because at this stage they become less dependent on their parents. They experience advances in their sense of self, emotional regulation, and are more able to express their emotions. Emotions may be expressed through constructing objects with blocks, making figures with clay, telling stories; acting out the role of a superhero; throwing balls at targets; game based play activities and role play through puppets (Drewes & Schaefer, 2016 a). These activities are appropriate because they focus on experiential learning where children learn natural ways to communicate with others. They learn communication skills, where they are now more able to verbalise their internal states. However nurturing toys, which may include a medical kit, kitchen set, baby bottle, and baby doll, can also be provided in order to make them feel safe, since exposure to violence leads to unsafe feelings (Willis *et al*, 2014:289).

Activities such as indoor and outdoor activities, where movement, art, music and games provide the opportunity for social workers to individually support and engage the child in a playful and structured approach are useful for the middle childhood phase (Aistear {Early Childhood Curriculum Framework}, 2015: 53-54). Through games, puppets, stories, videos, and art projects, children in middle childhood exposed to IPV can identify their feelings as well as experience safety (Schaefer & Drewes, 2018b:04). They can communicate their thoughts, feelings and emotions related to the violence they have been exposed to, through different play-based activities and techniques (Trice-Black, Bailey & Morgan, 2014:305-309). Making use of play-based activities can therefore be an effective strategy for helping children exposed to IPV in middle childhood to express their emotions, thoughts and feelings because they lack the ability to verbalise their emotions (Trice-Black et al, 2014:305-309). Hence it is important to have knowledge of Tsonga culture when using play-based activities with Tsonga children in middle childhood.

Tsonga culture

The main reason for focusing on Tsonga children is that they are being referred to the VEP centres in Tzaneen. The largest Tsonga communities live in the rural areas of Tzaneen in Limpopo. Tsonga culture is one of the South African ethnic groups and adheres to cultural practice (Manganye, 2011:08). The Tsonga cultural belief is that men are the head of families. They make decisions on behalf of everyone in the family without consulting them (Maluleke, 2012:02). The Tsonga culture values marriage and believes that women should be submissive and bear any pain she endures in the marriage (Maluleke, 2012:05). Women in the Tsonga culture are expected to remain calm in every situation (Maluleke, 2012:05; Machaba, 2011:22-23). However, Nemakhonde (2015) is of the view that Tsonga men are responsible and take good care of their families. Children are required to behave according to parents' wishes. They have to respect elders which is considered good morals. Parents reinforce good behaviour towards the upbringing of their children (Senosi, 2004a:13). According to Manganye (2011:13), Tsonga children have to be encouraged to play cultural activity games in order to help them with life lessons.

Cultural sensitivity in play-based interventions

Although, play therapy originated and developed as a Western psychological activity, all children play, but they may play differently according to their cultural backgrounds (Shen,

2016). Yousef and Ener (2014:64-95) postulated that professionals and caregivers may have misconceptions about play therapy due to their cultural values, where play is seen as entertainment and not as a mode of intervention. This implies that social workers have to be trained in order to utilise play-based activities as a mode of intervention with Tsonga children.

There was also an indication from the literature that information on play -based activities within the non-western population is scant (Shen, 2016; Brady 2015). Given the limitation in literature on implementing play-based activities and play therapy with children from diverse ethnicities, Shen (2016) and Brady (2015) identified an urgent need to examine play across cultures within a counselling setting with children from diverse backgrounds. Research by Shen (2016) indicates that play can be used universally for therapeutic purposes, however play materials and games need to be adapted to the child's culture in order to be effective. The majority of the participants were born and raised in the Tsonga culture. Therefore, their input as participants was important if play-based activities are to be utilised in counselling with Tsonga children.

According to Mabasa, (2017), social workers could consider traditional arts, cultural materials and games that Tsonga children can play and engage with. Traditional arts which could be considered for Tsonga children may be "Xibelana and Makhwaya". These are musical activities and thus involve physical movements for emotional expression and enjoyment, and may be beneficial for children, since play-based activities allow them to communicate their feelings through play and movement. "Masikitlana" is one of a number of games. It is played with stones, and may allow children to express their experiences and trauma, as it allows them to act out and depict their real life experiences (Manganye, 2011:09). These play-based activities may have therapeutic benefits for Tsonga children exposed to IPV as it allows children to express their feelings.

Play therapy theory therefore guided the study, with the analysis being driven by themes emerging from the data rather than from play therapy theory. Play therapy theory was included to guide the study, as play-based activities for children with IPV are centered on play therapy theory.

PLAY THERAPY THEORY

Play Therapy Theory is a way of understanding children and how they play. It uses several theoretical models of play therapy such as the psychoanalytic, Child-Centered, Filial, Cognitive Behavioural, Adlerian, Gestalt and Theraplay (Homeyer & O'Morrison, 2015). The purpose of

play therapy theories is to provide professionals or those utilising play therapy or play-based activities with a conceptual framework to understand childhood development, children's experiences and play. Play therapy theories can also determine the choice of therapeutic intervention. Play therapy is defined "as a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self through play, the child's natural medium of communication, for optimal growth and development" (Landreth, 2002, 16). In play therapy, the emphasis is on the therapeutic relationship between children and the play therapist. In play therapy, children communicate through play mediums such as dolls, drawings and games.

Yogman, Garner and Hutchinson (2018:2) emphasises that play is the most effective communication tool for children. Unlike adults, young children are significantly limited in their ability to use abstract cognitive verbalisation as their primary means of communication. Play can be used as a medium in counselling children (Fleer & Kamaralli, 2017:112-116). But there is limited literature on the implementation of play-based activities for children exposed to IPV in a South African context, which also considers local culture.

The purpose of play-based activities is that play provides them with a child friendly means of communication; play is viewed as a healing activity in itself as it promotes development (Killian *et al* , 2017:25; Beckett, 2017:28; Yogman *et al*, 2018:02). Play-based activities do not focus on a specific therapeutic process but on the concept that play is a healing process which promotes child development (Beckett, 2017:28). Play therapy theories may be integrated in play-based activities to help children exposed to IPV. Children can play out their insecurities and fears in the presence of a safe adult; social workers working with children exposed to IPV would therefore be ideal.

Research problem

The research problem was formulated primarily by the inability of the integrated developmental approach to adequately address the therapeutic needs of Tsonga children exposed to IPV. The approach focuses on capacity building and empowerment of adults rather than children. It capacitates women in order to deal with the consequences of IPV (Mhango, 2012:106). Therefore, the integrated developmental approach does not consider children as people who are in need of therapeutic counselling, because of their inability to verbalise their emotions and feelings. The approach does not consider them as victims of IPV, because they were not directly part of the IPV scene. Hence, it is very rare for children to seek professional

help unless they are referred to a social worker. According to Mhango (2012:106), the integrated development approach highlights the empowering of abused women through the provision of counselling rather than providing therapeutic intervention to children. The approach regards children as one of its target groups, but its weakness is that it fails to provide counselling services to them, thus not addressing the trauma of children's exposure to IPV. Play-based activities have been proven to be effective for children exposed to IPV, but social workers at the DSD in Tzaneen focus mainly on the integrated developmental approach. As a result there is a lack of therapeutic intervention with children exposed to IPV in Tzaneen. In addition little is known about the implementation of such activities for Tsonga children or how social workers counselling Tsonga children exposed to IPV utilise play-based activities currently.

Social workers in South Africa are obligated by the Children's Act 38 of 2005 to implement services to children which consider their cultural needs (section 12:19). However most of the literature in play therapy and play-based activities focuses on the western culture and is silent on African cultures. The study therefore focused on exploring how social workers can utilise play-based activities for Tsonga children exposed to the trauma of IPV. Despite the wealth of international research on play-based activities with children exposed to IPV there is limited information on research in SA which includes play-based activities which are culturally appropriate for Tsonga children. According to Brady (2015:98), their culture, needs to be considered when implementing play-based activities for children. In addition the view of the South African Council for Social Service Professions is that culturally appropriate practice is acquiring knowledge and interpersonal skills which allow social workers to "understand, appreciate and work with individuals from cultures other than their own" (Ferreira & Ferreira, 2015:502-503). By exploring how social workers can utilise play-based activities for Tsonga children exposed to IPV, the researcher may be able to recommend how to implement culturally appropriate play-based activities for Tsonga children exposed to IPV. Therefore, the research question which the study sought to answer was: How can social workers utilise play-based activities for Tsonga children exposed to IPV in Tzaneen? The research the sub-question was: What are culturally appropriate play-based activities which social workers could utilise with Tsonga children exposed to IPV in Tzaneen?

2. RESEARCH AIM

The aim of the study was to explore and describe how social workers can utilise play-based activities for Tsonga children exposed to IPV in Tzaneen.

The objective of the study was explore and describe culturally appropriate play-based activities which can be utilised by social workers with Tsonga children exposed to IPV.

3. CENTRAL THEORETICAL STATEMENT

Play-based activities as a mode of intervention may be applied to address the therapeutic needs of all children exposed to IPV in Tzaneen. Tsonga children who have been exposed to IPV are negatively affected by the trauma of IPV which affects their emotional well-being. Literature indicates that play-based activities can be beneficial for children exposed to IPV (Parson, Andersen & Stagnitti, 2015:15; Killian *et al*, 2018: Gonzalez and Bell, 2016:98-100; Brady 2015:148-149).

Schaefer and Drewes (2018b:2-3) believe that play-based activities as a method of intervention have proven to be effective with children. Studies with Somalian, Hispanic and Aboriginal children show that play therapy can be successful when culture is included in the counselling (Brady, 2015; Killian *et al*, 2017; Gonzalez and Bell, 2016). Brady (2015); Killian *et al* (2017); Gonzalez and Bell (2016) indicate that cultural consideration in play-based activities plays an important role in developing children's identity.

Brady *et al* (2015) and Gonzalez and Bell (2016) emphasised that children's cultural identity should be promoted and supported so that they can have a sense of belonging. The therapeutic needs of Tsonga children may include psychosocial support and counselling through play-based activities. This may help provide them with the opportunity to express their thoughts, emotions and feelings (Schaefer & Drewes, 2018b: 06; Crenshaw, 2015; Parson, *et al*, 2015:10). This study explored and described how social workers utilised play-based activities with Tsonga children exposed to IPV in Tzaneen. The study also explored culturally appropriate play-based activities which can be utilised by social workers in this context. The findings might help future researchers in developing programmes which could be used by social workers working with Tsonga children exposed to IPV.

4. RESEARCH METHODOLOGY

4.1 Literature review

A literature review was conducted in order to have in-depth knowledge of evidence-based systematic reviews, and a meta-analysis was conducted utilising available scientific sources such as books, scientific journals, research journals, research reports and research articles. The researcher made use of specific databases such as Library Catalogues, Google Scholar, and Google Books to conduct a literature study. A wide range of sources on play therapy, play-based activities, IPV, children's exposure to IPV and play-based and play therapy with children of different cultures were thus consulted. The results of this study were compared with relevant studies in the field of IPV and play-based intervention. The results were therefore, written in accordance with the existing literature on IPV and play-based activities.

4.2 Research approach and design

The study applied a qualitative research approach. In the study, qualitative descriptive and explorative design offered the researcher the opportunity to focus on identifying and describing different ways in which people understand the world around them (Kim, Sefcik & Bradway, 2017:01-02; Colorafi & Evans 2016:16-170). The researcher wanted to gain insight or explore first and then offer a description of how play-based activities can be utilised by social workers who have to provide counselling for Tsonga children who are exposed to IPV. The design is also referred to as "explorative-descriptive design and is often implemented when researchers want to study a specific population in order to understand the needs of a specific population or views regarding appropriate interventions" (Grove, Burns & Gray, 2013:64). The researcher therefore chose the design, as views of social workers on utilising play-based activities for Tsonga children exposed to IPV were needed. Social workers were able to explain what could be appropriate for Tsonga children exposed to IPV because they are ethically obligated to provide interventions which protect and support Tsonga children exposed to IPV.

A qualitative descriptive study was therefore useful to describe and explore how social workers could utilise play-based activities for Tsonga children exposed to IPV (Kim, *et al*, 2017:01-02; Colorafi & Evans, 2016: 16-17). Qualitative descriptive design helps in obtaining rich data and achieving understanding of a phenomenon (Kim, *et al*, 2017:01-02). The qualitative descriptive focuses on discovering the who, what, and where of events or

experiences (Kim, *et al*, 2017:07-02). It allows the researcher to provide as many details as possible regarding the particular phenomenon. This method assisted the researcher in gaining in-depth knowledge from the social workers' point of view. The researcher identified play-based activities social workers utilised by conducting semi-structured interviews. She then described how social worker participants utilised play-based activities by probing further and paraphrasing. She explored how social workers utilised play-based activities by allowing them to explain in more detail and demonstrate how they utilised the activities in their session with children. The design can be used when descriptions and clarification of phenomena are required (Kim *et al*, 2017:01-02; Colorafi & Evans, 2016: 16-17).

4.3 Sampling

4.3.1 Population

Alvi (2016:10) refers to the population as a collection of individuals or objects known to have similar characteristics from which a sample will be selected. The population used for the study was social workers from the Department of Social Development in the Victim Empowerment Programme Centre and social workers working for the DSD in the rural villages of Tzaneen. The social workers did not all have experience of play-based activities, but they had a knowledge of play therapy and play-based activities as part of their training as social workers. Both those who had experience and those who did not have experience, were included in the population. This population was selected because they were able to provide in-depth information both about Tsonga children exposed to IPV and play-based activities which were culturally appropriate for Tsonga children. The population was selected because they are working at DSD and VEP, they work with Tsonga children exposed to IPV. They had knowledge and experience of working with Tsonga children exposed to IPV. The inclusion criteria consisted of:

- Qualified social worker with SACSSP
- One year experience of working with Tsonga children between the age of 6-12 who have been exposed to IPV
- Experience in working with Tsonga community
- Knowledge of play-based activities
- Participants who have experience of play-based activities and those who do not have experience

- Social workers working at Department of Social Development at area offices Nkowamkowa, Naphuno, Xitshavi and at the Victim Empowerment Centre at Tzaneen
- Participants were able to understand and speak Xitsonga or English

The sample was specifically chosen, because in-depth information was needed by professionals such as social workers on the utilisation of play-based activities for Tsonga children exposed to IPV in Tzaneen. The study used 18 social worker participants, where 14 of them were female and four male participants. The ages of the participants were between 25 to 43 years, with more (than) three years of experience working with children. It happened randomly that participants selected had three years of experience while the participants were sought to have one year of social work experience.

4.3.2 Sampling method

For this study, non-probability sampling was used to select the participants (Taherdoost, 2016:22). Purposive sampling is one of the types of non-probability sampling, where participants are selected through certain selection criteria (Taherdoost, 2016:22). The researcher thus used purposive sampling due to the fact that she knew the characteristics of the population to work with (Bryman, 2016:418); she judged the participants in terms of their characteristics and representativeness (Taherdoost, 2016:22). Participants were selected according to criteria such as professional experience of working with children exposed to IPV, and experience of working within the Tsonga community; knowledge of play-based activities and being employed at DSD and the VEP centre (Taherdoost, 2016:22). They included social workers who work with children at the Department of Social Development and those based at the Victim Empowerment programme Centre. Prospective participants were given a week to think about their participation.

Eighteen (18) social worker participants were interviewed. This was based on Latham (2014:2) that a minimum of 15 participants work very well in qualitative research. Saunders *et al* , (2018:1899) further say that qualitative research consisting of between 15 to 20 participants is recommended as an ideal number to reach data saturation. The purpose of the qualitative study was to collect in-depth information regarding the research topic, rather than to generalise ideas (Latham, 2014:2; Sutton & Austin, 2015:226). Therefore, the researcher interviewed 18 participants when data saturation was achieved.

4.4 Data collection

4.4.1 Method of data collection

Data collection was conducted through semi-structured interviews with the participants to gain an understanding and insight about how social workers utilise play-based activities (Alshengeti, 2014:40). A mediator arranged to meet with participants at the VEP office where they were employed to obtain informed consent. These informed consent forms were signed in the presence of the mediator and a witness, after which the researcher collected the signed forms from the mediator. The researcher made logistical arrangements with the participants and scheduled the semi-structured interviews. Semi-structured interviews were collected with 18 participants and data was gathered through interviewing and probing.

Development of the interview schedule

The interview questions were based on the title of the researcher study. The researcher included questions about the utilisation of play-based activities and culturally appropriate play-based activities employing themes developed from the literature to formulate the questions. The six main questions were based on the literature search. The order of the questions was guided by the main question of play-based activities to more specific questions such as what are the cultural aspects to consider when counselling Tsonga children exposed to IPV in Tzaneen. The semi-structured interviews were guided by the questions outlined in the interview schedule (Bryman, 2016: 469). The semi-structured interviews were pilot-tested on colleagues in the social work field.

The following are questions were asked during the interview with the participants.

1. Tell me more how can social workers utilise play based activities with Tsonga children exposed to IPV
2. Do you currently use play based activities in your work with Tsonga children exposed to IPV? If you don't have experience of utilising play based activities with Tsonga children exposed to IPV can you describe how you will utilise it ?/ If you do not use play based activities can you tell me how do you think play based activities can be utilised with Tsonga children exposed to IPV?
3. What kind of training or support do you need to be able to include play based activities in your counselling with Tsonga children exposed to IPV?

4. Can you describe important cultural aspects to consider when working with Tsonga children exposed to IPV?
5. Please describe any traditional Tsonga children's activities which you think you could include in counselling Tsonga children exposed to IPV and how would you go about including it in your sessions with children?
6. Do you have any other suggestions of play-based activities, even though it may be Western or not specifically from the Tsonga culture but still culturally appropriate for counselling Tsonga children? Please describe?

Process of data gathering

- The gatekeeper (social worker supervisor) appointed 5 mediators for DSD and one for the Victim Empowerment Centre social workers.
- Potential participants were recruited by the mediators because the mediators were familiar with the social workers at the specific offices and had knowledge of the social workers who work with children exposed to IPV.
- The interviews were conducted at the Victim Empowerment centre in Tzaneen, as this was the nearest office for both DSD and social workers.
- When the participants arrived at the social worker's office at the Victim Empowerment centre, the researcher introduced herself. She informed the participants that she is a social worker employed by the DSD, but not at their office, and that just because she was also employed at DSD did not oblige them to take part in the research, but they could withdraw at any time. She also re-assured them that they could be honest during the interview. The participants were given the opportunity to introduce themselves too. Snacks and beverages were available to them.
- The researcher explained how the participants' confidentiality and anonymity would be protected when data was published.
- The researcher explained the procedures to follow if they felt distressed or if the researcher infringed on their rights as participants. She explained that participation was voluntary and they were not under any obligation to take part in the study.
- The researcher explained that participants were free to withdraw at any time if they no longer felt comfortable or no longer wished to take part in the study.

- The participants were given opportunity to ask questions on aspects that were not clear. The questions were answered, and the interviews commenced.
- The semi-structured interviews were scheduled to be between 60 and 90 minutes long to allow sufficient time for participants to describe their knowledge and experience regarding play-based activities for Tsonga children exposed to IPV.
- The researcher thanked the participants for being part of the study.

4.4.2 Semi-structured interviews

Semi-structured interviews were used for data collection, because the researcher wanted to explore social workers' utilisation of play-based activities for the Tsonga children. In the semi-structured interviews the use of open-ended questions allowed for the flow of answers (Alshenqeti: 2016:39; O'Keeffe, *et al* 2016:1911-1912). The researcher made use of main, probing and follow-up questions. The researcher prepared the main questions which guided the conversation. When responses from participants lacked sufficient detail, the researcher asked a probing question as a way of conducting follow up questions (O'Keeffe *et al*, 2016:1911-1912). Probing means asking follow-up questions when an answer is not fully understood and when more specific in-depth information is needed (Magthwi, 2015; 140).

All the semi-structured interviews were recorded to ensure that the researcher did not lose the information that was analysed after each interview. The data was stored on a password protected laptop which belonged to the researcher, and only she had access to it. The researcher stayed focused throughout the interviews. She had done member checking with each participant during the interview by reflecting on the answers to ensure they understood correctly. The researcher made field notes in order to reflect on what was said by participants.

4.4.3 Facilities

The interviews were conducted in the office of the social worker at the Victim Empowerment centre and office of the DSD, as this was central for the participants. The interviews took place on different days and lasted between 30 and 60 minutes. A private office was made available to ensure privacy, and the centre had all the amenities required to make participants feel comfortable such as a furnished room with chairs, electricity and safe access to bathrooms. The office had fire an extinguisher should emergencies arise during the interview.

4.5 Data analysis

All the interview sessions were audio recorded by the researcher. An independent translator was assigned to assist the researcher to translate the data in English. Data were arranged based on the most frequently emerging thematic areas and the researcher drew conclusions from them. Data were driven by the themes which emerged and not by play therapy theory, meaning that the study was inductive. Data were analysed using thematic analysis, because thematic analysis uses a low level of interpretation and focuses on the context (Javadi & Zarea, 2016: 34). The data were transcribed by the researcher in order to immerse and familiarise herself with the details (Gareth, 2018:8). All the interviews were thematically analysed according to the following six steps as described by Clarke and Braun (cited by Maguire & Delahunt, 2017:3351-3354).

- **Familiarisation with the data**, the researcher immersed herself in the data, reading and re-reading the data.
- **Coding**, this was done by going through the data and identifying important features relevant to the research question which focused on descriptions of play-based activities for Tsonga children exposed to IPV. The researcher appointed a co-coder to assist with the coding process. The co-coder signed a confidentiality agreement to ensure trustworthiness of the data. The codes are as follows:
 - Benefits of utilizing play-based activity
 - Lack of knowledge and training limit services
 - Lack of resources (facilities / materials)
 - Cultural considerations
 - Traditional activities
 - Western play-based activities
- **Searching for themes**, the researcher searched for meaningful patterns in the data relevant to the research question.
- **Reviewing themes**, themes were reviewed to ensure that the data were telling a story. Themes were combined and split.
- **Defining and naming themes**, the researcher wrote a detailed analysis of each theme, wherein every theme told a story and each story was fitted into a bigger story that the data was telling.

Theme 01: Utilisation of play-based activities with Tsonga children

- Subtheme 1.1 Western play-based activities

- Subtheme 1.2 Lack of resources
- Subtheme 1.3 Lack of training/skills

Theme 02: Culturally appropriate play-based activities

- Subtheme 2.1 Inclusion of Tsonga play-based activities
- Subtheme 2.2 Tsonga outdoor play-based activities
- Subtheme 2.3 Tsonga play-based activities for emotional expression
- Subtheme 2.4 Cultural sensitive practice with Tsonga children

Theme 03: Cultural barriers

- **Writing up**, the researcher wrote the final report using data analysed in relation to existing literature. Data were stored on the researcher's computer which was protected by password. Hard copies and data were stored in lock-up cabinets at the office of the CCYF in Willington. Existing guidelines for data storage at the CCYF were attached. Data would be stored for five years and would then be destroyed as stipulated in the strategy for recording keeping.

4.6 ETHICAL PROCEDURES

Ethical clearance was granted by the North-West University (NWU-00128-17-S1) to conduct the study. Written permission was obtained from the Department of Social Development to interview the social workers (See Annexure A) as well from the participants (see Annexure B).

4.6.1 Informed consent

Informed consent is an ethical and legal requirement for research involving human participants (Nursing, 2016:115; London School of Economic and Political Science, 2018, 01). Obtaining informed consent involves telling the participants about their rights ; the purpose of the study; procedure to be undertaken; potential risks and benefits; duration of the study and the extent of confidentiality of personal identification so that the participant can freely participate (Nursing, 2016:115; London School of Economic and Political Science, 2018:01). The aim and process of the study was explained to the participants. They were informed about voluntary participation, audio and written recording and possible conflicts of interest. The participants signed the informed consent form (see Annexure B). The researcher ensured that information given about the study was accurate.

4.6.2 Confidentiality and anonymity

Every participant has the right to be protected from public exposure when sensitive information is revealed during a study (May, 2018:08). The researcher therefore ensured that the research process was fair, lawful and undertaken in a transparent manner. The researcher respected the confidentiality of the participants. For the purpose of this study, only the researcher, gatekeeper and mediator were aware of the identity of the participants. The researcher assigned a letter of the alphabet to replace participant's names to ensure that data and identities remain anonymous. For example she referred to participant "A", and did not mention the participant's full name.

4.6.3 Voluntary participation

In the study, voluntary participation was gained through signing informed consent forms. According to Hickey (2017:23), participation should be voluntary at all the times. Consent to participate should be freely given and may be withdrawn at any time. Voluntary participation implies that participants make an informed choice. Participants therefore decided to take part in the study.

4.6.4 Conflict of interest

The researcher explained to the participants about any possible conflict of interest, as the researcher is also a social worker employed at the Department of Social Development. The researcher distanced herself during the semi-structured interviews to avoid conflicts of interest, and all social workers who worked at the researcher's office were excluded from the study.

4.6.5 Appropriate referral

"The purpose of debriefing is to remove any misconceptions and anxieties that the participants have about the research and to leave them with a sense of dignity, knowledge and perception of time not wasted" (Hickey, 2017:53). The researcher answered all the participants' questions and they were not provided with debriefing session. None of the participants showed the need for counselling and no referral was made. The researcher arranged with an independent social worker for debriefing purposes should the participants felt the need to talk to someone about their research experience. None of the participants showed the need for counselling and no referral was made.

4.6.6 Right to withdraw

The participants in this study were informed about the right to withdraw at any time during the study. They were also assured that they were not obliged to participate in the study, and no harm was done against them. The participants in the study therefore decided to take part until the semi-structure interviews were completed.

4.6.7 Publication and storage of data

The findings and recommendations will be given to the Department of Social Development in a written format. The researcher ensured that all relevant information was clear and understandable without violating the principle of confidentiality. Data were stored on the researcher's computer which was protected by password. Hard copies and data were stored in lock-up cabinets at the office of CCYF in Willington. Data will be stored for five years and would then be destroyed as required in the strategy for recording keeping.

4.6.8 Expertise of the researcher to do research

The researcher is a Masters student who obtained an honours degree in 2010 at the University of Limpopo. She is registered with the South African Council for Social Service Professions as a social worker. She has good practical experience, since she is working with families, women, youth, children, registration and monitoring of NGOs, and coordinating the substance abuse programme. She has been a full time social worker for over seven years. The researcher has research experience as part of the Bachelor of social work degree. The researcher has completed module 1 to 3, and the South African quiz of the TRREE ethics online training. She has knowledge of using a collage through training received from Mrs I Jacobs. The researcher is being supervised by a study leader (Dr Shanaaz Hoosain) who has 20 years' experience as a social worker in the field of children and families. The study leader has also completed ethics training provided by the NWU as well as the TRREE training. Dr. Hoosain has supervised 8 masters' students who have successfully completed their degrees, two of who collected data from social workers.

4.7 Trustworthiness `

To ensure trustworthiness in this study, the researcher used Lincoln and Guba's Model (cited by Anney, 2014:276-279). The aspects covered were epistemological standards (truth value,

applicability, consistency and neutrality), ensured through strategies of credibility, transferability, dependability and confirmability (cited by Anney, 2014:276-279).

Credibility

- Credibility refers to research that is being conducted and whether the collected data is a clear representation of the participants' views and their utilisation of play-based activities. The researcher appointed an independent person to assist in translating data from Xitsonga to English to ensure that the responses given were true and without distortion. The researcher transcribed the data herself. The researcher familiarised herself with the data once transcriptions were done. The researcher assured credibility by appointing a co-coder for this study who signed a confidentiality agreement. The researcher conducted member checking with each participant during the interview by reflecting on the information that was shared. She restated the information and then questioned the participants to determine accuracy. Data saturation was reached by ensuring that adequate and quality data were collected to support the study. Dependability refers to whether the study meets the standard of consistency by leaving dependable documentation of the research process (Anney, 2014:278). The study was conducted step-by-step according to the research process and the written proposal was approved by a research committee.

Confirmability refers to objectivity of the researcher. The literature study was conducted after the semi-structured interviews were completed. The researcher did this in order to avoid any bias. The researcher also determined confirmability by ensuring all actions happened during the interview as personal reflection such as *ok* in relations to the study were noted done.

- Transferability refers to data collected in such a way that they are beneficial to other settings as well (Anney, 2014: 277). The researcher gave a detailed outline of the research process as well as the methodology that was followed, allowing future research to be conducted in a similar matter in similar settings.

6. Summary

In part 1 of section A, the introduction to the study was discussed. Witnessing intimate partner violence (IPV) is a traumatising experience which affects children's developmental growth and well-being. Play-based activities are the most effective type of interventions, however how social workers utilise such activities in Tzaneen at DSD is currently unknown. The researcher discussed the methodology that was appropriate for this study as part 1 of section A. The

researcher discussed the ethical considerations that were followed in the study. In part 2 of this section, the relevant literature and its application to the study will be discussed.

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PART 2

LITERATURE REVIEW

INTRODUCTION

The purpose of a literature review is to provide a concise examination and discussion of evidence in a particular area (Minch, 2018:02). The title of the study was exploring and describing social workers' utilization of play-based activities for Tsonga children exposed to IPV in Tzaneen. The literature review will focus on intimate partner violence in South Africa; intimate partner violence in Tzaneen; the effects of witnessing IPV; the trauma of IPV on children; the difference between play-therapy and play-based activities; play-based activities with children exposed to IPV; social worker practice; Tsonga culture; cultural considerations in play-based activities and play therapy with Tsonga children. The literature review also includes play therapy theory as the theoretical framework to guide the study. Intimate partner violence (IPV) is a behaviour exhibited by an intimate partner or ex-partner which causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse or controlling behaviours (Anderson & van Ee, 2018:01). Women are mostly victims of IPV, but children are victims of IPV as well, because they witness the IPV experienced by their mothers (Anderson & van Ee, 2018:01).

1. INTIMATE PARTNER VIOLENCE IN SOUTH AFRICA

Intimate partner violence (IPV) has risen in South Africa by 50% in 2013 to 2014, with a negative impact on children's emotional state of mind (Mathews & Benvenuti, 2014:28). Research by Richter et al (2018: 181), reflects that 35 - 45% of children had witnessed IPV between their parents in the area of Soweto in Johannesburg. This means that children are also the victims of IPV and nothing is done to these children. Richter et al (2018, 181) agree that children suffer the experience of IPV but their work remain silent about what should be done to help children with IPV experience. Another research indicates that 65% of women in South Africa have experienced IPV at least once in their life (Mapumulo, 2016:1). A study conducted in Cape Town indicated that 15% of women have experienced IPV in South Africa (Field *et al*, 2018:01). The study conducted by Desktop Review Report (2018:13) reveals the prevalence of IPV in women in four provinces - Gauteng with 78%, Limpopo with 44%, KZN with 46% and the Western Cape with 65%. Data collected by the South African Medical Research Council indicated that 44% of violence between the parents was reported to the police, where children were also victims because they witnessed IPV (Richter,*et al* 2018: 181). Intimate

partner violence occurs against partners in a relationship and is regarded as a social and health problem that affects the well-being of the family and its members (Mathews & Benvenuti, 2014:26). The violence can be in the physical form, such as hitting, kicking, slapping; psychological as belittling, humiliation, intimidation; financial as not providing financial assistance and/or sexual as forcing sexual intercourse and isolating the partner from others (Alangea *et al*, 2018:03-04). IPV has a direct influence on the victim, and may result in health-risks such as depression and anxiety. The victims of IPV are mostly women, because of the existing patriarchal beliefs in South African society (Rugira & Sampson, 2017:02). Patriarchal control over women is exercised through restrictive codes of behaviour, gender segregation and the ideological belief which is associated with family honour regarding females (Hadi, 2017:297). IPV perpetration is believed to be a result of the gender system which entitles men to more rights, privileges and power, resulting in gender inequalities at the societal and relational levels (Halim *et al*, 2018:05). In South Africa, a high rate of violence occurs within a context of multiple contributing social dynamics. These include prominent patriarchal norms, where masculinity is associated with defence of honour, harshness and risk taking (Field *et al*, 2018:02). As a result, children who live within patriarchal homes are at a high risk of experiencing the negative effects of IPV such as emotional trauma and anxiety.

Field *et al*, (2018:02); Hadi (2017:297); Halim *et al*, (2018:05) highlighted a valid point that IPV is the result of patriarchal belief, but their work do not unpack what should be done to eliminate the transmission of patriarchal belief to the next generation. There is high possibility that patriarchal belief may transmit to children as they witnessing societal norms on patriarchal belief. Woollet and Thomson (2016:1068) proposed that children learn interpersonal skills from their parents. The authors argue that parenting programme should be made available for parents to learn safer discipline strategies and conflict resolution skills. Nonetheless, the question still stand as to how the parents have access to parenting programmes which may help to eliminate transmission of violence.

While women are mostly victims of IPV, there is a related concern in South Africa about the effects of IPV on other members of the family, especially children (Chander *et al*, 2017:02). When children are exposed to IPV, the impact is often felt immediately and later in life (Cater & Sjogren, 2016 473; Mathews & Benvenuti, 2014: 29). The authors suggested that children who have witnessed IPV are more likely to develop violent and delinquent behaviour, and engage in risk-taking situations. Another related concern is that children exposed to IPV have

a higher risk of psychosocial problems, which include engaging in violent activities, aggression and alcohol dependence (Chander *et al*, 2017:02-03; Bedoya Espinoza & Sanchez, 2018:13-14). Exposure to IPV during childhood, places children at risk for developing short and long-term behavioural, psychological, cognitive, and social problems (Bedoya *et al*, 2018:13; Cater & Sjogren, 2016 473; Nouer, *et al*, 2014:679). Despite that children experiences short and long term problem mentioned above, there is silent on how to prevent the problems from affecting children. The authors above have less reported on prevention measures. The current study investigated the utilisation of play-based activities for Tsonga children exposed to IPV in Tzaneen.

2. INTIMATE PARTNER VIOLENCE IN TZANEEN

The rate of IPV in Tzaneen is high with 20.9 % in the year 2016 to early 2017 (Linder, 2017:2). Women and children are the victims of IPV due to the regular occurrence of IPV (Erasmus, 2017:03). Greater Tzaneen municipality took the initiative to address violence in the form of an awareness campaign through sixteen days of activism for no violence against women and children (Mangena, 2016:02). The campaign focused on raising awareness of the negative impact of violence on women and children. Its purpose was to raise awareness only, therefore the intention was not to focus on treatment. All this indicates is that the prevalence of IPV and children's exposure to it is high. The campaign did not provide solutions to addressing IPV or services for children exposed to it. Thus the negative impact still exists on children, because they are overlooked in terms of treatment (Matli, 2017:09). Children who are exposed to IPV should be referred to victim empowerment centre for social welfare service.

2.1 Victim empowerment and the integrated developmental approach

Victim Empowerment (VE) is a method of helping victims to acquire skills and competencies to cope better with an incident of violence (Department of Social Development, 1997:07). Victim Empowerment also serves as a policy that guides social workers when rendering social welfare service (Department of Social Development, 1997:07; Western Cape Department of Social Development, 2015:19). The victim empowerment provides victims of violence with shelter in the case of emergencies. VE provides psychosocial support to the victims of IPV. However, VE only focuses on the provision of psychosocial support to the abused women in the form of counselling and skills development which include victim's rights and capacity building. A criticism of the VE programme is that it does not give much to children as victims of IPV but focuses on providing shelters for women. The Victim empowerment strategy does

not provide therapeutic interventions to children with IPV, but rather focuses on keeping children in a shelter for security purposes.

Victim empowerment policy regards social workers as service providers in the VE shelters, however, social workers at VE are working according to an integrated developmental approach (IDA). This focuses on women as vulnerable victims of violence through the provision of capacity building and empowerment (Department of Social Development, 2014:13). However, the IDA describes children as a vulnerable group due to abuse, neglected orphans, abandonment or living in a harmful environment. It does not describe children as victims of IPV and what should be done for them. The social workers therefore find it difficult to provide counselling because of the inability of the Integrated Development Approach to provide guidance on how to counsel children exposed to IPV (Department of Social Development, 2014:13). This is supported by Mhango (2012:96) when she describes guidelines for integrated social work practice for abused women. She based her work on providing emotional support to abused women rather than counselling children with IPV trauma. According to Mhango (2012:96), it is clear that the IDA fails to provide children with therapeutic intervention, as this approach does not say much about children with emotional trauma. Most children who are referred to VEP in Tzaneen for counselling service are children between the ages of six and twelve.

2.1.1. Developmental stage of children referred

The development phase to focus on is industry and inferiority (Cherry, 2014:01). Children in the industry and inferiority stage develop skills for building healthy social relationships and learn roles that will prepare them for adolescence and adulthood (Cherry, 2014:1). The development phase is between six and twelve years old (middle childhood) which is a school age phase. Middle childhood is an important phase of life, as it is when skills for life as an adult begin (Drewes & Schaefer, 2016). Children in this stage begin to explore creativity and innate abilities in the hopes of building inner self-esteem and confidence (Howard, Miles Rees-Davies & Bertenshaw 2018:01). The children's creative and inner abilities could be affected by the experience of IPV and it will affect their well-being (Ritcher *et al*, 2018:23). According to Howard *et al*, (2018:01) and Ritcher *et al* (2018:23) IPV is a massive concern on middle childhood but their literature underreported prevention programme for these children. Play-based activities can therefore be utilised to help them communicate their feelings and emotions through toys and games (Parson *et al*, 2015:06). The present study focused on social workers working with Tsonga children, because children in this developmental stage may find it difficult to verbalise their feelings and emotions about the experience of IPV.

2.2 Tsonga people and their culture

The Tsonga are an ethnic group which comes from the Limpopo province of South Africa. Their culture is a traditional practice of the Tsonga tribe. This includes their type of food, indigenous games, traditional beliefs, arts and attire (Mashaba, 2017; Manganye, 2011:09). However, most Tsongas have abandoned their cultural heritage including ancestral worship, especially since the beginning of the twentieth century (Manganye, 2011:09). Their beliefs include ancestral worship and involvement of parents in any kind of situation and decision making. Tsonga parents whose children are exposed to IPV may therefore want to be included in the therapeutic intervention.

There is a lack of research about Tsonga culture, and limited literature on their community and children. In the Tsonga community, women and children are part of a nuclear and extended family. For example when couples live in extended families, they share everything among themselves. Children may therefore easily observe violent behaviour because of the structure of the family. The Tsonga cultural family practice is described by Lafave and Thomas (2014:03) as showing an interest to invest in the health and well-being of children. The role of the man with regard to children in the family can be regarded as an identification figure, to exercise control over the children, to discipline and guide them and be a figure of authority (Senosi, 2014:2214). This means that whatever the father is doing might influence the child's behaviour, since the father is identified as a figure of authority. Children may thus copy his behaviour later in their life. This finding is supported by Ogundipe *et al* (2018; 02) who indicate that perpetrators of IVP have once witnessed the father physical abusing the mother. This brings back the discussion on patriarchal belief on page 33, heading intimate partner violence in South Africa. It raises a concern on the probability of patriarchal practice on Tsonga culture. Maluleke (2012:03) answers the concern that men are expected to control everyone in the family because of the Tsonga patriarchal belief. The husband is the figure of authority in the family and he has to be informed about everything that happens in the family. Nothing is done without his knowledge and consent, and his decision is final (Maluleke, 2012:03; Senosi, 2014:2212). It also gives an indication that patriarchal belief is not solely problem but multicultural concern. According to Senosi (2014:2212), children who grow up experiencing this kind of behaviour between the parents are likely to experience emotional trauma if the behaviour becomes violent.

3. EFFECTS ON CHILDREN OF WITNESSING INTIMATE PARTNER VIOLENCE

Witnessing intimate partner violence (IPV) is a frightening and traumatising experience, which affects children's developmental growth and well-being (Assaad *et al*, 2017:1485). Children are vulnerable, defenceless and powerless during their parents' altercations (Chander *et al*, 2017:1-2). Witnessing IPV has a negative effect on children's education and social participation. Failure to receive therapeutic intervention which may help children deal with the trauma, may lead to depression, suicide, or they may grow up to be abusive themselves (Assaad *et al*, 2017:1486).

Children who grow up witnessing IPV may have dysfunctional relationships as adults, and therefore increase the re-occurrence of IPV (Campo, 2015:10). This results in many children suffering from emotional trauma because they are not given appropriate intervention by responsible professionals (Anderson & van Ee, 2018:02-03). In the case of male children, their risk for being perpetrators increases, while female children are at high risk of being in violent relationships (Bulletin for Professionals, 2014:2; Kokkalera *et al*, 2018:1-5). According to Assaad *et al*, (2017:148) there is clear indication that therapeutic intervention may ease the emotional trauma on children. It will be useful if there is way to address how to provide therapeutic intervention in order prevent future trauma and perpetrators. The effects of IPV may therefore serve as a traumatic life event in the children's life.

3.1 The trauma of witnessing IPV on children

The traumatic experience of witnessing violence between parents leaves children with psychological difficulties (Katz *et al*, 2016: 47; Killian *et al*, 2017:25). Children's exposure to IPV results in behavioural, social, and emotional difficulties, cognitive developmental challenges and long-term effects.

3.1.1 Behavioural, social and emotional difficulties

Children exposed to IPV often withdraw from social participation, and are more likely to develop signs of depression, higher levels of anger, disobedience, fear, and withdrawal from peer, sibling, and social relationships (Mathews & Benvenuti, 2014:29). In the study by Harper *et al* (2018:2515), children were struggling to adjust to their peers while internalizing their experience of violence. Children exposed to IPV have difficulties in making friends, and they isolate themselves from the social world (Mathews & Benvenuti, 2014:29). This means that there is high demand for therapeutic interventions among children exposed to IPV.

3.1.2 Cognitive developmental challenges

Children exposed to IPV are more likely, than their peers to experience difficulties with concentration and task completion at school. They score lower on verbal assessments, and possess limited problem solving skills (Bulletin for Professionals, 2014:3; Cater & Sjogren, 2016:473). Children also are more likely to display violent attitudes or avoid violent films, as this resonates with the IPV that they witnessed (Bulletin for Professionals, 2014:3; Mathew & Benvuti, 2014: 29). The impact of witnessing IPV on children's cognitions results in poor intellectual functioning. They experience difficulties in executive functioning such as planning, prioritizing, organizing, and task completion (Howell *et al*, 2016:45). They show poorer executive functioning performance than their non-exposed peers (Cater & Sjogren, 2016:473; Howell *et al*, 2016:45). In addition, children exposed to IPV have poor memories of the details of events and failing to remember or acknowledge witnessing IPV (Gordon, 2015:17; Howell *et al*, 2016:45).

3.1.3 Long-term effects

Childhood exposure to IPV leads to mental health illness such as posttraumatic stress, depression, and anxiety (Boeckel *et al*, 2017:1131). Such exposure has proved to be the most common cause of suicidal deaths, alcohol and drug abuse (Bulletin for Professionals, 2014:3). It is therefore important for children to receive the relevant support and counselling, because they may fail to build trustful relationships as adults (McCloskey *et al*, 2016:229). There is significant literature suggesting that play-based activities may have therapeutic benefits for children exposed to IPV (Killian *et al*, 2017:27; Pernebo, Fridellm & Almqvist, 2018:25; Schaefer & Drewes, 2018b:04).

3.2 COUNSELLING CHILDREN EXPOSED TO IPV

According to Geldard, *et al* (2017:20), counselling children, requires the social worker to stay focused on developing a positive child through building a relationship. This can be adopted in counselling children exposed to IPV. Hagell and Maughan, (2014:25) indicated that counselling services should be frequently provided to children with a variety of problems, this could include children IPV. However, the author indicates that the way in which children are provided with counselling should be evaluated if counselling is to have therapeutic benefits. On the other hand, the authors Hagell and Maughan (2014:25) do not explain how to evaluate the ways in which counseling have therapeutic benefits. However, it is a mandate that social

workers are equipped with counselling skill at their junior degree. As social workers at the VEP and DSD are supposed to be counselling children exposed to IPV, the current study explored whether social workers utilise play-based activities with Tsonga children.

3.3 PLAY-BASED ACTIVITIES WITH CHILDREN EXPOSED TO IPV

Play-based activities may be able to help children exposed to IPV in expressing themselves, to play out their emotions, and talk about the violence they have witnessed (Yogman *et al* , 2018:02; Román-Oyola, *et al*, 2018:1-2; Khodabakhshi-Kooalee *et al* , 2018:272). Such activities should include creative play, games with rules, language play, physical play and pretend play (Aistear {Early Childhood Curriculum Framework}, 2015:53-54). Play-based activities are characterised by imagination, problem-solving, play themes, thoughts and feelings which children use as a medium of communication (Parson *et al*, 2016:06). The purpose of these activities is to help children feel more comfortable, and to provide them with a means of verbalising their emotions. This means that Tsonga children could be provided with play-based activities to enable them to talk about painful memories around the experience of IPV. Play is viewed as a therapeutic activity in itself, as it supports children's growth (Gaskill & Perry, 2014; 20). Certain toys such as an dolls, sand in a sandbox, stuffed toys, dishes, pots, pans, empty food containers, a kitchen set, and puppets, provide avenues for children to express hostility and anger which they may experience as a result of witnessing violence. (Trice-Black *et al*, 2014:304). The said mentioned activities are relevant and common with the ones in Tsonga culture, children are familiar with and they could relate well. A theoretical framework provides an overview on the utilisation of such play-based activities.

4. THEORETICAL FRAMEWORK

Play can be defined as “any activity freely chosen, intrinsically motivated, and personally directed” (Goldstein, 2012:05). Play is a way in which children experience their world, and the world around them. Play is a genuine “right in early childhood and one of the most natural pathways to exploration and learning” (Danniels & Pyle, 2018:05). Play promotes brain development and growth which contributes to intelligence (Goldstein, 2012:05). When playing, children imagine situations never experienced before and learn from them (Danniels & Pyle, 2018:05).

Play

Piaget (1962) described that play help children with concrete experience and abstract thought. During play, children use objects to symbolises experiences which assist in sensory-motor play. Children, are unable to engage in abstract thinking and reasoning until the age of eleven, when they are eleven, they may fully express themselves and to engage in any kind of play (Landreth, 2002). Play may help children to express, happiness anger or frustration while playing with a doll. (Parson et al, 2016:04-5; Yogman et al, 2018:1-7). Some children with fearful thoughts may display withdrawal signs. Children with confusion may engage in lot of play activities within a short period of time because they appear as confused children. Play may be used as a form of therapy, as children find play meaningful through the expression of emotions and feelings (Crenshaw, 2015: 217). Play may be important to promote the developmental growth of children, which may have been affected or even delayed due to the experience of IPV (Parson *et al*, 2016:04; Yogman, *et al*, 2018:1-8). Play is crucial for children's creativity, exploration, physical skills, self-regulation, interpersonal development and social learning (Parson *et al*, 2016:05). The necessity of play for a child's growth is therefore of the utmost importance.

Play therapy

As early as 1998, leading play therapists' Landreth in (Kot, Landreth & Giordano, 1998), Landreth (2003) and Cattanaach (1998) found play to be effective for children with behavioural and emotional problems. Play therapy can be defined as "*the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development*"(Association for Play Therapy). Play therapy theory was therefore used as an appropriate theory that guided the study as children exposed to IPV may have therapeutic needs which could be addressed through play-based activities utilized by social workers during counselling.

Play therapy theory can be used as a way of understanding children. Play therapy was developed by Sigmund Freud (Freud, 1909), Anna Freud (1982) and Melanie Klein (1932). They developed the importance of play as a form of therapeutic intervention for children with behavioural, emotional and traumatic problems (Freud, 1909; A Freud, 1982; Klein, 1932). Therefore play- based activities can also be used as form of counselling to help children express and communicate their feelings (Parson *et al*, 2015:03). Play-based activities can be useful to

children exposed to IPV, as they will be encouraged to act out their feelings. Children exposed to IPV can also benefit from play, because they are faced with emotional trauma. Children will be addressing feelings and emotions through play which can help enhance positive development of children exposed to IPV.

4.1 Play Therapy Theories

The purpose of play therapy theory is to provide those utilising play therapy or play-based activities with a conceptual framework to understand childhood development experiences and children's play (O'Connor & Braveman, 2009:09). Tsonga children exposed to IPV may benefit from play therapy theories because social workers could use them to understand children's play. By understanding play therapy theories social workers may be able to utilise play-based activities to address the therapeutic needs of Tsonga children exposed to IPV, when they do not have the verbal ability to talk (Neubauer, Deblinger & Sieger, 2015:118; Webb & Baggerly, 2015:51).

There are several play therapy theories which social workers could use to guide their choice of play-based activities or play materials namely, psychoanalytic therapy, child-centred play therapy, cognitive behavioural play therapy, filial/ family play therapy, Adlerian play therapy, and Gestalt therapy (Porter *et al*, 2009:01; Geldard & Geldard, 2008). This may help social workers to gain insight in order to engage children to express traumatic experience of IPV. The theories are discussed as follows:

4.1 1 Psychoanalytic theory

The practice of psychoanalytic theory is the work of Sigmund Freud (1933). He originated this theory working with adults. The psychoanalytic theory consists of three personality structure which is id, superego and ego (Geldard, 2009). Anna Freud is the daughter of Sigmund Freud. She then developed a method of working with children psychoanalytically while observing their play. She focused on unconscious motivation with the implementation of play-based activities such as imaginative play, drawings and paintings (Gel & Geldard, 2009). Anna Freud emphasised the therapist have to establish a good working relationship with the child.

During therapeutic process, these play-based activities can help the therapist understand the content of the child's play, understand the child's problem and personality. The therapist can be able discover the impact of IPV on children and offer solutions through encouraging the child to play out their emotions and feelings. According to the theory a good relationship and

appropriate play-based activities can help the child with the trauma and identify solutions to the problems they experience. Psychoanalytic theory may help children to get through the emotional trauma associated with IPV as it helps the child to master his/her conscious reasoning. This could be done through the incorporation of play-based activities stated on page 40 of the study. The child and therapist will eventually get through troubling emotions as she/he would have unknowingly satisfied his/her desire through playing.

4.1.2 Child - centered play therapy

The child-centred play therapy was established by Carl Rogers (Murphy, 2009:1). Child-centred play therapy is an approach that promote a safe and respectful manner to develop children own solutions to problems whilst encouraging co-operation, the development of life skills, their analysing power, their capacity to organise themselves. The therapist is encouraged to maintain therapeutic condition of empathy, non-judgemental attitude, and unconditional positive regards (Murphy, 2009:2; Geldard, Geldard and Yin Foo, 2017). During play, the therapist enables the child in sharing her/his IPV experience and the child will begin telling his/her stories about the trauma exposed to. Geldard and Geldard (2009) stipulated that social workers should consider engaging children in play-based activities such as miniatures, storytelling that enable them to express their trauma in non-threatening way. Porter *et al* (2009:1027) support the view of Geldard and Geldard (2008) that the social workers have to respect child's point of view when working according to Child-centred play therapy. The therapy helps the social worker to start where the child is. The therapy encourages the children to take learning into their own hands. For instance as the children enters into play room she/he be may attracted by the plentiful of play activities. The activities may lead the child to play out the bad memories, thoughts, and wishes experienced during the experience of IPV. Therapy helps the child to lead in solving her own worries through non-directive play. The therapy may child to explore the avenues which lead to own problem solving skills which could be of beneficiary to the trauma of IPV experienced.

4.1.3 Cognitive behavioural play therapy

Cognitive behavioural therapy also known as CBT is a psychological treatment that addresses the interactions between how children think, feel and behave. CBT focuses on current problems and follows a structured style of intervention (Gerald, 2009). The goal of CBT is to help the child express analytical skills or solutions to the problems (Porter *at el*, 2009:1029). The child deals with self-destructive beliefs while challenging unhelpful thoughts and thinking (Geldard,

2009). Exposure to IPV during childhood is linked to psychological, physical and social problems including anxiety, depression, post-traumatic stress, emotional problems as sadness and behavioural problems as aggression (Cater & Sjogren, 2016:474). These behavioural problems may lead to increased risk of chronic diseases, as well as difficulties in school or social relationships.

When children with history of IPV seek therapeutic intervention, a CBT approach to play-based activities directly addresses thoughts, feelings and behaviours that are associated with psychological, physical and social problem. Children learn to change beliefs, attitudes, and thoughts that are unhelpful. During CBT children are encouraged by the social worker to explore options and choice which will bring a positive outcome of resilience. CBT may lead children to critical think about how to solve puzzles as it is the one of the best play-based activities which lead to problem solving skills. Eventually, the child could find a way to resolve troubling thoughts allied to the experience of IPV which may later have impact on adult functioning.

4.1.4. Filial /family therapy

Filial therapy is a psychoeducational skills training approach in which parents are taught to become therapist to their own children (Skinner, 1997). Filial therapy was introduced by Carl Rogers and Virginia Axline based on child-centred play therapy which encourages children to express themselves through play and be free from judgment and criticism (Skinner, 1997:1; Ginsberg, 2012:1-2). The purpose is to strengthen the parent-child relationship. Parents learn to understand their child's needs and establish in their home an atmosphere that is non-judgmental.

A strong, positive, relationship with a caring and competent parent can reduce the harm of IPV exposure and foster resilience in the child (Howell, Miller, Barners & Graham-Bermann, 2015:31-34). However, common problems associated with IPV can interfere with parenting skills which may result in emotional depression. Parents are often preoccupied in giving their children time and attention ensuring their own preferences and their child's safety. Since Filial therapy allows the parents to play as a therapist, the social worker teaches the parents basic therapy skills to improve their relationship with children (Porter *et al*, 2009:1026). During Filial therapy parents becomes therapists by giving themselves time to play with their children. Parents and children may discover problem solving skills which allows both input and

feedback. For instances parents may realise their presences means lot in the lives of children and could reduce the likelihood of future victimisation of IPV on children.

4.1.5. Adlerian Therapy

The Adlerian therapy also known as Alder's Theory of personality was introduced by Alfred Adler (1870-1937). He concentrated on the effects of children's perception of their family interaction, and relationship and behaviours towards each member of the family. He also focused on children's struggles to find their own significant role within the family. Adlerian therapy shows that individual's perception of their childhood events have an important influence on the rest of their lives. He emphasised that human behaviour is developed within the social context and the therapy should recognise the context.

In Adlerian therapy, children and parents are encouraged to enter the therapeutic intervention together where children express their feelings in the presence of parents (Porter *et al*, 2009:1027). This therapeutic intervention may lower stress, depression and anxiety on children with IPV experiences. Cater and Sjogren (2016:473) argue that children's exposure to IPV increases the risk of prolonged negative life events as engaging adulthood violence. The authors further indicate childhood exposure to IPV results in depression, alcohol and drug abuse, and physical and psychological problems, and leads to greater use of the health care system in adulthood. Engaging children and parents in Adlerian therapy may help in reducing behavioural, social, emotional and long-terms problems that are associated with IPV and in this regards the social context would be incorporated. Thus, Adlerian therapy helps repair twisted views and build good relationship between parents and children. This theory may be ideal to integrate in play-based activities for Tsonga children exposed to IPV because the parents are involved which is important part of Tsonga parents.

4.1.6 Gestalt play therapy

Gestalt therapy was established by Fritz Perls working with adults in 1940's. Laura Perls challenged the idea of focusing on children's past. She believed that the focus should on the current experience (here and now) than the past. She concentrated on raising the client's awareness of the current bodily sensations, emotional and feelings and related thought in order to deal with unfinished business. Therefore, Violet Oaklander introduced an idea of using play media while practicing Gestalt Therapy. She encouraged children to use fantasy with the belief that the fantasy process will be the same as the child's process in life.

Gestalt Therapy focuses on the process of therapy rather than on the past, whilst concentrating on what is happening (in the) here and now. Children are encouraged to become aware of their true self presented in the present moment. Children also learn how they can change, value and accept themselves. Children exposed to intimate partner violence struggle with emotional and behavioural problems and become victims or perpetrators of violence in their own relationships (Deboard-Lucas & Grych, 2011:344). Thus, children find it difficulties in dealing with stressful situation during childhood when faced with history of IPV. Gestalt play therapy theory may help social workers to enable children deal with here and now of IPV using fantasy play. Gestalt therapy theory encourages children to express their feelings and emotions so that the wholeness can be reached. Imaginary journey may be ideal example of fantasy play to use in Gestalt therapy to distract the painful memories related to IPV experience.

Tsonga Children who are exposed to IPV in Tzaneen experience emotional trauma, and play-based activities could therefore be beneficial for children. The study focused on play-based activities as an activity to be included in counselling and not play therapy because the majority of social workers may not be able to access formal play therapy training (Mkhize, 2017:48). In addition play therapy itself may not always be a feasible intervention in resource poor communities such as Tzaneen. A discussion on the differences between play-based activities and play therapy has therefore been included.

5. THE DIFFERENCE BETWEEN PLAY AND PLAY-BASED ACTIVITIES

The utilisation of play-based activities serves as opportunity to learn problem solving skills and to focus attention, all of which promote the growth of executive functioning skills (Yogman *et al*, 2018:05). Play-based activities may help in the healing process of emotional trauma, as children may develop communication skills (Willis *et al*, 2014:88). Play-based activities are based on the principles of play therapy. Play can therefore be used as an effective medium in counselling children (National Child Trauma Stress Network, 2014:1-2). In play therapy, children use play mediums such as dolls, drawings and games as a means of communication (Schaefer & Drewes, 2018b:06). Play therapy is defined “as a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures, who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self through play, the child’s natural medium of communication, for optimal growth and development” (Froebel, 2012:12). In play therapy the emphasis is on the therapeutic relationship between children and the play therapist. Thus, social workers should

first build strong relationships with children that will lead to the success of utilising play-based activities (Geldard *et al*, 2017:20). Children exposed to IPV may use the opportunity to work out the trauma of violence through being engaged in play-based intervention, as it has a therapeutic result. Therefore children will be able to share painful emotions and feelings in relation to IPV.

Moreover, in play-based activities, play is primarily used as a communication tool. Play also bridges the developmental gap between concrete and abstract thought through the vehicle of symbolic representation in play (Vanfleet & Topham, 2016). It may have therapeutic benefit, because children bring their own interpretations of situations, events, experiences, and expectations to their play (Schaefer & Drewes, 2015a). Thus, children exposed to IPV will be able to communicate their feelings and develop problem solving skills that will help them to heal the trauma of IPV (Román-Oyola *et al*, 2018:2). If children find it hard to verbalise, they can work through trauma with play (Garrett, 2014:134-135). However, it is important to keep children's culture in mind when utilising play-based activities so that children can feel accommodated and supported as their culture is being recognised (Brady, 2015:99; Yousef & Ener, 2014:94).

6. CULTURAL CONSIDERATION IN PLAY-BASED ACTIVITIES

When counselling children, it is essential to ask parents about what aspects of culture are considered important, and what their culture considers to be developmentally appropriate for the child (Gonzalez & Bell, 2016:148). According to Killian *et al* (2017:28), professionals and caregivers need to be educated on a culturally sensitive model about the benefits of play as a form of intervention for children. Play materials should reflect diversity which allows the child the opportunity to control the materials and feel comfortable to engage with children (Gonzalez & Bell, 2016: 151). Tsonga children may feel oppressed if play materials are not culturally appropriate or adapted to the culture of the child (Killian *et al*, 2017:27-27). In South Africa, a lack of emphasis on culturally diverse practices within studies of play-based activities means there is minimal guidance in adapting play materials and play-based activities for children of non-western cultures. Social workers using play-based activities with Tsonga children should consider the value of traditional arts as a healing modality. Yousef and Ener, (2014:91) and Gonzalez and Bell, (2016:148) postulated that the value of traditional arts in play-based activities serve as a healing process. It is important for social workers to understand what is culturally appropriate in the Tsonga culture before engaging with Tsonga children. This is

supported by research with Aboriginal, Hispanic and Somali refugees' children which emphasises that play-based activities should consider children's culture in counselling (Brady, 2015:99; Gonzalez & Bell, 2016:148; Killian *et al*, 2017:27-28). Cultural consideration in the playroom may therefore reinforce the children's cultural or ethnic identity (Killian *et al*, 2017:27-28).

6.1 Western play-based activities

For the purpose of this research study western play-based activities can be referred to as play-based activities frequently utilised within the western world, or has originated in the western world. These may include play cards, doctor's kits, games, building blocks, puzzles, puppets, dolls, painting, drawing and cars and trucks (Schaefer & Drewes, 2018b: 05; Willis *et al*, 2014:487). In this study play-based activities are meaningful and motivating childhood activities which may contribute to children's well-being (Batorowicz *et al*, 2016:105). Yousef and Ener (2014: 93) emphasise that activities that are culturally appropriate for children give them opportunity to connect with their own culture.

Western play-based activities are mostly used to enable children to play out thoughts and feelings, since it serves as a means of communication (Munro-Lee, Kershaw & Farrel, 2018:207). Instead of utilising western- toys, Tsonga children could familiarise themselves with play-based activities provided in their own culture. Utilising Tsonga play-based activities may allow children to explore and understand their world, express thoughts and feelings. Research on Tsonga children's play indicated that most activities were actually outdoors, and elders knew that they needed time to play on their own (Manganye, 2011:13). Tsonga outdoor activities promote learning. Children think they are just having fun in playing, while they are actually learning and mastering life time skills (Manganye, 2011:14). They are unconsciously learning while having fun. This implies that culturally appropriate play-based activities may have therapeutic benefits for Tsonga children. It is recommended that Tsonga indigenous games should be implemented when counselling children (Manganye, 2011: 13).

During play-based activities, children learn important motor, cognitive, and social skills as well as creativity and self-confidence, which are skills required throughout life (Romna-Oyola *et al*, 2018:01). Tsonga activities such Khadzi (skipping rope) and Hekeli-heke which help children in physical development such as fitness and health. Hekeli-heke is a group game in which children make a circle while holding hands. They sing along moving to the right and left telling

one another to sit down until they all sit down. Xitimela-xamachoni (kind of a train) helps in critical thinking which requires quick decisions and working under pressure. (Manganye, 2011:14). The Tsonga culture is rich in music, games and storytelling, for example, Xibhelana is the Tsonga musical attire worn by girls, and Tinjhovo is worn by boys (Mabasa, 2017). Music is fun, and it can be the ice breaker during the start of sessions. It helps create a friendlier environment and allows good relationships and trust to be formed between social workers and children.

7. Conclusion

The literature review indicates that Intimate Partner Violence is a significant problem which causes stress and results in emotional trauma on children (Alangea *et al*, 2018: 01; Ogundipe, *et al*, 2018:1-2). Children are regarded as victims of intimate partner violence, because they witness their parent's violence (Pinna, 2016:147). South Africa has a high rate of IPV due to the patriarchal belief that men are superior to women (Rugira & Sampson, 2017:02). The present literature revealed that children affected by IPV are more likely to suffer behavioural, social and emotional traumas (Pinna, 2016:14; Ogundipe, *et al*, 2018:1-2). Children also suffer from cognitive developmental challenges such as poor planning, and memory loss Gordon, (2015:17); Howell *et al*, (2016:45). Empirical evidence indicated that children in Tzaneen are affected by the trauma of IPV. They are in need of care and protection, as they are unable to verbalise their feelings and emotions towards the experience of IPV (Children's Act 38 of 2005). The literature focused on the utilisation of play-based activities as an appropriate intervention for children exposed to IPV. In addition the review included a discussion on play-based activities which could be culturally sensitive for Tsonga children. The literature indicated that play-based activities were effective in addressing the trauma of IPV as experienced by children (Willis *et al*, 2014:288). Gaps exist in that literature relating to play-based activities for Tsonga children exposed to IPV. There is also a lack of empirical evidence on play-based activities in non-western settings.

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SECTION B

EXPLORING SOCIAL WORKERS'UTILISATION OF PLAY-BASED ACTIVITIES FOR TSONGA CHILDREN EXPOSED TO INTIMATE PARTNER VIOLENCE IN TZANEEN

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ABSTRACT

Children exposed to intimate partner violence are left traumatised, and vulnerable which affects their development and well-being. Significant research indicates that play-based activities may be an effective form of intervention for children exposed to IPV. Social workers at Social Development and the Victim Empowerment programme, however use the integrated development approach which does not place emphasis on children exposed to intimate partner violence. The study aimed to explore social workers' utilisation of play-based activities for Tsonga children exposed to IPV in Tzaneen, and the objective was to explore and describe culturally appropriate play-based activities. A qualitative descriptive study was useful in exploring how social workers utilised play-based activities for Tsonga children exposed to IPV. Qualitative descriptive design was applied with the purpose of assisting the researcher in gaining in-depth knowledge from the social workers' point of view.

Semi-structured interviews with 18 social worker participants were analysed using a thematic method. The findings illustrated that social workers utilised play-based activities in counselling Tsonga children exposed to IPV. The results revealed that Tsonga activities should be included when counselling Tsonga children. The results of the study may assist social workers to implement play-based activities in their work with these Tsonga children.

Key Words: Intimate Partner Violence, play-based activities, children, social workers, Tsonga culture

INTRODUCTION

Intimate partner violence (IPV) refers to physical, emotional, sexual or psychological oppression by the perpetrator to the victim (Ogundipe, Woollte, Ogunbanjo, Onashore, Tshitenge, 2018:01). Children's exposure to intimate partner violence (IPV) is associated with more emotional, behavioural, social, and cognitive problems and more trauma symptoms than children who grow up in nonviolent homes (Pernebo, Fridell & Almgvist, 2018:211; Campo, 2018:06). It is also commonly known that men are the perpetrators of IPV due to patriarchal beliefs existing in South African communities (Rugira & Sampson, 2017:02). Due to such beliefs, males are regarded to be superior to females, have more power and voice in intimate relations and are expected to control and discipline their women and households (Alangea, Addo-Lartey & Sikweyiya, 2018:13). The rate of IPV may therefore be the result of patriarchal beliefs that men have a right to discipline women (Eckenrode, 2018:03; Rugira & Sampson, 2017:02). As a result, women are labelled as a subordinate group because of their gender, as they are powerless and may not be able to defend themselves in violent situations (Hadi, 2017:297; Field, Onah, van Heyningen & Honikman, 2018:02). When parents are involved in IPV, children are aware about it through seeing, hearing and observing its consequences, such as human injury or damage to property (Cater & Sjogren, 2016:473). The effects of exposure to IPV have proven to be the main causes of mental health problems which results in substance abuse, bullying and violent acts (Pernebo, *et al*, 2017: 217 & Campo, 2018:06).

The effects of witnessing IPV on children

The prevalence of IPV in South African proves that many children are affected and that more research needs to be done to address the effects of IPV on children (Chander, *et al*, 2017:02). Literature on IPV is increasingly focusing on the effects of IPV on children (Brady, 2015:100; Gonzalez & Bell, 2016:147-178). Research has demonstrated that exposure to IPV has a negative impact on children's development (Forke, *et al*, 2018:242 & Harper, 2018:2513). The negative effect on development is associated with poor cognitive functioning, including deficits in executive function memory, and attention (Katz, Stettler & Gurtovenko, 2016:47). Furthermore, children exposed to IPV display symptoms of depression, anxiety and have a high risk of experiencing post-traumatic stress disorder and later victimisation in their own intimate relationships (Bedoya, Espinoza & Sanchez, 2018: 12-13).

Exposure to IPV increases the chances of children internalising IPV as a normal behaviour (Alangea *et al*, 2018:02). Such children are mostly unable to verbally express how they feel; they suffer low self-esteem, emotional distress and fear of being alone (Crenshaw, 2015:217, Carracedo, *et al*, 2018:06). To prevent the consequences of exposure to IPV, there is a need for interventions for such children (Killian *et al*, 2017:27). Parental warmth and positive attributions were found satisfactory as interventions to reduce peer problems (Pinna, 2015:147). Cognitive behavioural counselling for children with trauma is another example of counselling that can be provided to children (Cozza, 2014:403). This may include sessions with parents, cognitive coping skills and individual breakout sessions for developing and processing trauma (Cozza, Cohen & Dougherty, 2014:403).

Literature indicates that intervention efforts for children exposed to IPV should be fostered in order to help children deal with the trauma of IPV (Katz, *et al*, 2016:58). For example, Preventing Violence Across the Lifespan Research Network {PreVAil} (2016:04) indicated that research evaluating the effectiveness of specific services and interventions for children exposed to IPV remains a key priority. Furthermore, interventions should be tailored to the psychosocial needs for children exposed to IPV (Caracedo, *et al*, 2018:19). In addition, a lack of research exists on IPV interventions for children within the South African context. By illustration, research by Desktop Review Report (2018:97) focuses on community campaign awareness to address the effects of IPV on children, but it does not outline which intervention model works best for Tsonga children exposed to IPV.

However as early as 1998, play therapists' Landreth in (Kot, Landreth & Giordano, 1998), Landreth (2003) and Cattanaach (1998) found play to be effective for children exposed to IPV. These authors claimed that not only are children able to act out their emotions during imaginary play and violence, but the child is with a safe adult who models appropriate adult behaviour within a therapeutic context. Therefore, play-based activities could be adopted as a mode of intervention to help children exposed to the trauma of IPV deal with depression, aggression and anxiety (Assaad, Friedemann-Sánchez & Levison, 2017:1486).

The trauma of IPV

Children exposed to IPV are traumatised by violence happening in their presence, for example they may witness parents being hit, slapped, kicked, punched, kicked, bruised and being told

about the violence (Gashaw *et al* , 2018:03; Pinna, 2015: 145). Childhood witnesses of IPV at home are at risk for future violence (.Forke, Myers & Fein, 2018: 241), because they may live with one parent whom they are scared of and another whom they worry about (Cater & Sjogren, 2016:473). This may add to the traumatic effects of IPV on children, because of fear that parents may victimise one another in their presence or absence (Pinna, 2016: 146). Children are dependent on their parents, not only for physical care, but also for emotional closeness and safety (Geshaw, 2018:03). The dependence may add more trauma to children, because they no longer feel safe near their parents (Pernebo & Almqvist, 2017:169). Parents believe that their children have not witnessed IPV because they were not physically present when it occurred; however, children often provide detailed accounts of such events (Pinna, 2015:146). The trauma of IPV makes it difficult for children to cope, because they cannot verbalise how they feel about the trauma (Pernebo et al, 2018:217). However, children may be engaged in play-based activities to enable them to cope with the trauma of IPV.

Play- based activities and children exposed to IPV

According to Schaefer and Drewes, (2015a:94) children lack the vocabulary and abstract thinking abilities needed to verbally express their inner words. Play-based activities are therefore said to be effective interventions for children with emotional problems (Drewes & Schaefer, 2018b:05). Play-based activities can be described as activities that children are taught to play. These encompass creative play, games with rules, language play, physical play and pretend play that reflects interests and outcomes of the play (Willis, Walters, Crane, 2014:289; Bell *et al*, 2014:400-401; Aistear Early childhood curriculum framework, 2015:53-54). Play-based activities do not follow a specific process but focus on the idea that play is healing in itself and promotes healthy development (Winnicot, 1971; Yogman et al, 2018:01-08; Fleeer & Kamarali, 2017:113-114). The purpose of play-based activities is to provide children with a child friendly means of communication; play is viewed as a healing activity in itself, as it promotes development (Gaskill & Perry, 2014). Children with IPV trauma may therefore express their emotions associated with IPV through the use of play-based activities.

For example, it is important for the children who have witnessed IPV to express their emotions through play, because play is a universal language for children (Parson, et al, 2015:06). Through the vehicle of symbolic representation in play, they may be able to communicate their feelings associated with traumatic life experiences, such as IPV (Khodabakhshi-Kooalee, Reza Falsafinejad & Rezaei, 2018:272). Play can be used as an effective medium in counselling

children (NCTSN, 2014:1-2). Children who find it hard to verbalise emotions can work on trauma through play (Garrett, 2014:134-135). Play-based activities may help children exposed to IPV to express bad experiences and talk about the violence they have witnessed. The trauma of IPV can be worked through using drawing and toys. This enables them to express feelings of fear, or to work through traumatic experiences (Ray *et al*, 2013:4). Drawing helps children tell a story in relation to the family setting (Lee *et al*, 2013:4).

Children lack communication skills due to their age of maturity. For example, Drewes and Schaefer (2015a:93); Ray (2016:10) are of the opinion that children between the ages of five and eleven lack verbal communication, but they can use play-based activities as it is more suitable than abstraction as a means of self-expression. Drewes and Schaefer (2018c:03) describe storytelling as one of the best play-based activities which engage children in fantasy play. This is because it gives them the opportunity to go through imaginary play and share about the fear and trauma they experienced (Sunderland, 2017:05). Through storytelling and guided reading, children can be helped to realise they are not alone, since others have experienced similar problems (Willis, *et al*, 2014:288). Storytelling can also be helpful for children exposed to IPV, because it enables them to express emotions and wishes which they would not have talked about in real life. They can benefit from storytelling as it allows playing out of thoughts and feelings in a manner which is child friendly (Yati, Wahyuni & Dewi. 2017:97). Play-based activities may therefore be suitable as an intervention for such children. For that reason the study investigated the utilisation of play-based activities for Tsonga children exposed to IPV in Tzaneen.

IPV in Tzaneen

Tzaneen is a culturally diverse environment, and children are raised according to their cultural and family values. There is however, a lack of official statistics on intimate partner violence in Tzaneen. Despite this lack of statistics, intimate partner violence might be occurring in the families, but it goes unnoticed because the victims remain silent about it (Mafitsa, 2018). Desktop review report (2018:39) supports the view of the Warrant Officer that many cases of IPV go unreported, because the victims decide to remain silent about it. However, the Warrant Officer interviewed mentioned that he had received 25 cases of IPV from January to September 2018, and children were found to be victims as well. Tzaneen is surrounded by rural villages, and research by Matli (2017:19) confirms the view by the Warrant Officer that there are high

rates of IPV, but they go unreported. Matli (2017:07) indicates some of the rural areas in Tzaneen experience high rates of violence against women. This is an indication that Tzaneen children could be vulnerable and traumatised by their experience of IPV. Matli (2017:09) furthermore indicates that a few IPV cases are reported where the victims decide to withdraw charges against the perpetrator for unknown reasons. A social work expert in Tzaneen was also interviewed about the prevalence of IPV and children exposed to IPV. She said that the total number of IPV cases reported monthly is about 20 (Chauke, 2018). Out of the 20 cases, there were 15 where children had witnessed violence between their parents. The social work expert believes that children who experience IPV are at a high risk of emotional trauma and behavioural problems such as aggression. The social worker's view is supported by the research which indicates that children subjected to IPV are at a high risk of a wide range of emotional and behavioural disorders (Anderson, K. & van Ee, E. 20185). Although counselling children exposed to IPV is considered as part of social workers' scope of practice, social workers in Tzaneen focus on the integrated developmental approach which has minimal guidelines on how to render services for such children (Lone, 2016:10).

Integrated Development Approach

The integrated development approach refers to service providers in the social welfare services system working together to make it easier for service beneficiaries to receive services and information they need (Department of Social Development, 2011:25; Department of Social Development, 2014:05). According to the integrated development approach, individuals, groups, families and communities must be empowered to actively participate in their own development (Department of Social Development, 2014b:13). Although the integrated developmental approach does not emphasise counselling children, the growing numbers of children exposed to IPV has increased to such an extent that social workers are obligated to provide counselling to children (Department of Social Development, 2013a:11-12). The approach focuses on the vulnerability of children, but it does not provide guidelines on what should be done to help children exposed to IPV (Department of Social Development, 2013a:13). The model also defines a victim as any person who has suffered harm, including physical or mental injury; emotional suffering or economic loss or substantial impairment of his or her fundamental rights through acts or omissions that are in violation of the criminal law (Department of Social Development, 2014b:02). It may be concluded that children are therefore not regarded as victims, because there is no mention of children exposed to IPV in the integrated development approach (Department of Social Development, 2014b:05-45).

However, the integrated developmental model focuses on capacitating and empowering women through psychosocial and emotional support (Mhango, 2012:82). The integrated developmental approach talks about children as its target group, but it does not outline anything about counselling children exposed to IPV. Despite this lack of guidelines in the integrated developmental approach, children and their families exposed to IPV are usually referred to the Victim Empowerment Programme, which forms part of the integrated development approach.

Victim Empowerment

The Victim Empowerment Programme (VEP) forms part of government's initiative to address gender-based violence on a national and local level and has a special focus on women. VE leaves children behind as they work according to the integrated development approach which does not focus on children. VE is a programme of the DSD, and is available to victims of crime and violence (Western Cape Government Department of Social Development, 2015:19). The VEP helps to establish and implement programmes and policies which support, protect and empower victims of crime and violence (Western Cape Government, 2015:19; Gauteng Government, 2016:05).

According to the Children's Act 38 of 2005, children who are exposed to IPV are referred to the VEP centres, as they are in need of care and protection from any kind of harm. Children exposed to IPV are entitled to welfare services and counselling (Children's Act 38 of 2005). Despite children requiring counselling services after being exposed to IPV, the services offered by VEP do not focus on counseling children but rather on empowerment of adults. In fact, according to the National Strategic Plan on Gender Based Violence (2017), services for victims at VEP centres have either been inadequate or ineffective. Therefore one of the priorities of the National Strategic Plan on Gender Based Violence (2017:53) is to promote research contributing to developing evidence based intervention services for children exposed to IPV. This is due to the significant research which indicates that children exposed to violence are more likely to become involved in violent relationships as adults. Research by Anderson and van Ee (2018:02) supports the view that parents have great influence on their children who may copy parent's behaviour later in their life.

The current NSP (2017) views skills development and training of service providers as a priority. An empirical study was therefore needed, as one of the weaknesses and gaps of the National Action Plan which was implemented previously was that it did not focus on developing skills or supporting those involved in service delivery to victims of gender-based

violence including children. This includes supporting social workers, as they are the ones who have to intervene in IPV and they constituted the target population of the current study. The Humanitarian Practice Network (2018:08) reported the failure of inadequate training of those who were responsible for protecting the well-being of the victims of IPV. Failure to provide adequate training may lead to excessive emotional trauma on children (Humanitarian Practice Network, 2014:08).

Empirical research was therefore required with social workers working with victims of IPV. Research in the Western Cape has indicated that children are referred to the VEP for counselling service, but it did not outline what kind of counselling service is being provided to these children (Western Cape Government, 2015:19). Geldard, Geldard and Yin Foo (2017:25) indicate that counselling children is different from counselling adults, because children lack verbal skills, therefore they may be engaged in play-based activities to communicate their painful issues. Storytelling and imaginary journeys may combine verbal counselling with the use of play-based activities to create effective counselling (Geldard, *et al*, 2017:25).

Children are entitled to counselling services, and social workers should provide the necessary counselling (Gonzalez & Bell, 2016:147-178). Furthermore social workers and the manager at the Tzaneen VEP centre were concerned that Tsonga children exposed to IPV are not given appropriate interventions suitable for their age and culture (Baloyi, Chauke, Molepo & Shabangu, 2017). The study by Matli (2017:09-10); Pernebo *et al*. (2018:217) and Brady (2015:100) indicates that children exposed to IPV should be provided with interventions which consider their culture. Multicultural competence is the ability to acquire working knowledge and information about specific groups of people (Lee, 2019:09). Thus, it is important for social workers to be culturally sensitive in order to understand the cultural dynamics that may have the potential to affect the mental health and well-being of Tsonga children.

Tsonga culture

The Tsonga culture is formed through the traditional practices of the Tsonga tribe. This includes the type of food, indigenous games, traditional beliefs, arts and attire (Manganye, 2011:05). The largest Tsonga communities live in the rural areas of Tzaneen (Mabasa, 2017). The villagers surrounding Tzaneen are mostly Tsonga speaking. The Tsonga views family matters as sacred, and family affairs are not to be discussed beyond the borders of the family (Maluleke, 2012:428). As a result married women may remain silent, since the boundaries of families prevent them from seeking help (Mashaba, 2011: 04). In the Tsonga culture, divorce

is seen as shameful, women are therefore encouraged to stay in violent marriages and hope for things to get better (Mashaba,2011:04;Maluleke,2012:428). Tsonga women are taught from early ages that “Wansati u khoma mukwana hi le vukarhini”, which is loosely translated as “A woman holds the knife by the sharper end”, meaning a woman is supposed to stay and work it out, even if it’s tough (Maluleke, 2012:427).

According to Maluleke (2012:428) and Mubangizi (2015:159) this may result in women being abused and sometimes even killed by their spouses. Tsonga cultural values, according to research into the relationship between family values that strengthens culture is practiced in respect of cultural values, rather than respect for life (Rugira & Sampson, 2017:02). This implies that the practice of cultural values is considered more important than feelings or opinions of the individual. Hence, Tsonga culture may influence the utilisation of play-based activities, because some of the cultural values should be taken into consideration. Culturally appropriate play-based activities are sensitive to the Tsonga children’s culture and should be able to meet the needs of Tsonga children (Mangenyi, 2011:14).

Cultural considerations in play-based activities

Ethical and effective practice requires the consideration of cultural variables in play-based activities, including the settings and materials appropriate for ethnically diverse children (Killian et al, 2017:27; Brady, 2015:99; Gonzalez, Bell & Crane, 2016:147). When addressing the trauma of children exposed to IPV, it is therefore important to consider the culture of the child. This may help the child work through competing cultural expectations and assist them with the acculturation processes. (Killian *et al*, 2017:27). Play materials should reflect a diversity that allows the child the opportunity to control the materials and feel comfortable to engage with, because they will not feel worried by unfamiliar activities (Gonzalez *et al*, 2016: 151). Children of non-western cultures may feel discriminated against, when play-based activities or play materials are not culturally diverse (Brady, 2015:99; Gonzalez et al, 2016: 151). Research by Shen (2016) indicates that play can be used universally for therapeutic purposes, however play materials and games need to be adapted to the child’s culture in order to be effective. This means that social workers could utilise Tsonga activities representing Tsonga culture in counselling, so that children will not feel oppressed by unfamiliar activities. Play-based activities should therefore be culturally appropriate for Tsonga children.

There is an indication from the literature that information on play- based activities within the non-western population is scant (Shen, 2016; Brady, 2015:100; Yousef & Ener, 2014:93-94).

The current study attempted to address this gap because it may help DSD social workers to develop and implement play-based counselling activities for Tsonga children exposed to IPV. The priority for the NSP (2017) is to provide effective services for children exposed to IPV. In the future, to engage in play-based activities with Tsonga children exposed to IPV, social workers could consider games and traditional arts, cultural materials and games which Tsonga children play and engage with, as well as the involvement and participation of family and spirituality in planning (Manganye, 2011:9-10). In order to understand the utilisation of play-based activities with Tsonga children exposed to IPV, the following theoretical framework provides an understanding of the theory which guided the study.

THEORETICAL FRAMEWORK

The study does not focus primarily on play therapy, but on play therapy theory as a theoretical framework. Play therapy theories may be integrated to better understand children's play and choices of play-based activities.

Children's Play

Play was first recognised as important for child development, because it was observed through pedagogic practices (Jay & Knaus, 2018:115; Daubert, Ramani & Rubin, 2018:01) Freud and Winnicott concluded that play has therapeutic benefits, as it enables children to explore and reflect upon their inner selves and their emotions, to encounter abstract thinking and to develop communication skills. According to Daubert, et al (2018:01) it provides a vehicle for children to create meaning from their experiences. Beckett (2014:27) proposed an argument from the work of Donald Winnicott, that social times in children's lives are of paramount importance of their development. Beckett agrees with Winnicott's argument that children become who they are through play. Play is not only about having fun, but engaging children to work on their emotions and feelings through the use of objects or toys improve functioning skills (Yogman, et al, 2018:01). Play can help children exposed to IPV to enhance social skills, communication and it assists in emotional expression. For example, children with IPV can learn to create things using clay as one of the objects to build and refine their fine motor skills.

Fleer and Kamoralli (2017:113) are of the opinion that through play, children make use of objects to demonstrate actions which create imaginary situations that lead to new meaning. Play develops when children use objects as placeholders for meaning. Objects such as a stick may represent a hobby horse, to actions, to later words. In play, rules begin to dominate play actions, for instance as seen in board games or school yard play. According to Yogman *et al* (2018:02),

Fleer and Karmorali (2017: 113-114), it can therefore, be said that play in itself is a healing process through which children work on emotions, which can result to problem solving.

Play-based activities and play therapy are interconnected, as play-based activities are grounded on the principles of play therapy (Willis & Walters, 2014: 488; Drewes, & Schaefer, 2018:07). In play therapy, toys and play materials are used to help children directly or symbolically express their thoughts, feelings, and phenomenological experiences that they would not otherwise be able to articulate due to developmental limitations (Landreth, 2012). Play therapy is defined “as a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self through play, the child’s natural medium of communication, for optimal growth and development” (Froebel, 2012:12). The emphasis in play therapy is on the therapeutic process and therapeutic relationship between children and the play therapist. However in play-based activities, play is primarily used as a communication tool; it is viewed as healing activity in itself, as it promotes children’s development (Gaskill & Perry, 2014: 20). Play also bridges the developmental gap between concrete and abstract thought.

Therefore play therapy is based on play as a means of cognitive development and as a means of healing for children (Green, 2014; Fleer & Karmorali, 2017:113). Play therapy has developed from the work of Freud (1909); Klein (1932); Axline (1947) and Winnicott (1979).

Play therapy theories

Play therapy theories also serve as a framework to understand the therapeutic potential of play-based activities for children exposed to IPV. Landreth (2012: 11) defines play therapy as: ...” *a dynamic interpersonal relationship between a child (or person of any age) and a therapist...who provides selected play materials and facilitates the development of a safe relationship for the child ... to fully express and explore self (feelings, thoughts, experiences, and behaviours) through play, the child's natural medium of communication, for optimal growth and development.*

Play therapy theories are used in counselling children through the use of play (Landreth, 2012:07). Play is a healing process and can be therapeutic in itself. Play therapy theories are therapeutic because they use different models to understand the counselling process when utilising play-based activities (Kastrani, Deliyanni-Kouimtzi & Athanasiades 2017:138).

Play therapy theories can also determine different choices of play-based activities which may have therapeutic benefit for such children. For example, in Adlerian therapy, children and parents are encouraged to enter the counselling together, where children express their feelings in the presence of parents (Kottman & Meany-Walen, 201:351). One of the values learned by Tsonga children is that parents need to be part of the counselling, thus Adlerian therapy supports the Tsonga values for parental involvement in therapy and decision making. Another example is that Gestalt therapy can be applied when utilising play-based activities, where children can be asked to draw what they look like, or what they may look like when they grow older in order to raise their awareness (Delisle, 2018:). To engage in play-based activities with Tsonga children exposed to IPV, it is important to consider the developmental stages and needs of the children.

Developmental stage of children as clients

The majority of children exposed to IPV who are referred to the VEP centre for counselling are in middle childhood (6 to 12) years old, and can notice and differentiate the bad from good (Cherry, 2014:01). The middle age group are trying to find who they really are in the society. Play-based activities may thus be useful to children exposed to IPV, because at this stage they become less dependent on their parents. They are experiencing advances in their sense of self, emotional regulation and are more able to express their emotions (Yogman *et al*, 2018:03). Play-based activities therefore can help children in middle childhood who are exposed to IPV with an opportunity to express themselves in child friendly ways. Such children are being referred to Department of Social Development for counselling services. They are thus traumatised by the experience and need counselling and psychosocial support (Children's Act of 2005).

The Department of Social Development is the custodian of child welfare, where social workers are employed in large numbers (Western Cape Government, 2018:01). Social workers at the DSD work according to an integrated developmental approach. The approach centres on the capacity building and empowerment of adults rather than children (Department of Social Development, 2013:13). The problem which has been identified is that the integrated development approach does not focus on children, and as a result Tsonga children exposed to IPV in Tzaneen are not receiving counselling. Research by Mhango (2012, 95) mentions that there are guidelines for integrated social work practice in the empowerment of abused women which however fail to illustrate what can be done for children exposed to IPV. Children are therefore not taken into consideration when it comes to addressing IPV. In other words children

are often not provided with counselling or the necessary support to address their trauma. In addition there is sufficient evidence to suggest that play-based activities can be therapeutic for children exposed to IPV, but little is known about social workers' utilising play-based activities with the Tsonga children.

Although, play therapy originated and developed as a Western psychological activity, all children play but they may play differently according to their cultural background (Shen, 2016). Professionals may have misconceptions about children's play due to their cultural values, where play is seen as entertainment but not as a mode of intervention (Tarraja, *et al*, 2013). This qualitative study therefore attempted to respond to the need for qualitative research on play-based activities in non-western settings. In addition social workers at the DSD work according to an integrated developmental approach. They are thus required to render counselling services to children exposed to IPV. However no studies focused on social workers' utilisation of play-based activities for Tsonga children exposed to IPV in Tzaneen. The question the research therefore sought to answer was:

How can social workers utilise play-based activities for Tsonga children exposed to IPV in Tzaneen? The sub-question of the study was: What culturally appropriate play-based activities could social workers utilise with Tsonga children exposed to IPV in Tzaneen?

METHODS

This study employed a qualitative descriptive and exploratory design (Kim, Sefcik, & Bradyway, 2017:02). The aim was to explore and describe social workers' utilisation of play-based activities for Tsonga children exposed to IPV in Tzaneen. The objective was to describe culturally, appropriate play-based activities which could be utilised by social workers with Tsonga children exposed to IPV.

Sample

Participants were identified according to the non-probability technique of purposive sampling (Bryman, 2016:410-412). The participants were social workers at the Department of Social Development. Legal authorisation was obtained from the Department of Social Development to interview social worker participants. Goodwill permission was obtained from the VEP manager to use the facilities for the data collection. The following inclusion criteria were met:

- Participants were qualified social workers with SACSSP

- Participants had at least one year experience of working with Tsonga children between the age of 6-12 who have been exposed to IPV
- Participants had experience in working with Tsonga communities.
- Participants had knowledge of play-based activities
- Participants had experience of play-based activities
- Participants were social workers working at the Department of Social Development at area offices of Tzaneen town
- Participants were able to understand and speak Xitsonga or English

Participants were informed about the aim of the research and the researcher's role in conflicts of interest. Eighteen participants volunteered and gave written informed consent to be interviewed and audio recorded. The study had 18 social worker participants, where fourteen of them were female and four were male participants. Their ages were between 25 to 43 years, with more than three years of experience of working with children.

Procedures

Ethical approval for the study was received from the Ethics Committee of the North-West University (NWU-00128-17-S1). Written permission was obtained from the Department of Social Development which assisted with the recruitment of participants. The informed consent form explained the steps to be followed to ensure confidentiality and privacy (Strydom, 2011; Bryman, 2016: 131). Participants were also informed that they could withdraw from the study at any time (Strydom, 2011).

Data were collected from the eighteen social work participants. Semi-structured interviews were suitable for this study, as the aim was to explore and describe how social workers' can utilise play-based activities for Tsonga children exposed to IPV in Tzaneen. These were between 60 to 90 minutes per participant. They were conducted one-on-one in a private setting with the necessary facilities, where confidentiality and privacy were maintained. The researcher prepared six main questions which guided the conversation and which were based on the title of the researcher study. The schedule included questions about the utilisation of play-based activities and culturally appropriate play-based activities. The researcher developed themes from the literature reviewed, and the questions were formulated according to these relevant themes. The order of the questions was guided by the main question of play-based activities, and extended to more related questions such as what are cultural aspects to consider

when counselling Tsonga children exposed to IPV in Tzaneen. The semi-structured interviews were guided by the questions outlined in the interview schedule (Bryman, 2016: 469). They were pilot-tested on colleagues in the social work field. The semi-structured questions included:

- Tell me more about how social workers can utilise play-based activities with Tsonga children exposed to IPV?
- Can you describe important cultural aspects to consider when working with Tsonga children exposed to IPV?
- Please describe any traditional Tsonga children's activities which you think you could include in counselling Tsonga children exposed to IPV, and how you would go about including it in your sessions with children?
- Can you describe important cultural aspects to consider when working with Tsonga children exposed to IPV?
- Please describe any traditional Tsonga children's activities which you think you could include in counselling Tsonga children exposed to IPV and how would you go about including it in your sessions with children?
- Do you have any other suggestions of play-based activities, even though it may be Western or not specifically from the Tsonga culture but still culturally appropriate for counselling Tsonga children? Please describe

Data analyses were done thematically, following the six steps described by Clarke and Braun (2013:4-5). The researcher made written notes during and after the interviews about what had been observed (Schurink et al, 2011: 403). The audio recorded interviews were transcribed and the data were organised into files and text units. Written notes were thematically analysed and integrated with the data transcribed. Themes, patterns and persistent ideas in the collected data were then identified (Bryman, 2016:11). Data were coded by using key words and colour coding (Bryman, 2016:11). Each theme was highlighted with a different colour.

Member checking was used to ensure trustworthiness, which allowed participants to review findings from the data analysis in order to confirm the accuracy of the work (Birt, Scotts &

Cavas, 2016). Member checking was completed at the end of each interview by reading the notes made by the researcher to confirm what the participant had said. *Credibility* was ensured by prolonged engagement with the data, and the researcher familiarising herself with the data by means of transcriptions. The researcher assigned an independent person to assist in translation from Xitsonga to English and to ensure that the responses given by respondents were true and without distortion. The translator verified the translated transcripts. Data was only transcribed by the researcher. The co-coder was assigned to help with coding the data and she signed confidentiality agreement form. Data was only thematically analysed by the researcher. *Dependability* was ensured by the standard of consistency and a detailed description of data collection and the research process. The study was conducted step-by-step according to the research process and the written proposal was approved by a research committee. The literature studied helped to guarantee *Confirmability*. The researcher also determined confirmability by ensuring all actions happened during the interview as personal reflection such *ok* in relations to the study. The reflections were noted done.

Transferability was ensured by collecting the data in such a way that it could be beneficial to other settings as well. Data saturation was reached by ensuring that adequate and quality data were collected to support the study. A detailed research process as well as the methodology was followed.

RESULTS

The main theme which emerged was that social workers utilised play-based activities with Tsonga children exposed to IPV in Tzaneen. A theme that also emerged was the inclusion of culturally sensitive play-based activities in counselling Tsonga children. The themes are discussed as follows, however some quotes are in Xitsonga, while others are in English. Through translations some words may have been changed.

Theme 1	UTILISATION OF PLAY-BASED ACTIVITIES WITH TSONGA CHILDREN
Sub-theme 1.1	Western play-based activities
Sub-theme 1.2	Lack of resources
Subtheme 1.3	Lack of training/skills
Theme 2	CULTURALLY APPROPRIATE PLAY-BASED ACTIVITIES
Sub theme 2.1	Inclusion of Tsonga play-based activities

Subtheme 2.2	Tsonga outdoor play-based activities
Subtheme 2.3	Tsonga play-based activities for emotional expression
Subtheme 2.4	Cultural sensitive practice with Tsonga children
Theme 3	CULTURAL BARRIERS

Demographic profile

Demographic profile of the participants in the table help to contextualise the results of the study.

Participants	Age	Gender	Ethnicity	Year of experience
P A	33	F	B	09
P B	25	F	B	03
P C	40	F	B	08
P D	31	F	B	07
P E	32	M	B	09
P F	29	F	B	07
P G	33	F	B	09
P H	43	F	B	12
P J	31	F	B	08
P K	39	F	B	08
P L	33	F	B	08
P M	30	F	B	09
P N	32	F	B	07
P O	33	F	B	07
P P	43	F	B	12
P Q	35	M	B	08
P R	30	M	B	08
P S	31	M	B	08

THEME 1: UTILISING PLAY-BASED ACTIVITIES WITH TSONGA CHILDREN

Eight of the participants in the study utilised different types of play-based activities in counselling with Tsonga children exposed to IPV. For example, participant “D” explained how she utilised plastic bags and charts with emotions as follows:

“Ndzi ta hlamusela nwana leswaku kuna nkhwama lowu hi faneleke hi tsala mutitwelo ma wena. Hi fanele hi cela leswi hi ta va hi tsarile swona ka nkhwama. Loko hi hetile hi ta hlawule

hi xinwe xinwe ivi hlamusela matitwele ma hina” [Then I will ask the child that there are emotions in the bag and we first start with bad emotions then we come to good emotions. We pick those emotions then put them inside the bag. Then we going to take them out one by one and explain why you feeling that emotions]

The chart is a sheet with different faces depicting various emotions, and children can choose different faces to indicate how they feel. The participants said they use charts with different emotions and ask the children to choose any emotion from the charts and put in inside the bag. The social worker and the child will talk about the emotion together. In this way the social workers used emotion charts and plastic bags during counselling to help children identify what they are feeling when they struggle to identify their emotions, or clarify what they are feeling (Dye, 2017). Play-based activities are based on play therapy theory, where children could project difficult emotions such as fear, anxiety and guilt onto charts (Drewes & Schaefer, 2015a:95; Sunderland, 2018:02). It allows children to distance themselves from the traumatic events and experiences that they find too painful to deal with directly (Drewes & Schaefer, 2015a:95; Sunderland, 2018:02).

In addition the participants utilised play-based activities such as drawing, toys and dolls to help children to explain their home circumstances or family dynamics. The participant “E” made the following comments:

“Mara ndzi nga tirhisa mitlangu yinwana yo fana no drowa, na sohuwisa na swipopana. Nwana a nga kota ku pfuleka, a vuluvula hi leswi nga humelela ekaya na matitwele na mavonle ya yena” {But I can use activities with the child such as drawing and toys as dolls. She then opens up and tells me about what is happening at home and what she feels about the situation}

In this quote, the participant mentioned that play-based activities encourage the child to express difficult home circumstances through the use of drawing, toys and dolls. The drawings enable the child to express emotions, while the child remains feeling safe and in control. Play-based activities can be used to enable children to disclose information about their experiences. The expression of thoughts and feelings through the use of toys, dolls and drawings can help the children to deal with traumatic experiences (Batoroiwicz *et al*, 2016:01; Brady, 2015:99).

Sub-theme 1.1: Western play-based activities

The results indicate that social workers at the DSD in Tzaneen frequently utilised western play-based activities when counselling Tsonga children. According to Pernebo *et al* (2018:214), there are limited interventions designed for children exposed to IPV. Social workers were therefore utilising western play-based activities as methods of interventions to help children

with IPV express their emotions and feelings, without being aware that they could include Tsonga activities. Fifteen participants made the following remarks:

“Western activities use toys, dolls, puzzles, missing words. Painting, puppets, clay and I use them in my counselling.

“They can talk through playing. So we use play-based activities such as drawing, painting, clay or dolls”.

The participants explained that they utilised western activities to enable children to express their feelings and emotions about IPV trauma. Gonzalez and Bell (2016:147), indicate that the play environment must convey the counsellor’s openness to the child’s cultural background. Furthermore, the playroom needs to have a variety of culturally sensitive toys and materials for children to choose (Gonzalez & Bell, 2016:147; Killian *et al*, 2017:27; Brady, 2015:102). Tsonga children would feel accepted and valued when play-based activities are from the Tsonga culture. Due to the limited literature on play-based activities in non-western settings, the participants suggested that social workers may include culturally appropriate activities such as Mtumbana and Masikitlana together with black dolls in their counselling with children as explained by one of the participants:

“If social workers were to use black dolls to children, they would relate much better to that than using Barbie and other stuff. We use those dolls that being sewed by the hawkers on the street”

The dolls sewed by the hawkers are made with scraps of cloth, ribbon and lace, or old socks, and stuffed with wool or cotton. Black dolls can and should portray stylised representations of young and old black boys and girls, well-dressed gentlemen, elegant young ladies, and distinguished older men and women (Maresca, 2015:01). Dolls can positively represent diverse cultures and make them culturally appropriate as their faces are embroidered, stitched and painted to express a variety of emotions, each representing a story of culture and identity (Maresca, 2015:01). Dolls have been used as therapeutic activities for children with a variety of problems to promote well-being (Mitchell, 2014; 24). Social workers should therefore ensure that they utilise black dolls to communicate with Tsonga children, because such dolls represent the children’s culture and identity. Tsonga children will be able to express emotions projecting onto the black dolls which reflect their own culture and identity. Children may lose their cultural identity if toys and materials are not culturally appropriate (Killian *et al*, 2017:27). Social workers could introduce black dolls in their counselling so that the children may also

have a positive self-image (Jean & Feagin, 2015:12). Participants also indicated that they use play-based activities such as puppets in their work with children. Participant “Q” made the following comment:

“Social workers use puppets to demonstrate or to talk with children about drugs and alcohol. It can be relevant to counselling children exposed to IPV. Puppets is not way different with dolls. We can also use dolls as puppets”

According to Drewes and Schaefer (2017b:01), puppets have proven to be wonderful engagement tools and a safe way for children to act out conflict, express feelings, re-enact and gain mastery over stressful life experiences and practice more adaptive behaviour. The puppets can be beneficial for Tsonga children exposed to IPV, as they allow children to disclose feelings and thoughts which they cannot easily express in their own voice (Drewes & Schaefer, 2017b:06). Children can also benefit from puppets as it will represent a mean mother figure onto which the child can project angry feelings (Drewes & Schaefer, 2017b:06). Children with exposure to IPV can act out violent feelings onto puppets when bottling up traumatic emotions. Although the participants were eager to engage with play-based activities, all of the participants indicated that they were hampered by a lack of resources.

Subtheme 1.2 Lack of resources

All of the eighteen participants suggested that a lack of resources is a challenge which prevents them from utilising play-based activities. The following quotes by participants indicate that they are eager to utilise play-based activities with Tsonga children exposed to IPV but are hindered by a lack of resources.

Nakambe hi hava switirisiwa leswi swi nga ta olovisela ntirho leswaku hi kota ku pfuna vana lava ku xaniseka emoyeni” [And we also need resources as play room and play materials so that it will be easy for us to utilise play-based activities with children suffering emotional trauma to express their family circumstances].

“Currently I don’t use play-based activities, the main issue being resources, I would like to use it but I think it needs resources which we don’t have here at work”.

“So the first thing we will need is a playroom, it needs to be colourful and child friendly, it should be packed with toys that helps bring out children’s emotions, taking into consideration that children react to what they see”

Literature indicates that it is helpful to have resources such as papers, toy boxes with a wide range of expressive toys, markers, crayons, puppets, and some type of puppet stage in your

office or play room (Wehrman & Field, 2013:347; Willis *et al*, 2014: 289). Research on play-based activities supports the research results that it is very important to have colourful play rooms full of play materials such, music collage activity, painting, puppets such as a puppy and a wolf, or a lion (Wehrman & Field, 2013:347; Bell, *et al*, 2014:408). Three of the social workers mentioned that they lack play rooms and play materials such as toys, puzzles, blocks, cars and toy guns. The results confirm research by Goliath (2018:94) who mentioned that social workers experienced a lack of resources such as office space and equipment. This means that a lack of resources may make it difficult for social workers to provide children with play-based activities during counselling.

Eighteen participants mentioned that they may not provide a good service without play rooms with appropriate play-based activities which are child friendly. The participants made the following comments:

“The environment must accommodate the child, so we experience problems because we unable to reach that point where we can provide good service because of the environment we are in”

“It’s not resource only, I don’t have conducive play room that I would be able to use or user friendly room or child friendly that the child could use”

Play room concepts is a very Western idea and over the years many social workers used crates or big bags and others means to carry play materials from place to place. Furthermore, for a child who is not used to having access to many toys, a fully equipped and colourful play room may divert attention from the problem to be addressed. The play room idea grounded in the work of non-directive therapist such Landreth, who work in a different set up usually in contexts with many resources and adequate time (Landreth, 2012:149-151). Resources such as a play room with play mediums is a major concern for social workers. Parson *et al*, (2015:201) emphasise that play rooms should include a range of play mediums which make it easier for play therapy intervention. Because of the lack of resources, social workers are unable to implement play-based activities which will be beneficial to children who are exposed to IPV. The findings confirm research by Drewes and Schaefer (2017b:10) that in play-based activities, a play room with toys and play materials is useful to help children express their thoughts, feelings. The participants also explained that a lack of training and skills were also an obstacle when utilising play-based activities.

Subtheme: 1.3 Lack of training and skills

Eighteen participants indicated that a lack of training prevents them from utilising play-based activities with Tsonga children exposed to IPV. The participants therefore concluded that they need necessary training in order to utilise play-based activities to children exposed to IPV. The participants said the following:

“I need training so that I can have more knowledge as to what is needed to so that I can help children. I think supervisor can organize people who have experience of utilizing play-based activities to workshop all of social worker at DSD”

“I have knowledge of utilizing play- based activities, it just that I don’t implement it to that extent due to lack of resource, due to lack of conducive environment.”

“So I think the training is needed, it will be a masters, or honours something that will take you in deeper context not a highlighting course. I think the Department should be involved in training us, at school we were doing the theory part of it, so the Department should take us to Workshops”

Training in play-based activities may help the social workers to utilise play-based activities in counselling children exposed to IPV. Jay and Knaus (2018: 115) for example mentioned that professionals working with children should at least have training in play-based activities, because it will offer professionals the opportunity to understand how to utilise play-based activities with traumatised children. Social workers also have to be adequately trained. Beckley-Forest (2018:01) argues that social workers should have training on play-based activities so that they can be knowledgeable about their utilisation in order to adequately help children heal the trauma they are exposed to.

Nine of the participants in the study were of the opinion that they do not have self-confidence, because they sometimes feel uncomfortable about utilising play-based activities. Participants in the study believed that they do not have sufficient knowledge and skills to implement play-based activities. They also indicated that since they do not have training, they are afraid they could re-traumatise children. For example, one social worker stated:

“I must first get training before using it. I feel like I will not do it well. I need training before everything. Training will enable me to have the skill required and knowledge to avoid adding trauma on children”.

Another social worker stated *“Even now I haven’t heard any of the social workers talk about attending play therapy training, I was the only one who had attended training for Social Crime Prevention and I was expected to come back and train others, but on the side of Generic Social Worker there is no training taking place”.*

The quotes by the participants indicate the need for specialised training in play-based activities. Without training, social workers will be unable to provide effective play-based intervention for Tsonga children with IPV. Training in play-based activities could help social workers with theoretical and practical knowledge (University of Pretoria Yearbook, 2017). Play-based activity is a specialised field, and social workers must have the relevant skills in order to implement this kind of intervention (Beckley-Forest, 2018:01). According to Gonzalez and Bell (2018:150) play-based activities should include cultural activities so that children could familiarise themselves with the toys offered in the play room.

THEME 2: CULTURALLY APPROPRIATE PLAY-BASED ACTIVITIES

Culturally appropriate play-based activities are play-based activities which are appropriate to Tsonga children's culture; are based on Tsonga cultural values and are able to meet the needs of Tsonga children (Mangenyi, 2011:14). The inclusion of traditional Tsonga children's games and activities when counselling Tsonga children were therefore viewed as culturally appropriate by the participants.

Subtheme 2:1 Inclusion of Tsonga play-based activities

The results of the study emphasise that the inclusion of Tsonga activities in counselling children exposed to IPV may help them feel socially accepted and therefore more willing to engage in counselling activities. Children must be given the opportunity to have cultural activities in counselling to enable them to comfortably express themselves. They should have contact with toys, games, and supplies which replicate their own cultural and ethnic identities (Gonzalez & Bell, 2016:149; Killian *et al*, 2017:28). This will help them to develop a positive cultural identity and a sense of belonging (Australian Early Childhood mental health initiative, 2013:02). Therefore, it is very important to provide children with cultural toys, games, and supplies which support their cultural identity (Killian *et al*, 2017:28).

Fifteen participants reported the following:

"I think of Masikitlana and Matumbana are games which helps the child to tell us more. These activities will help in the intervention if they could be included. The activities can serve as important Tsonga component. Children can easily identify these games."

"You can ask her to play masikitlana, she can explain her story immediately that you become surprised through the game you thoughts is general. It will lead you into getting information, if you ask to play masikitlana"

"Masikitlana" is a game played in the Tsonga community. It is a family oriented game which relies on real live events, and which enables children to replay family problems. The game is

played in two ways namely: stones, and pen and paper, but children mostly use stones to play the game. The stones symbolise people, and children collect stones according to how they structure their family. They draw square boxes on the ground, identifying people within the family, and within each box they put stones named as either a father or mother. Children put a stone on their hand and beat another stone in a form of talking to each other, as real people exchanging words. Children can also draw square boxes on the paper as an alternatively way of playing. They could use a pen as a toy that talks to whoever is identified in a box.

Masikitlana is an ideal game for children exposed to IPV, because stones symbolise words and play as language. Parson *et al* (2015: 06) describes toys as words and play as a language to help children with their emotional expression. In this way Tsonga children exposed to IPV could role play how IPV affects them and how they want it to be solved. The game makes children share and find solutions on their own without knowing that they are being exposed to problem solving skills. Furthermore “Masikitlana” is therapeutic, because it helps children to share their thoughts, feelings and emotions. Gill (2017:05) acknowledges that play in children is therapeutic, because it is a means of communication and children make sense of their experiences. Through the natural language of play, children communicate feelings, thoughts, and experiences (Trice-Black, 2014:303; Parson et al, 2014:06). This means that Tsonga children exposed to IPV can use stones as objects which symbolise words to explain their exposure to IPV in order to find solutions on their problems.

Beckett (2014:26) explains that playful engagement can enable children to see things differently. A simple object is used in a different way, or an event suddenly undergoes change of some kind. In the following quote the participant explains how a Tsonga child’s play of pretend house can also be culturally appropriate and included in counselling. Tsonga children exposed to IPV play out the family dynamics as they act out the roles of the different family members.

“Another example let’s say we play Mandwani/Matumbana or house to house we need toys as teddy bear etc so that we can see where we going in terms of helping children. And the child will sit down and start playing games such as Mandwani/ Matumbana and Masikitlana”.

Matumbana (pretend play/house) is also a family oriented game. It is played in the garden (outdoor activity) where children build houses using empty tins and household equipment such as blankets, kettles and cooking pans. Children will imitate what their parents do when they are at home. The game unpacks the trauma of IPV immediately before asking any questions. Gill (2017:19) wrote on play- based activities that processing trauma is very necessary, and

children have their particular ways of achieving resolutions as well as learning more adaptive ways of coping strategies. The activity may help social workers understand the dynamics in the family setting by merely observing the play. For example a girl child will be doing house chores, while the father is shouting at the mother if they had a disagreement about something. This game may help children to deal with the trauma of IPV. Albon (2018:03) said that engaging children in pretend activities encourages them to conduct problem solving and exploration, as they are playing for real.

Subtheme: 2.2 Tsonga outdoor play-based activities

Bento and Dias (2017:158) describe the outdoor environment as a unique stimulus that captures children's attention and interest. Activities held outside could increase their opportunities for contact with the outdoor environment, and this could further influence their development (Chang & Chang, 2015:01). The participants explained that Tsonga activities may be able to encourage children to be physical active. They therefore suggested the following:

“In our culture we have Xiswathe (touch) shipayipayi, mbalemable and hekeliheke. These are outdoor activities. They are physical activities and group activities which help children to release happy hormones. Many children enjoys this game”.

The social workers believed that outdoor activities such as *Xiswathe (touch) shipayipayi, mbalemable and hekeliheke* promote physical development, help in emotional expression and bring joy into the lives of children. “Xitswathe” can be called ‘touch’ because children run around outside play areas touching each other until they get tired. Touch activity has been used by different cultures and it is seen as an important game for Tsonga children as well. Shipayipayi is a group activity, where children hide in different places and the other child searches for them one by one until she finds the last person hidden. Then it will be the turn of the first child who was found to play the game. The cycle must rotate in that way until all the children play the game.

In Mbalembale, children sit down while stretching their legs. The other child will count them one by one until they come to the last person, and the cycle should rotate until it comes to the last one. Hekeliheke, is a group game in which children make a circle while holding hands. They sing along moving to the right and left telling one another to sit down until they all sit down as explained on 49 of the thesis. According to Hinkson (2018:95), playing such games helps children to pay attention, because it teaches them to focus on one thing at a time, while they ignore anything that might distract them. These Tsonga play-based games are important, because they help children to focus on the game. This emphasises the here and now rather than

thinking about the violent memories. Powell (2018:13) indicated that physical activity games help children to be physically fit. It improves their brain functioning, supports their higher thinking capacity and engages them in problem solving skills in a relaxed way which is stress free.

Social workers should initiate outdoor activities in their counselling, because they are beneficial, as children concentrate on the game rather than thinking about the trauma of IPV (Kagan, 2018:130). Bento and Dias (2017:158) further indicate that outdoor activities provide many benefits for people, including restorative or stress-reducing effects. This means that social workers could use outdoor activities as well to help children to reduce stress resulting from their experience of IPV. For example one participant explained *“Empty Tins as toys, or stones as toys, tennis ball. These are outdoor activities and it involves physical movements, and concentration that the ball must hit you and it release happy emotions”*

The results revealed that Tsonga play-based activities involving physical activity may help children with emotional expression. One participant made the following comment:

“I don’t know much of Tsonga activities excerpt Matumbana and khadzi (skipping rope). These game will help the child to release happy hormones since it involve physical activity. Playing football will also help the child to release some happy hormones”.

Matumbana and Khadzi may develop children’s physical bodies and help them to keep fit and healthy. Physical activities help as outlets of expression of emotions and aggression (Kane, 2017:10). Chang and Chang (2018:05) state that outdoor activities can attract children’s attention and produce positive emotions such as happiness and laughter. Playing different activities will help the children to express happy emotions such as joy and pleasure which is important for their well-being (Killian *et al*, 2017:25).

Subtheme: 2.3 Tsonga play-based activities for emotional expression

Play-based activities were developed to help children to address emotional difficulties they are facing as a vehicle to promote communication of emotions and feelings through the use of toys (Schaefer & Drewes, 2018b: 05). The participants mentioned that instead of utilising western activities as drawings to express emotions. However drawing is a common game used by many children from different cultures and it is applicable for Tsonga children. Therefore, ten participants said instead of drawing they could also utilise the following culturally appropriate Tsonga activities:

“We can use our Tsonga activities as Magava, xirhekhedyana, and Tinghedzo to replace drawing. These game will help the child to release happy hormones since it involve physical activity as well. Playing football will help children to release some happy emotions”.

Magava is an activity played by ball which is made by plastic which is folded together to make a ball. Three or more can play this game, two children should stand facing each other but in distance which allows the third child move in between until the ball touches him/her. Should the ball touches the one playing, she then loses the game and comes another to play.

Xirkehedyana is game playing by wool which tied, two children should stand inside the wool so that the third child jumps in and out until the breaks, and she would have lost the game. Tighedzo, is played by stones, children should dig a hole or draw a circle on the ground so they could put the stones inside the circle. Each of them should put ten to two stones inside the circle then they must play taking out the stones from the circle to the other side of the circle.

The Tsonga activities mentioned by participants could help children to express their inner worlds through play. They can express bad and good emotions through this game. Schafer and Drewes (2018:06) describe that children have an innate capacity to express their emotions of joy, fear, anger surprise and disgust in different ways. These activities may enable Tsonga children exposed to IPV to express different emotions through being introduced to these games. The results indicated that not only should play-based materials and activities be culturally appropriate, but social workers should be sensitive to the body language and cultural traditions of respecting adults in Tsonga culture when counselling Tsonga children.

Subtheme: 2.4 Cultural sensitivity when counselling with Tsonga children

Gil and Drewes (2006:23) indicate that becoming cross-culturally competent requires commitment and follow through. This implies that social workers working with Tsonga children must develop and expand their insight, sensitivity, knowledge and action language regarding Tsonga culture. Social workers are guided by the Children's Act 38 of 2005 to be cultural sensitive to every child's ethnic group. Such cultural understanding and sensitivity in play-based activities reinforces the success of counselling (Killian *et al*, 2017:27-28). The participants said that in the Tsonga culture, children are not allowed to maintain eye contact, unlike with the western culture. This is because maintaining eye contact with elders shows disrespect. Fifteen participants explained:

"Tsonga children are taught from an early age that talking back or looking someone in the eyes is a sign of disrespect".

"In Tsonga culture we don't have to maintain eye contact, unlike with western culture. When you are a child, you don't maintain eye contact with elders, they say you are disrespecting. You must talk to elders looking down to show respect"

Children exposed to IPV might not maintain eye contact with the social worker during counselling, as they would be paying respect to the social worker who is an adult. When counselling Tsonga children it might be possible that they might not answer back. The participants explained that this does not indicate that they may be hiding important information or feeling nervous about IPV. They would be respecting and adhering to their cultural values. Valuing and respecting cultural values encourages people to see differences among individuals and groups as common and positive (AECMI, 2013:02). The participants explained that within the Tsonga culture, children who exchange words with elders in the form of arguments infringe on cultural boundaries, and it is embarrassing within the Tsonga society. Maras and Shapiro (2017:03) postulate that children are possessions of their family, and disobedience to adults will be punished. Children should therefore be not forced to maintain eye contact or respond in the counselling, because they are being respectful of the social worker's point of view, with the belief that the social worker knows what is best for them. Respecting a child's cultural values will help them to develop a sense of belonging (AECMI, 2013: 02). Tsonga culture advocates that family matters remain within the family. It is helpful therefore for social workers to ask parents what aspects of culture they consider important, and what their culture considers to be developmentally appropriate for their children (Gonzalez & Bell, 2016:1478; Killian *et al*, 2017:27). Eighteen participants reported the following:

"Certain things are just family based, they are not spoken outside family premises. We have are made to believe that maybe parents are never wrong or things that they do and they say are the right things"

"According to our culture family matters must remain as private matters within the family. Outside people must not know what happened in the family. It must be treated in that way".

Within Tsonga culture, children may avoid talking about IPV outside the family, as it is considered as a family matter. Social workers should therefore apply play-based skills and engage the child in more play to enable the child to share and cope with the IPV problem. Palmer, Pratt and Goodway (2017:128) describe play-based interventions as helping young children change the way they cope with difficult problems and emotions. However, play-based activities encourage children to share their feelings, thoughts and emotions and find solutions to their problem (Crenshaw, 2018:214).

Research by Leog, Lee and Kalibatseva, (2018:129) supports the Tsonga cultural values by saying that mental health clinicians may need to examine clients' expectations for counselling openly. Leog *et al* (2018:129) indicate further that it is important to address clients according

to their culture in the beginning of the treatment as a way to prevent premature termination resulting from differing expectations. Some of the participants indicated that there are certain words, such as private parts that are not to be mentioned directly. Eighteen participants made the following comments:

“In Tsonga culture children are taught to not use vulgar words, so when you bring things that are seen unacceptable as private parts we have been taught that we have to use words that will cover that private part, we don’t talk directly call private part by its name”.

It is very important for a Tsonga child to refrain from mentioning private parts by their name, because it is considered embarrassing to talk about sexual organs. The participants said they would rather replace naming private parts directly by having play mediums as anatomical dolls. The participants reported the following:

“With the doll that I was using, it was girl doll and a boy doll, a boy with a penis, a girl with a vagina, the boy is wearing and girl in cloth with underwear, then we have to give that child that this is malume(uncle) whoever”

Social workers should be aware that Tsonga children would not talk about private parts at all, they would rather name private parts indirectly or by showing private parts as she talks”. Tsonga children exposed to IPV may feel embarrassed to call a private part by its real name. However, a social worker may use anatomical dolls with Tsonga children to talk about the nature of IPV they were exposed to, in the case where children were exposed to sexual violence between the parents (Maras & Shapiro, 2017: 06). For example, as explained by Maras and Shapiro (2017: 06) “child sex dolls are realistic virtual representations of children, which may or may not have been created with an image of a real child”. Although the social workers were eager that their practice should be culturally sensitive the participants also experienced culture as a barrier when engaging with Tsonga children who were exposed to IPV.

THEME 3: CULTURAL BARRIERS

Cultural barriers refer to rules or expectations in any culture which prevent or impede someone outside of that culture from being included or participating equally (Vranceanu & Leca, 2015:44). The findings reveal that cultural values sometimes hinder social workers when working with Tsonga children exposed to IPV. The participants further stated that culture still stands as a barrier which they try to eliminate when working with Tsonga children exposed to IPV. Ten of the participants made the following comments:

“Sometime you have cases where a child decide to approach social workers because of the violence that is taking place at home, obviously when children come to us we also need to involve parents, parents will tell you they would rather discuss the matter at home as a family with no outside intervention, but as professionals we have to put children first, we break the cultural aspect”.

“The other things that our culture makes it a barriers is that parents will make decision that this matter must be solved with the family. It must remain a family affair. Even if the case would have opened, they will inform the social worker that we as family decided that we will solve this matter within the family”.

Thomas (2016:52) explains that working with parents, cultural taboos about the relationship, and confidential, high mistrust as well as assumed culturally associated feelings of shame hindered the ability to talk about the trauma and earlier experiences. However, cultural barriers could be bridged by enhanced self-awareness, knowledge and skills to consolidate the development of a therapeutic alliance (Thomas, 2016:52). Social workers should make an effort to address such barriers by engaging the child in play-based activities as a healing process. The National Association of Social Work (2015:27-47), describes skilled social workers as being able to navigate the cultural barriers in a child. Because of this unique skill, social workers should anticipate such complex issues in counselling. For example the research participants indicated that a boy child will find it difficult to show a crying face, because Tsonga culture forbids it.

“Our Tsonga culture becomes a burden to children in most cases, like it’s acceptable for girls to cry and show emotions, yet boys are not allowed to do that, they are told that they need to be men.”

In a play-based intervention, all children, irrespective of gender express their emotions in whatever way they can. According to Drewes and Schaefer (2018b:05), play serves as the natural, universal language of children, allowing them to express themselves in developmentally appropriate means that can transcend the limitations of cultural consideration. However Tsonga culture and parental decisions may therefore still affect the quality of the counselling process.

DISCUSSION

The aim of the research was to explore and describe social worker’s utilisation of play-based therapy with Tsonga children. The findings of the study confirm that social workers utilise play-based activities when counselling Tsonga children exposed to IPV. The participants

indicated that they used play-based activities such as the emotions chart to help children express their feelings about IPV trauma (Dye, 2017). In addition, some of the participants indicated that they utilised drawing, toys and dolls as one of the play-based activities in order to help children disclose information. Lee *et al*, (2013:44-45) and Willis *et al*, (2014:278) indicated that drawing, toys and dolls are used to help child to express emotions such as fear, and work through traumatic experiences. However such activities may not be the only interventions available for children exposed to IPV. The reason for this is that the trauma of IPV would have damaged children, so that they would need long-term counselling services such as cognitive behavioural counselling (Cozza, 2014:403). Such counselling will include sessions with parents, cognitive coping skills and individual breakout sessions for developing and processing trauma (Cozza, 2014:403).

The western play-based activities utilised with Tsonga children are puppets, puzzles blocks and missing words. Khodabakhshi-Kooalee, *et al* (2018:272) are of the opinion that western play-based activities are beneficial in helping children to communicate their feelings, emotions, thoughts and wishes towards a particular event given the limited literature on non-western play-based activities. Western play-based activities were beneficial, because children were able to share their traumatic situation of IPV. It appears that the participants did not think that they could utilise Tsonga activities because social work practice was not indigenised.

Despite the fact the participants utilise western way model of working, play-based activities should be made relevant to the practice of social worker in the non-western society. Gray, Kreitzer and Mapedziswa (2014:101-102) proposed that the practice of social work should be indigenized to cover the cultural values, norms and beliefs of the indigenous people in Africa. This could include Tsonga children at large as the social workers are adopting western play-based which somehow decolonise Tsonga culture since the social workers are basically trained to utilise western approaches with Tsonga children. Since play-based activities are useful for Tsonga children with IPV, social workers have the responsibility to engage and encourage the practice the promote human rights of the Tsonga children.

Nevertheless, these activities could therefore be viewed as culturally appropriate if they were adapted to represent Tsonga culture identity such as the use of black dolls or crayons reflecting the skin tones of Tsonga children (Maresca, 2015:01). However, the findings of the study indicate that social workers experience difficulties due to a lack of resources. This prevents them from utilising play-based activities on a regular basis. The participants said that the need existed for play rooms with play mediums, so that they could provide children with appropriate

counselling. Social workers should be provided with necessary resources in order to provide an adequate service (Goliath, 2018: 94). The findings also reflect that social workers should be provided with play-based intervention training to help them understand how to utilise such activities. The results also confirm the research by Jay (2018: 115) that training in play-based intervention may provide social workers with theoretical and practical knowledge when they are working with children.

Children can use play-based activities to express emotions and relate their problems well (Schafer and Drewes, 2018:06). Therefore, findings of the study reflect that in counselling Tsonga children, cultural play-based activities such as Masikitlana and Matumbana would be appropriate so that children could relate their problems well. The participants outlined that there are Tsonga activities which help in physical movements and development. These physical play-based activities are Xiswathe (touch) Shipayipayi, Mbalemable and Hekeliheke. The participants indicated that the activities help children to interact with others in groups. This was supported by Beckett (2014:25). Play which involves another person therefore provides a chance of enrichment.

The findings reveal that there are Tsonga play-based activities such as Magava, Xirhekhedyana, and Tinghedzo which social workers could utilise to help children express emotions, thoughts, feelings and wishes, as use of these games these can help to destroy painful memories. The results of the study also reveal that there are cultural forms of communication with Tsonga children that social workers should take into consideration when counselling. The findings were consistent with literature which indicated that when utilising play-based activities, counsellors should consider the culture of children (Yousef & Ener, 2014:95; Killian, et al, 2018:27; Brady, 2015: 101-102; Gonzalez & Bell, 2016:148-149). The findings of the study indicate that Tsonga activities such as Matumbana and Masikitlana are culturally appropriate and can also be used for expression of thoughts, feelings and emotions. The results confirm Batoriwicz *et al* (2016:01) and Brady, (2015:99) use of play-based activities such as toys, dolls and drawing to help children express traumatic experiences. (Beckley-Forest, 2018:01).

The participants mentioned that there are a variety of cultural values which may be included. These include: eye contact, family matters, parental involvement, decision making and private parts. Parental involvement is a positive for child well-being and family functioning. For instance working with children include working with parents and allowing for both input and feedback. Jarvis and McLennan (2018:17-18) agree with the results of study indicating that parental involvement and working with children brings positive outcome and contributing to

child well-being. The participants mentioned that Tsonga children may not maintain eye contact in the counselling, as it is forbidden in the Tsonga culture. However, social workers may still continue with counselling in the exception of eye contact because non-eye-contact does not mean resistance. The participants indicated that children may be scared to share their experiences during counselling, as they are taught that family matters remain family matters (Leog, *et al*, 2018:129). However social workers may use social work skills such as self-awareness and empathy to help children talk about the trauma of IPV (Ahmed, 2016:198). Participants said that Tsonga children exposed to IPV would not refer to private parts directly, as the words are not appropriate for children in Tsonga culture. Research on families indicates that families know what is best for their children and therefore represent a very important resource for their children (Norup, 2018:19).

The findings indicate that participants regard some cultural values as barriers in counselling Tsonga children exposed to IPV. Furthermore, a boy child is not allowed to cry, as the Tsonga culture promotes gender roles. The Children's Act 38 of 2005 and the SACSSP promotes cultural sensitive practices, but still gives social workers authority to intervene in ways which are in the best interests of the children when they are in need of protection.

IMPLICATIONS

The research adds to the growing literature of qualitative studies aimed at exploring social worker's utilisation of play-based activities for Tsonga children exposed to IPV in Tzaneen. The study also provides an exploration and description of culturally appropriate play-based activities for such children and how these activities strengthen the implementation of culturally sensitive practice when utilising play-based activities. Tsonga children exposed to IPV should thus be given the opportunity to express themselves using cultural activities that they are familiar with.

Cultural barriers should not prevent social workers from counselling children, because they have the authority to break the cultural barriers which are not of value for the child. Cozza (2014:403) further suggests that cognitive behavioural counselling for children with trauma is an example of long term counselling that can be provided to children. This counselling will include sessions with parents, cognitive coping skills and individual breakout sessions for developing and processing trauma (Cozza, 2014:403). Therefore children exposed to IPV may be recommended for long-term counselling as an alternative form of intervention due to the damage caused to them through IPV.

FUTURE RESEARCH

Further research may also explore the utilisation of play-based activities for children coming from different cultural groups and different areas in South Africa, because this research was solely aimed at Tsonga children in Tzaneen. Future researchers may need to explore the management's understanding of play-based activities. This will be done in order to establish whether there are proper engagements between social workers and children, so that the provision of necessary training and play-based facilities could be implemented.

CONCLUSION

The data revealed that participants do utilise play-based activities, however, there is a lack of resources and skills. Participants regard play-based activities as a useful intervention for counselling Tsonga children exposed to IPV. This is supported by Schaefer and Drewes, (2018:05) who argue that play-based activities can be used in counselling child related trauma. The results support the need for social workers at the DSD in Tzaneen to receive specialised training in order to implement play-based activities with the Tsonga children. Therefore it can be said that the DSD has the responsibility to provide social workers with such training. However, it will enable them to utilise play-based activities that are culturally appropriate.

The results concluded that western activities like storytelling and playing with dolls can be useful, but could be adapted to Tsonga culture and thus be incorporated in interventions so that these activities are culturally appropriate. Thus, storytelling has been an important activity in many culture over many years. Maras and Shapiro (2017: 06) further suggest that social workers should be trained in order to utilise anatomical dolls to be sensitive to the cultural values of Tsonga children. It is therefore becomes the DSD's responsibility to provide social workers with such training. However, the social workers have responsibility as professionals to engage life-long learning process which would entail reading of articles, books and engage in capacity building.

Social workers concluded that culturally appropriate play-based activities are needed when counselling Tsonga children. Social workers added that children may able to relate well while sharing their IPV trauma using activities familiar to them. Tsonga play-based activities such as Maskitlana, Xitumbelelana and Matumbana are culturally appropriate for Tsonga children and can therefore be utilised when counselling traumatised Tsonga children. Inclusion of Western play-based activities like guided-reading, puzzles and blocks has however been recommended by the participants to be effective in helping Tsonga children deal with these traumas but these could be adapted to Tsonga culture. The study further explored and described

culturally appropriate play-based activities which can be utilised by social workers dealing with Tsonga children. Social workers should consider Tsonga play-based activities because they promote cultural beliefs as they add value to children's' lives (Manganye, 2011:09).

The DSD should ensure that they implement a guiding policy to refer to when counselling Tsonga children. This could be done by amending the integrated developmental approach and national policy guidelines for victim empowerment to meet the needs of children with IPV. Tsonga culture maintains that family matters must be kept confidential and private, however social workers may have to address these cultural barriers for the best interests of the child (Children's Act 38 of 2005).

RECOMMENDATIONS

Social workers should consider cultural values of the Tsonga when utilising play-based activities, because this may have a positive impact on the outcome of the counselling. An outside play area should be provided for outdoor activities and games for the social workers at DSD in Tzaneen. Social workers should address gender stereotypes which promote patriarchal values. This could be done by raising awareness amongst the Tsonga community. The DSD should also ensure that social workers are provided with training that will enable them to use anatomical dolls to support communication with Tsonga children, while still respecting the values of the Tsonga culture. The Department of Social Development (DSD) should regularly provide training and workshops to social workers on the utilisation of play-based activities. The DSD should also ensure that social workers are provided with necessary resources such as play rooms and play mediums. This will enable social workers to provide counselling more often and with confidence.

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SECTION C

Summary, conclusion and recommendations

1. Introduction

This section will provide an overview of the study, and conclusions and recommendations will be explained. Section A included the problem orientation of the study in which the aim of the study, theoretical framework and applicable research methodology were discussed. A literature review was conducted with specific focus on the following concepts: intimate partner violence (IPV) in South Africa in play therapy and play-based activities. Section B focused on the findings which were discussed in an article format. The purpose of this section is to determine whether the research question has been answered, based on the findings of the study. The results indicate that social workers utilise play-based activities in counselling as a form of therapeutic intervention. The results also indicate that Tsonga children's activities are culturally appropriate and could be included in play-based activities.

2. Summary of the research problem and achievement of the aim and objective

Intimate partner violence is a life time traumatic event that has negative effects on children (Katz *et al*, 2016:47). Research by Modie and Diraditsile (2018:09) raised a concern that men are often the perpetrators of IPV due to patriarchal beliefs promoted within the society. IPV frequently exists in patriarchal societies, because men are entitled to have the economic and decision making power in the household (Modie & Diraditsile, 2018:09 in Mookodi, 2004). This means that children may continue to be vulnerable while patriarchal values persist in society. Patriarchal power has an influence on the prevalence of IPV among women because it grants men power to practice IPV (Namy *et al*, 2017; 09). Therefore women are victims of IPV, while children are also victims because they witness IPV from their parents (Caters & Sjogren, 2016:473). Children become victims of IPV through hearing, seeing and observing the situation between their parents (Cater & Sjogren, 2016:474; Pinna, 2016; 146).

Exposure to IPV influences the developmental, psychological, emotional, and social functioning of children (Chamberlain, 2014:17). Witnessing IPV has been shown to have a negative impact on children's well-being which increases the rate of emotional trauma in children. (Neustifter, van Rhijn & Pitman, 2015: 652). Children exposed to IPV experience difficulties in verbalising their emotions. Children who experience difficulties are those in the stage of industry and inferiority because they lack communication skills (Cherry, 2014:01). This phase occurs between six and twelve years old (middle childhood). It is a phase where children develop foundational skills for building healthy social relationships and learn roles that will prepare them for adolescence and adulthood (Drewes & Schaefer, 2016). The children

of this group are therefore forgotten in terms of treatment, because of their inability to communicate their feelings about the violence they have witnessed. Children exposed to IPV in Tzaneen are often referred to social workers at the VEP and DSD for counselling who feel they are not equipped or trained in child friendly counselling modalities.

Play-based activities may be ideal to assist children to verbalise their feelings and emotions unlike adolescents who can verbalise their feelings (Aistear: the Early Childhood Curriculum Framework, 2015:53). Social workers in Tzaneen are primary professionals working with children who are in need of care and protection (Children's Act 38 of 2005). Social workers in Tzaneen are guided by an integrated developmental approach which depends on capacitating and empowering of abused women while excluding children as a vulnerable population with emotional problems. Considering that this does not emphasise counselling of children, social workers are faced with the responsibility of providing children with a counseling service.

The integrated developmental approach and National Policy Guideline for Empowerment do not describe what should be done to help children exposed to IPV. The National Policy Guideline for Victim Empowerment (NPGVE) also focuses on abused women as well, rather than providing counselling for children with IPV. Therefore research was required with children exposed to IPV, and the focus of this research was on the utilisation of play-based activities by social workers for such traumatised Tsonga children. The aim of the study was to explore and describe how social workers' can utilise play-based activities with Tsonga children exposed to IPV through the use of a qualitative descriptive and explorative design. The aim was achieved because the study reflected that social workers utilised play-based activities with Tsonga children exposed to IPV in Tzaneen. For example the results indicated that social workers utilised play-based activities such as plastic bags and emotions chart to counsel Tsonga children exposed to IPV. The objective was to describe and explore culturally appropriate play-based activities which can be utilised by social workers with Tsonga children exposed to IPV in Tzaneen. The objective was achieved because social workers described culturally appropriate play-based activities to be utilised with Tsonga children exposed to IPV in Tzaneen. For example the findings indicated that social workers may utilised culturally appropriate play-based such as masikitlana, matumbana, xitumbelana and khadzi with Tsonga exposed to IPV in Tzaneen.

Play-based activities have been viewed as a useful strategy for children who witness of IPV (Vanfleet & Topham, 2016) and Meyers, 2016). Social workers in Tzaneen at DSD work according to an integrated developmental approach (IDA). This does not outline anything about

counselling children, but rather provides psychosocial support to women as victims of abuse. Mhango (2012:12) wrote about the integrated social work practice in the empowerment of abused women emphasising the provision of emotional support to abused women while excluding children with IPV.

Play is therapeutic as it is enjoyable and goal directed (Parson, Anderson & Stagnitti, 2015:5). Through games, puppets, stories, videos, and art projects, children in the middle childhood exposed to IPV can identify their feelings as well as experience safety (Aistear {Early Childhood Curriculum Framework}, 2015:52-53; Drewes & Schaefer, 2016a). Since children are traumatised by the experience of IPV, play-based activities could be beneficial to address the trauma.

However little was known about how social workers were counselling Tsonga children exposed to IPV utilising play-based activities. Although play can be used as a medium in counselling children (NCTSN, 2014:1-2), there was limited literature about how to implement play-based activities for children exposed to IPV in the South African context, taking into consideration local culture. Children of non-western cultures may feel uncomfortable when play-based activities or play materials are not culturally appropriate (Brady, 2015:99; Gonzalez & Bell, 2016: 151). Furthermore, struggling to find something familiar may interrupt the child's play if the counselling room lacks Tsonga materials. Social workers may therefore inadvertently oppress Tsonga children further if play materials are not culturally appropriate or adapted to the culture of the child. As a result the objective of the study was to explore and describe culturally appropriate play-based activities which could be utilised by social workers with Tsonga children exposed to IPV (Gonzalez and Bell, (2016: 151), Brady, 2015:101; Killian *et al*, 2017: 27; Yousef & Ener, 2014:93-94).

The research question was formulated as follows: How can social workers utilise play-based activities for Tsonga children exposed to IPV in Tzaneen? The research question was answered and the findings reveal that social workers utilise play-based activities with Tsonga exposed to IPV in Tzaneen. The sub-question was formulated as follows: what are culturally appropriate play-based activities which social workers could utilise with Tsonga children exposed to IPV in Tzaneen? The sub-question was answered because the findings describe culturally appropriate play-based activities that could be used with Tsonga children with IPV in Tzaneen. The researcher identified themes from the data collected. The following themes emerged namely:

1. Utilisation of play-based activities with Tsonga children,
2. Culturally appropriate play-based activities

3. Cultural barriers

The first theme also contained three subthemes namely: western play-based activities, lack of resources, lack of training/skills. The social workers utilised play-based activities with Tsonga children exposed to IPV. They used play-based activities such as dolls, drawings, toys, plastic bags and charts with emotions when counselling children with IPV. However, the social workers raised a concern that lack of training and resources prevented them from utilising play-based activities effectively because they sometimes feel uncomfortable.

The second theme contained four subthemes namely: Inclusion of Tsonga play-based activities, Tsonga outdoor play-based activities, Tsonga play-based activities for emotional expression and cultural sensitive practice with Tsonga children. The social workers indicated that Tsonga play-based activities should be included when counselling children so that children could have contact with toys and games that represented their culture. The Tsonga play-based activities to be included are Masikitlana and Matumbana because they help children to deal with trauma as they based on real events. The social worker mentioned Xiswathe (touch) shipayipayi, mbalemable and hekeliheke. These play-based activities help children with physical movements and development as well as with emotional expression and bring joy. The social workers identified Tsonga play-based activities as culturally appropriate for expression as Magava, xirhekhedyana, and Tinghedzo because children feel happy after playing them.

Social workers have to be culturally competent when counselling Tsonga children, culturally appropriate play-based activities have to be taken into consideration. Social workers emphasised that eye contact is forbidden in the Tsonga culture. Moreover, parents would like to be included in the counselling process and make decisions where possible. The social worker identified the cultural barriers within the Tsonga culture that forbid a boy child to express crying emotions. The Tsonga culture expected that family matters should be kept confidential. The next section provides the overview of the research methodology.

3. SUMMARY OF THE RESEARCH METHODOLOGY

The aim of the study was to explore how social workers can utilise of play-based activities with Tsonga children exposed to IPV in Tzaneen. The objective of the study was to explore culturally appropriate play-based activities which could be utilised by social workers with Tsonga children exposed to IPV in Tzaneen. The literature study was conducted in order to understand social workers' utilisation of play-based activities for Tsonga children exposed to IPV in Tzaneen. This enabled the researcher to gain a broad overview and to build a theoretical

framework. Play therapy theory was used to guide the study. Therefore play is a healing process, therapeutic in itself, and can be used for counselling children (Winnicott, 1971: Yogman *et al* 2018:01-08; Fleeer and Karmorali 2017:113). Play therapy theory is based on the assumption that children struggle to verbalise themselves, especially in difficult situations. It is a process through which children can work on emotions, which results in problem solving. Play therapy has developed from the work of Freud (1909); Klein (1932); Axline (1947) and Winnicott (1971).

Qualitative data were collected from eighteen participants who were identified through purposive sampling. Semi-structured interviews were used as a method of data collection with participants who met the inclusion criteria, and the semi-structured interviews were audio-recorded. Prior to the interview, the participants consented to take part in the study by signing informed consent. The semi-structure interview questions were guided by an interview schedule with the researcher making field notes during the interviews. The researcher ensured that data saturation was reached during data collection. The interviews were transcribed and themes were identified. The researcher assigned a translator to assist with translation and data were translated from Xitsonga to English. The translator also signed a confidentiality agreement form. A co-coder was appointed to assist with coding data. The co-coder signed a confidentiality agreement, and the ethical guidelines were followed throughout the process. The researcher also made use of member checking during the semi-structured interviews to ensure that the information that was shared by participants was the same as that documented by the researcher. Data was then analysed through thematic analysis by the researcher. Themes emerged thereafter namely:

Theme 1: Utilisation of play-based activities with Tsonga children

Subtheme 1.1 Western play-based activities

Subtheme 1.2 Lack of resources

Subtheme 1.3 Lack of training/skills

Theme 2: culturally appropriate play-based activities

Subtheme 2.1: Inclusion of Tsonga play-based activities

Subtheme 2.2: Tsonga outdoor play-based activities

Subtheme 2.3: Tsonga play-based activities for emotional expression

Subtheme 2.4: Cultural sensitive practice with Tsonga children

Theme 3 Cultural barriers.

The findings of the data analysis were compared with the results of the literature study to write the final thesis.

4 CONCLUSION

The aim of this study was to explore and describe social workers can utilise of play-based activities with Tsonga children exposed to IPV in Tzaneen. The objective of the study was to explore and describe culturally appropriate play-based activities which could be utilised by social workers with Tsonga children exposed to IPV in Tzaneen. The findings of the study indicated that social workers utilise play-based activities with Tsonga children during counselling as a form of therapeutic intervention. The social workers indicated that they used western play-based activities such as emotion charts, dolls, toys, drawings and storytelling. Social workers mentioned that above activities are common in both western and Tsonga culture. They did not initially think to include Tsonga play-based activities. However, some social worker participants have utilised play-based activities in counselling children Tsonga children.

The data revealed that social workers have a desire to utilise play-based activities because they are faced with challenges that prevent them from utilising play-based activities. The findings reflect the lack of training and resources as the main challenges preventing them from utilising play-based activities regularly. The results provide new information that social workers at DSD in Tzaneen need to have specialised training in play-based activities in order to implement such activities when counselling Tsonga children exposed to IPV. Some children may need more than play-based activities, because of the impact of IPV. The children may to be referred to psychologists or mental health practitioners for further intervention such as a cognitive behavioural counselling (Cozza, et al, 2014:403)

Participants suggested that training in play therapy should be offered to them, as it will improve the way they utilise play-based activities currently. Participants had a lack self-confidence, because they sometimes felt uncomfortable to utilise play-based activities

Participants suggested that the culture of the child should be respected, as it helps children to develop a sense of identity and belonging. Social workers suggested that Tsonga games and black dolls could be used as cultural appropriate play-based activities when counselling Tsonga children. They further said masikitlana, matumbana and black dolls could be used to help children directly express their thoughts, feelings, and emotions. Masikitalana and Matumabana

are Tsonga play-based activities which may help children learn about roles and social skills, feel connected to others and explore relationships with others. The findings of the research are supported by Schaefer and Drewes, (2018b:1-7) and Yogman, et al (2018:1-5) who believe that play-based activities are useful to help children with expression of trauma. Tsonga children's activities like magava, xirhekhedyana, and tinghedzo can help to promote children's emotional expression. Xiswathe (touch) shipayipayi, mbalemable and hekeliheke are Tsonga outdoor play-based activities which help with physical development.

The findings suggest that in order for counselling to be culturally appropriate for Tsonga children exposed to IPV, counsellors should be aware of the Tsonga cultural norms which need to be adhered to in communication. Parental involvement and decision making are cultural values and norms that should be considered. Parents desire to take part in the counselling process and make decisions where possible. Research by Gonzalez and Bell, (2016: 151), Brady (2015:10); Killian *et al.* (2017: 27); Yousef and Ener, (2014: 93-94) supports the research findings that in play-based intervention should include and respect certain cultural aspect of the children as it have positive outcome in the upbringing of children. The findings reveal that cultural values sometimes serve as cultural barriers because they prevent social workers from helping Tsonga children exposed to IPV. Male children are not allowed to express crying emotions. Tsonga culture promotes privacy within families and this may prevent women and children exposed to IPV from disclosing the violence they may have been exposed to. In Tsonga culture children respect parental decision making, even if is not in the best interest of the child.

4. 1 Summary of the contribution of the study

The study has contributed empirically by exploring social workers' utilisation of play-based activities in Tzaneen with Tsonga children exposed to IPV. The study contributed knowledge to the general field of play-based activities and play therapy by recommending culturally appropriate activities to be included in the play room with Tsonga children. The study also contributed to new the literature of traditional Tsonga children activities. The knowledge gained will be used by DSD social workers to implement culturally appropriate play-based activities for Tsonga children exposed to IPV. The findings contributed to the social work profession as it encourages social workers in South African to implement play-based activities to children exposed to IPV within their area of work.

5. RECOMMENDATIONS

In the light of the findings of this study, the following recommendations will be made to social workers at DSD in Tzaneen and future researchers:

5.1. Recommendations for managers and social workers at DSD in Tzaneen

The following recommendations can be made to management

- Consider play-based activities as an important part of the social work programme
- Provide the social workers with play-based activity training or workshops
- Provide the social worker with necessary resources to implement play-based activities
- Consider children exposed to IPV as children in need of care and protection.

The following recommendations can be made to social workers:

- To attend training or workshops on play-based activities and play therapy;
- To use play-based activities more often when doing counselling with Tsonga children exposed to IPV
- To include traditional Tsonga play-based activities in counselling children exposed to IPV
- To train social workers from other cultures to use culturally appropriate play-based activities when working with Tsonga children

5.2. Recommendations for future researchers

The following recommendations can be made to future researchers:

- To explore the utilisation of play-based activities with other cultures
- To explore the benefits of traditional Tsonga activities in counselling Tsonga children exposed to IPV

6. POTENTIAL LIMITATIONS OF THE STUDY

The researcher explored the social workers' utilisation of play-based activities with Tsonga children exposed to IPV in Tzaneen. Therefore it cannot be generalised to the whole population of social workers within the South African context, as the population was too small. With regard to the literature review, some of the sources are outdated due to limited research and a lack of recent literature on the topic.

7. REFLECTION

The researcher is a social worker who regularly encounters Tsonga children exposed to IPV in Tzaneen. The researcher is also employed at the DSD in Tzaneen and has experienced the same challenges when utilising play-based activities with Tsonga children exposed to IPV. The researcher was able to manage her personal feelings, behaviour and actions throughout the research process. She remained focused in order during semi-structured interview(s). The researcher remained in control not to influence participants and be influenced by participants. The researcher honoured and acknowledged participants in taking part in the research project. The researcher is also a Tsonga who works with Tsonga children exposed to IPV in Tzaneen.

8. IMPLICATIONS OF THE FINDINGS

The study promotes culturally appropriate interventions when utilising play-based activities with children of different cultures, such as Tsonga children. The data will assist the DSD to recommend play-based activity training for its social workers in order to be equipped with appropriate knowledge and skills. The data will be used to assist social workers at the VEP to utilise play-based activities with Tsonga children regularly.

9. CLOSING COMMENTS

Children are unable to verbalise their thoughts, feelings and emotions because they lack abstract language to do so. Social workers at the DSD in Tzaneen should be provided with play-based intervention training and resources. This will enable them to implement play-based activities with Tsonga children exposed to the IPV. The social worker's focus is on the integrated development approach because it emphasises the strengths of women through promoting the capacity for growth and development. However, it can be concluded that the integrated development approach does not recognise children as entitled to counselling as it does with women. Children are also victims of IPV. Tsonga children with IPV experience emotional trauma and they are unable to verbalise their feelings and emotions, therefore their well-being is affected. Since children are traumatised by the experience of IPV, play-based activities could be beneficial to address the trauma.

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SECTION D
ANNEXURES
ANNEXURE A



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3rd East Street
Wellington
7655

Tel: 021 8643593

Fax: 021 8642654

06/02/2018

Ms Molepo AN
Private bag X4033
Tzaneen
0850

Tzaneen clinic
Claude wealthy street
Tel: 015 307 77 33

I would like to request your goodwill permission to do research at your organisation – Tzaneen VEP, local DSD sub-district office which include Tzaneen, Nkowamkowa, Naphuno, Xitshavi. I have obtained ethical approval from the North-West University's Health Sciences Research Committee and the approval of Limpopo DSD.

The research is about exploring social workers' utilisation of play-based activities for Tsonga children exposed to intimate partner violence. I would like to provide social workers the opportunity to share their views about utilizing play-based activities with Tsonga children exposed to intimate partner violence.

I plan to do semi-structured interviews with social workers as participants. The interviews will take place at your organisation. I will provide refreshments for the participants before their interview.

I am planning to start with the interviews in June 2018. Participation will be voluntary and participants will give written consent before the interviews take place.

What will be expected of you:

- DSD has given permission that the research may take place at this organisation (see attached document).
- It will be the mediator's responsibility to identify the social workers who would be suitable for this study and meets the specific criteria of the study.

- The mediator's will also approach those individuals and thereon it will be the researcher's responsibility to explain the process to the participants and link them with the necessary services afterwards.

I would appreciate it if you would give your goodwill permission. As the manager you are kindly requested to appoint five mediators at the different local sub-district office which include Tzaneen, Nkowamkowa, Naphuno, Xitshavi and VEP because they know which social workers will fit the inclusion criteria. The mediators will make contact with the social workers to tell them about the project. If you agree to the above will you please be so kind as to sign below. Individual consent and assent will also be obtained from the participants after you have explained the process with them. Please contact me if you need more information on 0788718755/0832625735

Thank you
Researcher
Centre For Child Youth and Family Studies
North-West University
Potchefstroom campus

Manager

Date

ANNEXURE B



DOCUMENTATION FOR: Consent Form For Social Workers

TITLE OF THE RESEARCH STUDY: Exploring social workers' utilisation of play-based activities for Tsonga children exposed to intimate partner violence in Tzaneen.

ETHICS REFERENCE NUMBERS: N/A

PRINCIPAL INVESTIGATOR: Dr. Shanaaz Hoosain

POST GRADUATE STUDENT: 26738775

ADDRESS: NKOWANKOWA

CONTACT NUMBER: 083 2625 735

I hereby want to ask your permission to make contact with you and to invite you to take part in my research study. Please take some time to read this form carefully and ask the person who handed the form to you any question if there is something you do not understand. It is very important that you clearly understand what this research is about and how you might be involved. You will be not forced or be affected in any way if you decide to participate. You do not have to decide right way, however you can take some time to think about this. You can withdraw anytime if you feel so and nothing will happen to you if decide to leave anytime during the interview.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU- 00128-17-S1)** and the study will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- This study will be conducted at Tzaneen Victim empowerment programme centre and DSD office in Tzaneen

- The study will involve social workers from the DSD and Victim empowerment programme centre.
- The interviews will be held with the social workers with the focus on exploring and describing Social workers' utilisation of play-based activities for Tsonga children exposed to intimate partner violence (IPV) in Tzaneen.

Why you are invited to participate?

- You are invited to be part of this research because the research involves social workers' utilisation of play-based activities for Tsonga children exposed to intimate partner violence.
- You are working with Tsonga children who are exposed IPV
- You will be not able to take part in the study if you are not working with Tsonga children exposed to IPV, or if you are a student social worker, work outside Tzaneen or work at Khujwana clinic

What will be expected of you ?

- You will be expected to sit for an interview which will last for about 60 to 90 minutes. You will be expected to come to Tzaneen victim empowerment programme centre or DSD office in Tzaneen .
- When you arrive at the social worker's office at Victim Empowerment Centre, the researcher will introduce herself. You will be given the opportunity to introduce themselves too. Snacks and beverages will be made available to them.
- The researcher will explain how your confidentiality and anonymity will be protected when data is published.
- The researcher will explain procedures if you feel distress or the researcher infringes on their rights as participants. She will also explain that participation is voluntary and they are not under any obligation to take part in the study.
- The researcher will explain to them that they can withdraw at any time if they no longer feel comfortable or no longer wish to take part in the study.
- You will have the opportunity to ask questions on aspects that are not clear. When the questions are answered, the interview will commence.

Will you gain anything from taking part in this research?

- There will be no direct benefits for you if you give permission to take part in the study.

Are there risks involved in you taking part in this research and what will be done to prevent them?

- There will be no physical risks involved in this study. There are emotional risks such as feeling overwhelmed due to the heavy caseloads and powerlessness given that your clients are children exposed to IPV. There may be a risk of emotional distress due to working with cases of IPV but the researcher will not focus on the cases of IPV.
- The researcher will be focusing on the utilisation of play-based activities and aspects of culture. The researcher will be asking open-ended questions so you will be more in

control of the interview and they will have a choice as to what information you will share. You will have the opportunity to talk with an independent social worker (not employed by DSD) arranged by the researcher should you feel the need to talk to someone about their experience related to the research process.

How will we protect your confidentiality and who will see the findings?

- The researcher will assign a unique number to replace your names to ensure that data and identities remain anonymous. No one other than the researcher will be able to identify participants by names. The interview will be held in the office where you will not be seen or heard. The door will be closed with a sign “do not disturb” to assure no staff will interrupt the process.
- The researcher will ensure confidentiality by keeping the data in a safe and only the researcher will have access to the full data. The data will be stored in a secure place. Electronic data will be stored on a personal laptop in a unique folder with a password to ensure security. The hard copy will be stored in a lockable cabinet where the researcher has control and access to the keys.
- Only the researcher, her supervisor, translator and co-coder will see the findings and data. The co-coder and translator will sign a confidentiality agreement which means that they cannot share any information with anyone.

What will happen with the findings or samples?

- The data will be used for the purpose of this study only. Once the data has been collected and analysed, it will be destroyed after 5 years. The data will not be used for any further studies.
- **How will you know about the results of this research?**
- The researcher will provide verbal and written feedback to you in a form that is easily understandable. Verbal feedback will only be provided as a clarity of the results. The researcher will meet with the research participants individually at the victim empowerment programme centre and DSD office to provide results.

Will you be paid to take part in this study and are there any costs for you?

- There will be no costs involved for you if you take part in this research. The researcher will provide you with money for transport and with snacks during the interview.

Is there anything else that you should know or do?

- You can contact Matladi Prudence Mnetwa at 078 8718 755/ 083 2625 735 if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

Declaration by parents/ legal guardian

By signing below, I agree that i can take part in the research study titled: Exploring Social workers' utilisation of play-based activities for Tsonga children exposed to intimate partner violence in Tzaneen.

I declare that:

- I have read this information and it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

.....
Signature of participant

.....
Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

- I clearly and in detail explained the information in this document to
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of person obtaining consent

.....
Signature of witness

Declaration by researcher

I (*name*) declare that:

- I had it explained by mediator who I trained for this purpose.
- I did/did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of researcher

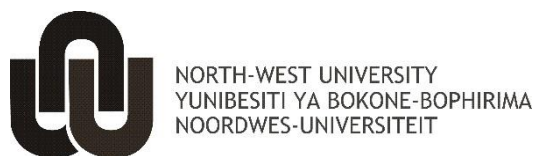
.....
Signature

ANNEXURE C: INTERVIEW SCHEDULE

The following are questions will be asked during the interview with the participants.

7. Tell me more how can social workers utilise play-based activities with Tsonga children exposed to IPV
8. Do you currently use play-based activities in your work with Tsonga children exposed to IPV? If you don't have experience of utilising play-based activities with Tsonga children exposed to IPV can you describe how you will utilise it ?/ If you do not use play-based activities can you tell me how do you think play-based activities can be utilised with Tsonga children exposed to IPV?
9. What kind of training or support do you need to be able to include play-based activities in your counselling with Tsonga children exposed to IPV?
10. Can you describe important cultural aspects to consider when working with Tsonga children exposed to IPV?
11. Please describe any traditional Tsonga children's' activities which you think you could include in counselling Tsonga children exposed to IPV and how would you go about including it in your sessions with children
12. Do you have any other suggestions of play-based activities, even though it may be Western or not specifically from the Tsonga culture but still culturally appropriate for counselling Tsonga children? Please describe

ANNEXURE D: CONFIDENTIAL AGREEMENT



CONFIDENTIALITY UNDERTAKING

entered into between:

I, the undersigned

Prof / Dr / Mr / Ms

Identity

Number: _____

Address: _____

—

hereby undertake in favor of the **NORTH-WEST UNIVERSITY**, a public higher education institution established in terms of the Higher Education Act No. 101 of 1997

Address: Office of the Institutional Registrar, Building C1, 53 Borchard Street, Potchefstroom, 2520 (hereinafter the “NWU”)

1 Interpretation and definitions

1.1 In this undertaking, unless inconsistent with, or otherwise indicated by the context:

1.1.1 “Confidential Information” shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not be limited in its interpretation to, research data, information concerning research participants, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, devices, demonstrations, formulae, know-how, intellectual property, information concerning materials, marketing and business information generally, financial information that may include remuneration detail, pay slips, information relating to human capital and employment contract, employment conditions, ledgers, income

and expenditures and other materials of whatever description in which the NWU has an interest in being kept confidential; and

1.1.2 “Commencement Date” means the date of signature of this undertaking by myself.

1.2 The headings of clauses are intended for convenience only and shall not affect the interpretation of this undertaking.

2 Preamble

2.1 In performing certain duties requested by the NWU, I will have access to certain Confidential Information provided by the NWU in order to perform the said duties and I agree that it must be kept confidential.

2.2 The NWU has agreed to disclose certain of this Confidential Information and other information to me subject to me agreeing to the terms of confidentiality set out herein.

3 Title to the Confidential Information

I hereby acknowledge that all right, title and interest in and to the Confidential Information vests in the NWU and that I will have no claim of any nature in and to the Confidential Information.

4 Period of confidentiality

The provisions of this undertaking shall begin on the Commencement Date and remain in force indefinitely.

5 Non-disclosure and undertakings

I undertake:

5.1 to maintain the confidentiality of any Confidential Information to which I shall be allowed access by the NWU, whether before or after the Commencement Date of this undertaking. I will not divulge or permit to be divulged to any person any aspect of such Confidential Information otherwise than may be allowed in terms of this undertaking;

5.2 to take all such steps as may be necessary to prevent the Confidential Information falling into the hands of an unauthorised third party;

5.3 not to make use of any of the Confidential Information in the development, manufacture, marketing and/or sale of any goods;

5.4 not to use any research data for publication purposes;

5.5 not to use or disclose or attempt to use or disclose the Confidential Information for any purpose other than performing research purposes only and includes questionnaires, interviews with participants, data gathering, data analysis and personal information of participants/research subjects;

5.6 not to use or attempt to use the Confidential Information in any manner which will cause or be likely to cause injury or loss to a research participant or the NWU; and

5.7 that all documentation furnished to me by the NWU pursuant to this undertaking will remain the property of the NWU and upon the request of the NWU will be returned to the NWU. I shall not make copies of any such documentation without the prior written consent of the NWU.

6 Exception

The above undertakings by myself shall not apply to Confidential Information which I am compelled to disclose in terms of a court order.

7 Jurisdiction

This undertaking shall be governed by South African law be subject to the jurisdiction of South African courts in respect of any dispute flowing from this undertaking.

8 Whole agreement

8.1 This document constitutes the whole of this undertaking to the exclusion of all else.

8.2 No amendment, alteration, addition, variation or consensual cancellation of this undertaking will be valid unless in writing and signed by me and the NWU.

Dated at Potchefstroom this _____
20 _____

Witnesses:

1

2

(Signatures of witnesses)

.....

(Signature)

ANNEXURE E: IDENTIFIED THEMES

Theme 01	UTILISATION OF PLAY-BASED ACTIVITIES WITH TSONGA CHILDREN
Subtheme 1.1	Western play-based activities
Subtheme 1.2	Lack of resources
Subtheme 1.3	Lack of training
Theme 2.1	CULTURAL APPROPRIATE PLAY-BASED ACTIVITIES
Subtheme 2.1	Inclusion of Tsonga play-based activities
Subtheme 2.2	Tsonga outdoor play-based activities
Subtheme 2.3	Emotional expression
Subtheme 2.4	Cultural sensitive practice with Tsonga children
Theme 3	CULTURAL BARRIERS

ANNEXURE F: EXAMPLE OF TRANSCRIPTION

PARTICIPANT M

Our subject for this interview is:

Exploring social worker's utilization of play-based activities for Tsonga children exposed to intimate partner violence in Tzaneen

Play Therapy is generally using play-based activities to get children to speak out on domestic violence that they may be exposed to. I would like to find out how Social Workers in Tzaneen use Play Therapy to counsel Tsonga children who have been exposed to Intimate Partner Violence.

Before we proceed can you kindly explain to me what is it that you understand about Play Therapy or play-based activities?

M: Play-based activities are the type of activities we use when we intervene with younger children in order to bring ourselves to their level and make them feel comfortable around us.

Pru: In your view are these Play-based activities helpful when dealing with such children?

M: The activities are helpful, but as for our Tzaneen offices we are not that equipped when it comes to resources, even now as we speak there are no toys in this office, all we do is just try to be at the children's level of thinking, have friendly conversations so the kids can be more free to talk to us.

Pru: So where did you learn about Play Therapy?

M: At varsity, although it was more of Theory but that's how I learnt that to get more out of children you eliminate the seriousness and make the environment more comfortable. In terms of practising in real life situations I haven't had that opportunity due to unavailability of resources from our Department.

Pru: have you ever considered buying your own toys for your office to use whenever such cases are presented to you?

M: No I have never even thought of that.

Pru: Since we have established that you have knowledge of what Play Therapy and an understanding on how it works, I will proceed to the questions that I have prepared for this interview, in between those questions I will also be probing more because I need to get more of information from this interview.

1. Tell me more, how can social workers utilize play-based activities for Tsonga children exposed to IPV?

M: Games teaches these kids skills of communication, and not only for sessions with professional people but also with their peers, it boosts their confidence and self-esteem, if a child is doing good in a certain game they get that feeling of excitement, they are encouraged to try other games that they are not even familiar with and just learn right there and there. As a Social Worker you have to be observant during play time with these children, you may be dealing with children who are all exposed to domestic violence but their levels of exposure are not the same, so you need to look beyond the games so you can be able to determine which approach to take for certain individuals. In some cases you find that there are children who are exposed to intimate partner violence but find that they mostly just hear the parents fighting in their bedrooms, there are cases where children have seen or witnessed their parents fighting right in front of them, then there are also cases where parent doesn't only beat up the spouse but include the children as well. So all these cases cannot be approached the same way, the response you would get from children during play activities will also be different, some you may even have to conduct one on one sessions over and above the group sessions.

Pru: So accessible are the tools needed to play these games?

M: The answer to that question doesn't come without some obstacles of some sort, because there are games like Tinghedzo where you don't even have to buy anything you simply need to collect some small stones to play with, but it is a group game and we don't have enough space in our work place. We share our offices with other Social Workers so my play session is more likely to interrupt my colleague's work. Then there are games that are mostly for one on one session where you would need toys like dolls, cars and so forth, those are the ones the Department should provide, unless if you as a Social Worker take it upon yourself to buy them from your own pocket.

Pru: Do you play the same games for both boys and girls?

M: Nowadays children's gender is necessarily a boundary by gender when it comes to games; there are games that were looked at as boy games, like soccer for instance, yet you find girls playing it and sometimes being even better than boys. It is more of a preference thing, if a child sees what is being played as interesting they would join and participate.

Pru: Are you able to get the information you need when a child plays with toy cars?

M: Toy cars are tricky in this situations as kids tends to be more focused on the car itself instead of what's happening around them, it is difficult to learn how they feel when all their concentration is on the toy, unless if you introduce people in the car, then the focus changes from being just about the car to the interaction of the people in the car.

2. Do you currently use play-based activities in your work with Tsonga children who are exposed to IPV?

M: Currently I don't use play therapy, the main issue being resources. There are games that don't need anything to be purchased yet it still cannot be played due to lack of space in our offices. Another problem that I can highlight is that we don't often get those types of cases where children are exposed to violence.

Pru: How is it that you don't get the cases is it because violence is not happening or simply because the cases are not being reported?

M: I can assure you that violence do happen in most homes and children are being exposed to it, it's just a matter of it not being reported. Sometimes parents are not actually aware of what they are exposing their children to, there are situations where parents would fight then open cases against each other, then later reconcile and withdraw the charges without knowing how the entire situation affected the children.

Pru: If you don't have experience of utilizing play-based activities with Tsonga children exposed to IPV, can you explain how you would use it should you have such cases?

M: The one thing that I always do when dealing with children exposed to domestic violence is to separate them from their parents, because I know that the presence of the parent might make it difficult for children to open up. I realize now that the issue with resources made us not to think outside the box, like we could have used our office stationary to play games but we didn't, we only focused on the main objective of not having the resources we need to counsel these children. So the first thing I would do is learning to come down to children's level and using whatever it is that's available to me to play with them. I find this interview very helpful to us as Social Workers because now we know what we need and this should be brought to the Department's attention.

Pru: Was the Department aware of this need, were they making plans to procure such as listed above to use when counselling children exposed to this violence?

M: I am not too sure if the Department was aware but I think it should have been aware, I mean we deal with children who have been exposed to such traumatic situations we need whatever we can get to counsel them.

Pru: if you don't use play-based activities, can you tell how you think it should be utilized, with Tsonga children exposed to IPV?

M: Our offices are very formal and as a result they look a bit scary to children, it's an unfamiliar environment to them, the minute they walk in here they already feel like they did something wrong, and in some cases you find that the parent had already tried to coach them on what they should say and how they should respond. So the first thing we will need is a playroom, it needs to be colourful and child friendly, it should be packed with toys that helps bring out children's emotions, taking into consideration that children react to what they see, so a playful environment will ease their emotions and help them relax so they can be able to express how they feel or what they have been going through.

3. What kind of training or support do you need in order to be able to include play-based activities in your counselling with Tsonga children exposed to IPV?

M: I think they need to take us to training, the kind of training that covers both the theoretical part of play therapy and also how to apply it practically. They shouldn't just deliver toys to our offices and say we have been supplied with the resources, we should be engaged first, to indicate the type of cases that we are mostly dealing with, and then be trained properly so we can be equipped to handle such cases. There are many cases that go unnoticed, we need to be taught how to identify and approach them, like I have previously indicated that sometimes parents fight and open cases on each other, so before the cases could be closed I think they need to be referred to us first, so we would be able to identify if the children were affected or not. People think sweeping things under the rug is a better way of dealing with them, without considering the fact those children who grow up witnessing violence usually become violent themselves, so the cycle just continues.

4. Can you describe important cultural aspects to consider when working with Tsonga children exposed to IPV?

M: Culturally Tsonga people teach their children that whatever happens at home stays at home, you need to take this into consideration when dealing with Tsonga children

because as it will be difficult for them to openly confide in you, it's not that they are afraid or don't want to engage, they are simply just taught not to. Secondly it will be the issue of language, it is taboo to call private parts by their names, so if you are dealing with a case where there is rape involved you will need a proper approach, one that is friendlier and not vulgar to the child. These children are also taught not maintain eye contact not to speak when an older person is talking. Most Tsonga parents also take decisions for their children, this even continues to a level of careers where you would find a child taking a career they don't even like simply because the parents decided it is a suitable one for them

Pru: Do you think these cultural aspects have a good or influence to children exposed to IPV?

M: Our Tsonga culture becomes a burden to children in most cases, like its acceptable for girls to cry and show emotions, yet boys are not allowed to do that, they are told that they need to be men. Sometime you have cases where a child decide to approach Social Workers because of the violence that is taking place at home, obviously when children come to us we also need to involve the parents, the you find those parents who tell you they would rather discuss the matter at home as a family with no outside intervention, but as professionals we have to put the children first.

5. Please describe any traditional Tsonga children's activities which you think would include in counselling Tsonga children exposed in IPV, and how would you go about including them?

- Maskitlana: This requires a piece of paper, some stones or a pen. The child will either use the pen to draw a house or her neighbourhood, or use the little stones to represent the characters in her story. To get the child to open up I would choose to go first, tell my story about my household, this will give the child a direction on her story and assurance that it is ok to speak about their experiences. Personally Maskitlana is my game of choice when it comes to counselling children exposed to any kind of violence, mainly because it is storytelling and allows children to be creative and to tell their stories, it gives children who have been culturally or otherwise silenced a voice to speak. We have other Tsonga games like Xirhekedyana where children use a long thread to jump up and down, for me that is a game you would choose if you just want children to have

fun and to distract them from whatever troubles they may have experienced, but you cannot use that for a one on one session when you are trying to get more information about the violence that the child was exposed to.

- Mathumbana house/house or pretend play: This is playing house, in our profession as social workers we would need a much bigger space in our play room. You should be creative at this and not just create any type of home, but a home that is similar to what the child comes from. It helps children relate, and then you observe their reaction and how they feel when they move through different rooms of the play house, you will then use your observation to probe more into the child's experiences.

Pru: Is Mathumbana a gender specific game or is it inclusive to everyone?

M: Is it more of a role play game so both girls and boys play the game

- Xibhelana na Tinjhovo: This is our Tsonga traditional music, Music is therapeutic so I would start with the music to help the children relax. You want to appear as friendly as you can to these children, even older people don't feel comfortable when talking to strangers, so you can understand that it won't be easy for children either, but when the sessions are friendlier and playful it becomes a bit easier for them to interact with us.

6. Do you have any other suggestions of play-based activities even though it may be Western, not specifically of the Tsonga culture yet culturally appropriate for counselling Tsonga children?

- Dolls:
- Cars:
- Story Books:
- Puppets:
- Painting:
- Drawing:
- Puzzles:

Pru: Are these games indoor or outdoor activities?

M: They are both indoor and outdoor activities; you can choose to set up a space under a shade and let children play outdoors, you can let them play indoors in a playroom.

Pru: we have reached the end of our interview, is there anything else that you would like to add?

M: I just want to thank you for taking the time to interview us, we now realize the importance of Play therapy, which is something that was hugely overlooked in the past. Our children needs our help and I think we have a responsibility to make requests for training and resources so we can be well equipped to provide better counselling sessions.

ANNEXURE G: AUTHOR GUIDELINE

Publishing policy

Child Abuse Research a South African Journal (CARSA) has been published biannually in April and October since 2000. It was SAPSE accredited in 2003 for articles published in the journal from 2004 onwards. This means that CARSA is a peer reviewed, fully accredited, professional journal and academics at higher education institutions receive credits if their articles are published in CARSA.

Articles should be submitted to the Editor, Prof Michele Ovens, ovensm@unisa.ac.za

CARSA is a national journal that promotes academic and professional discourse amongst professionals involved in child-care work in

South Africa. It publishes high quality, peer-evaluated, applied, multidisciplinary articles focusing on the theoretical, empirical and methodological issues related to child abuse in the light of the current political, cultural and intellectual topics in South Africa. Authors of articles submitted for review will remain anonymous. The comments of the reviewers and peer evaluators should be constructive and helpful and designed to aid the authors to produce articles that can be published. The authors may then use these comments to revise their articles. However, the final decision on whether or not to publish an article rests with the editor. There should be an interval of at least two issues between articles published by the same author. The language of the journal is English.

Preparing articles for submission

The submitted articles should always conform to CARSA's house style. As the journal develops, it is envisaged that it will contain full-length articles, shorter debates, book reviews and software reviews. The following information is provided regarding the length of articles: Full-length articles should not exceed a word count of 8000 (tables excluded)

Shorter articles (in the form of shorter debates) should not exceed a word count of 3000 (tables excluded)

Book reviews should not exceed a word count of 1000

Software reviews should not exceed a word count of 3000.

Tables, figures, illustrations and references are excluded from the word count. Book reviews and software reviews will be initiated by the editor and review editors. They will commission individuals to do the reviews. Prospective authors are expected to abide by language guidelines regarding issues of gender and race and disability.

Empirical research should adhere to acceptable standards of descriptive and inferential statistics and empirical data should be manipulated statistically using an acceptable statistical program such as the Statistical Package for the Social Sciences (SPSS) or SAS.

The inferences regarding qualitative analysis should also be accompanied by an explanation of the techniques used or should utilise statistical packages such as SQR.NUD.IST which are recognised for this type of analysis.

Copyright policy and author's rights

Once an article has been accepted for publication, the author automatically agrees to the following conditions. All work published in

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duty of the author to clear copyright on empirical, visual or oral data. Simultaneous submission to other electronic or printed journals is not allowed.

Notes for contributors

Articles that appear in CARSA are subject to the usual academic process of anonymous peer reviewing. The articles that are written by the editorial staff will be refereed by independent referees. Electronic submission of articles by E-mail should be done in MS Windows, Word. Authors should submit their work to the editor, Prof Michele Ovens at: ovensm@unisa.ac.za. Before submission, articles should have been corrected for errors, edited and should be accurate.

It is the responsibility of the author that articles should be language and technically edited, before submission. Formal conversation is required that the final accepted article has been edited for language proficiency.

Style

Main headings should be typed in upper case and begin at the left margin. No indentation is allowed. Dates should be written as follows:

9 January, 2000. Bold, italics and underscore should be formatted as such in the original document. The recommended style for reference purposes is the abbreviated Harvard technique, for example, "Child abuse is rising (Author 1999:10)" or "According to Author (1999:10), child abuse is rising". In the case of legal articles, footnotes will be allowed.

To work towards uniformity in the alphabetical bibliography at the end of an article, the following examples of format are given:

Books:

Kuehnle, K. 1996. *Assessing allegations of child sexual abuse*. Sarasota: Professional Resource Press.

Articles:

Collings, SJ & Payne, MF. 1991. Attribution of causal and moral responsibility to victims of father-daughter incest: an exploratory examination of five factors. *Child Abuse and Neglect*, (15)4:513-521.

Where applicable, contributors should indicate sources of funding. It is the duty of the author to clear copyright on empirical, visual or written data. Simultaneous submission to other electronic or printed journals is not allowed.

Non-sexist language

Gender specific nouns and pronouns should not be used to refer to people of both sexes. The guidelines on sexist, racist and other discriminatory language should be observed. The following is intended to assist contributors to refrain from sexist language by suggesting non-sexist alternatives.

Sexist: Each respondent was asked whether he wanted to participate. The child should have enough time to familiarise himself with the test.

Non-sexist: Respondents were asked whether they wished to participate. Enough time should be allowed for the child to become familiar with the test.