

SECTION A:
ORIENTATION TO THE RESEARCH

PART 1: RESEARCH PROPOSAL AND METHODOLOGY

1. INTRODUCTION

This section (Section A, part 1) of the research report contains information on how the planning document (protocol) exemplified the thinking of the researcher and an overview of how the methodology has been applied to answer the research questions, will be provided. Furthermore, the final ruling on the answering of the research question will be provided in Section C after the presentation of the research findings.

2. ORIENTATION AND PROBLEM STATEMENT

The research focus is grounded in the researcher's work experience in the greater Lavender Hill area, Cape Town, where she was previously employed as case manager for the Children are Precious (CAP) programme of RAPCAN (Resources Aimed at the Prevention of Child Abuse and Neglect). CAP is a community project focusing on children in need living in the geographical area of Lavender Hill, Cape Town. The researcher, in her role as case manager, provided guidance and supervision to individuals who were selected from the community and trained as lay counsellors to provide emotional support to child victims of sexual abuse and their families.

Monthly statistics reflected the high incidence of child sexual abuse (CSA). The researcher also noted that service provision to this target group seemed inadequate as was clear when efforts to refer children for therapeutic input were a constant challenge. Referred children would typically end up on waiting lists at the few organisations where services regarding CSA were rendered. In this time, the researcher also noted that parents and other family members were usually not included in therapeutic interventions. Being trained in ecological systems and the gestalt field approaches, this struck the researcher as odd. Parents and other family members were clearly severely affected by the abuse of one of the children in their family. Then already, the researcher noticed a gap in service delivery, namely to families affected by CSA. The researcher's social work training included modules on family therapy and her master's degree had the specialisation of play therapy. With the backing of the guiding theoretical paradigm of ecological systems theory and field theory, combined with her knowledge of play therapy and family therapy, the researcher embarked on an extensive literature review to explore the field of family play therapy for families affected by CSA. It was clear from the literature review, the researcher's practical experience and discussions with colleagues that service delivery to the direct victims of child sexual abuse and their

families was indeed a challenge and that innovative approaches were needed to address CSA in South Africa.

Discussions with social workers at RAPCAN and Childline supported the researcher's impression that intervention with children is still regularly conducted in isolation, which entails that the integration processes of family members are neglected. The escalation in reported rape and sexual abuse cases of children lead to an increase of cases presenting on the caseloads of social workers in South Africa (Ferreira, Ebersöhn & Oelofsen, 2007:69; Ratele, 2012:278-281; Richter *et al.*, 2004:252-255). Kaminer and Eagle (2010:19) mention the high rate of child sexual abuse in South Africa. They state that, in 2004, approximately 25 000 cases of rape and indecent assault of children were reported to the police. It is disturbing, however, that they estimate that between 400 000 and 500 000 children were sexually abused in that time as only about one in twenty cases are reported. The challenge that child protection services are faced with in South Africa is the number of cases in need of appropriate interventions that exceeds the available resources (social workers, psychologists, counsellors) for the delivery of such needed intervention to these children and their families (Britz & Joubert, 2003:27; Kaminer & Eagle, 2010:145; Pierce & Bozalek, 2004:820; Richter *et al.*, 2004:252-256; Townsend & Dawes, 2004:91-92). Literature supports the negative impact of such omission and the opportunities missed in terms of parental understanding and support by excluding the family from therapeutic interventions (Bailey & Ford Sori, 2005:475; Corcoran, 2004:60; Hill, 2005:339).

Disclosure of child sexual abuse creates an immediate crisis within the family unit and family members often have intense reactions, such as shock, denial, confusion or emotional numbing – all of which may serve to incapacitate caregivers and prevent them from being emotionally available to affected children (Charleston, 2009:12; Corcoran, 2004:61; Gil, 2006:65). Gil (2006:650) furthermore proposes that the family system can serve as a safe and a nurturing support structure as the family members can develop an understanding of the effects of sexual abuse on the individual while working and understanding their own internal processes, experiences and feelings regarding the child sexual abuse.

Much has been written about the effects of CSA (Barret, Cortese & Marzolf, 2000:137; Corcoran, 2004:59; McCann & Perlman, 1990:138-141; Mudaly & Goddard, 2006:8; Spies, 2006:44-61). These reactions are multi-dimensional on levels of behaviour, cognition, sensory disruptions, emotions, relationships, learning processes and spiritual/religious levels. However, there is variance in reactions depending on the context of abuse. In those cases where the perpetrators of abuse are members of the household there are complicated dynamics impacting on the victim and family. Family members may have different opinions on the abuse and the resulting conflict can create chaos in the already traumatised

individuals of such households. It is the opinion of the researcher that such families will need special intervention, especially where the perpetrator is a family member who is still living in the home. As stated later in this section, such families with high levels of conflict and chaos will be excluded from this study as family play therapy will probably not be the intervention of choice for such complex dynamics.

Family therapy has long been recognised as an intervention strategy for families in crisis (Christensen & Thorngren, 2000:91-100; Ford Sori, 2005:38; Rasheed, Rasheed & Marley, 2011; Rotter & Bush, 2000:172-176; Wachtel, 1994:147-163). Furthermore, family play therapy, as suggested by Guernsey and Guernsey (as cited in Gil & Sobol, 2005:342), is the process of integrating play in family therapy to enhance child-family interactions. In other words, as defined by Gil (2006:138), family play therapy is the process during which different therapy techniques and approaches are used to enhance the participation of all the family members to create a supporting platform where presenting problems (in this case child sexual abuse) and underlying family dysfunction can be discovered, addressed and resolved. It does seem, however, as if family therapy and play therapy are sometimes combined in an eclectic way without acknowledging the impact of the process on all family members (Christensen & Thorngren, 2000:90; Schaefer & O'Connor, 1983:66; Rotter & Bush, 2000:172). There is value in working with systemic models such as family play therapy as acknowledged by Ford Sori (2005:38), who mentions various advantages such as the shared experience of the family and opportunities for clinicians to observe family structures and transactions. The researcher is interested in whether and how intervention from an integrated family play therapy approach can create opportunities for family members within the system to develop an understanding of the effects of sexual abuse on the individual family members, while working on their own processes as well as the family process.

In conclusion, the researcher agrees with Christensen and Thorngren (2000:91), who highlight the importance of integrated working models with children and families by stating: "I felt like there was a domino principle, that if you work with the families and help them get better somehow this will affect the child and the child will get better as a result" (Christensen & Thorngren, 2000:91). This provides support for the focus of this study where the objective is to develop an integrated family play therapy model.

The research questions is based on the problem statement (Babbie & Mouton, 2001:73; Bless & Higson-Smith, 2000:17), which relates directly to the statement of purpose of what the researcher wants to find out about the topic (Babbie, 2005:115; Chaiklin & Chaiklin, 2004:74; Fouché & De Vos, 2011:89; Maree, 2007:30), namely:

- What will the functional elements of an integrated family play therapy intervention model within the context of child sexual abuse in South Africa be?
- How will family members use family play therapy sessions to work with their experiences in dialogue and play?

3. AIM AND OBJECTIVES

3.1 General aim

The general aim of research can be described as the global goal of the research study. The formulation of goals and objectives will be based on the problem formulation. The goal of this study is to conduct an exploratory and descriptive inquiry (Babbie, 2008:97-99; Bless, Higson-Smith & Kagee, 2006:47) by utilising intervention research to develop an integrated family play therapy model for South African families with children who were subjected to sexual abuse. Highlighted by Rubin and Babbie (2011:134), descriptive research leads the researcher to exploring the deeper and more critical meaning of the problem.

Two types of research are identified, namely applied and basic research (Babbie, 2008:27-28; Bless, Higson-Smith & Kagee, 2006:47-49; Fouché & De Vos, 2011:95-96; Rubin & Babbie, 2009:41). This research is mainly applied as it is targeted at solving problems and aiding professionals in accomplishing tasks in practice (Babbie, 2004:22; Babbie, 2008:27; Fouché & De Vos, 2011:95). The researcher's aim is to develop and to refine a tentative family play therapy model for children and their families, subjected to CSA.

3.2 Objectives

The objectives of this research are to:

- conduct a literature review as background to the study. (Discussed and described in part 2 of Section A of this research report);
- conduct a focus group with no more than ten professionals working in the field of child sexual abuse to gain their insight and suggestions in order to identify functional elements for the prototype integrated family play therapy intervention model to be applied in this research;
- follow the process of intervention research whereby successful elements of previous models will be incorporated into a prototype that will be refined by applying it to families in a process of family play therapy, where after it will be refined and described;
- analyse and describe the information;

- describe the findings in three different articles, based on the information gathered on the family play therapy model, the families' experiences of child sexual abuse and the synthesis, the family play therapy model within the context of child sexual abuse. (Incorporated in Section B);
- conclude with findings, conclusions and recommendations on the process of intervention research and the integration and the refinement of a family play therapy model within the context of child sexual abuse in South Africa. (Incorporated in Section C); and
- abide by the ethical principles and considerations appropriate for this study.

4. CENTRAL THEORETICAL STATEMENT

If the intervention research process brings forth information on the possible functional elements of an integrated family play therapy model within the context of child sexual abuse and it can be applied to families affected by CSA, it might address the need for the extension of therapeutic interventions aimed at CSA in South Africa to include the family.

5. PARADIGMATIC ASSUMPTIONS AND PERSPECTIVES

Paradigmatic assumptions underpin the study, inform the researcher's point of view, and provide a frame of reference or lens (Babbie, 2004:33; Maree, 2007:48) for organising observations and reasoning. The researcher's paradigm and theoretical framework are influenced by her background as social worker, master's degree in play therapy with a strong underpinning in gestalt theory and by the particular qualities of the unit of analysis. The researcher adopts a **social constructionist paradigm**, as it focuses on people's subjective experiences and realities and how they interact and socially construct their social world (Carpenter, 2011:119-121; Du Preez & Eskell-Blokland, 2012:47; Maree, 2007:4). Furthermore, language and social interaction are instrumental in constructing realities (Du Preez & Eskell-Blokland, 2012:46-47) and in this research, family play therapy sessions with participants will offer the so-called 'agora' (Cooks & Sharrer 2006:47), where meaning is constructed in a shared space. Reciprocal relationships between researcher and participants will be fostered, including trust, mutuality and sharing as suggested by Fox and Bayat (2007:109). The researcher is of the opinion that, from the baseline of the researcher's own ontological and epistemological perspectives, the most appropriate research paradigms will be developed.

Ontology may be defined as: "the nature of being" (Bryman, 2012:34-36). According to Merriam (2009:8), researchers should reveal the ways they would inquire into the nature of

the world that they want to base their research on, by reflecting on their own **ontological** (how reality should be viewed) perspectives. The **researcher's ontological stance** is based on the historical and current social climate in South Africa. Due to the history of South Africa, after 1994, social theorists have become more focused on work related to local concerns (Mouton & Muller, 1998:11). After apartheid, social scholars were focused on the influence of postmodernism, post-colonialism and post-structuralism as relevant to social interventions in South Africa. As important was the increased sensitivity of the historical and cultural state of the country. All individuals, as described by Parlett and Denham (2007:230), live in an interdependent relationship with one another, each carrying their own cultural heritage, language and values derived from their community and family set-up. Societal and cultural prejudices should be a priority when planning therapeutic intervention. The researcher is of the opinion that this is relevant when working with victims of CSA in South Africa, due to the social exclusion of groups as part of our country's history and the distinct identification of previously disadvantaged groups (vulnerable groups) that are in greater need of interventions due of the lack of adequate resources in their daily existence. According to Van der Merwe and Kassan-Newton (2007:351), the social inequality and social deprivation that most people in South Africa are experiencing are caused by the impact of the history of apartheid, in that this social regime has caused a great majority of South Africans to be excluded. Policies related to racial segregation have caused the uprooting of communities, which has resulted in social inequality, poverty and the economic disadvantage of the majority of communities. In this study, it is important to look at the high incidences of sexual abuse, as it will guide the ontology (nature of reality) derived from the researcher's experiences with South Africans in the field of CSA. The families who will be included in this study's historical background, their specific environment and their relationships and interactions with the environment will be taken into consideration by the researcher, in line with the ecological and systems approach of this research. In this study, the focus is to understand CSA within the ecological context of the family and to develop appropriate intervention.

The epistemological viewpoint of this study is the **postmodern worldview** and furthermore, **social constructionism**. This qualitative study will focus on the family members' responses to their world which will determine their pro-active reality within the context of CSA. Furthermore, by implementing the family play therapy process, it will provide the opportunity for the researcher to gain insight into the feelings, emotions and behaviour of each individual in the participating families.

Du Preez and Eskell-Blokland (2012:42), Merriam (2009:9), Turner (2011:316), and Ungar (2011:43-35) describe the researcher working from a **postmodern worldview** as someone

who would be aware that everyone's perceptions, experiences, feelings, emotions and ideas are different. The **postmodern framework**, as described by Lebow (2012:173-175), will allow the researcher to gain knowledge on family play therapy by focusing on the context of each participating family that has been subjected to CSA and the professionals working in the field of CSA in South Africa. Researchers working from a **postmodern worldview** no longer see themselves as the experts of change, but the responsibility lies in the ability of the research participants to advance the change.

Carpenter (2011:117-118), Creswell (2007:20-21), Du Preez and Eskell-Blokland (2012:41-42), and Merriam (2009:9) describe **social constructionism** as part of the **postmodern movement** by stating that the meanings and understandings of people can be identified and discovered by the researcher through interactions with the different individuals. In this study, as part of the development and refinement process of a family play therapy intervention model, the focus will be on family members' meanings and understanding of CSA. The qualitative approach allows the researcher to identify issues from the subjective realities of families affected by CSA and to understand that meaning and perspectives the families have on CSA. It can be assumed that **qualitative research** fits well into a **postmodern worldview** as it moves away from **positivism**, which emphasises logic, cause and effect and an almost unspoken belief that it might in future be possible to understand reality fully and therefore also to control it (Du Preez & Eskell-Blokland, 2012:41; Hennink, Hutter & Bailey, 2011:14). However, when working with people, this is not feasible. Every individual has a subjective view of reality, which is ever-changing as the individual moves between different contexts. It is also coloured by the chronosystem (Bronfenbrenner, 1988:40-41; Bronfenbrenner, 1994:40; Lerner, Lewin-Bizan & Warren, 2011:41), where history provides a rich ground for outline of experience. In this study the researcher endeavours to understand the lived experiences of families subjected to CSA. The interpretation of the meaning the family members add to the CSA, forms part of the qualitative research used in this study. The reality of the family's experiences of CSA is constructed in their social and emotional context. In this study the researcher will enter the worlds of these families and will gain information on their experiences and perspectives of CSA as it is constructed in a safe place as part of the research process. **Social constructionism** within the **ecological approach** should focus on the fact that the personal constructs of each individual as part of the family system has an influence on the larger family system. The effect of CSA on each individual person as part of the family system will have an effect on the system as a whole. The family system itself develops a system of shared constructions that define and bind interactions between the interrelated individuals. Derived from shared constructions, self-knowledge should empower the family members to gain insight not only into their own personal worlds,

but also to seek answers and solutions in the worlds of the rest of the family. In this case, it is important to look at the South African context and take into account the historical background, with a special focus on the lingering effects of apartheid and the influence this has had on vulnerable groups today. In postmodernism, it is accepted that there are many outcomes that may be possible from a single change within an individual or a system, and therefore there are many ways to bring about trauma integration.

In this study, the interaction will take place in the form of language; therefore, conversations, debates and narrative intervention (**social constructionism**) will be explored in family play therapy sessions to unlock the experiences, perceptions, opinions, feelings and emotions of participants within the context of CSA. Creswell (2007:20-21) is of the opinion that “researchers don't find knowledge, they construct it”. The research intervention will be a collaborative attempt, with the researcher as part of the conversation and dialogue, as part of the ecological field of the families. Furthermore, **social constructionism** allows the researcher to focus on the social reality within the context of CSA as it affects each individual family member with the interpretation that there is more than one reality or interpretation of CSA within the context of the family as a system. Each individual family member has his/her own subjective experiences, ideas, perceptions of CSA within the South African context, and family play therapy will create the opportunity for these family members to construct and explore that reality, which could lead to the development of a platform for on-going support for each other.

6. SCIENTIFIC PARADIGM

The scientific paradigm with the theoretical framework will be outlined here briefly. It will be discussed in Section A, part 2 and it will also be expanded in the relevant articles and linked with findings.

6.1 Theoretical frameworks

This research methodology is shaped by a social constructionistic viewpoint. The theoretical perspectives shaped the foundation and framework for the development and refinement of the family play therapy prototype and were utilised during the literature study as well as during the implementation of the intervention model in the intervention research process. These approaches formed the basis from where information for this study was obtained from. It shaped the framework for the development of the theoretical paradigm which will be discussed further in part 2 of Section A (Literature review).

The gestalt approach, with focus on field theory (Blom, 2006; Clarksen, 2002; Congress, 1995; Congress, 2011; Joyce & Sills, 2010; Latner, 2000; Magill *et al.*, 1996; Parlett & Lee, 2005), was used to focus on victims of CSA and their families as part of their environment, encompassed within the eco-systemic theory. The gestalt approach gave the opportunity for the researcher to look at the individual from a holistic perspective, the child that has been subjected to CSA, as part of a greater whole, and the greater field that surrounds them. The gestalt approach allowed the researcher to focus on the gestalt principles such as, process, dialogue, awareness and holism (Yontef, 1993; Yontef, 2002; Yontef, 2007; Yontef, 2011), which in turn created the foundation of the family play therapy model. In conjunction with the gestalt approach, the eco-systemic approach (Berns, 2010; Bronfenbrenner, 1977:513-531; Bronfenbrenner, 1994:27-43; Bronfenbrenner, 1979:3; Bronfenbrenner & Morris 2006:793; Cattanaach 2005; Dishion & Stormshak, 2007) was used as the child that has been subjected to CSA and their families, forms part of an eco-systemic field that allows for systems in the environment (CSA as a stressor) to interfere with their emotional growth, social happiness and social functioning. CSA (Brausch & Montgomery, 2007; Finkelhor & Browne, 1984 Finkelhor, 1987; Finkelhor, 1994; Finkelhor & Browne, 1988; Ferrara, 2002:74-75; Ross & O'Carroll, 2004; Van der Merwe, 1999) causes trauma in the child (Hobfoll, 1995; Van der Merwe, 2009a:290-298), however, the negative effect of CSA does not only have an effect on the individual but on the rest of the family, as they are all part of the same eco-systemic system. The trauma (caused by CSA) of one entity, has an influence on the rest of the family. Different resources, focusing on family therapy, play therapy, and family play therapy models (Christensen & Thorngren, 2000; Dermer, Olund & Ford Sori, 2006:37-65; Ford Sori, 2006; Gil, 2006; Gil, 2011:207; Rigazio-DiGilio & McDowell, 2012:415-458) and historical sources (Germain & Gitterman, 1980; 1996; 2007; Harkönen, 2007; Lerner, 2002; Zastrow, 2007), were used to develop the foundation of the tentative family play therapy model to be implemented with families affected by CSA. The strength-based perspective (Garcia, 2009; Jones-Smith, 2014; Pease, 2009; Saleebey, 2002) was deemed important in this study and it was incorporated into the tentative family play therapy model. The strength-based perspective, allowed the researcher to focus on the strengths of the families. This perspective allowed the researcher to understand how the families subjected to CSA reacted to the trauma and at the same time developed new coping strategies. The microsystem has been affected by the CSA, thus the goal to utilise and strengthen the family as a resource. In line with the SPICC model as outlined by Geldard and Geldard (2010) approaches such as the person-centered approach (Rowe, 2011) show promise to create space to focus on the needs of each individual family member. In conjunction with the gestalt approach, which focused on the 'here and now' and the process of the families, the person-centred approach will allow the researcher to focus on the needs of each individual family member. This links

with the phenomenological approach of this study, for the researcher to make sense and discover the reality of the family members within the context of CSA, and to discover their own interpretation of their experience of CSA, within the family play therapy process. The researcher worked from the notion that each family member has the potential to create and develop opportunities for self-development and to create their own coping strategies.

7. DESCRIPTION OF CONCEPTS

The following definitions of terms direct this study:

7.1 Sexual abuse

The National Department of Social Development (2011/2012:11) defines abuse as “all forms of physical and or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation resulting in actual harm to the child's health, survival, development or dignity in the context of a relationship”. For the purpose of this study, child sexual abuse is the identified problem that needs to be addressed.

Barrett, Cortese and Marzolf (2000:138) use the definition of child sexual abuse as outlined by Finkelhor (1984), Russell (1984), and Trepper and Barret (1989), which is as follows: “Any sexual contact, defined as: touching, with the intention of sexually arousing the child or providing sexual arousal for the offending adult; kissing, in a prolonged manner, or by one whose purpose is similar to touching; fondling of genitals or other parts of the body in a sexual or prolonged manner; overt sexual contact, such as oral-genital contact, manual stimulation of the genitals, or intercourse”. Defining sexual abuse is important when planning service delivery within the context of child sexual abuse, as Richter *et al.* (2004:58) attest that definitions of child sexual abuse can deflate or inflate figures of incidences and prevalence, thereby creating an indication of less or more incidences than what really exist. The differences in definitions of CSA (Richter & Dawes, 2008:81) make it difficult when comparing various research findings in order to develop new interventions and structures. Milner (as cited in Richter *et al.*, 2004:58) detects that, despite the heightened awareness of the prevalence of child sexual abuse, agreement by professionals on a clear definition of child sexual abuse remains problematic. Richter *et al.* (2004:3), and Richter and Dawes (2008:82) point out that the definitions of sexual abuse in different cultures cover a wide range of different descriptions of what a sexual 'act' is. In one culture, the 'touching' of a child's genitals might be part of their religion and cultural rituals; however, in other cultures this act might be frowned upon. Richter *et al.* (2004:3) state that it is the meaning of the contact that needs to be assessed when looking at the act to be abusive or not. Pierce and

Bozalek (2004:821) describe child sexual abuse as: “Physical violations of a child's body” and “exposure to sexually inappropriate stimuli”. Richter *et al.* (2004:59) conclude that whether the definition of CSA for different individuals entails 'contact' or 'no-contact' acts, a general definition is needed for the use of all the professionals working with victims of child sexual abuse. The researcher is of the opinion that despite the lack of coherence in the actual definition of child sexual abuse it remains important that professionals should rather focus on the needs of each child and their families by utilising the withstanding current legislative child protection frameworks (Childcare Act, 2005; Sexual offences Act, 2009; Whitepaper on Families in South Africa, 2012).

7.2 Family

Geldard and Geldard (2010:75) describe the family within the context of the Western society. Their definition is based on the disagreement of the idea that the traditional nuclear family is the only sort of family, as many children are raised in single-parent, blended and step-families. More specifically, Goldenberg and Goldenberg (2004:3) describe the family as a system with the members in constant relation with one another. Furthermore, they state that the relationship “is multi-layered and is based on a shared history, shared internalised perceptions and assumptions about the world, and the sense of purpose”. This implies that in line with the chronosystem dimension in ecological systems theory (Bronfenbrenner, 1977:513-531; Bronfenbrenner, 1994:27-43; Bronfenbrenner, 1979:3; Bronfenbrenner & Morris 2006:793) families will share each other's temporal dimension where the life histories of different family members will converge to form a shared history. Painful events will affect the whole family, but conversely they will also share and gain support from each other's strengths. From a strengths perspective Jones-Smith (2014:195) conceptualises the 'family' as including people who are biologically or psychologically related. Furthermore, they are interconnected on emotional and economic levels and, importantly, they identify themselves as part of the family household. Rigazio-DiGilio and McDowell (2012:419) also challenge the positivist notion of a single reality of how 'family' should be conceptualised. In their argument, they leave room for a postmodern view where the idea of an ideal family structure is shifted to make room for “multiple images of productive family life”.

7.3 Family play therapy

Family play therapy, as described by Gil (2006:138-139), is the: “convergence of two major clinical approaches: family therapy and play therapy. It simply means using a range of play therapy techniques and approaches to elicit the full participation of family members”. The goal of this study is to develop and refine a family play therapy model within the context of

child sexual abuse. Therefore, after an extensive literature search, it was clear that a need for innovative approaches in South Africa exists and that the family as a resource could be utilised in therapeutic interventions. It is the notion of the researcher to work within the ecological and the gestalt approach that places the focus on a systemic perspective, where the family is deemed as the important focal point to help with the abused victim's functioning compared to the traditional perspective, where the individual is the primary focus and the influence of the family is a neglected view (Rigazio-DiGilio & McDowell, 2012:417). In other words, in this study, the researcher envisages to utilise integrated approaches that offer frameworks for different techniques and strategies to be used and for clinicians to expand their 'clinical repertoire' as highlighted by Rigazio-DiGilio and McDowell (2012:420) to meet the unique and specific needs of each individual. This implies the integration of play and family therapy as two modalities to develop and refine a family play therapy model, during which it is envisaged to consider the child victim as part of the family as the primary focus. The researcher is of the opinion that the use of integrated perspectives can create the opportunity to develop and refine an intervention within the ecological and gestalt theory as the goal of all mentioned approaches is to expand services to the wider field of CSA victims and their families.

8. METHOD OF INVESTIGATION

8.1 Literature review

A literature review refers to a complete scholarly arrangement of the integration of knowledge and insight provided by different various authors as presented in books, articles including definitions, theories and models, and existing data and research (Mouton, 2001:87). This study contains a literature review that has multiple purposes as described by Ridley (2012:4-6). Firstly, to see what information exists on the research focus, and secondly, to determine whether the research can be justified, by looking into discussions of relevant theories that underpin this study, knowledge that can provide supporting evidence for the identified problem. The information gathering and synthesis (De Vos & Strydom, 2011:480) phase of this intervention research study provided the following contribution:

Using existing information sources (De Vos & Strydom, 2011:480-481; Du Preez & Roux, 2008:80; van Rooyen, 1994:18). A literature study was conducted as part of this phase during which the researcher reviewed books and journals on the topics mentioned in 7.1.

Literature on the topics of play therapy and family therapy as two separate modalities were explored and was accessible; however, information on family play therapy as an intervention in general, and also within the context of CSA, was limited and it was important for the

researcher to make use of literature not only from Social work, but from Psychology, Criminology, Occupational therapy and Sociology. An on-going library search was conducted during this study by utilising the following databases: EBSCOhost, Social Sciences Citation Index, SAGE, NISC, NEXUS, HSRC research organizations, MRC (Medical Research Council), government websites, non-government websites, library index of different universities (mainly NWU, UCT and Stellenbosch) and Stats SA. The literature review will be discussed further in Section A, part 2, and it will also be expanded in the relevant articles and linked with findings.

8.2 Research methodology

8.2.1 Design

Mouton (2001:49) states that a research design is the plan of how research will be undertaken. Durrheim (2002:29) explains that a research design acts as a “link between the research question and the actual implementation of the research”. This research study works within a qualitative framework (Creswell, 2007:57; Fouché & Delport, 2011:64-65; Hennink, Hutter & Bailey, 2011:9-11; Leedy & Ormrod, 2005:94-97; Rubin & Babbie, 2009:218) as the study will incorporate detailed descriptions of social reality with the objective of developing tools and technology for a vulnerable population. Every individual has a subjective view of reality, which is ever-changing as the individual moves between different contexts. As the study focuses on the systemic approach, the families' experiences of CSA will be focused on within the context they form part of. As part of the postmodern approach, the researcher will aim to understand phenomena (in this case, CSA) and is aware that everyone's perceptions, experiences, feelings, emotions and ideas are different. The meanings and interpretations of the families about the CSA they experienced will be identified and interpreted by the researcher in order to make sense and develop and understanding of their subjective experiences of CSA. The postmodern approach, as described by Lebow (2012:173-175), will allow the researcher to gain knowledge on family play therapy by focusing on the context of families subjected to CSA and professionals working in the field of CSA in the Western Cape, South Africa.

The blueprint envisaged for this research was the intervention research design based on the original Design and Develop (D&D) model of Rothman and Thomas (1994), as also described by Caspi (2008:575), De Vos and Strydom (2011:473-485), Du Preez and Roux (2008:78), Fawcett *et al.* (1994:35), Fraser (2004:211), Fraser and Galinsky (2010:459), Gilgun and Sands (2012:350), and Van Rooyen (1994:16). Intervention research has various components and phases that are mostly described in a linear fashion, but that circle

back and forth between the different parts (Gilgun & Sands, 2012:350; Rothman & Thomas, 1994:9). In this regard, Rothman and Thomas (1994:7) refer to intervention research as an integrated perspective to research aimed at developing technology for intervention. Typically, intervention research would provide the process to support the development and refinement of a practice model. Researchers and practitioners often work together to apply research-based knowledge to develop or improve services (Corner, Meier & Galinsky, 2008:252; Du Preez & Roux, 2008:78; Fraser & Galinsky, 2010:459; Shilling, 1997:176). Table 1.1 below is a summarised description of the phases of intervention research used in this study:

TABLE 1.1: PHASES OF INTERVENTION RESEARCH APPLIED TO STUDY

Intervention research process	Articles	Participant group
1. Problem analysis and project planning		Refer to 8.3.1
2. Identifying and involving clients		Participant group 1 (focus group) refer to 8.3.2.
3. Gaining entry and cooperation from settings		Refer to 8.3.2
4. Information gathering and synthesis phase	<i>Article 1:</i> The views of professionals on family play therapy within the context of child sexual abuse in South Africa	Participant group 1 (focus group) refer to 8.3.2
5. Design, early development, pilot testing and data analysis	<i>Article 2:</i> The experiences of families affected by child sexual abuse as expressed in a family play therapy context.	Participant group 2 (Discussion group) Refer to 8.3.2
6. Evaluation, advanced development	<i>Article 3:</i> An integrated family play therapy model within the context of child sexual abuse in South Africa	Participant group 2/3 (Discussion group) refer to 8.3.2
7. Dissemination		Participant group3 (discussion group refer to

Intervention research process	Articles	Participant group
		8.3.2)
<p>Article: 1 The information gathering and synthesis phase of the intervention research process. The aim was to accumulate information (functional elements) on family play therapy from professionals working in the field of child sexual abuse in South Africa. The research findings in this article will inform the Design phase of the intervention process.</p>	<p>Article 2: This article focuses on the experiences of four families who were engaged in a family play therapy process as part of the Design, early development, pilot testing and data analysis phase of the intervention research process. The aim of this article was not to describe the model, but rich data that emerged as participating families engaged in the family play therapy sessions informed the Design phase of the intervention process which led to the early development and refinement of the family play therapy model.</p>	<p>Article 3: This article is based on the evaluation and advanced development of the tentative family play therapy model as the article provides an overview of the framework of an integrated family play therapy model which includes the functional elements gathered from professionals as part of article 1. The reflections of how the families experienced the family play therapy process and the techniques are described in this article.</p>

8.3 Research procedure

8.3.1 Problem analysis and project planning

Fraser and Galinsky (2010:462-463) describe the first step in intervention research, during which the researcher gathers information on the definition, theory and the identified problem. The research problem has been described under subheading 2.

8.3.2 Identifying and involving clients

The **population** was families residing in the Wynberg and surrounding area with children who experienced sexual abuse. In this area, the high incidence and other realities of child sexual abuse, such as the impact on family dynamics and the lack of human resources to provide individual therapeutic interventions are evident. The Wynberg district forms part of the jurisdiction of the organisation that provided the researcher with the participants and the work space to conduct the study from. This organisation is chosen because it is an organisation specialising in children and their families who have been subjected to child sexual abuse. In this organisation, social workers deliver statutory as well as therapeutic services to the victims of child sexual abuse and their families.

8.3.2.1 Sampling

Non-probability sampling with elements of purposive sampling (Babbie, 2008:203-204; Babbie, 2011:207; Maree, 2007:79; Strydom & Delport, 2011:391-392; Ritchie, Lewis & Elam, 2009:79; Rubin & Babbie, 2011:336) was employed to deliberately select specific features, from the sampled population (Ritchie & Lewis, 2003:100). There were four different participant groups, which are described below:

Participant group 1:

The inclusion criteria for participant group 1 (focus group) were that they had to work in the field of child sexual abuse and/or trauma or have a good knowledge base on social work, play therapy, family therapy and/or sexual abuse. The researcher determined who would be part of the focus group, using their professional expertise and qualification as a guidance. The researcher made use of an existing database of professionals in the Western Cape working in the field of child sexual abuse. A description of the focus group participants will be provided in table 1.2 below:

TABLE 1.2: PARTICIPANT GROUP 1

Name of professional	Profiles	Years' experience
Participant 1	Social worker, specialising in CSA	7 years
Participant 2	Social worker, specialising in CSA	5 years
Participant 3	Social worker, specialising in play therapy – private practice	10 years in private practice

Name of professional	Profiles	Years' experience
Participant 4	Counsellor, specialising in play therapy	5 years
Participant 5	Counsellor, specialising in play therapy – private practice	5 years in private practice
Participant 6	Social worker, using gestalt approach in her interventions with children. Expert in the field of child sexual abuse – private practice experience	20 years in private practice and one of the co-founders of the Teddy Bear clinic in Johannesburg
Participant 7	Social worker	2 years

Participant group 2:

The inclusion criteria for participant group 2 (discussion group) were that they had to work in the field of child sexual abuse and trauma or have a good knowledge base on social work, play therapy, family therapy and/or sexual abuse. A suggestion of possible participants that fit the inclusion criteria was made by the regional manager of the organisation that the researcher conducted the study from. The manager selected the participants according to her professional and personal experiences of these social workers. The discussion group helped with the identification of functional elements and served as sounding board for the researcher as the model was developed.

Their input aided the process of finalisation of the model for the purposes of Article 3 (See section B). This adds to the validity and trustworthiness as it is a form of triangulation (Strydom & Delpont, 2011:442; Maree & van der Westhuizen, 2007:40-41) or crystallisation (Ellingson, 2009:4-5; Maree & van der Westhuizen, 2007:40-41). Table 1.3 outlines the profiles of participants who were part of this study:

TABLE 1.3: PARTICIPANT GROUP 2

Name	Profile	Years' experience
Professional 1	Social worker, specialising in play therapy	7 years
Professional 2	Social worker, CSA	5 years

Professional 3	Social worker, CSA	5 years
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Participant group 3:

The inclusion criteria for participant group 3 entailed that possible participants should be from the existing client base of an organisation specialising in child sexual abuse, situated in Wynberg and surrounding areas in the Western Cape. This implied that a child in the family has been subjected to child sexual abuse. Participants were also required to be able to converse in Afrikaans or English as the researcher did not want to involve translators in the sensitive process of developing an intervention model for a vulnerable group. An exclusion criterion was where the perpetrator is a close family member who is still living in the home, or who has moved away, but where family members in the household are torn by conflicting loyalties regarding the perpetrator. Such families would need special interventions such as therapeutic family mediation (Irving & Benjamin, 2002:3-43) and conflict resolution and also involvement of the perpetrator in special intervention programmes. This study focused on family units where family members acknowledged the abuse and were committed to support the victim. The perpetrator or alleged perpetrator was not included in family play therapy. Members of the extended family were included according to the needs of each family and young victim.

Sixteen participants (family members of four families) from different families were engaged in family play therapy processes, including six sessions per family, except for family 4 that was involved in four sessions. Most of the families were not nuclear families, but families that were step- or extended families. Each family's composition, structure and dynamics differ (see Table 3). Three of the families were subjected to sexual offences court procedures during the implementation of the therapeutic process. Due to time constraints, family 4 withdrew from the therapeutic process after the fourth session. Although the sample size was small and one family did not complete the therapeutic process, it is highlighted by Ritchie, *et al.*, (2009:83-84) that it is more conducive to have a smaller sample size in qualitative research. For the purpose of this study, a small sample size allowed the researcher to collect adequate data rich in detail of the narratives, opinions and experiences of the participants. Table 1.4 outlines the profile of each family that was part of this study:

TABLE 1.4: PARTICIPANT GROUP 3

Family	Age composition of families	Number of sessions
Family 1 Extended foster care family	Biological brother of victim – 17 years Biological brother of victim – 12 years Biological sister of victim – 22 years Biological brother of victim – 4 years Girl cousin of victim – 16 years Foster mother of all 4 children – 56 years Girl victim – 8 years	6 sessions
Family 2 Step-family	Stepfather – 47 years Biological mother – 44 years Girl victim – 13 years	6 sessions
Family 3 Single-parent extended family	Biological grandmother – 69 years Biological mother – 41 years Girl victim – 6 years	6 sessions
Family 4 Nuclear family	Biological father – 55 years Biological mother – 46 years Boy victim – 8 years	4 sessions

Participant group 4:

The inclusion criteria for participant group 4 (discussion group) were that they had to be professionals with work experience of five years or more, in the field of child trauma, including child sexual abuse, play therapy and family therapy. The participants were selected from the existing base of professionals (including professionals in private practice) in the Western Cape and from the researcher's own knowledge and experience of existing professionals in practice. The second discussion group with the professionals was in part to get input into the family play therapy model, but was also the beginning of a process of dissemination (De Vos & Strydom, 2011:487; Du Preez & Roux, 2008:80). A description of the discussion group participants will be provided in Table 1.5 below:

TABLE 1.5: PARTICIPANT GROUP 4

Name	Profile	Years' experience
Professional specialising in child trauma and CSA: 1	Counsellor at a school in Cape Town, specialising in play therapy, experience in private practice	7 years
Professional specialising in child trauma: 2	Counsellor specialising in play therapy in private practice	6 years
Professional specialising in child trauma and CSA: 3	Clinical social worker, counsellor at a school, Cape Town, specialising in play and art therapy and CSA, private practice experience	7 years

8.4 Gaining entry and cooperation from settings

After the finalisation of the research protocol, permission was obtained from the organisation to engage in this research. Written and verbal consent were given by all the participants (including children) of the study. Each participant group was formed as follows:

Participant group 1:

Focus group participants were personally invited by the researcher via email and after their confirmation of their attendance, the researcher telephonically contacted each participant individually to verbally get their consent, followed by their written consent at the beginning of the focus group (Appendix 3C).

Participant group 2:

The participants for the discussion group were personally invited by the researcher via email and after they confirmed, the researcher contacted each participant individually.

Participant group 3:

Each social worker that has been assigned to the specific case on the case register contacted the families individually, to ask for permission to take part in the process. At first, telephonic verbal consent was provided by the primary caregivers of the families, followed by

the formal, written consent that was provided by each family member at the beginning of the intervention (Appendix 3C).

Participant group 4:

The participants for the discussion group were personally invited by the researcher, and the participants provided their verbal consent on an email that was sent to each of them, followed by their written consent (Appendix 3D)

De Vos and Strydom (2011:479) **outline the setting of goals and objectives** as the final step in problem analysis and project planning (See subsection 4).

8.5 Information gathering and synthesis phase

It is a strength of qualitative research that various data sources are utilised for information gathering (Maree, 2007:76). This adds to trustworthiness as it is a form of triangulation (Strydom & Delport, 2011; Maree & van der Westhuizen, 2007:40-41) or crystallisation (Ellingson, 2009:4-5). Creswell (2007:118) views the data collection process of the qualitative researcher as a series of interrelated activities aimed at gathering rich information to answer the research question. Stated differently, Ellingson (2009:4-5) emphasises the importance of crystallisation in qualitative research, by defining it as follows: “Crystallisation combines multiple forms of analysis and, multiple genres of representation into a coherent text, a series of related texts, building a rich and openly partial account of a phenomenon”. In this study, the researcher made use of a range of different data sources for information gathering, practices and perspectives combined with the input from a range of professionals working in the field of CSA.

8.5.1 Method of data collection

For the purpose of this study, during the information gathering and synthesis phase of this intervention research process, the following phases were utilised:

8.5.1.1 Using existing information sources

Using existing information sources (De Vos & Strydom, 2011:480; Du Preez & Roux, 2008:80; van Rooyen, 1994:18). Although the literature review is not as such part of data collection in intervention research, it can add to the identification of *functional elements of successful models* (De Vos & Strydom, 2011:480). As outlined in 9.1, a literature study has been conducted as part of this phase during which the researcher gathered information on the functional elements of family play therapy within the context of child sexual abuse.

8.5.1.2 Identifying functional elements of successful models

Identifying functional elements of successful models (De Vos & Strydom, 2011:481; Du Preez & Roux, 2008:80; Fraser & Galinsky, 2010:462; van Rooyen 1994:18). As part of the initial identification of functional elements, a focus group (Greeff, 2011:360-371) was conducted with six professionals working in the field of child sexual abuse, to gain their insight into and suggestions on the content of the integrated family play therapy intervention model as applied to this research focus.

During this focus group discussion, the researcher gathered and elicited information on the development and understanding of the professionals' views on family play therapy within the context of child sexual abuse. As described by Marshall and Rossman (2011:148-149), the participants' perspectives on the phenomenon or identified problem, in this case, family play therapy within the context of child sexual abuse unfolded as according to the perspectives of the participants and not the researcher. The findings from this part of the research have been described in Article 1: "The views of professionals on family play therapy within the context of child sexual abuse in South Africa".

8.6 Design, early development, pilot testing and data analysis

The *design of the model* is a critical phase of the research as it provides the initial technology (De Vos & Strydom, 2011:482). Based on the identified functional elements, a tentative model was designed utilising literature (literature review), input from the focus group, the researcher's knowledge base (social work processes, group work processes, gestalt therapy) and the researcher's practical experience.

For the **development and pilot testing phase** of intervention research (De Vos & Strydom, 2011:483-485) and more advanced data collection, the following procedures were taken:

Families were involved in a preliminary integrated family play therapy intervention. Due to the length of the process to be followed with each family, and the sensitivity of the topic, it was envisaged that the number of families involved in the implementation of the prototype would be limited in order to get adequate depth in information.

- Three families were involved in six sessions of integrated family play therapy and another family in four sessions. This family withdrew from the process after completing four sessions due to financial and logistical reasons.
- Sixteen family members in total were part of the study. (Profile of the participants is illustrated in Table 2.)

- The researcher reflected after each session and discussion group to capture her own perceptions and ideas. These reflections were done in journal format and helped the researcher to be aware of her own process during the research. In this way she could monitor her feelings and could discuss this with her study supervisor in order to be able to bracket her own reactions.
- Two additional discussion groups were conducted with professionals working in the field of child sexual abuse to reflect on and discuss the progress of the development and the refinement of the tentative family play therapy intervention.
- Field notes and recordings of sessions supported data collection as it provided information on the dynamics of the sessions, such as non-verbal interactions
- A year after the family play therapy model was implemented, the families that participated in the study were contacted telephonically by the researcher to follow up on their progress with regard to the integration of the child sexual abuse.

8.6.1 Data analysis

Transcriptions of focus group discussions, group discussions with professionals and sessions with participating families were subjected to thematic data analysis as described by Braun and Clarke (2006:79-82), whose views concur with Creswell (2007:150-152) that the process of analysis should not be linear, but should comprise different ways of collecting and analysing data. The researcher worked according to the six phases of Braun and Clarke (2006:86-93). The aim is therefore not simply a descriptive summary of the content, but a combination of different methods of data analysis. In this study, the researcher became familiar with the transcribed data and general ideas of the data were identified and written down. After reading and re-reading the data, the researcher identified different categories. The transcriptions of the data allowed the researcher to gain a broad overview of the verbal data to create initial categories. In other words, a list of ideas about what the data contained and what was interesting about them and the categories were reviewed and re-reviewed. Several themes and sub-themes emerged from the different categories. In order to categorise different themes, the researcher looked for stories, narratives and individual experiences from participants. Braun and Clarke (2006: 82) explain that a simple way to organise data is to describe and discuss each theme referring to examples from data and using direct quotes to help characterise the themes. Visual presentations, e.g. different colours, supported the researcher in this process. The themes were viewed and re-viewed and the researcher searched for patterns in the different themes. Different levels of the themes were identified and main themes and sub-themes were identified. At this stage, the

researcher combined, developed and discarded themes. The themes were written up in three different articles (see section B).

8.7 Evaluation, advanced development

The preliminary family play therapy model is not static as it forms part of the development and the refinement process as part of the *early development and pilot testing phase* of intervention research process. De Vos and Strydom (2011:485) defined the early development and pilot testing phase during which a design constantly evolves, thereby constantly developing and changing during implementation. The participant families reflected back on the implementation process. Verbal reflection after each session was provided by the family participants and they discussed what they liked and disliked and what was helpful or not. In the final session with three of the families, the family as a group completed an evaluation form; for one of the families, the researcher compiled written notes on their verbal feedback due to their literacy levels. This additional information was integrated into the development of the family play therapy prototype.

8.8 Dissemination

As part of the final phase of intervention research, namely the evaluation and advanced development phase (De Vos & Strydom, 2011:485), preliminary *dissemination* (De Vos & Strydom, 2011:487) of the model entailed a group discussion with four professionals working in the field of child sexual abuse. The findings will also be disseminated through the three articles outlined in Section B.

9. ETHICS

The researcher was previously registered at UNISA where this study had ethics clearance. From March 2011, the student chose to register at the North-West University. Her study supervisor, Dr Mariette van der Merwe, was also employed by the North-West University since March 2011, after previously working for UNISA, and continued with study guidance. The student's research was also registered for ethics clearance at the North-West University (NWU-00060-12-A1). The researcher is a social worker with ten years' experience of which most focused on sexual abuse. Ethical considerations were guided by the researcher's profession as a social worker where she adheres to the code of ethics of the South African Council for Social Service Professions. Ethical considerations, as set out by Babbie (2007:60-71), Babbie (2008:66), Babbie (2011:67-78), Brinkmann and Kvale (2008:269), and Welman, Kruger and Mitchell (2005:11) were a core feature from the onset of the research in

terms of the research process, selection of participants, interviewing, data analysis and the writing of the research report. DVD's containing the raw data generated in this study will be stored in a safe at the offices of the Centre for Child, Youth and Family Studies.

9.1 Informed consent

As proposed by Brinkmann and Kvale (2008:266), Flick (2007a:69), Patton (2002:407), Punch (2006:56), and Strydom (2011a:117-118), during the first session, the following was explained to the participants before they voluntarily signed the consent forms (Appendix 3 A):

- The purpose of the research study;
- The possible advantages and disadvantages of the study;
- The role of the participants in the research process; and
- The duration of the research, number of sessions and the possible time limit for the research to be completed.

Where the participants were unable to show an understanding and to give written consent (young children, illiteracy), this vulnerable population, as described by Bless, Higson-Smith and Kagee (2006:144), Flick (2009:41), and Strydom (2011a:116) was respected by the researcher at all times. Informed assent was given by these participants as the researcher assisted the participants to draw an X where they have to place their signature, after a discussion of the research study in such a way that these participants could also understand it. The researcher's ten years' experience as social worker in the field of child sexual abuse made it more comfortable to work with such a vulnerable population. In this study, one child struggled to understand the purpose of this study and his role description; however, he managed to attend four of the six sessions and it appeared as if he enjoyed the family interaction and playfulness of the family play therapy process.

It was explained to the participants that the information they will provide will be kept confidential (Brinkmann & Kvale, 2008:266; Flick, 2007a:69). Throughout the study, it was crucial for the researcher to maintain and respect the privacy of the participants, especially of participant group 2 (Babbie, 2005:65; Babbie, 2013:65-66; Monette, Sullivan, & De Jong, 2005:49; Patton, 2002:407). The name of the organisation where the participants were registered clients was kept anonymous throughout the study to protect the participants and the organisation.

It was explained to the participants that their details will be kept anonymous at all times and it was only the researcher and her supervisor who will have access to their information. The researcher ensured the participants that in the publication of the data, pseudonyms for their

names will be used (Brinkmann & Kvale, 2008:266; Patton, 2002:408-409). Participants gave permission that sessions could be recorded on video. To prevent disturbance a tripod was used so that the researcher could concentrate on the sessions. It was explained to the participants that after each session, the family play therapy sessions will be copied from the video camera onto DVD and it will be stored in a safe place. The participants were assured that the video camera footage would be viewed only by the researcher. It was explained to the participants that that the researcher will take notes during the sessions and that this information will be kept confidential.

9.2 Voluntary participation

No participant was in any way forced to part take in the study (Babbie, 2013:63-64; Flick, 2007:69a; Strydom, 2011a:117). In this case, some of the participants were emotional, but everyone voluntarily continued with the process. Family 4 decided after the fourth session that it is not financially conducive for them to travel so far. It was also explained to the researcher that as the mother worked full day, it was difficult for her to take the time off work. The researcher suggested an adjustment to the times and dates to suit them, but they were reluctant to do so. In this case, the process did not meet the desired expectations and goals of the research process; however, valuable information was gathered from the family participants during the first four sessions. They were still clients of the organisation and had access to follow-up intervention there.

9.3 Role of the researcher

Possible consequences of the research as described in Brinkmann and Kvale (2008:298-269), Strydom (2011a:115-119), and Welman, Kruger and Mitchell., *et al.* (2005:201) were crucial in this study. Flick (2009:37) indicates that it is important for the researcher to respond to the code of ethics, which requires that research should avoid harming participants. Patton (2002:407) describes that the nature of qualitative research is personal and invasive. The qualitative researcher asks questions that reach the internal world and truth, which can make participants feel uncomfortable. The possible emotional reactions of the family participants and the possible psychological distress were explained to the family participants in the beginning of the research process. The in-depth discussions on CSA in this study opened up emotions and left the participants with unexpected feelings (Patton, 2002:405). More specifically, the family play therapy process, questions, conversations and dialogues were emotionally intrusive for the family participants as they were confronted with topics that they were not always ready to talk about. The researcher used her social work

skills to contain participants and to ensure that the therapeutic intensity of sessions was reduced towards the end of each session.

The families in this study were already part of a therapeutic process as part of the broader intervention plan of the organisation. On-going emotional support was provided when needed by the social workers from the organisation assigned to each case. The social workers at the organisation where the participating families were registered clients formed a supportive network for these families in terms of follow-up intervention and support with statutory processes, such as court preparation. Where it was needed, further therapeutic input was offered to continue with individual counselling sessions.

Throughout the research process, the researcher reminded the family participants that they were allowed to withdraw from the study if they felt emotionally uncomfortable, as suggested by Flick (2007a:69) and Flick (2009:35-38). The main principles of ethics when conducting research are described by Flick (2007b:16), Flick (2009:37), Flick (2011:216), and Strydom (2011a:116). For the purpose of this study, the researcher focused on the principles of non-maleficence and beneficence (Flick, 2009:37; Flick, 2011:216; Strydom, 2011a:116), as least possible harm was done to the family participants and the research focused on positive outcomes for the participants, not just for the researcher to reach her research goals. The participants gained emotionally from the family play therapy process as they had the opportunity to share and discuss their feelings, experiences and emotions on CSA. The family was included in the therapeutic process, which at the same time empowered the family to deliver on-going emotional support to the victim and each other.

The researcher maintained scientific quality (Brinkmann & Kvale, 2008:268) throughout the research process. Accurate information was provided and the researcher maintained transparency of the procedures by which the findings have been obtained. The researcher also strived to ensure that an unbiased investigation of family play therapy within the context of CSA was conducted and that a professional distance was maintained throughout the process.

9.4 Trustworthiness

In their seminal work on trustworthiness, Lincoln and Guba (1985:175) argue that ensuring credibility is one of the most important factors in establishing trustworthiness. Guba and Lincoln, as cited in Shenton (2004:68), use the term 'progressive subjectivity' or the monitoring of the researcher's work and consider this as critical in establishing credibility.

Shenton (2004:64) highlights indicators that researchers can use to make sure that their data is truthful and trustworthy. The following provisions applied to this study:

- The researcher made use of well-established methods in this qualitative investigation. The procedures in this study, such as the data collection, data analysis, the intervention research process and focus groups are all fixed research methods that have been successfully utilised in qualitative research.
- The research was conducted with families selected from an organisation that specialises in CSA and that the researcher is familiar with.
- The researcher has more than 10 years' experience in the field of CSA, which guided her through the research process.
- Padgett (2008:93-103) outlines the six strategies for the enhancement of rigor in the research study. In this study, triangulation (Delpont & Fouché, 2011:244-243; Maree & van der Westhuizen, 2007:40-41; Padgett, 2008:93-103) allowed the researcher to make use of different methods, such as focus groups, discussion groups and the implementation of the family play therapy prototype, which are all data collection strategies in qualitative research. The analysis of the narratives and descriptions of the participants were grounded in the data and a non-judgemental attitude on a personal level was maintained throughout the study process (Flick, 2009:41). Crystallisation is the term more typically used in qualitative research and is described by Ellingson (2009:4-5) as the search for more complex interpretations of the phenomenon, in this case CSA. Strong themes and patterns (Ellingson, 2009:10) supported by transcribed data created a more in-depth view of the complexities in families subjected to CSA. The different forms of data collection and analysis (Braun & Clarke, 2006:77-101) that are incorporated in this study enabled the researcher to create richly described findings of the research.
- As described in 10.1 and 10.2 of this section, each participant had the opportunity to withdraw from the research at any time. The participants also made a personal decision whether they wanted to take part in the study. No participant was forced to take part and each participant gave his/her consent to be included in the study.
- Prolonged engagement (Padgett, 2008:93-103) in the field took place during the study, to ensure trustworthiness of data analysis, the researcher consulted with her study supervisor (as proposed by Maree & van der Westhuizen, 2007:38) to check impressions and conclusions. Good therapeutic relationships were formed with the participants throughout the study. Possible researcher bias was limited by the discussions and also by the contact with the discussion groups with professionals working in the field of CSA and constant feedback from the researcher's supervisor. The researcher created opportunities for scrutiny of the research project through focus and discussion groups,

which included professionals working in the field of CSA. The questions and the observations allowed the researcher to refine the methods and strengthen the opinions in the light of the commentaries made.

- Reflective commentary (Shenton, 2004:68) by participants allowed the researcher to assess the effectiveness of the techniques used in the study. The researcher reflected after each family play therapy session, and during the focus and discussion groups, the researcher's own perceptions and ideas were captured. Field notes and reflections of the experience of the researcher throughout the process added value to the credibility of the data gathered

10. REPORT LAYOUT

This research report is in article format and is structured according to the General Academic Rules of the North-West University. In section 5.4.2, and specifically 5.4.2.7, it is stated that: “Where a candidate is permitted to submit a thesis in the form of a published research article or articles or as an unpublished manuscript or manuscripts in article format and more than one such article or manuscript is used, the thesis must still be presented as a unit, supplemented with an inclusive problem statement, a focused literature review and integration and with a synoptic conclusion, and the guidelines of the journal concerned must also be included”.

To meet the above-mentioned rule, a literature review is included in the next part (part 2 of Section A). Three articles will follow in Section B, where parts of this literature analysis will be included as relevant to each article. The research report will be concluded in Section C with a summary, evaluation and recommendations, reference list and appendices.

In summary then:

Section A: Orientation to the research

The first section of this report (Section A, part 1) provided an introduction to the study. The orientation and problem statement, aims and objectives, theoretical framework, description of concepts and research methodology and ethics were set out in Section A (part 1) and an overview of literature in part 2.

Section B

This section entails three journal articles titled:

Journal article 1: “The views of professionals on family play therapy within the context of child sexual abuse in South Africa”.

Journal article 2: “The experiences of families affected by child sexual abuse as expressed in a family play therapy context”.

Journal article 3: “An integrated family play therapy model within the context of child sexual abuse in South Africa”.

Section C

Section C consists of the summary, evaluation and recommendations of the study.

Section D

All the appendices are included in this section

Appendices:

Author guidelines for the following journals will be included as appendices:

- The social work practitioner researcher (Article 1): **Appendix 1A**
- Child abuse research: a South African journal (Article 2): **Appendix 1B**
- Families in society (Article 3): **Appendix 1C**

Other appendices:

- Family play therapy session transcription: **Appendix 2**
- Consent forms for caregiver and child participants to take part in the study: **Appendix 3A and 3B**
- Consent forms for professionals of focus groups and discussion groups: **Appendix 3C and 3D**
- Family play intervention evaluation forms: **Appendix 4**
- Photo evidence: **Appendix 5**

Section E

This section consists of the consolidated list of references that were used throughout this research study.

List of tables, illustrations, diagrams and graphical presentations

Section A:

- Diagram 2.1: Illustration of family play therapy in the context of child sexual abuse
- Table 1.1: Phases of intervention research applied to study
- Table 1.2: Participant group 1
- Table 1.3: Participant group 2

- Table 1.4: Participant group 3
- Table 1.5: Participant group 4

Article 3:

- Table 1: Participant's family members who took part in this study
- Table 2: Process and problem goals based on Dennison practice model (1989)
- Figure 1: Application of the preliminary family play therapy model
- Figure 2: Family play therapy techniques in different phases

SECTION A: PART 2

2. LITERATURE REVIEW

2.1 Problem statement

In part 2 of Section A of the research report, the literature review includes the theoretical framework that guided this study. The focus is on theories such as the gestalt approach, field theory, eco-systemic approach and developmental theories focusing on the processes of families within the context of child sexual abuse. An overview will be provided on the definition of CSA, the legislation on child care protection in South Africa, the long- and short-term effects of child sexual abuse on children and families and information on family play therapy, play therapy, and family play therapy models.

2.1.1 Child sexual abuse within the South African context

As far back as 1980, Germain and Gitterman (1980:2-5) outlined the impact of the social order on individuals in their seminal work on the 'Life model'. These authors refer to the "array of adaptive tasks" expected of individuals and families, put into force by the environment (Germain & Gitterman, 1980:2; Gitterman, 2011:297). The family and immediate environment, in other words, the close microsystem of children (Bronfenbrenner, 1977:513-531; Bronfenbrenner, 1994:27-43; Bronfenbrenner, 1979:3; Bronfenbrenner & Morris, 2006:793; Richter *et al.*, 2004:75) is expected to provide structure, safety and support to children. In an ideal world, the fundamental human needs, categorised as the needs of 'being', 'having', 'doing' and 'interacting' such as subsistence, protection, affection and understanding (Max-Neef, 1992:207) of children will be met within this microsystem. However, it seems as if many South African communities are trapped in continuous downward spirals of resource loss. The high incidence of sexual abuse can be indicative of a troubled society where historical segregation and pain merge with current deficiencies in fulfilling subsistence needs. There is concern about the moral fibre of society where the protection of children is not up to standard. In their classic work, Germain and Gitterman (1980:5), and Gitterman (2011: 297-281) refer to the 'goodness of fit' between persons and their environment. Subsequently, they refer to the fact that the physical or social environment can sometimes be so 'noxious' that it impairs the development of individuals (Germain & Gitterman, 1980:6). The socio-political climate (inequalities) and historical circumstances (Apartheid) in this country should be taken into account when trying to understand phenomena such as child sexual abuse.

Child sexual abuse (CSA) can result in destructive multi-dimensional pathways for abused children. It typically disrupts the developmental tasks of childhood. It has potential long-term effects on physical and mental functioning (Kaminer & Eagle, 2010:122; Richter *et al.*, 2004:253-256). It also challenges the social fabric of the immediate and extended family as well as the communities where affected children live (Ratele, 2012:276-277; Richter *et al.*, 2004:69; Richter & Dawes, 2008:85-86). Child sexual abuse goes against the grain of child protection and affording children the right to develop and grow in a safe environment. Richter *et al.* (2004:6) clearly state that socio-economic factors may increase the vulnerability of children. Richter *et al.* (2004:71) and Dawes and Donald (2000:12) assert that societal factors, such as unemployment, overcrowding and poverty render children vulnerable to sexual abuse. Barth, Bermetz, Heim, Thele and Tonia (2012:469) agree with Richter *et al.* (2004:71) and Dawes and Donald (2000:12) by indicating that the effect of the economic development of a country has an impact on the prevalence of CSA. Furthermore they indicate that correlation between the socio-economic status and the prevalence of CSA differs between boys and girls. Unemployed individuals have more time on hand and spend more time in their communities with no constructive day-to-day goals, which may lead to their involvement in negative actions and practices, e.g. gang-related activities, crime and drug use. The researcher's experience as a social worker in under-privileged communities in the Western Cape, South Africa, is in line with what Richter *et al.* (2004:70-90) outline. There is an undeniable link between CSA and poverty with many people living in overcrowded conditions, where a lack of privacy can lead to diffused sexual boundaries. Furthermore, it has been noted by the researcher in practice that addictions by family members or immediate community members such as neighbours, especially TIK (Methamphetamine) addiction are a serious risk factor. One of the effects of TIK addiction is promiscuity and a lack of sexual impulse control. This endangers children who grow up in the vicinity of persons with TIK addiction. In South Africa, there is also a form of CSA that is seemingly based on retaliation. Two cases that received high levels of media attention are the case of Baby Tshepang, where the baby was raped by an ex-boyfriend of the mother, apparently because she broke off their relationship (Joubert, 2005), as well as the rape of a baby and a seven-year-old boy in Ceres in August 2013, which was also allegedly a revenge action (De Wee, 2013). This points to serious breaches in the safety network of children and also possibly to serious limitations in the emotional competence and problem-solving abilities of perpetrators. In South Africa, CSA is not delimited to demographic area or social class, but affects children from all different backgrounds.

It is a challenge to deliver adequate and appropriate services to those entities (children and their families and immediate community members) affected by CSA (Ferreira *et al.*, 2007:69;

Lewis, 2009:14). It seems as if the sexual abuse of children in South Africa is deeply embedded in our society and cannot be effectively dealt with only on an individual level. The challenge is to find innovative approaches to deal with CSA at a time when budget constraints and scarcity of social workers lead to the under-delivery of services.

2.1.2 Effects of child sexual abuse on direct victims

Child sexual abuse typically has serious short- and long-term repercussions for direct victims (Ferrara, 2002:74-75; Hetzel-Riggin, Barth *et al.*, 2012:468-469; Brausch & Montgomery, 2007:126; Ross & O'Carroll, 2004:52). Kelly and Odenwalt (2006:187), and Richter and Higson-Smith (2004:21) agree that the effects of child sexual abuse are unpredictable as they depend on mediating variables, such as environment, the extent of the abuse and the relationship the child has with the perpetrator. Guided by social constructionism as well as field theory and the eco-systemic approach the effect of CSA on the direct victim as well as on the family will be taken into account. Therefore, this study will focus on the effects of CSA, on all family members within the ecological context of the child. The effect on each child victim needs to be understood as their behaviour will have an impact on the rest of the family. Historical sources, such as Finkelhor and Browne (1984:538), Finkelhor (1987:349), Finkelhor (1994:31-51), and Finkelhor and Browne (1988:55-67) added value to the field of CSA by outlining a stage model to break down the effects of CSA and to afford a better understanding of individual trauma. Four traumagenic dynamics, i.e. traumatic sexualisation, betrayal, stigmatisation, and powerlessness are identified as the core of the psychological injury inflicted by abuse. These dynamics can be used to make assessments of victimised children and to anticipate problems to which these children may subsequently be vulnerable. These dynamics are not viewed as a linear process but as a dynamic interaction of the various traumagenic states. Van der Merwe (2009b:25) furthermore suggests that, for each individual client, it is important to understand the relevant traumagenic dynamics in order to successfully integrate and shift the traumatic memories caused by CSA. Van der Merwe (2009b:26) incorporated the work of Finkelhor and Browne (1984), and James (1989) when outlining ten traumagenic dynamics, namely impact on self-esteem, self-blame, powerlessness, loss and betrayal, fragmentation of bodily experience, stigmatisation, traumatic sexualisation, destructiveness, dissociation and interpersonal problems (Cantón-Cortés, Rosario Cortés & Cantón, 2012:665; Van der Merwe, 2009b:25-38). These traumagenic dynamics will add value to the development of interventions within the context of CSA, as the traumagenic dynamics can act as a guidance for identification of individual trauma symptoms caused by CSA. Stated differently, Lewis (2009:15) emphasises that, in the process of guidance for individuals to process their trauma, it is imperative that the child should be seen as part of an environment that consists of different factors that might

influence the trauma process, such as the nature of the sexual abuse, the child's history and current living conditions, and current developmental level (Finkelhor & Browne, 1988). In effect, it seems pertinent to take note of the dynamics in all the systems outlined by Bronfenbrenner (1994). For instance, on macro level legislation and policies can influence service provision to families affected by CSA which will again influence such families' processes of trauma integration. The immediate micro system, the family is the focus of intervention in this study. Therefore, social workers should take into account all systems involved that form part of the victim's life and the reciprocal effects these systems have on each other. In this study, the focus will be on the individual effects of CSA, but also the effect it has on the family as a system.

2.1.3 Effects of CSA on family systems

Disclosure of child sexual abuse creates an immediate crisis within the family unit and family members often have intense reactions, such as shock, denial or confusion, all of which may serve to incapacitate caregivers and prevent them from being emotionally available to affected children (Alaggia & Kirshenbaum, 2005:227; Charleston, 2009:12; Corcoran, 2004:61; Gil, 2006:65), which adds credence to the notion that intervention should not just take place with the individual, but also with the family as micro system. It can also be expected that CSA will affect interactions in all the compilations of subsystems in the affected families. It can for instance happen that siblings may experience resentment due to the attention needed by direct victims of CSA. Complicated patterns of interaction may influence the process of family play therapy.

Charleston (2009:12) states that the disclosure of CSA causes stress and uncertainty within the family system, which places the emphasis on the need for guidance through this process. Along the same lines, Sahay (2013:153), and Walker-Descartes *et al.* (2011:439) state that the parents of children who have been subjected to CSA could also experience emotions and other reactions similar to that of the child victim, which could impact the way they will support the victim. To understand the distress the child victim is enduring, it is important to understand what the rest of the family is experiencing regarding the CSA. The inclusion of the family in interventions will offer the opportunity for all family members to develop an understanding of their own perceptions, experiences, behaviour and emotions and also enhance an understanding of the rest of the family members' integration processes. In line with the strengths approach it will also allow individual family members to tap into the strengths of other family members and thereby to strengthen the family system.

2.1.4 Service delivery

The South African Constitution provides social protection for children and their families. Section 28(1) (d) states that children have the right to be protected from maltreatment, neglect, abuse or degradation. Furthermore, section 28(2) states that a child's best interest is important in every matter concerning the child, while, according to section 28(3), a child is a person under the age of 18 years (Richter *et al.*, 2004:209; Constitution of South Africa, No 108 of 1996). The commitment to protect abused children is linked to the adoption of the United Nations Convention on the Rights of the Child and the Constitution, which states that every child has to be protected against abuse. The White Paper on Social Welfare (1997) emphasises the importance of addressing issues such as sexual abuse, while presuming the importance of the family system as a resource for dealing with such abuse.

The provision and monitoring of interventions for vulnerable children still prove to be a critical challenge in South Africa (Britz & Joubert, 2003:27; Donald, Dawes & Louw, 2000:43; Ferreira *et al.*, 2007:69; Green & Nieman 2003:164; Jamieson, Proudlock & Nhenga-Chakarisa, 2012:14-19; Lee, 2001:3; Lombard, 2008:155; Richer *et al.*, 2004:253-257; Richter & Dawes, 2008:91). Effective service-provision in the helping professions is not a new challenge, as it is clear from the observation of Pierce and Bozalek (2004:820), who stated as far back as 2004, that budget constraints in government have led to retrenchment of professionals in many areas of service, which also negatively affected victims of CSA. The findings of Ferreira *et al.* (2007:69), Fraser *et al.* (2009:3), and Hetzel-Riggin *et al.* (2007:126) refer to the challenge for the social work profession to ensure effective practice with best available change strategies. The high incidence of CSA versus the under-provision of services necessitates innovative approaches to optimise services to children and families impacted by CSA. These families are faced with the challenge of legal and forensic processes, while struggling with a range of multidimensional effects. The immediate crises after disclosure of sexual abuse need to be addressed as soon as possible, and being put on a waiting list can lead to disillusionment and resistance to intervention. Timely services should therefore be cost effective and should target non-tangible resources inherent in families in order to facilitate processes that will continue between therapeutic sessions and after termination of interventions. More specifically, Richter *et al.* (2004:251) place the emphasis on the “marginalised and hopelessly under-resourced child protection services to 'fix' the problem”. Clearly, to optimise the efficiency of interventions also between sessions, family members should be strengthened to act as support system for the direct victims.

The potential impact that the inclusion of families as part of the intervention within the context of CSA can have, has not been adequately researched, especially not from a family play therapy perspective. Authors such as Bailey and Ford Sori (2005:475), Corcoran (2004:60),

Geldard and Geldard (2010:74), and Hill (2005:339) emphasise the importance to include families where alternative intervention strategies within the context of CSA are investigated. A priority in South Africa, as emphasised by Hall and Woolard (2012:37), is for professionals to reassess their intervention structures and in close working relationships with government legislation, documents and policies, take responsibility for the protection and welfare of children and their families. This is linked to the purpose of this study, to expand their interventions within the context of sexual abuse to include families.

Professionals, working in developing countries, could turn their attention to alternative ways of interventions as they are more and more overwhelmed by the high volumes of services required by clients (Ferreira *et al.*, 2007:69; Richter *et al.*, 2004:255). Stated differently, Dawes and Donald (2000:1) highlight the link between ill-resourced communities and developmental knowledge, research and intervention. Further emphasis is put on this reality by van der Merwe and Kassan-Newton (2007:350) when they state that traditional models of intervention and service delivery in South Africa are inadequate, with the potential of burn-out of professionals. Based on the dynamics on macro-level and the serious effects of CSA, the researcher is interested in family play therapy within the context of the family and the goal of the broader study is to develop and refine a family play therapy model within the context of CSA as illustrated in the next section of this study

2.1.5 Family play therapy and CSA

It has been noted that two modalities of intervention with children exist; one involves individual counselling including play therapy and the other family therapy as described by different authors, such as Geldard and Geldard (2010:74), Gil (1994:33), Gil (2006:138), Gil and Sobol (2005:342), Haslam (2006:25), Miller (1994:14), and Rhodes (2012:171-172). It is the integration of these two modalities of intervention that will provide a guideline for the integrated approach to family play therapy as a model. Family play therapy provides a holistic outlook to address the effects of child sexual abuse, as the child and members of the family are approached in a systemic way. Integration can then take place within the family context resulting in a more mutually supportive environment than when the child is seen in isolation (Christensen & Thorngren, 2000:9; Geldard & Geldard, 2010:74; Haslam, 2006:23; Hill, 2012:362; Rotter & Bush, 2000:172). In addition to the need to expand services to families affected by CSA, Ford Sori (2005:38) mentions various advantages such as the shared experience of the family and opportunities for clinicians to observe family structures and transactions.

Social support has been widely recognised as a major protective variable for persons affected by trauma (Van der Merwe, 2009a:290-298). Geldard and Geldard (2010:77) affirm

that every member of the family could provide the 'support system' with their own resources, such as their point of reference, perceptions, ideas, and understanding that can have a positive and strengthening influence on each other. The interplay of variables in these systems could be relevant when developing and refining a family play therapy intervention. Such intervention will aim at developing strengths and protection and minimising risk variables. This will create the opportunity for family members to understand the trauma endured by the child who has been sexually abused and the family members' own trauma and processes will be considered. More specifically, when the family is included, the process could get demystified and the power balance could then be restored where the social worker is not viewed as the primary change agent that will help the family manage the effects caused by the CSA. It is the internal knowledge, local wisdom and capacity (Hobfoll, 1995:33) of families that will be utilised and, in turn, they might feel more empowered to support the victim and themselves through the integration process of the trauma. More specifically, Hobfoll, *et al.* (2001:338) focuses on the 'individual-nested in family-nested in tribe' perspective, as in his opinion, the Conservation of Resources theory should consider both the environment and internal processes. His study is also specifically focused on the individual and families as part of the environment, which is in line with the goal of this study to focus on the family of which the victim of child sexual abuse forms part. When family play therapy is utilised, the integration process is not only an individual process, but there is also a more comprehensive process where family members are working together towards processing and re-working the trauma.

The purpose of family play therapy as modality, as described by Gil (2011:207-226), is "to move to a therapeutic realm of metaphor, imagination and creativity where the child and the family can feel comfortable to utilise play in order to express their feelings and experiences and for adults to get into touch with their own feelings and experiences and of the child's world". The benefits of using play therapy when working with families have been acknowledged by authors such as Ariel (2005:3); Bailey and Ford Sori (2005:475); Christensen and Thorngren (2000:92); Geldard and Geldard (2010:73); Gil (1994:38); Gil and Sobol (2005:344); Gil (2006:65) and Haslam (2006:4). However, it appears as if the knowledge of the implementation and integration of play therapy with families by social workers is limited. Authors such as Gil and Sobol (2005:342); Haslam (2006:5); Haslam and Harris (2011:51) and McMonigle (2008:24) base the argument of the lack of knowledge on a lack of training in this field and possible negative professional and personal attitudes on the integration of play therapy with families. The view of Christensen and Thorngren (2000:91) concur with the latter in that therapists have struggled to actively integrate children's way of

communicating in family therapy which places the emphasis to widen the scope of interventions to include the families.

2.2 Grounding for family play therapy

The sequentially planned integrated counselling for children (SPICC) model, outlined by Geldard and Geldard (2010:68), provides guidance for the family play therapy model envisaged in this study. For the purpose of this study, it is envisaged that the tentative integrated family play therapy model will be based on a cyclic process, which will draw on and integrate theoretical concepts and practical strategies from different well-established approaches. This will be integrated in a tentative family play therapy model that is envisaged to produce therapeutic change and desired outcomes during the family play therapy process, as illustrated and described below. Diagram 2.1 outlines a visual illustration of a family play therapy model in the context of CSA is envisaged.

The child and the family that have been subjected to CSA (external stressor) and in need of family play therapy intervention forms part of the microsystem of the bio-ecological systems model (See 2.2.7). As part of the mesosystem of the bio-ecological systems model, the family play therapy process is conducted by the social worker (See 2.2.7). As part of the Gestalt therapy approach, the gestalt principles, which includes holism, dialogue, awareness and field theory (see 2.2.2-2.2.6) are integrated within the family play therapy process, depending on the needs of the child and the family. Different theoretical concepts and practical strategies from different well-established approaches are incorporated into the family play therapy process (see 2.2.8-2.2.11), once again, depending on the needs of the child and the family. The different theoretical concepts that forms part of the family play therapy model will be described below:

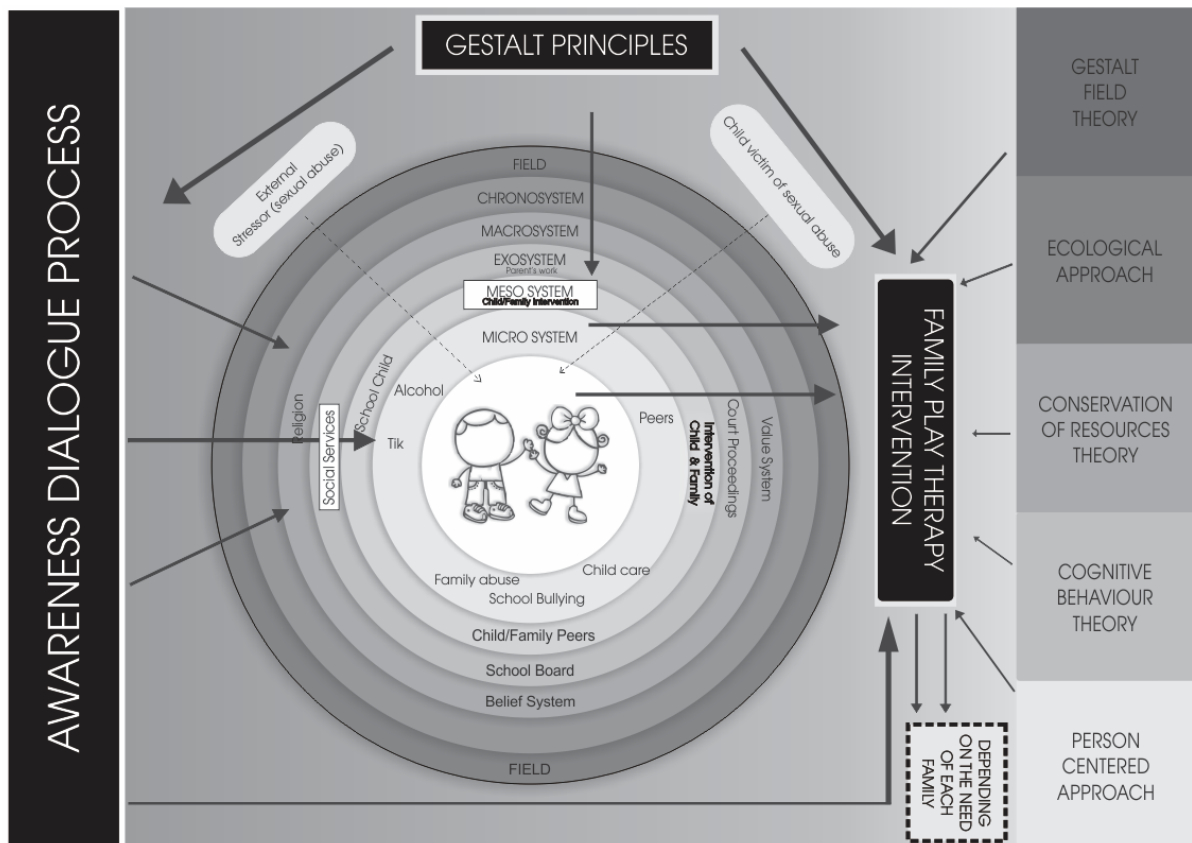


Diagram 2.1: Illustration of family play therapy in the context of child sexual abuse

2.2.2 Gestalt therapy

As mentioned, gestalt theory has been part of the researcher's post-graduate course work. The researcher can therefore see the possibilities of gestalt theory for family play therapy, especially due to the focus on holism, the valuable concepts of gestalt field theory and the importance of awareness and dialogue as emphasised by gestalt theorists (Joyce & Sills, 2010).

Gestalt therapy is an existential, phenomenological and holistic approach with the emphasis on the awareness (personal responsibility) of the present and immediate experience (here and now) of an individual and the interactive relationship (social context of a person's life) with the immediate environment (Blom, 2006:19; Clarksen, 2004:2; Congress, 1995:1117; Frew, 2013:215-259; Latner, 2000:13; Magill, et al.1996:743; Yontef, 1998:82; Yontef, 2002:15; Yontef, 2007:18; Yontef & Jacobs, 2011:342-380).

In gestalt therapy, different forms of verbal and non-verbal techniques are used to aid the expression of thoughts, feelings and perceptions of current situations and to find solutions.

According to Yontef (1993:17), gestalt therapy has a range of styles and modalities, but the emphasis of gestalt therapy is on what is done, namely the process itself and not on the techniques or what has been discussed during interventions. Stated differently, Congress (2011:262) sees the techniques used, as part of gestalt therapy, as a tool to develop a better understanding of experiences. In this regard, Yontef (1993:17) postulates that: "Techniques are just techniques: the overall method, relationship and attitude are the vital aspects". Congress (2011:257), Joyce and Sills (2010:18), Latner (2000:13), Yontef (2002:16), Yontef (2007:24), and Yontef (1998:83) propose that the phenomenological perspective in gestalt therapy suggests that the aim of the researcher is to get close to the direct experiences of the individuals, by focusing on their 'here and now' experiences. In this study, it is vital for the researcher to focus on the experience of CSA the family members share. It is the role of the researcher to guide the family members to raise their awareness of the world they live in (Clarkson, 2004:15; Joyce & Sills, 2010:17); in this case, a world that has been subjected to CSA. During the family play therapy process, the application possibilities of gestalt therapy will be studied as part of the process during which the social worker focuses on the awareness, dialogue and process (Yontef, 1993:16-22) and holism as the principles of gestalt therapy.

2.2.3 Holism

Yontef and Jacobs (2005:313) suggest that therapy should be holistic, namely it should "encompass the cognitive and the emotional totality of each person and each event." Closely related to field theory, holism is also seen as one of the pillars of the gestalt therapy theory as each individual and family are appreciated in their totality. Blom (2006:22) describes the term 'totality' of individuals as all components that make up their lives, such as their physical, emotional, cognitive components such as thought patterns, and also language, cultural beliefs, and experiences. The researcher will accept that every individual is different and views the world in a different manner, but that individuals are constantly evolving their sense of self, emotions, experiences and perceptions through relationships with each other. This way, they will construct meaning of their world.

2.2.4 Awareness

The aim of gestalt therapy is to help individuals to focus and improve their perceptions of their experiences (self-regulating adjustments) by creating an awareness of their own personal processes (Blom, 2006:510). In this regard, Latner (2000:13) states that: "The here and now awareness and the interactive field, define the subject matter of gestalt therapy". It is envisaged that the integrated family play therapy model developed in this research study will have a strong focus on awareness to enable family members not only to understand

themselves better, but also the realities of the other family members and the family dynamics.

Awareness can be obtained through the application of different techniques to enhance levels of awareness and to explore ways of dealing with the effects of CSA. As their levels of awareness increase, it is foreseen that individual family members will be able to gain mastery over their emotions and be enabled to take responsibility for their own behaviour and feelings as suggested by Yontef (1993:140). Blom (2006:51) mentions that gestalt therapy is a process and that the focus should be on 'what' and 'how', rather than the 'why' of behaviour. During the family play therapy sessions, the family members will be given the opportunity to verbally express their emotions and experiences in the form of a dialogue with the family members and the researcher, as described by Joyce and Sills (2010:45) as the 'dialogic relating'.

2.2.5 Dialogue

Social constructionism as an underlying philosophy in family play therapy as a therapeutic process will allow a space where the researcher can be part of the family system, where interaction and dialogue can take place. Dialogue in therapeutic relationships does not just refer to the verbal interaction between people, but includes non-verbal actions and interactions such as body postures, body movement, facial expressions, singing, dancing etc. that are utilised to facilitate the process of self-expression (Yontef, 1993:128). Yontef (1993:3) defines the relationship between the helper and the client as healing and indicates that dialogue is the best tool to enhance the therapeutic process. He furthermore states that existential dialogue is an important enabling method in gestalt therapy and relates to the relationship. Buber (as cited in Yontef, 1993:3) states that the 'I-Thou' relationship is one used by gestalt therapists. In gestalt therapy, the social worker will therefore rather discuss (dialogue) options than to manipulate the client to some therapeutic goal (Yontef, 1993:3-4). Clients are responsible for their own growth and self-support. Contact (including the dialogue) will ideally be caring, warm, and based on acceptance and self-responsibility. Important for this study is also the observation of Frew (2013:228) that the dialogic approach to counselling encourages equal power and allows the view that the client is the expert on his or her own situation. The researcher is of opinion that, in the application of the tentative integrated family play therapy model as part of this research, dialogue will be a core aspect in the intervention process, as it will allow for family members to communicate their subjective perceptions, experience, and emotions to each other and to the researcher. Conversation/dialogue and narratives and discourses will be the context within which expression will be understood by the researcher. The participants' (family members and professionals) words, values and ideas will be constructed in this research as part of the

family play therapy model within the context of CSA. The family members will be encouraged to tell their stories, either directly or indirectly, through the use of play or media. Different gestalt therapy techniques will ideally be used to facilitate this process. As their narratives emerge, the researcher in her role as researcher-practitioner will be able to direct the focus to unfinished business identified during the process, which will allow the family members to get in touch with strong emotions. In this research, the stories of participants pertaining to their own personal life experiences with reference to CSA will be constructed as part of the family play therapy model.

2.2.6 Field theory

Building on the early work of Lewin, the field or environment is also seen as one of the pillars in gestalt therapy. Yontef (1993:295) refers to the environment or the 'field' as a "totality of influencing forces that together form a 'unified interactive whole". O'Neill (2008:11) proclaims that most practitioners would agree that field theory is a core philosophical underpinning of gestalt theory, but that there is no clear indication that field theory is primarily a theory and way to understand reality (epistemology) or a description of what actually exists is real (ontology) or an integration of both. It is important, according to O'Connor and Ammen (1997:3), and Merriam (2009:8), to know the nature of the phenomena that we want to explain or the nature of reality (ontology) and what we know about the reality (epistemology). Furthermore, Joyce and Sills (2010:27), and Yontef and Jacobs (2011:313) explain that gestalt therapy intervention focuses on the notion that no individual should be considered apart from interactions in their environment.

Parlett and Lee's (2005:440) conceptualisation of the field as external, including environmental conditions, such as challenges, and internal, including personal needs, links with Bronfenbrenner's views on ecological systems theory (Bronfenbrenner, 1977:513-531; Bronfenbrenner, 1979:3; Bronfenbrenner, 1994:37) as the environment has an influence on the individual and the family that form part of the microsystem. Mackewn (1997:13) views the relations and interactions of family members with each other and with the researcher as the "essential vehicle for healing and self-development". This corresponds with the opinions of Blom (2006:19), Latner (2000:20), Parlett and Lee (2005:442), Yontef and Jacobs (2011:300), and Yontef (1998:82) that it is important to understand the field or context people live in, in order to help them to understand their behaviour and experiences. This is in line with the concept that field theory recognises the individual not as a single entity, but rather as a part within the larger system (family members, school, work, religion, community) that interacts with one another and mutually affects each other. The different entities would become the support structure for each other. Woldt and Toman (2005:43) pose that the field is not static and the different aspects that form part of the field can be rearranged in order for

individuals to make sense of their world. Keyes (2013:3-28) and Prilleltensky (2005) outline the notion of promoting and protecting positive mental health within the mental health continuum model. These authors emphasise the importance of well-being in upholding a strong society. Prilleltensky (2005) defines well-being of a person as: “a positive state of affairs, brought about by simultaneous satisfaction of personal, relational, and collective needs of individuals and communities”. Keyes (2002:208; 2013:5) indicate that people should ideally function on the right-hand side of the continuum with levels of functioning such as flourishing. However, with traumatic exposure such as child sexual abuse, families will have serious challenges in terms of well-being. They could either languish or move to the pathology side of the illness-wellness continuum. Therefore, in this study, it is important to view the members of the families within the theoretical paradigm of field theory, in order to understand the risk- and protective factors within the context of CSA that present themselves as part of the family's field.

2.2.7 Bio-ecological systems theory

The historical work of Germain and Gitterman (1980:5) describes the 'person in environment' concept as a metaphor for social work practices and emphasises the social context and ecological concepts between the person and the environment. The ecological metaphor helps social workers to guide people to create healthy fits in their environment. This 'fit' of the person in the environment should create the opportunity for emotional growth, social happiness and satisfaction in social functioning.

In this regard, the ecological systems theory, as recognised and described by authors such as Berns (2010:19), Bronfenbrenner (1977:513), Bronfenbrenner (1979:3), Bronfenbrenner (1994:37), Cattanach (2005:28), Dishion and Stormshak (2007:4), Harkönen (2007:5), Lerner (2002:238), and Zastrow (2007:24), is also deemed as relevant for this study as it is the transaction between the individual and the environment where the CSA could take place. Furthermore, as explained by O'Connor and Ammen (1997:4), the environment the individual forms part of has the potential to interfere either positively or negatively with the child's functioning. CSA may cause certain levels of stress and anxiety for the individual or family trying to manage and cope with it. However, it may be that the families exposed to CSA are at greater risk in trying to manage the stressful life changes and situations caused by CSA, due to their limited resources or risk factors.

Bronfenbrenner's ecological systems theory, which is also termed the bio-ecological systems theory in his later work (Bronfenbrenner, 1977:513-531; Bronfenbrenner, 1979:3; Bronfenbrenner, 1994:37), is closely linked to gestalt field theory and both theories are grounded in the historical theory of Lewin (1951) in its understanding of the environment

applying an influence on the individual and the family. To develop an understanding of the child that has been subjected to CSA, it is sensible to rather gain insight into the experiences, perceptions, ideas, and emotions of all the family members that form part of the interactive ecological field in order to depict, develop and empower the microsystem as a support structure. Authors such as Lerner, Lewin-Bizan and Warren (2011:41) highlight that Bronfenbrenner, in his work on the development of different systems as part of the ecological systems theory, has left a gap with regard to the important feature of history. The chronosystem is later identified by Bronfenbrenner (Lerner, *et al.* 2011:41) as the system that will give priority to the temporal aspect of the family's life history (Bronfenbrenner, 1988:40-41; Bronfenbrenner, 1994:40; Bronfenbrenner & Morris, 2006:795). In other words, the chronosystem entails the identification of the previous experiences (could include CSA) and the effect that the social changes had on the subsequent future of the person. Bronfenbrenner and Morris (2006:793) focus on the bio-ecological model of human development that takes the systems theory further by defining different properties (Bronfenbrenner & Morris, 2006:796) of the bio-ecological model, namely process, person, context and time. The bio-ecological model further links with the gestalt field theory in that it focuses on the individual's subjective and objective experience as part of the environment. Therefore, the focus is on the inclusion of the family in interventions, in order to get an overall picture of the victim and his/her family's subjective and objective opinions, experiences, feelings and perspectives on CSA.

As illustrated in Diagram 2.1, the ecological system of human development consists of five socially-organised subsystems, which interrelate with each other. The microsystem encompasses activities and relationships with significant others experienced in a small setting, such as family, school, peer group, or community. A microsystem is made up of independent entities that all share a common goal, interrelated functioning, boundaries and an identity, as described by authors such as Berns (2010:19), Bronfenbrenner (1979:3), Bronfenbrenner (1988:227), Dishion and Stormshak (2007:4), Harkönen (2007:8), Lerner (2002:238), and Newman and Newman (2006:83). The system constantly works with self-regulating properties and when the system is confronted by change, threat or discomfort, in this case child sexual abuse, it has the capacity as self-adaptive self-organisation to reform as a whole, as described by Newman and Newman (2006:83). In these systems, there could be risk factors (e.g. sexual abuse) for children deeming them vulnerable and in need of adequate care and protection. There are also protective factors, such as nurturing adults and access to education or access to therapeutic interventions (Asmussen, 2011:90; Berns, 2010:18; Bronfenbrenner, 1979:3; Davies, 2010:60-62; Dishion & Stormshak, 2007:31; Lerner, 2002:238; Zastrow, 2007:24).

As part of the microsystem, each member of the family with his or her own perceptions, experiences and ideological framework, can have an influence on the child that has been sexually abused and *vice versa*, which points to the importance of the family play therapy model. The mesosystem entails interrelationships between two or more of the microsystems, such as the family and the school, or the family and the peer group or in this study, family and social worker relationship. It is also as part of this system where the implementation of family play therapy should take place as relationships will be developed with the researcher to help and guide the families through the implementation of a family play therapy model. The exosystem, refers to settings that the individual does not interact with, but that still have a large effect on the individual, such as parent's job, money problems. The macrosystem refers to the changes in the social context of the developing individual and the effects they have on their personal growth, e.g. Socio-political situation and policies. Changes in the chronosystem occur within the social context, in which the developing individual is embedded, e.g. changes in family structure, socioeconomic status, and employment status (Bronfenbrenner, 1994:37; Bronfenbrenner, 1988:40-42; Bronfenbrenner, 1979:22; Dawes & Donald, 2000:4).

2.2.8 Strengths perspective

The strength perspective is strongly based on the original work of Saleebey, as described by authors such as Garcia (2009:91), Jones-Smith (2014:4), and Pease (2009:196), which emphasises the strengths and capacities of clients. According to Saleebey (2011:477), the greatest benefit that people can experience in their lives can be attributed to their personal, social and spiritual resources. How individuals react to the stressors in their lives, in this case CSA, also depends on the external strengths and assets they have (home, money, shelter, food, employment), their social support systems (family, friends, neighbour and school) and social burdens (abuse, violence, drugs, poverty, unemployment) that might enter and exit their lives. Jones-Smith (2014:17) outlines categories of strengths such as wisdom, emotional strengths, character strengths such as discipline and courage; creative strengths, cognitive and analytical strengths, economic and financial strengths, social support strengths, survival strengths and physical/kinaesthetic strengths. These so-called strength zones encompass external and internal aspects and can be relevant concepts in the aftermath of CSA when families have to harness their strengths to overcome the impact of CSA.

Saleebey (2011:478) furthermore explains that the micro environment has a powerful impact on the way people think, do and feel. In the case of a family subjected to CSA, the micro-environment (family) is negatively influenced by the trauma caused by the abuse. The family as a unit should explore and recognise traces of evidence for abilities and qualities, such as

positive expectancy, hope, recovery and resilience building, with the help and guidance of social workers. The strength-based perspective within a family play therapy context will give the opportunity for the social worker to highlight the dialogue and narratives of resilience and strengths shared during the intervention process. It is envisaged that it should be the task of the social worker to guide and enable the process of strength building within the families by appreciating, affirming and reacting to the strengths identified by the family members. However, criticism against this approach is that it places too many responsibilities on individuals to bring about change (Pease, 2009:196), and Gray (2011:5-11) emphasises that the strength-based approach should not be accepted without criticism. The researcher is of opinion that, within the context of family play therapy, it is the responsibility of the social worker to facilitate the process by empowering the family members to create the change by recognising their strengths through their dialogues and narratives. Therefore, the identified resources during the process of family play therapy will be utilised and constructed to assist the individual and family to develop a greater sense of well-being and life satisfaction, which can lead them back to pathways where flourishing is the main mode of functioning.

2.2.9 Person-centred approach

Person-centred therapy was developed by Rogers and originally called client-centred therapy (Cain, 2012:166). Axline (1969) (as cited in Van der Merwe, 1991:119-120) adapted this approach to be suited to the needs of children and called it child-centred therapy. According to Rowe (2011:59), person-centred intervention implies the person's active, voluntary and responsible participation during the intervention process; therefore, the exploration of the individual's perception in determining his or her reality of CSA. Cain (2012:176) refers to the fact that this approach is relevant in a diverse world as it allows for individuality and understanding people within their life contexts. The approach is closely linked to the phenomenological perspective of this study, to interact with the family members to gain insight into their world where they have been subjected to CSA. Important, also, Cain (2012:178) points to the compatibility of person-centred therapy and field theory. According to Rowe (2011:62), the person-centred approach works with the assumption that the individual has the capacity to take responsibility to make the change, that every individual has the potential to understand his or her own trauma, in this case the effect of CSA on the victims and their families. Cain (2012:178) also emphasises an important aspect, namely that the person-centred approach allows for human diversity in that it takes into account, among others, culture, religion, ethnicity, sexual orientation and socio-economic status. Linking with the ability of individuals to create their own presence of mental well-being (flourishing), as described by Keyes (2002:207-208), this study investigates how the family play therapy process could create the opportunity for the families to focus on their own self

development and to create self-efficacy, satisfaction with life and the necessary coping strategies.

2.2.10 Cognitive behaviour therapy

This approach shows promise because it could focus on addressing the thoughts and behaviours of the family members, as described by Geldard and Geldard (2010:71), and Spiegler (2012:302). Humans develop patterns of thinking and behaving that could become deep-rooted over time. Barlow and Durand (2002:53), and Thomlison and Thomlison (2011:77-103) explain that cognitive behavioural therapy will allow the individual to uncover negative thoughts and will help to develop a different set of attitudes and attributions to guide them through the process of CSA. Cognitive behaviour therapy, within the framework of family play therapy, could guide and facilitate the family members' thinking patterns, their feelings and behaviour. Stallard (2002:1-7) and Giarratano (2004:98) refer to the negative cycle, where so-called hot thoughts can become more and more automatic and negative. People must be aware of the link between thoughts, feelings and behaviour in order to understand their reactions and to alter non-constructive reactions to adversity. The work of Stallard (2002:28) is relevant for the development of an integrated family play therapy model, as he presents line drawings and exercises to help children understand the think-feel-do triangle. The new ideas, thoughts and coping behaviours that could develop from this process of family play therapy will be played out as family members can rehearse and experiment with new behaviours, ideas, feelings and thoughts that could be integrated into their lives.

2.3 Conclusion

In conclusion, Section A has provided an introduction to the empirical investigation that will be presented in Section B. The underlying reasons and purposes for the research were explained, highlighting the process of intervention research as applied during the development and the refinement of a family play therapy model within the context of CSA in South Africa. Theories, including gestalt and field theory, bio-ecological systems theory, and the strength-based perspective, were presented as theoretical frameworks for this research. A qualitative research approach was followed, a focus group and two additional discussion groups, consisting of professionals working in the field of CSA, were undertaken during which information was gathered, which was incorporated into an integrated family play therapy intervention model. Further detail on the results and findings of the research will be presented in Section B, which will follow in the format of three articles.

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