

Exploring the supportive needs of volunteers working with sexually abused children in Somerset West

Claire Kingwill

Centre for Child, Youth and Family Studies, North-West University, Potchefstroom

Email: clairekingwill@yahoo.com

Carlien van Wyk

Centre for Child, Youth and Family Studies, North-West University, Potchefstroom

Email: carlien.vanwyk@nwu.ac.za

Werner de Klerk

School of Psychosocial Behavioural Sciences, North-West University, Potchefstroom

Email: 12998699@nwu.ac.za

The aim of this qualitative study was to explore the supportive needs of volunteers working with sexually abused children in Somerset West. Six participants working as volunteers at a specific organisation were recruited through purposive sampling. Data were obtained through group discussions and individual interviews, and were then thematically analysed. Various supportive needs were highlighted in the study. The volunteers expressed a need for appreciation, as well as a need for contact and better support. Although volunteers experienced support from significant others, they had concerns about this in relation to both themselves and their significant others. Volunteers reported developing various coping strategies, but highlighted the need for strategies to deal with anger. A sense of self-worth and appreciation was an important need that emerged in order for volunteers to feel motivated to continue working at the organisation. Recommendations are made for ways in which the organisation can meet the supportive needs of volunteers, the most imperative being that volunteers receive emotional support through supervision and debriefing.

INTRODUCTION

Children in South Africa face an alarming number of challenges that include poverty, social inequality, the impact of HIV and AIDS, disintegration of families, violence, sexual abuse and exploitation (Delany 2005:ii; Unicef 2008). Child sexual abuse, according to Loffell (2004: 250), is part of the “culture of violence” in South Africa and this may be one of the nation’s largest public health challenges. This is supported by Killian and Brakarsh (2004:367), who believe that this culture of violence is endemic and that child sexual abuse has a traumatic impact not only on the child, but on the family and wider community as well.

In the annual report released by the South African Police Service for 2009/2010, there were 27 417 reported cases of sexual offences against children younger than 18 years (Department of Police 2010:11-12). Childline reports, for example, that at the Wynberg Centre in the Western Cape, there were 834 referrals for statutory intervention (Childline 2010:18). In 2010/2011, according to Unicef (2012:11), a total of 54 225 crimes against children younger than 18 years were reported to the South African Police (Department of Police 2011:12). The numbers of children who have been sexually abused in South Africa

are not definite (Delany 2005:5). Orange and Brodwin (2005:5), along with Van Niekerk (2004:264), are in agreement with Kistner, Fox and Parker (2004:15-18) that this is a result of under-reporting due to the highly sensitive nature of the abuse and other contributing factors.

Consequently, due to these high statistics, there has been a growing governmental commitment to address these challenges through legislation and policy (Delany 2005:6). Section 28 of the Constitution of the Republic of South Africa covers various basic rights for children (South Africa 1996). Section 28(1)(c) states that every child has the right to social services and protection from maltreatment, neglect and abuse. This is supported by Articles 19 and 34 of the Convention on the Rights of the Child (Unicef 1989), as well as Article 5 in the Children’s Charter of South Africa (1992). Children who have been mistreated also have the right to receive support and treatment, as outlined in Article 39 of the Convention on Rights (Unicef 1989).

In South Africa, lay counsellors are volunteers in the non-government sector that help to alleviate the workload of psychologists, counsellors and health care professionals (Van Rensburg 2008:5). Examples of such lay counsellors are

those working for LifeLine, Childline and various centres for those who have experienced trauma (Chandler & Kruger 2005:70). Volunteers are an essential part of any community, particularly within the field of sexual abuse. Volunteers provide their time and services for a number of reasons, such as wanting to learn new skills, develop their sense of self, enhance their sense of well-being, prepare for a career, or convey their own values and commitment to the community (Mellor *et al.* 2008:68; Thoits & Hewitt 2001:117).

However, Kistner *et al.* (2004:56) and Chandler and Kruger (2005:77) agree that many of those who offer their services are seeking further education and job experience for other employment, and will consequently terminate their services at some point. Bride (2007:68), Kinzel and Nanson (2000:133), and Yanay and Yanay (2008:74) maintain that due to the experience of secondary trauma and feelings of anxiety and loneliness, many volunteers leave the field prematurely. According to Kinzel and Nanson (2000:127) and Kistner *et al.* (2004:56), this leads to a high turnover rate and a demand for training of new staff. This inevitably leads to a disruption in the continuity of certain programmes, such as individual counselling, particularly within the field of sexual abuse where the nature of the intervention can be sensitive.

Working with children who have experienced sexual abuse can be especially challenging. It can arouse complex emotions in the worker, including anger, frustration, sadness, uneasiness and a sense of helplessness (McFadden 1990; Richter, Dawes and Higson-Smith 2004:453). Pistorius *et al.* (2008:185) found that the experience of working with sexually abused children impacted on the personal, relational, interpersonal/social and professional lives of those concerned. Couper (2000:15) and Cunningham (2003:456) further-more found that there were disruptions in the participants' worldview and their view of self and other.

Research has shown that vicarious or secondary trauma can occur in those who work with children that have been sexually abused (Bride 2007; Cunningham 2003; Figley 1999; Perron & Hiltz 2006). According to Figley (1999:10), secondary traumatic stress is defined as "the natural, consequent behaviours and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering

person". Bride (2007:68), Couper (2000:15) and Cunningham (2003:458) agree that secondary stress or burnout can lead to impairment in the worker's ability to effectively help children that have been sexually abused.

In the researcher's opinion, one should view the volunteer within the context of his or her environmental field (Latner 2000:20). The volunteer's field consists of various elements that are interrelated and continuously interacting, and "no part is uninfluenced by what goes on elsewhere in the field" (Yontef 1993:125). In order to understand these interactions and the influences of the various structures within the volunteer's field, one needs to bear in mind Bronfenbrenner's (1979:22) ecological systems theory. By using field theory and the different systems of the ecological systems theory as a theoretical framework for this study, the researcher was able to explore the needs of volunteers working with sexually abused children, by being aware of their fields and the various levels of five interrelated systems, particularly with regards to their need for support from the organisation for which they work, as well as from their significant others.

In order for those who counsel or interact with sexually abused children to work effectively with them, various support systems need to be set up (Kinzel & Nanson 2000:130; Pistorius *et al.* 2008:188). Previous research has shown that those working within the field of sexual abuse should engage in personal therapy, receive proper training and have proper supervision (Bride 2007:68; Couper 2000:15; Cunningham 2003; Macpherson 2002:110; Pistorius *et al.* 2008:188). Pistorius *et al.* (2008:190) show that the agencies that primarily treat sexually abused children should provide support to those working with the children as well as to other employees.

While there have been a variety of studies on the effects of working with child sexual abuse on clinicians, therapists, forensic interviewers or social workers (Bride 2007; Couper 2000; Cunningham 2003; Perron & Hiltz 2006; Pistorius *et al.* 2008), there is little research in South Africa on the supportive needs of volunteers working at organisations dealing with child sexual abuse. The researcher maintains that by investigating volunteers' needs, various role-players may benefit. These role-players could include the volunteers themselves and the organisation for which they work. It is also important to explore these needs in order to limit the high turnover rate of volunteers in these

organisations. The researcher believes that by determining these needs, the organisation will be able to provide the support necessary for the volunteers to work with sexually abused children, thereby serving the children more effectively.

The main research question for this study was: What are the supportive needs of volunteers working with sexually abused children?

Sub-questions to gain further understanding included:

- 1) What do the volunteers need in terms of support from the organisation for which they work?
- 2) What other supportive needs do the volunteers have in relation to significant others outside of the organisation with regards to working with sexually abused children?

AIM OF THE STUDY

The main aim of the research was to explore the supportive needs of volunteers working with children who have been sexually abused in Somerset West, in order to determine ways in which the organisation for which the volunteers work can support their needs.

METHOD

Research Design

For the purpose of this study, a qualitative research approach was implemented; the research was exploratory and descriptive in nature. According to Fouché and de Vos (2011:95), exploratory research is used to gain further insight into a situation when there appears to be a lack of information, as in the area of volunteers working with sexually abused children; descriptive research allows the researcher to describe a specific situation accurately and in detail (Fouché & de Vos 2011:96). Nieuwenhuis (2007:50) holds that qualitative research is the gathering of rich descriptive data on a specific phenomenon – in this case the supportive needs of the volunteers working at an organisation in Somerset West dedicated to addressing the needs of sexually abused children – in order to gain a better understanding of what is being observed or studied.

In order to gain a deeper understanding of the supportive needs of the volunteers, a case study was chosen as the research design (Fouché & Schurink 2011:321). Nieuwenhuis (2007:75) describes a case study as a way of gaining a

holistic understanding of the way in which participants interact with one another, as well as of the way in which meaning is given to the specific phenomenon being studied. This enabled the researcher to better understand the volunteers' supportive needs, which arose as a result of working for the particular organisation in question.

Participants

The sample for this study consisted of all six volunteers at the organisation in Somerset West working with sexually abused children. The organisation uses volunteers who work after hours at the clinic or trauma centre. The six volunteers in the study were all female and had been working at the organisation for at least two years. Their role is to wait with the abused child, to provide support to the child while she or he undergoes the medical procedure with the doctors, and to fill in the necessary forms. For the purpose of this study, the researcher used non-probability sampling, specifically the sampling procedure referred to as *purposive sampling* (Hennink 2007:93; Strydom 2011:232).

Procedure

Ethical approval for this research study was obtained from the North-West University's Ethics Committee (NWU-00060-12-A1). The researcher then contacted the organisation in Somerset West. All six of the volunteers were asked to participate in a group discussion. Four of the six participants took part in the group discussion, while individual interviews were conducted with the remaining two participants. The volunteers were informed that their participation in the study was voluntary, that they could withdraw from it at any stage, and that the information they provided would be confidential. In the group discussion and the interviews, an interview schedule was used where the aims of the study were explained and the questions were asked. A follow-up interview was held with one of the participants who had already taken part in the group discussion, in order to gain further information and to see whether the data collected from the other two individual interviews could be either confirmed or denied.

Data Collection

The data for this study were gathered through interviews and field notes. As there were too few participants for a focus group, a group discussion was held with four participants in order to fully

comprehend the volunteers' needs. As such, a semi-structured interview schedule was used. Questions relating to the relevant literature that had been reviewed were first developed and then reviewed by a professional before the final interview schedule was used. One-on-one interviews were held with two of the volunteers, as well as a follow-up individual interview with a participant from the group discussion for the purposes of member checking (Nieuwenhuis 2007:86).

Field notes were taken during and after the interviews, which included empirical observations made and the researcher's interpretations thereof (Greeff 2011:359). Crystallisation was therefore achieved through the various methods of data collection (Maree & van der Westhuizen 2007:41). Once all the data had been collected, the researcher transcribed them verbatim.

Data Analysis

In order to analyse the data, the researcher repeatedly read the qualitative narrative information that was obtained from the interviews. This was done according to Braun and Clarke's (2006:79) method of thematic analysis, whereby the researcher analyses the data collected by reading and rereading the transcriptions. Themes and sub-themes were then identified, analysed and reported. Braun and Clarke (2006:82) argue that themes help to capture information that is significant in relation to the research question. They signify a level of patterned response or meaning within the data and help to minimise, organise and describe the data set in rich detail (Braun & Clarke 2006:79). The themes and sub-themes identified were then reviewed by the researcher's supervisors so as to avoid researcher bias (Botma *et al.* 2010:85). The themes and sub-themes were refined by checking and reviewing the transcriptions, as well as taking the researcher's field notes into consideration. The themes were finally defined and named (Braun & Clarke 2006:92).

Trustworthiness

In order to ensure trustworthiness of the study, the researcher made use of crystallisation, a process that Nieuwenhuis (2007:81) argues offers a "complex and deeper understanding of the phenomenon [being studied]". Crystallisation was achieved by collecting data through various methods, namely interviews and field notes, and then analysing the data according to repeated responses. In order to minimise researcher bias, the researcher kept track of the field notes made

during the group discussions and interviews. Trustworthiness was further established by ensuring that the four standards of trustworthiness were adhered to (Botma, Greeff, Mulaudzi & Wright 2010:233; Lincoln & Guba 1985:290). The first standard of *truth value* was obtained through reflexivity on the part of the researcher, member checking and peer examination. The second standard of *applicability* was obtained through saturation of the data collected, purposive sampling, and comprehensive description of the methodology. Thirdly, the standard of *consistency* was achieved through a detailed description of data collection, a thick description of the methodology; and the coding and recoding of data through peer examination. The final standard of *neutrality* was obtained through crystallisation of data collection methods and data sources, and reflexivity of the researcher in order to minimise researcher bias.

FINDINGS

During the group discussion and interviews, the participants shared some of their experiences of working within this specific environment. Five major themes emerged from the analysis of the data, which led to the identification of the participants' supportive needs. Each theme was differentiated in terms of various categories and subcategories. Appropriate verbatim quotations from the transcribed interviews were provided as validation. Table 1 shows the themes and sub-themes that were obtained from the data.

The following main themes recurred:

Theme 1: Experiences of the organisation

The participants' experiences of the organisation revealed that there was a need for supervision and debriefing; for appreciation, acknowledgement, worth and value; as well as for more contact with the organisation and better support.

i Supervision and debriefing

All of the participants reported that the monthly meetings held by the organisation's management with the volunteers were essential for supervision and debriefing. On the value of the monthly meetings, one participant stated:

"I found that's my lifeline."

This is supported by Hellman and House (2006:122), who found that the value of monthly meetings for volunteers working with victims of sexual assault was positively related to their overall satisfaction. The participants maintained that while they did not receive individual

supervision from a supervisor, they felt that it was at this meeting that they were able to share their thoughts, feelings and concerns about their cases or about the doctors with whom they worked, and were therefore able to debrief. As one participant explained:

“She has her monthly meetings and you can go

there and if something is bothering you, you can talk about it. Everybody who goes chips in and talks about it, you know.”

Another agreed, stating:

“Something I’ve enjoyed is our monthly meeting that we’ve got. And there we, each and everybody, get their chance to discuss the cases that they had. It’s a debriefing session.”

Table 1: Themes and sub-themes of the supportive needs of volunteers

Themes	Sub-themes
1 Experiences of the organisation	i Supervision and debriefing ii Need for appreciation, acknowledgement, worth and value iii Need for contact and better support
2 Experiences of support from family, spouse and friends	
3 Basic concerns	i Protection of family from secondary trauma ii Concerns of safety iii Need for emotional support
4 Coping	i Ways of coping ii Need for coping with anger
5 Self-worth and appreciation	

One participant, however, felt that she had benefited from individual supervision that she received from a previous supervisor. She described how the supervisor realised that she was suffering from secondary trauma from a particular case and took her for coffee to debrief. The participant felt that this individual supervision had helped her to cope with the trauma she was dealing with from a case with which she had been struggling. She stated:

“She took me out for coffee to just like debrief, just straight away. She didn’t even afterwards leave me, she still checked up again.”

According to Hollister (1996:43), debriefing is a method used to prevent or decrease the symptoms of post-traumatic stress disorder through expressing emotions and gaining closure on a stressful event before the stressful reaction impacts the work and personal life of the individual concerned. Research confirms that supervision and debriefing are essential to the reduction of secondary trauma and stress (Bride 2007:68; Chandler & Kruger 2005:78; Couper 2000:15; Cunningham 2003; Macpherson 2002:110; Pistorius *et al.* 2008:188).

The participants furthermore felt that being able to phone their supervisor for debriefing was important, as it provided some of the emotional support they needed. All of the participants maintained that they were able to call whoever was on duty when something was bothering them. On being able to debrief, one participant reported:

“I speak through the whole thing and I find that when I’ve finished with that conversation, that’s it. Then it’s behind me”.

These findings are confirmed by Pistorius *et al.* (2008:194), who recommend that agencies working with sexually abused children should provide support in the form of supervision to those working with the children, in order to help deal with the stresses of working in this field.

Additionally, at these meetings the volunteers were able to discuss the cases they were dealing with, as well as receive any feedback from ongoing cases, which is consistent with previous research done by Chandler and Kruger (2005: 75) and by Pistorius *et al.* (2008:194). One participant referred to a case where the perpetrator had been sentenced to life imprisonment and the supervisor had given feedback to the participant, which made her feel good. A second participant mentioned a case where she wanted to know what would happen to the perpetrator and it was discussed in the meeting. All of the participants agreed that receiving feedback was important to them.

ii Appreciation, acknowledgement, worth and value

Although most of the participants felt that their emotional needs were supported through supervision and the monthly meetings, some felt that the organisation and the doctors at the hospital did not always appreciate them. While the participants understood that their participation in the organisation was voluntary, most felt that the doctors at the hospital were impolite and needed to show some appreciation and respect for them. With regards to the rudeness of doctors, one participant remarked:

"I actually want to gryp [grab] him on the neck and bump his head against the wall sometimes." Another participant agreed, and said: "We're doing it for nothing and they should treat us with a little respect."

On whether the organisation expressed gratitude to the volunteers for their assistance, one of the participants stated:

"To be honest, not really."

Other participants agreed and felt that although they were volunteers, they still needed some recognition and a sense of appreciation from the organisation and the doctors. Yanay and Yanay (2008:71) and Van Rensburg (2008:18), who found that volunteers need recognition from the organisation and want to feel needed by the organisation. In contrast, however, one participant in this study felt that she did not need appreciation from either the organisation or the doctors. Instead, she felt that simply helping the children and being with them gave her the sense of gratitude she needed. She commented:

"I don't need a pat on the back or a thanks or a certificate. I get the appreciation from helping the kids and by being with the kids. My job is to be there for the children."

Another participant, however, felt that the lack of appreciation and gratitude might be a reason that other volunteers had left the organisation. She remarked:

"They feel that they're just a dog's body. They feel that they're just being used."

When asked how volunteers could be retained, a participant mentioned that the volunteers should be treated like they're important. Macpherson's (2002:107) study supports this belief by suggesting that in order to prevent volunteer dropout, the organisation should show volunteer recognition in various ways. Other research also confirms that volunteer organisations should show recognition to deal with attrition issues (Van Rensburg 2008:12; Yanay & Yanay 2008:71).

iii Contact and better support

As the participants work on an on-call, rotational basis, the general opinion of the participants was that there was little or no contact with other members of the organisation outside of the monthly meetings. In the past, the participants felt that they had more contact with the supervisor and the other staff members, but a change in staffing resulted in a lack of contact. Some participants felt that there was a gap between themselves and the other staff members, and that this gap needed to be closed. Many of the participants commented that they did not know who the other people at the organisation

were, and that they only had contact with each other and their supervisor. One participant remarked:

"I don't even know who the secretary is."

Some of the participants also revealed that many of the previous volunteers had left due to long waiting periods between cases and the lack of contact. One participant mentioned that although there were more volunteers who had completed the training, many had left because of the long waiting period between shifts, because

"it's quite often you're on standby for months and you never, ever get called out, and I think that's the type of thing that irritated them".

This was supported by Macpherson's (2002:106) study, which found that volunteers left due to boredom and little contact with the organisation.

There was a general feeling that participants wanted to be more involved in the organisation, to receive minutes of staff meetings and to have the opportunity to take part in fund-raising. One participant's opinion on this was:

"They don't deal or discuss with the volunteers and I think it's quite wrong."

This is confirmed in literature by Yanay and Yanay (2008:71), who suggest that volunteers expect a feeling of belonging and want the opportunity to influence the organisation's activities. One volunteer, however, did not feel the need to be involved in the organisation. She stated:

"It's not like I miss any kind of relationship with any of the other workers here."

Chandler and Kruger (2005:72) maintain that secondary trauma is higher in volunteers than in therapists and social workers, as the former have less training. Participants indicated that there was a need for support with regards to training. Even though the volunteers received training before they started, some participants felt that there should be follow-up training, as at times things had changed or were forgotten. One participant mentioned that:

"Lots of things change, you know. Like they have a new system for something and sometimes we don't know about it."

This is confirmed by Van Rensburg's (2008:12) study, which found that volunteers need training and support. In training sessions before starting as a volunteer, one study participant suggested to the trainer that she would conduct the training, as the trainer had not given all the instruction needed by the volunteers before going into the field. Another participant, however, felt that the monthly meeting was the place where she received the training she needed. She stated that:

"Our monthly meetings are like trainings. If there is a case that is difficult, you can bring it up in the meeting and it will be discussed."

Hellman and House (2006:122), however, argue that volunteers working in stressful environments, such as with sexually abused children, need ongoing training.

Theme 2: Experiences of support from family, spouse and friends

All of the participants indicated that their significant others (their family, spouse or friends) were supportive of the work they were doing. They also felt that their significant others admired them for volunteering in this particular field. One participant commented that her significant other stated:

"They'd never be able to handle it."

Some of the participants mentioned that their families would not organise activities on the days they were on call, as they knew the participant might have to leave.

For some of the participants, their spouse was the person who gave them the most support by listening and understanding that volunteering with sexually abused children could be emotionally taxing. A participant reported that her spouse said:

"I know when you come straight in and you get into the shower, it wasn't a good case."

Other participants' said their children were the ones that gave them support by encouraging them to continue volunteering and even by volunteering with them. These findings are confirmed by literature that has shown the importance of personal and professional support systems in order to cope better and to enhance resilience (Pistorius *et al.* 2008:195).

Theme 3: Basic concerns

Participants discussed some basic concerns with regards to protection of their significant others from secondary trauma, concerns of safety for themselves, and a need for emotional support from the organisation.

i Protection of family from secondary trauma

Some of the participants felt that discussing their experiences with their significant others might lead to them also experiencing secondary trauma. Three of the participants said that they preferred not to discuss the cases with their spouses or family because of the sensitive nature of their work. One participant commented that she did not want to share details with her family because:

"What are you putting into their heads?"

Another felt that she was not interested in sharing the details with her family, as she wanted to protect them, especially her children. A third participant had this to say about sharing details with significant others:

"You mustn't bring it home because if you bring it home and you start hanging on it, it can become an issue."

This is consistent with Pistorius *et al.* (2008:187), who found that those working with child sexual abuse needed to develop boundaries when conversing with significant others, as the significant others became overwhelmed by the subject.

ii Concerns of safety

With regards to the safety of their family members, some of the participants were concerned that their own children could be at risk of being sexually abused. Couper's (2000:13) study on the impact on those working with sexually abused children found that participants became fearful for their own children's safety. This is confirmed in this study: one participant found it traumatic to work with certain cases, as it made her think of her own child's safety; a second participant also experienced concern for her family when a close family friend was raped. She said:

"That was upsetting because that brings it so close to home, that it could be one of mine, you know."

This was the general feeling among the participants and is confirmed by literature on people working in the field of sexual abuse (Couper 2000:15; Cunningham 2003:456; Pistorius *et al.* 2008:189).

iii Emotional support

While the participants reported that they received some support from their significant others, there was a need for emotional support from them as well as from the organisation. On whether she received emotional support from her spouse, one participant said:

"He doesn't get involved emotionally. You know I can see this barrier comes up. He doesn't want to know about it." Another participant stated: "I'm on my own, so I just try manage it on my own."

Many of the participants reported having experienced some secondary trauma from their cases, as confirmed by previous studies (Bride 2007:67; Cunningham 2003:456; Figley 1999:10). One participant stated that she had experienced secondary trauma with one particular case and had needed supervision to deal with it. Another felt that there were times when a traumatic case would stay with her for a while and that:

"Just little things niggle me."

A third participant felt a sense of helplessness at times, and said:

"It's quite often bother me afterwards, and I think, isn't there something else I could have done for this kid?"

Receiving emotional support through supervision and debriefing is essential for coping with trauma, as argued by Choi (2011:235), Van Rensburg (2008:10), and Yanay and Yanay (2008:74).

Theme 4: Coping

Participants used different ways to cope with the trauma of their work. It also emerged that some participants experienced feelings of anger and frustration and there was therefore a need for learning how to cope with the anger.

i Ways of coping

This study indicated that the participants had various ways of trying to cope with the trauma of working with sexually abused children. One of the main coping strategies was through detachment. According to Kinzel and Nanson (2000:130), detachment is a process whereby the individual mentally separates him- or herself from the situation by not thinking about what is actually happening. As one participant stated,

"Detachment is definitely a survival skill."

This sentiment was supported by the other participants, who felt that they had to stay emotionally uninvolved. A second participant commented:

"I think you do become detached, in the sense that you get into the mode; you do everything you have to do. The empathy, the sympathy, the love is there but you don't let that emotion get in the way."

Participants revealed that through detachment they were better able to work with the children, which is confirmed by Thornton and Novak (2010:445). A third participant claimed that the more detached she was, the more compassionate she felt.

Previous research has shown that people working in the field of sexual abuse have various personal coping strategies (Couper 2000:12; Kinzel & Nanson 2000:130; Pistorius *et al.* 2008:190). In the current study, the participants agreed that they all had ways of coping with the stress of working with sexually abused children. One participant remarked:

"The first thing I go and do is have a hot shower. I just feel I must cleanse myself."

Another said she would have a glass of wine to help switch off. When feeling particularly upset by a case, a third participant commented:

"The times I've been really upset, I've just phoned my best friend and just cry."

Looking for love in the situation was important for another of the participants. She said:

"After my first case I said to myself, ok I must do something otherwise I will go nuts. And I said let's look for the love. And since then with every case, I see it. And that helps."

All the participants expressed the need for ways of coping in order to continue working with the children, as supported by Chandler and Kruger (2005:76), and Kinzel and Nanson (2000:130).

ii Coping with anger

A number of participants said that they experienced anger when dealing with some cases. Some participants felt anger towards the perpetrator. A participant stated:

"I feel so aggressive, if I can just get this person I'll sommer [just] kill him."

Another participant supported this by saying that she got angry with the perpetrator for hurting an innocent child. Other participants indicated that they felt frustration towards the situation in some cases. One participant remarked:

"I get angry with the girl lying there. I get angry with the situation."

Another was frustrated with the parents of the child for allowing the child to be out late.

Participants also expressed frustration at their feelings of helplessness. In this regard, one noted:

"It does get frustrating when you know there are so many children, victims out there, innocent people, children who get hurt unnecessarily but there's nothing you can do."

At times, some participants felt so much anger after a case that they had a physical reaction. A participant explained:

"I was very aggressive afterwards when I've been called out. Then when I go home, it feels as if I'm aggressive. And the next morning, sometimes it quite often happen that I'm nausea when I stand up. And then after that, it's black. It's cut off."

According to Kistner *et al.* (2004:45), McFadden (1990) and Richter *et al.* (2004:453), feelings of frustration and anger are often aroused in those working with sexually abused children, as well as being a result of secondary trauma. This indicates a need for supervision so that the participants can work through these emotions and be better equipped to work with the sexually abused children.

Theme 5: Self-worth and appreciation

The general opinion of the participants in this study was that volunteering at the organisation gave them a greater sense of self-worth. Many

commented that they became a volunteer because they wanted to help the community which, according to one participant:

"Gives you a nice feeling. It makes you feel good in a way."

A second participant stated:

"You feel proud to be part of it."

Another agreed and maintained that it felt good to contribute towards putting a perpetrator in prison.

The participants furthermore felt that being a part of the organisation and contributing to the community kept them motivated to continue working at the organisation, which is consistent with the findings of previous studies (Finkelstein 2008:9; Van Rensburg 2008:10; Yanay & Yanay 2008:75). Research has also shown that volunteering is related to a greater sense of happiness and well-being (Borgonovi 2008:2331; Littman-Ovadia & Steger 2010:420; Mellor *et al.* 2008:69; O'Brien, Townsend & Ebdon 2010: 536). Therefore, in order for volunteers to continue in the organisation, satisfaction in their work and a sense of self-worth are essential (Finkelstein 2008; Penner 2002:464; Van Rensburg 2008:12; Yanay & Yanay 2008:74).

DISCUSSION

Although various themes arose from the group discussions and interviews, the study participants expressed several common supportive needs. These included: a need for appreciation, acknowledgement, value and worth; a need for more contact and support from the organisation; a need for emotional support from the organisation and significant others; and a need for ways of coping with any anger that arose from working with sexually abused children.

Some of the participants expressed the need to feel appreciated and acknowledged. Although they recognised that their work was voluntary, many wanted to receive verbal gratitude for doing such work. While there were times when some gratitude was expressed at the monthly meetings, some of the participants indicated that the staff at the organisation and the doctors at the hospital could be more appreciative and respectful of the volunteers. This is supported by other studies, which showed that volunteers expected recognition and felt that the organisation should need them (Macpherson 2002:108; Van Rensburg 2008:12).

Due to the structure of the on-call system for the volunteers at the organisation, the participants had limited interaction with other

staff members. They expressed the need for more contact with other members of the organisation. This is consistent with the findings of Black (1992:5) and Macpherson (2002:108), who found that volunteers might feel unappreciated or disconnected from the organisation when there is little contact between volunteers and staff members. Increased contact through meetings and gatherings was consequently found to have a positive effect on volunteer attrition.

Despite in-depth training before starting to volunteer, some participants indicated a need for support through ongoing training. While further information on certain issues was expounded at the monthly meetings, participants felt that there should be follow-up training to refresh and extend their knowledge. This is supported by Hellman and House (2006:122), who conclude in their study that the value of ongoing training is related to overall volunteer satisfaction. Chandler and Kruger (2005:78) suggest that further training reduces the stress experienced by volunteers working in the field of sexual abuse, and Pistorius *et al.* (2008:194) claim that attending training provides important support to participants.

Emotional support was an additional need expressed by the participants in this study. Although participants felt that the monthly meetings were essential for debriefing and following up on cases, some experienced secondary trauma that was not necessarily dealt with in these meetings. Supervision plays a vital role in coping with the stress of working in the field of sexual abuse (Kinzel & Nanson 2000:132). Pistorius *et al.* (2008:191) report that participants felt that support was of vital importance and that the organisation should provide individual supervision to those working with sexually abused children. The findings in this study support these results.

Furthermore, there was a need for ways of coping with the anger and frustration experienced when working with sexually abused children. Participants were frustrated by their feelings of helplessness, and felt anger towards the perpetrator and the situation of the children. Some participants experienced physical symptoms as a result. This is supported by previous research (Couper 2000:12; Kistner *et al.* 2004:45; McFadden 1990; Richter *et al.* 2004:453), where it was found that people who work in stressful environments such as sexual abuse may experience anger as a symptom of secondary trauma. As such, it is imperative that

the participants receive the support needed in this regard.

RECOMMENDATIONS

A number of needs were revealed in this study. It is recommended that the organisation meet the needs of the volunteers in order to solve the problem of volunteer attrition. Supervision and debriefing are essential to supporting the emotional needs of volunteers and decreasing secondary trauma. Regular supervision and debriefing should continue to take place at the monthly meetings. Additionally, professionally trained therapists should be available for individual supervision on an ongoing basis. Volunteers should be encouraged to enter personal therapy to express their concerns and to receive emotional support. During training, volunteers should be made aware of secondary trauma and the effects it may have on their personal and professional lives. The volunteers' need to cope with the trauma should also be acknowledged. Various coping strategies should be discussed and encouraged.

The volunteers' motivations to continue working at the organisation should be recognised and supported. If the volunteers have a sense of self-worth and feel appreciated, they will be motivated to stay. The organisation should show more appreciation of the work of the volunteers through volunteer recognition. Consistent verbal gratitude at monthly meetings and after cases could help in this regard. Additionally, in order to meet the need for more contact, the volunteers' supervisor should include volunteers more often in the organisation by inviting them to staff meetings, providing them with minutes of meetings, including them in fund-raising efforts, and ensuring that all members of staff know who the volunteers are, and vice versa. As volunteer attrition is a reality faced by this organisation, meeting the supportive needs of the

volunteers is essential in order to retain the current volunteers and to support new volunteers in the future.

LIMITATIONS

Although this research study explored the supportive needs of volunteers working with sexually abused children, it is important to note that the findings were based on a limited number of participants. Additionally, due to the small number of volunteers working at the organisation in question, it was not possible to use focus groups. This may have impeded the amount of rich data that was collected. Consequently, the results cannot be generalised to other organisations and it is not the intention of the researcher to generalise the findings beyond the scope of the study.

CONCLUSIONS

Volunteers play an essential role in the organisation involved in this study. It is imperative that the organisation acknowledges the volunteers' supportive needs and provides the support necessary in order to minimise volunteer turnover. Volunteers who experience support and who have a sense of self-worth and appreciation will feel motivated to continue working at the organisation and be more effective in their work with sexually abused children.

The researcher believes that if the organisation acknowledges and understands the supportive needs of the volunteers, then it will be able to provide the support they need to continue working in the field of child sexual abuse. The participants can also be made aware of what further personal support is needed in order to work more effectively. This could possibly lead to the retention of volunteers working for the organisation.

REFERENCES

- Black, BM. 1992. Volunteers serving survivors of battering and sexual assault. *Response to the Victimization of Women and Children*, 14:2-9.
- Borgonovi, F. 2008. Doing well by doing good. The relationship between formal volunteering and self-reported health and happiness. *Social Science & Medicine*, 66:2321-2334.
- Botma, Y, Greeff, M, Mulaudzi, FM & Wright, SCD. 2010. *Research in health sciences*. Cape Town: Pearson Education.
- Braun, V & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3:77-101.

- Bride, BE. 2007. Prevalence of secondary traumatic stress among social workers. *Social Work*, 52(1):63-70.
- Bronfenbrenner, U. 1979. *The ecology of human development: experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Chandler, F & Kruger, DJ. 2005. Volunteers at risk! Experiences of lay counsellors at a support centre for abused women. *New Voices in Psychology*, 1:70-80.
- Childline. 2010. Annual report for the Western Cape.
- Children's Charter of South Africa *see* South Africa.
- Choi, GY. 2011. Organizational impacts on the secondary traumatic stress of social workers assisting family violence or sexual assault survivors. *Administration in Social Work*, 35:225-242.
- Constitution *see* South Africa.
- Couper, D. 2000. The impact of the sexually abused child's pain on the worker and the team. *Journal of Social Work Practice*, 14(1):9-16.
- Cunningham, M. 2003. Impact of trauma work on social work clinicians: Empirical findings. *Social Work*, 48(4):451-459.
- Delany, A. 2005, April. Child sexual abuse and exploitation in South Africa. Save the children Sweden. Braamfontein:Community Agency for Social Enquiry (CASE). Available from: http://www.case.org.za/images/docs/child_sexual_abuse.pdf (Accessed 26 March 2011).
- Department of Police *see* South Africa. Department of Police.
- Figley, CR. 1999. Compassion fatigue: Toward a new understanding of the costs of caring. In Stamm, BH, ed. *Secondary traumatic stress: self-care issues for clinicians, researchers & educators*. 2nd ed. Lutherville, MD: Sidran Press:3-28.
- Finkelstein, MA. 2008. Volunteer satisfaction and volunteer action: a functional approach. *Social Behavior and Personality*, 36(1):9-18.
- Fouché, CB & de Vos, AS. 2011. Formal formulations. In De Vos, AS, Strydom, H, Fouché, CB & Delport, CSL, eds. *Research at the grass roots: for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik:89-100.
- Fouché, CB & Schurink, W. 2011. Qualitative research designs. In De Vos, AS, Strydom, H, Fouché, CB & Delport, CSL, eds. *Research at the grass roots: for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik:307-327.
- Greeff, M. 2011. Information collection: Interviewing. In De Vos, AS, Strydom, H, Fouché, CB & Delport, CSL, eds. *Research at the grass roots: for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik:341-375.
- Hellman, CM & House, D. 2006. Volunteers serving victims of assault. *The Journal of Social Psychology* 146(1):117-123.
- Hennink, MM. 2007. *International focus group research: A handbook for health and social sciences*. New York: Cambridge University Press.
- Hollister, R. 1996. Critical incident stress debriefing and the community health nurse. *Journal of Community Health Nursing*, 13(1):43-49.
- Killian, B. & Brakarsh, J. 2004. Therapeutic approaches to sexually abused children. In Richter, L, Dawes, A, & Higson-Smith, C, eds. *Child sexual abuse of young children in southern Africa*. Cape Town, SA: HSRC Press:367-394.
- Kinzel, A & Nanson, J. 2000. Education and debriefing: Strategies for preventing crises in crisis-line volunteers. *Crisis*, 21(3):126-134.
- Kistner, U, Fox, S & Parker, W. 2004. *Child sexual abuse and HIV/AIDS in South Africa: A review*. Centre for AIDS Development, Research and Evaluation (CADRE). Available from: <http://www.cadre.org.za/node/111> (Accessed 2 May 2011).
- Latner, J. 2000. The theory of Gestalt therapy. In Nevis, EC, ed. *Gestalt therapy: perspectives and applications*. Cambridge, MA: Gestalt Press:13-56.
- Lincoln, SL & Guba, EC. 1985. *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.

- Littman-Ovadia, H & Steger, M. 2010. Character strengths and well-being among volunteers and employees: toward an integrative model. *The Journal of Positive Psychology*, 5(6):419-430.
- Loffell, J. 2004. Policy responses to sexual abuse in South Africa. In Richter, L, Dawes, A & Higson-Smith, C, eds. *Child sexual abuse of young children in Southern Africa*. Cape Town, SA: HSRC Press:250-262.
- Macpherson, H. 2002. Rape crisis volunteerism. *Chrestomathy: Annual Review of Undergraduate Research at the College of Charleston*, 1:101-114.
- Maree, K. 2007. *First steps in research*. Pretoria: Van Schaik.
- Maree, K & van der Westhuizen, C. 2007. Planning a research proposal. In Maree, C, ed. *First steps in research*. Pretoria, SA: Van Schaik:24-46.
- McFadden, EJ. 1990. Counseling abused children. *ERIC Counseling and Personnel Services Clearinghouse*. (ERIC Document No. ED315706). Available from: ERIC/CAPS Digest database (Accessed 26 April 2011).
- Mellor, D, Hayashi, Y, Firth, L, Stokes, M, Chambers, S & Cummins, R. 2008. Volunteering and wellbeing: Do self-esteem, optimism, and perceived control mediate the relationship? *Journal of Social Service Research*, 34(4):61-70.
- Nieuwenhuis, J. 2007. Analysing qualitative data. In Maree, K, ed. *First steps in research*. Pretoria, SA: Van Schaik:98-122.
- O'Brien, L, Townsend, M & Ebdon, M. 2010. "Doing something positive": volunteers' experiences of the well-being benefits derived from practical conservation activities in nature. *Voluntas*, 21:525-545.
- Orange, LM & Brodwin, MG. 2005. Child sexual abuse: What rehabilitation counselors need to know. *Journal of Rehabilitation*, 71(4):5-11.
- Penner, LA. 2002. Dispositional and organizational influences on sustained volunteerism: an interactionist perspective. *Journal of Social Issues*, 58(3):447-467.
- Perron, BE & Hiltz, BS. 2006. Burnout and secondary trauma among forensic interviewers of abused children. *Child and Adolescent Social Work Journal*, 23(2):216-234.
- Pistorius, KD, Feinauer, LL, Harper, JM, Stahmann, RF & Miller, RB. 2008. Working with sexually abused children. *The American Journal of Family Therapy*, 36:181-195.
- Richter, L, Dawes, A & Higson-Smith, C. 2004. Are we any closer to solutions? In Richter, L, Dawes, A & Higson-Smith, C, eds. *Child sexual abuse of young children in Southern Africa*. Cape Town, SA: HSRC Press:452-465.
- South Africa. 1992. The children's charter of South Africa as adopted by the International Children's Summit on 1 June 1992. Available from: <http://www.childfriendlycities.org/pdf/africancharter.pdf> (Accessed 28 May 2011).
- South Africa. 1996. Constitution of Republic of South Africa 1996.
- South Africa. Department of Police. 2010. *Annual report*. Pretoria: Government Printer:192.
- South Africa. Department of Police. 2011. *Annual report*. Pretoria: Government Printer:278.
- Strydom, H. 2011. Sampling in the quantitative paradigm. In De Vos, AS, Strydom, H, Fouché, CB & Delpont, CSL, eds. *Research at the grass roots: for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik:222-235.
- Thoits, PA & Hewitt, LN. 2001. Volunteer work and well-being. *Journal of Health and Social Behaviour*, 42:115-131.
- Thornton, LA & Novak, DR. 2010. Storying the temporal nature of emotion work among volunteers: bearing witness to the lived traumas of others. *Health Communications*, 25:437-448.
- Unicef. 1989. *Convention on the rights of the child*. Available from: http://www.unicef.org/crc/files/Rights_overview.pdf (Accessed 26 May 2011).
- Unicef. 2008. *Women and children in South Africa*. Available from: <http://www.unicef.org/southafrica/children.html> (Accessed 26 May 2011).
- Unicef. 2012. *South Africa: Annual Report 2011*. Available from: www.unicef.org/southafrica/SAF_resources_annualreport2011.pdf (Accessed 30 April 2012).

- Van Niekerk, J. 2004. At the coalface: the Childline experience. In Richter, L, Dawes, A & Higson-Smith, C, eds. *Child sexual abuse of young children in Southern Africa*. Cape Town, SA: HSRC Press:263-275.
- Van Rensburg, MJ. 2008. Defining lay counselling. *New Voices in Psychology*, 4(2):5-13.
- Yanay, GV & Yanay, N. 2008. The decline of motivation? From commitment to dropping out of volunteering. *Nonprofit Management & Leadership*, 19(1):65-78.
- Yontef, GM. 1993. *Awareness, dialogue & process: essays on Gestalt therapy*. Gouldsboro: The Gestalt Journal Press.