

Perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse

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regarding the disclosure of child sexual
Abuse**

DEDICATION

This study is dedicated to my wife, Kgadi Jane Rapholo and my family, specifically my mom, Nare Johanna Rapholo. Their support, I believe has had a huge influence in enabling me to complete this study. This is also dedicated to all the Pedi-speaking caregivers who I believe are playing a very crucial role in the upbringing of our future presidents.

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- Dr AA Roux for her guidance and expertise.
- Prof CC Wessels for her support and guidance while the document was still in the infancy stage.
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- Social Workers, Phuti Mabotja and Kgaditsi Martin, for their assistance during the data gathering process.
- Ms Van der Walt for the language editing.
- All the participants that contributed and participated in the study.
- Finally, I would like to thank my colleagues and friends for their on-going support and encouragement.

STATEMENT

I, Selelo Frank Rapholo hereby state that the manuscript titled: “***Perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse***” is my own work.

.....

SF Rapholo

.....

Date

SUMMARY

Perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse.

Key words: *Caregiver, child, disclosure, perceptions, sexual abuse.*

As a social worker working for the Department of Social Development, the researcher is rendering services to the Polokwane surrounding areas in Ga-maraba village in Limpopo Province. The beneficiaries of these services are mostly Pedi-speaking people under the leadership of Chief Maraba. Ga-maraba area is located approximately 40 km away from Polokwane city. When rendering services to the Pedi families, the researcher has observed that a number of child sexual abuse cases occur, which are not reported due to what Pedi culture validates as being sexual abuse. Most of the children in these cases are being sexually abused both by family members and non-family members, and such incidents are not reported. After these observations, the researcher was triggered to investigate what might be the cause, unfortunately no study has been conducted in this specific geographic area of Ga-maraba.

The aim of the research was to explore the perceptions of Pedi-speaking caregivers concerning the disclosure of child sexual abuse in order to gain insight into the possible contributory factors and the knowledge of these caregivers about what constitutes child sexual abuse as well as to empower them to disclose child sexual abuse. Purposive sampling was conducted among the Pedi-speaking caregivers.

This research reveals that Pedi culture regards rape as child sexual abuse and the other sexual offences according to criminal law (Sexual Offences and Related Matters Amendment Act 32/2007) are regarded as minor things and taboos. These findings clearly indicate that Pedi-speaking care-givers do not possess adequate knowledge of child sexual abuse. As a result, there is a need for the establishment of proper programmes that address child sexual abuse in the area of Ga-maraba and the areas around Polokwane. The findings also indicate that when such cases arise in the Pedi community, they are not disclosed to the outside world, the families

affected prefer to resolve these problems among themselves, and traditional courts intervene if the families disagree.

OPSOMMING

Persepsies van Pedi-sprekende versorgers met betrekking tot die onthulling van kinder- seksuele misbruik

Sleutelwoorde: *Versorger, kind, onthulling, persepsies, seksuele misbruik.*

As 'n maatskaplike werker wat vir die Departement van Sosiale Ontwikkeling werk, lewer die navorser tans dienste aan die gebiede omliggend aan Polokwane in Ga-maraba woonbuurt in die Limpopo Provinsie. Die ontvangers van hierdie dienste is meestal Pedi-sprekendes onder leierskap van Opperhoof Maraba. Die Ga-maraba-gebied is ongeveer 40 km van Polokwane-stad af geleë. Terwyl die navorser dienste aan die Pedi-families gelewer het, het hy opgemerk dat 'n aantal kinder- seksuele misbruik-gevalle voorkom, wat nie aangemeld word nie weens dít wat Pedi-kultuur beskou as synde seksuele misbruik. Die meeste kinders in hierdie gevalle word seksueel misbruik deur sowel familieledes en nie-familieledes, en sodanige insidente word nie aangemeld nie. Na hierdie waarnemings is die navorser geprikkel om ondersoek in te stel na wat die oorsaak daarvan moontlik kan wees. Ongelukkig is geen studie tot nog toe in hierdie spesifieke geografiese gebied van Ga-maraba uitgevoer nie.

Die doel van die navorsing was om die persepsies van Pedi-sprekende versorgers rakende die onthulling van kinder- seksuele misbruik te verken met die oog daarop om insig in die moontlike bydraende faktore en die kennis van daardie versorgers oor waarop kinder- seksuele misbruik neerkom, asook om hulle te bemagtig om kinder- seksuele misbruik bekend te maak. Doelgerigte steekproefneming is onder die Pedi-sprekende versorgers uitgevoer.

Hierdie navorsing onthul dat Pedi-kultuur verkragting beskou as kinder- seksuele misbruik en die ander seksuele oortredings volgens strafreg (*Sexual Offences and Related Matters Amendment Act 32/2007*) beskou word as dinge van mindere belang en taboes. Hierdie bevindinge dui duidelik daarop dat Pedi-sprekende versorgers nie oor toereikende kennis van kinder- seksuele misbruik beskik nie. Gevolglik bestaan die behoefte aan die vestiging van behoorlike programme wat kinder- seksuele misbruik in die gebied van Ga-maraba en die gebiede om

Polokwane ondervang. Die bevindinge dui ook daarop dat wanneer sodanige gevalle in die Pedi-gemeenskap voorkom, dit nie aan die buitewêreld bekendgemaak word nie – die families wat daardeur geraak is verkies om hierdie probleme onderling op te los, en tradisionele howe tree tussenbyde as die families nie saamstem nie.

FOREWORD

The article format was chosen in accordance with regulations A.7.2.3 for the degree MA in Social Work: Forensic Practice. The article will comply with the requirements of the journal *Social Work/Maatskaplike Werk*.

INSTRUCTIONS TO THE AUTHORS

SOCIAL WORK

The journal publishes articles, brief communications, book reviews and commentary articles already published from the field of Social Work. Contributions may be written in English. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style of presentation does not conform to the practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the name(s) and address (es) of the author(s), preferably not exceeding 5 pages.

The entire manuscript must be submitted, plus one clear copy as well as a diskette with all the text, preferably in MS Word (Word Perfect) or ASSII. Manuscripts must be typed, double spaced on the one side of the A4 paper only. Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s), year of publication and the page number(s) must appear in parenthesis in the text. More details concerning sources referred to in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors.

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PERCEPTIONS OF PEDI-SPEAKING CAREGIVERS REGARDING THE DISCLOSURE OF CHILD SEXUAL ABUSE

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Keywords: Care-giver, child, disclosure, perceptions, sexual abuse.

1. INTRODUCTION

Sexual abuse of children is a serious social and health issue that affects children and their caregivers worldwide. It has psychological and emotional consequences. An integral part of this social problem is the disclosure of sexual abuse. Most children are being sexually abused both by family members and non-family members in the Pedi communities and such incidents are not always disclosed and reported. Given that there are children that are being sexually abused in various communities around Polokwane, the researcher was triggered to explore the reasons why some Pedi-speaking caregivers are reluctant to disclose child sexual abuse.

2. PROBLEM STATEMENT

Sexual violence against women and children is a reality in South Africa, which has been branded as the 'rape capital of the world (Calitz, 2011:6). Sexual abuse of a child is experienced by children of every class, culture, race, religion and gender (Meadow *et al.*, 2007:42; Spies, 2006a:45). Jewkes and Abrahams (2002:1231) report that a child is sexually abused every four minutes. Between March 2003 and March 2013, 43 703 cases of sexually abused children were reported in the Limpopo Province, according to the South African Police Services, (SA 2011/2012).

In the western world as well as in South Africa, it is agreed that children are supposed to be safe, valued and encouraged to grow and develop (Wickham & West, 2002:51). In South Africa there is the establishment of legislative framework

such as the Children's Act 38 of 2005 (SA, 2005) to protect them. Physical health, nurture and warmth, free emotional expression and opportunities to learn about and explore are available. However, the adult world predominates and sexually abused children find themselves in between the two worlds. Eastwood *et al.* (2006:81) argues the successful criminal prosecution of a sexual offence against a child is more difficult than for any other offence.

An integral part of sexual abuse includes the disclosure of sexual abuse. Lamb *et al.* (2008:203) define disclosure as a "clinically useful concept to describe the process by which a child that has been abused gradually comes to inform the outside world of his plight". Victims of sexual abuse are not always willing to share their secret with anyone until they gain trust of that person such as their caregiver. De Voe and Faller (2002:6) point out that many children find it difficult to talk about their experiences of being sexually abused; therefore the caregiver's reactions or anticipations are likely to affect the willingness to disclose abuse. Caregivers play a very important role, not only in recognising the sexual abuse of the child, but also in supporting these children "to speak out against the person who sexually abused them" (Spies, 2006b:274). The caregiver's role during the disclosure process is to support the sexually abused child, and has to handle him/her very carefully (Ntlatleng, 2011:2). Getz (2013:1) says that the sexually abused child fares better in the disclosing process when a caregiver is involved. Non-offending caregivers' reactions are important not only in the aftermath of child sexual abuse discovery but also in terms of children's willingness to disclose in the first place (Malloy & Lyon, 2013:1). A child, as stated by the Children's Act, 38 of 2005 (SA, 2005) is a person under the age of 18.

The New Dictionary of Social Work (1995:6) describes a caregiver as a person responsible for providing care for other persons such as children. A caregiver according to Dawes and Higson-Smith (2005:100) refers to all individuals that have responsibility for parenting children/young people. It includes biological parents, step parents, extended family members such as grandparents, uncles and aunts. With young children, evaluators elicit and rely upon information from the child's caregiver (Faller, 2007:145). The Pedi-speaking caregivers in the Polokwane district are

mostly foster parents, aunts, uncles, cousins or siblings who are heads of the household.

In the researcher's practice experience in working with children that have been sexually abused the disclosure of sexual abuse often takes time. Dawes and Higson-Smith (2005:103) and Lamb *et al.* (2008:196) state that there are variables that affect disclosure patterns such as maternal or parental support, relationship to perpetrator, age, gender, culture, severity and duration of abuse, dissociation, post-traumatic stress and modesty. Children may also lack adequate communication skills to report an event and to provide the necessary details (Lamb *et al.*, 2008:196). In some instances, children do not disclose sexual abuse immediately following the event. The reluctance to disclose abuse tends to stem from fear of the perpetrator. The perpetrator may have made threats, such as " If you tell anyone, I will kill you/kill your mother (Ferrara, 2002:212). Sexual abuse disclosure by children can be purposeful or accidental. For instance, either intended or not intended by the child or perpetrator (World Health Organisation, 1999:69). Disclosure is often initiated after an enquiry about physical complaint, for example, pain when washing the genital area, or bloodstain on the panties. Sometimes when children disclose, it is usually to their mothers, However the mother may also be the victim of abusive behaviour by the same perpetrator (Ferrara, 2002:212; World Health Organisation, 1999:69). Alternatively, disclosure may be to close friends, peers, or a teacher. In other instances, teachers make referrals after seeing warning signs in the class.

The difference in age, gender, social status continues to sanction imbalance of power in decision-making powers between adults and children. Children are sometimes taught by caregivers to adhere to family and societal rules, norms and standards; thus forcing them (unintentionally) to keep sexual abuse secret. As a result, children become targets for adult women and males, relatives and friends who obtain sex by force. They also become vulnerable to the significant others, such as teachers, and other men in authorities they trust that may force them into undesired sexual intercourse (Dawes & Higson-Smith, 2005:101; Ferrara, 2002:213; Meadow *et al.*, 2007:43).

Dawes and Higson-Smith (2005:98) and Ngubane (2010:27) argue that the notion of child sexual abuse depends sometimes on what an ethnic group validates as sexual

abuse. Perspectives and meanings vary from one ethnic group to another. Perceptions set guidelines which individuals inherit as a member of a particular society and that informs them how to experience and interpret their world (Dawes & Higson-Smith, 2005:98). Perceptions of Pedi-speaking people, in most cases, are that only rape is perceived as sexual abuse. What Pedi-speaking caregivers validate as child sexual abuse can be the reason why they do not want to disclose the sexual abuse of the children (Lamb *et al.*, 2008:196; Dawes & Higson-Smith, 2005:103).

Given that there are children who are being sexually abused in various communities around Polokwane, the researcher wanted to explore the perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse.

From the above-mentioned, the following question arises:

What are the perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse?

3. AIM OF THE RESEARCH

The aim of the research was to explore and describe the perceptions of Pedi-speaking caregivers regarding the disclosure of sexual abuse of a child.

4. CENTRAL THEORETICAL STATEMENT

The information gained from the perceptions of Pedi-speaking caregivers regarding the disclosure of the sexual abuse of a child can assist social workers in empowering Pedi-speaking caregivers with knowledge on why they need to disclose and report child sexual abuse for forensic investigations. With this information, professionals can assist the court when the child is the witness.

5. RESEARCH METHODOLOGY

Fouché and Schurink (2011:323) define research methodology as a process that involves the application of a variety of standardized methods and techniques in the pursuit of knowledge. The researcher followed the qualitative approach (Botma *et al.*, 2010:42-43).

5.1 Literature review

A literature review serves to put the researcher's efforts into perspective, situating the topic in a larger knowledge pool. It creates a foundation, based on existing related knowledge (Fouché. & Delport, 2011:134; Neuman, 2000:466). Literature is an excellent source for selecting or focusing on a topic and refining a problem. When compiling this research proposal, the researcher read articles and scholarly books in order to trace topics such as child sexual abuse as well as the reluctance to disclose child sexual abuse. There are few books on the topic but no research project could be found that has been conducted on the perceptions of Pedi-speaking caregiver's reluctance to disclose child sexual abuse. Further literature review was conducted to refine the relevant topic. A variety of sources such as scholarly books, articles, acts, internet, dissertations, research reports, and theses were consulted for purposes of this study. Data base on the subject of child sexual abuse was also consulted wherein the researcher traced files at the office.

The following Databases was consulted: EBSCO Host, Science Direct, Psych lit, ERIC, South African journals, Social Sciences Index, Google Scholar, The Nexus of South African Magazine articles and the Catalogue – Ferdinand Postma Library and Potchefstroom Campus of, North-West University.

5.2 Research design

The qualitative approach was followed. Qualitative researchers apply an emerging qualitative approach to collect data in a natural setting sensitive to the people and places under study. They are concerned with understanding rather than explanation, with naturalistic observation rather than controlled measurement (Fouché & Schurink, 2011:308).

The descriptive design was used to explore and describe the perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse (Babbie & Mouton, 2001:28). According to Botma *et al.* (2010:110), descriptive “designs are used when little is known about a topic”. Research design is a plan or a blue print of how one intends to conduct research (Babbie & Mouton, 2001:647). Grinnell (2001:231) explains that research design is a plan which includes every aspect of a

proposed research study from the conceptualization of the problem to the dissemination of findings.

The research has an exploratory objective. Exploratory research objective was used because a need for such a study arose from a lack of basic information regarding Pedi-speaking caregiver's perceptions on non-disclosure of child sexual abuse cases (Fouché & De Vos, 2011:95). This is the best method for gaining the perspectives of others.

5.3 Research context

Sexual abuse is a serious social and health issue in South Africa, but also in the Polokwane rural area of the Limpopo Province (SA 2011/2012). Statistics of the Africa Scope (2013) between 2007 and 2010, indicate that 62.9% of people in the Limpopo Province live in poverty. Most of the residents do not have enough housing accommodation and the birth rate is high. As a result, people live in crowded homes and women and children are vulnerable to sexual abuse. As a social worker, working for the Department of Social Development, the researcher is rendering social work services to the Polokwane rural areas. These rural areas are located 40 km away from Polokwane city. The community members in the said areas are mostly Pedi under the leadership of Chief Maraba. When rendering services to these families, the researcher observed that certain perceptions reign among caregivers regarding the disclosure of child sexual abuse. Children are being sexually abused both by family members and non-family members, and such incidents are not always disclosed and reported (Dawes & Higson-Smith, 2005:98).

5.3.1 Participants

The researcher used purposive sampling. Purposive sampling is based on the judgement of the researcher (Grinnell & Unrau, 2008:153). The term *Participants* refers to the population that will form subjects of the research. A population refers to individuals in the universe that possess specific characteristics (Strydom, 2005:193). In contrast, population is any group that is the subject of research interest (Melville, 2001:34; Wysocki, 2004:230). In this study, Pedi-speaking caregivers that possess knowledge of child sexual abuse in the Polokwane district by means of awareness

and empowerment programmes and that are not on the caseloads of social workers were included to be part of the research. Social workers have contact with caregivers by means of different awareness and empowerment programmes in the Polokwane district; here fore they knew who they could ask to form part of the research. The participants were selected on the basis of their significance to the proposed study until data saturation was reached. Data saturation, as Strydom and Delport (2011:393) describe it, is the collection of data to the point where a sense of closure is attained because new data yield redundant information.

Inclusion criteria

- Pedi-speaking caregivers that have knowledge of child sexual abuse in the Polokwane district, who attend or attended awareness and empowerment programmes of social workers and who are not on the caseloads of social workers. Caregivers in this research included Pedi-speaking persons other than a parent or person who cares for a child whilst the child is in temporary care with the caregiver according to the Children's Act, 38 of 2005 (South Africa, 2005:18).
- Pedi-speaking caregivers that gave written consent to be part of the research and for the interview to be recorded.

Exclusion criteria

- Pedi-speaking caregivers with whom the child is placed according to the Children's Act 38 of 2005 (2005:96) for safety and that are on the caseloads of social workers.
- Pedi-speaking caregivers that have no knowledge of child sexual abuse and that are on the caseloads of social workers.

5.3.2 Data Collection

According to Neuman (2000:30), the gathering of the data for research is divided into two categories, namely qualitative and quantitative. For purposes of this study a qualitative approach was used. The descriptive design was used to understand the perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse (Babbie & Mouton, 2001:28). According to Botma *et al.* (2010:110) descriptive "designs are used when little is known about a topic".

In this study, the researcher conducted semi-structured face-to-face interviews. Semi-structured interviews are utilised in order to gain a picture of participants' beliefs about or perceptions of or accounts on a particular topic (Greeff, 2011:351). A semi-structured interview involves a basic individual interview which is open and allows the object of the study to speak for him- or herself rather than to provide respondents with a battery of own predetermined hypothesis-based research questions. The interview was guided rather than dictated by the schedule (Babbie & Mouton, 2001:58; Greeff, 2011:352). The main aim with the semi-structured interview in this study was to gain a detailed picture of the perceptions of Pedi-speaking care-givers regarding the disclosure of child sexual abuse in the Polokwane district.

With a view to conduct the semi-structured interviews the researcher had a set of open-ended questions on an interview schedule until data saturation. The interview schedule was evaluated by experts from the Department of Social Work at the Potchefstroom Campus of the North-West University who are knowledgeable regarding the interview schedule construction and of forensic social work. The schedule was also evaluated with three Pedi-speaking caregivers who are not part of the research to determine the clarity of the questions. Once the schedule was evaluated, adjustments were made to it. The language regarding the interview schedule for caregivers will be in English as well as Pedi. Translation of the interview schedule from English to Pedi was done by a translator with knowledge of the Pedi language.

Audiotape recordings were made during the interviews with the consent of the caregivers. The main task, according to Monette *et al.* (2005:79), is to record the responses of the participants. Rubin and Babbie (2005:457) and Greeff (2005:234; 298) feel that a tape recorder is a powerful tool because it allows the interviewer to pay full attention, focused on respondents. The audiotape recordings were translated from Pedi to English by a Pedi-speaking social worker with the help of the researcher. Field notes by the researcher were written in English after each interview (Greeff, 2011:373).

5.4 Procedures

- The researcher obtained permission from Chief Maraba as gatekeeper to obtain access to the community to conduct the research, after having explained the aim of the research to him.
- The researcher then started by negotiating with the managers of the Department of Social Development as well as Child Welfare in Polokwane about the aim of the research and asked for permission to contact the social work supervisors from the Department of Social Development as well as Child Welfare in Polokwane for the identification of social workers who know Pedi-speaking caregivers who are not on their caseloads and who attend or attended awareness and empowerment programmes, to be part of the research. Social workers have contact with caregivers by means of different awareness and empowerment programmes in the Polokwane district. The participants were selected on the basis of their significance to the proposed study.
- Permission was obtained from the social workers after having explained the aim of the research and their role in helping with the research. These social workers acted as “go between” by linking the researcher with the caregivers.
- After the social workers had given written permission to be part of the research, as “go between” for the researcher and the caregivers, they identified Pedi-speaking caregivers.
- For purposes of the study the researcher conducted the semi-structured interviews with the caregivers and a translator (Pedi-speaking social worker at both the Department of Social Development and Child Welfare) provided assistance to the researcher. The social workers were trained by the researcher regarding the aim of the research and the interview schedule. The social workers are well acquainted to the different communication techniques (Greeff, 2011:368). The social workers signed a declaration of confidentiality.
- The researcher and social workers have arranged possible dates, times and the venue with the participants and the social workers for the interviews.

- The researcher and social worker explained the aim and all the ethical principles regarding the research on the consent form, with each caregiver before the interview could start.
- The social workers obtained written informed consent from the caregivers to conduct the interview and the tape recording of the interview before the interview started.
- The interviews with each participant were in the offices of the social workers separately.
- After each interview tape recordings were translated and transcribed from Pedi to English and a detail report was written by the researcher with the assistance of the social worker.

5.5 Data Analysis

Data Analysis is the process of bringing order, structure and meaning to the mass of collected data (De Vos, 2005:333; Monette *et al.*, 2008:489). Babbie and Mouton (2001:490) expands on this definition by explaining that data analysis involves all forms of analysis of data gathered using techniques regardless of the paradigms used to govern the research.

In analysing the data, the researcher considered words, context, and frequency of comments, what was said and what not, and determined the main idea (Greeff, 2011:373). The data analysis involved the analysis and interpretation of open-ended responses from the research participants where the researcher divided the data into meaningful analytical units. The qualitative data was analysed by hand. Botma *et al.* (2010:213), and Schurink, Fouché and De Vos (2011:402) identified the following guidelines when analysing data:

- The initial research will be borne in mind.
- All data will be transcribed.
- The correctness of transcripts will be ensured by an external person who will transcribe the data and the researcher will verify the correctness.

- During transcription, enough space will be left on both the left and right margin to allow the researcher to make notes during analysis.
- When translation is needed an external person should verify the information.
- Topics will be coded.

The researcher requested the social workers that acted as external transcribers, to ensure the accuracy of the data and also verify the correctness by listening to the recorded data and working through the reports (Botma *et al.*, 2010:221). The researcher determined the accuracy of the findings with the participants by discussing the data received from them (member checking). This was done by means of a follow-up interview with each participant in private to ensure confidentiality (Botma *et al.*, 2010:231).

6. ETHICAL ASPECTS

Ethics are a set of moral principles suggested by an individual or group and offers rules and behaviour expectations about the current conduct towards experimental subjects and respondents (Strydom, 2011:114; Gray, 2009:576). Strydom (2011:114) states that the researcher ought to pay attention to ethical aspects in order to ensure that the study is ethical. Written permission, nr **NWU-0027-09-S1**, was obtained from The Health Research Ethics Committee (HREC) of the Faculty of Health Sciences of North-West University to conduct the research as part of an umbrella project. **(Annexures 1 and 2)** The ethical issues in this study included amongst others informed consent, confidentiality and avoidance of harm to respondents.

6.1 Informed consent

Informed consent involves telling the participants about the procedures that will be followed, advantages and disadvantages and dangers to which the respondents may be exposed during the study (Strydom, 2011:117; Monette *et al.*, 2005:53). In this study, the researcher also gave adequate information to the respondents regarding the expected duration of involvement, confidential and voluntary participation and self-termination. Written consent was obtained from the participants and consent from social workers and translator wherein they were requested to sign a consent

form, as they have agreed to the terms and conditions of the research. The participants were informed that they may freely participate in the study and that they are able to withdraw from research at any stage of the research without negative consequences (Butz, 2008:249). This was done prior to them consenting to participate in the study. Adequate opportunity was provided for questions before the study commenced.

Before obtaining informed consent, the researcher explained to the Pedi-speaking caregivers that, should a participant disclose sexual abuse of a child, the disclosure must be reported to the social worker for further investigation.

6.2 Confidentiality

Confidentiality is linked to the principle of anonymity. The participants' data must not be associated immediately and obviously with his/her name or any other identifier (Bless *et al.*, 2006:143). The researcher preserved the confidentiality of the participants' identity and data. All tape-recorded materials and completed interview schedules were safely stored in a locked cabinet in the researcher's office, where no one has access to. Thereafter, it will be stored in a store room at the Social Work Division of the North-West University, Potchefstroom Campus, for five years, prohibiting all people, including the researcher and study leader from having access to the material. Interviews were held with each participant separately in a quiet, private office, to avoid interruptions. Each participant was allocated a number in advance, such as participant 1, 2 etcetera, to maintain confidentiality. The information provided remained confidential through that the results of the participants were reported anonymously to protect their identity. The researcher and interviewers (social workers) are registered social workers and adhere to the code of conduct laid down by the South African Council for Social Services Professions that emphasises the issue of confidentiality between professionals and clients.

6.3 Benefits and risks

Benefits for the participants in this study were to explore the perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse. The information gained from the research can assist social workers in empowering Pedi-speaking

caregivers with knowledge and insight on why they need to disclose and report child sexual abuse for forensic investigations and for professionals to assist the court when the child is the witness.

Participants received refreshments after the interviews, for the inconvenience of participating in the study. The participants received no payment for their participation. Emotional harm did not occur due to the disclosure of caregivers regarding the sexual abuse of a child. As a result, none of the respondents was referred to another social worker or therapist for further services. Throughout the research study, risks were diminished by evaluating the participants' emotional wellbeing, through the answers they gave. The benefits outweighed the risks; not only for the participants but also for the community.

6.4 Deception of participants

The participants were briefed on the aim of the research and no information was withheld from them, with a view to allow them to make an informed decision regarding their participation in the research and to ensure no deception (Strydom, 2011:118-119).

6.5 Debriefing

The social worker as interviewer has clarified possible misunderstandings of the information received from respondents during the interview. It was explained that participants that experience emotional harm regarding sexual abuse will be given the opportunity of working through their possible emotional issues with sexual abuse by means of debriefing sessions by another social worker or therapist (Strydom, 2011:122).

6.6 Release and publication of the findings

The researcher has explained that participants will be informed about the findings of the research and without offering too many details or impairing the principle of confidentiality (Strydom, 2011:126). The findings of the study will also be introduced to the reading public in written form by means of a dissertation as well as an article in

an accredited journal. The managers of the Department of Social Development and Child Welfare in Polokwane will be informed about results that will be published regarding the research project seeing that Creswell (2009:29) deems it necessary.

6.7 Information dissemination

Approval from the Human Research Ethics Committee of the Faculty of Health Sciences of the North-West University (Potchefstroom Campus) to conduct the study in the Social Work Forensic Practice was applied for and it was approved.

7. TRUSTWORTHINESS

Trustworthiness, according to Botma *et al.* (2010:232), has four epistemological standards attached to it, namely truth value, applicability, consistency and neutrality.

FIGURE 1: STANDARDS, STRATEGIES AND APPLIED CRITERIA TO ENSURE TRUSTWORTHINESS

Epistemological standards	Strategies	Application
Truth Value	Credibility	Credibility refers to internal validity. The researcher must have confidence in the truth of the findings with regard to the participants as well as the context in which the research was undertaken. For purposes of this study the researcher ensured credibility through prolonged engagement, member checking and peer examination (Botma <i>et al.</i> , 2010:232 & Shenton, 2004:64).
Consistency	Dependability	Dependability refers to the replication of the study done in the same context; making use of the same methods and with the same participants, and in such conditions the findings should stay consistent. To enable dependability the researcher included the following: ○ Dependable audit: the researcher provided a

		detailed account on how data was collected. ○ Description of the methodology: The researcher included in the research design what was planned and executed during the study. ○ The researcher ensured that data was correctly coded. ○ Peer examination of the study was done (Botma <i>et al.</i>, 2010:232 & Shenton, 2004:64).
Applicability	Transferability	Transferability is determined by the degree to which findings can be generalized to the larger population. The findings in regard to this qualitative study were specific to a small number of individuals in the Limpopo Province. The researcher improved transferability by selection of resources and sampling, saturation of data and the detailed description of the data (Botma <i>et al.</i>, 2010:232 & Shenton, 2004:64).
Neutrality	Conformability	Conformability entails the research process and results are free from prejudice. The researcher ensured that as far as possible the study's results are objective and are not based upon biases, motives and perspectives of the researcher. For purposes of the study conformability was demonstrated by making field notes available for auditing (Botma <i>et al.</i>, 2010:232 & Shenton, 2004:64).

(Botma *et al.*, 2010:232; Shenton, 2004:64).

8. LIMITATIONS OF THE STUDY

The researcher struggled to start collecting data as planned within a time frame due to the fact that the Department of Social Development and Polokwane Child Welfare Complex responded late concerning the approval to conduct the study.

Slight interruptions were experienced at the office of the social worker at the Department of Social Development where the interviews were conducted due to the challenge of insufficient office accommodation. The researcher had to make use of the Sassa hall which was not booked on the day of the interviews.

At some point the social workers that were to assist the researcher to collect data were busy with their daily duties, and it was not possible to wait for them until they stopped work at the end of the day because they would be rushing to get transport to their respective homes. As a result, the researcher had to collect data on his own.

9. DEFINITION OF TERMINOLOGY

9.1 Care-giver

The New Dictionary of Social Work (1995:6) describes a caregiver as a person responsible for providing care for other persons such as children. A caregiver, according to Dawes & Higson-Smith (2005:100), refers to all individuals that have the responsibility of parenting children/young people

9.2 Child

The Children's Act 38 of 2005 (SA, 2005) defines a child as a person under the age of 18 years. A child means any person under the age of 18 years and in certain circumstances means a person 18 years or older but under the age of 21 years (Grinnell 2001:13).

9.3 Disclosure

Lamb *et al.* (2008:203) define disclosure as a “clinically useful concept to describe the process by which a child who has been abused gradually comes to inform the outside world of his plight”.

9.4 Perceptions

The Longman Dictionary (2009:1289) defines perception as the way someone thinks about something and his/her idea of what it is like

9.5 Sexual Abuse

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (SA, 2007) defines child sexual abuse as assault of a child or allowing a child to be sexually abused or assaulted and encouraging, inducing or forcing a child to be used for the sexual gratification of another person. Procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child. Using a child in or deliberately exposing a child to sexual activities or pornography.

10. DISCUSSION OF FINDINGS

The primary aim of this discussion is to present, analyse, and interpret the data collected from fifteen (15) Pedi-speaking caregivers. Amongst these caregivers, four (4) are from Polokwane child welfare complex which are the respondents numbered 3, 4, 5 and 6. The remaining eleven (11) respondents are from Ga-maraba area, which is located approximately 40 km from Polokwane city in Limpopo Province. The findings of this study also reflect gender and age categories of the respondents. The main aim of this study is to explore the perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse.

Data was collected by means of in-depth interviews and will be presented in a narrative form since it comprised a qualitative approach. An interview schedule was

used during the interviews with Pedi-speaking caregivers. The findings are presented in themes and sub-themes as follows.

10.1 Biographical details of caregivers

The researcher started the interviews with Pedi-speaking caregivers. In Table 1 their age categories and gender are reflected.

TABLE 1: BIOGRAPHICAL DETAILS OF THE RESPONDENTS N=15

Characteristics	Number	Percentage
<u>Gender of the caregivers</u>		
Male	6	40%
Female	9	60%
<u>Age categories of the caregivers</u>		
20 years and younger	0	0
21-30 years	5	30%
31-40 years	5	30%
41-50 years	3	20%
51-60 years	1	10%
60 years and older	1	10%

The above table indicates that the majority of the participants were females as they comprised 60% of the sample, whereas male respondents made up 40% of the sample. Even though the sample was not representative, the data supports the previous studies that indicate that most of the caregivers of children are females of every age, racial, and/or ethnic group (Dawes & Higson-smith, 2005: 100).

The table also indicates that none of the participants interviewed was below the age of 20 years. The data indicates that 90% of the participants ranged from 21 to 60

years of age (**21-30=30%; 31-40=30%; 41-50=20%; and 51-60=10%**) whereas 10% of the participants, which is only one, ranged from the age of 60 years and older. Since the study was not representative, it is not possible to conclude that most Pedi-speaking caregivers range from ages 21 to 60 years. The respondents in this age group in this study added up to 90% of the sample.

10.2 Themes and sub-themes

10.2.1 Views of Pedi-speaking caregivers regarding child sexual abuse

The main aim on this section was to gain an insight from the participants on what they regard as child sexual abuse in Pedi culture. The previous studies argue that the notion of child sexual abuse depends on what culture validates as being sexual abuse (Dawes & Higson-smith, 2005: 98; Ngubane, 2010:27). This includes set of common beliefs, ideas, moral values, and collection of standard norms adopted by individual members to shape a particular lifestyle and a standard moral behaviour. The following are the views of Pedi-speaking caregivers on what they perceive to be child sexual abuse and not.

10.2.1.1 Sexual offences in Pedi-culture

10.2.1.1.1 Rape

The findings of this study from all fifteen (15) participants revealed rape as the major sexual offence in Pedi culture, whilst other sexual offences are regarded as minor things and taboos. These findings support the previous studies on the argument that the notion of child sexual abuse depends on what culture validates as being sexual abuse.

The following are the responses from Pedi-speaking caregivers:

“In our culture, rape is seen as sexual abuse and it’s not allowed. Rape is when a male adult forcefully engage in sexual penetration through penis with a female child with or without the consent of the affected child”. (01, 02, 03, 05, 08, 09, 10, 11, 13, and 14)

“Child sexual abuse is a forceful sexual penetration by a male adult to the female child, provided the age of the child. Usually our culture permits children on certain age (16 year above), to get married.” (04, 06, and 07)

“In most cases, rape is viewed as child sexual abuse in our Pedi culture. These other molestations are just being known now. Our culture regards the as taboos that can be solved by the affected families”. (12)

“Child sexual abuse is pornography, sodomy and rape that we are used to. For example, when a male person penetrates his penis into the female child’s vagina forcefully with or without the consent of the child, we consider that as a rape”. (15)

These responses partially agree with the Criminal law (Sexual Offences and Related Matters Amendment Act 32/2007) and partially disagree when it comes to the explanation of what rape is. Section 3 of the said act defines rape as any act which causes penetration to any extent whatsoever by- a) the genital organs of one person into the genital organs, anus, mouth, of any other person; -b) by any other part of the body of one person or, any object including any part of the body of an animal, into the mouth of another person.

In this study, the participants only talked about sexual penetration through penis into the vagina of the child. Other genital organs were not mentioned. The participants mentioned that Pedi culture regard all such as taboos.

10.2.1.1.2 Sexual grooming

Three participants mentioned sexual grooming of children by adult males as sexual abuse even though Pedi culture does not give it the same weight as rape.

The participants gave the following answers:

“Sometimes male adults ask children to help them with household tasks such as cleaning by buying them sweets in order to draw them near and start to develop feelings for the children, then later have sex with them.” (02, 03, and 08)

These responses correspond with how Vermont Department of children and families (2013:1) defines sexual grooming of children in that it is a subtle, gradual, and

escalating process of building trust with the child. The abuser may groom the child for weeks or months or years before any sexual abuse takes place. From the above findings, it can be agreed that sexual grooming in a Pedi culture is not treated as sexual abuse as rape, yet it is child sexual abuse. The finding supports those of previous studies regarding what culture validates as child sexual abuse (Dawes & Higson-smith, 2005:98; Ngubane, 2010:27).

10.2.1.2 Non-Sexual offences/minor sexual offences in Pedi-culture

10.2.1.2.1 Child sexual labour or exploitation

Pedi culture sometimes contradicts the legal framework, Criminal law (Sexual Offences and Related Matters Amendment Act 32/2007) in particular, when it comes to the definition of child sexual exploitation/labour. According to the findings from participants 3 and 11, child sexual labour is not always seen to be child sexual abuse.

The participants gave the following answers:

“Child labour is not child sexual abuse in our Pedi culture. It depends on how it is done. For example, traditional healers do have sex with children in a way of settling the payments in situations whereby the care-givers of children cannot afford when they have helped them”. (3)

“Our Pedi culture allows children to get married whilst they are below the age of 18 years and now the new legislative frameworks perceive that as child sexual abuse. Even Zulus in KwaZulu-Natal Province still practise that norm”. (11)

Data reveals that in some instances Pedi culture regards child sexual labour as a necessity rather than a sexual offence.

10.2.1.2.2 Sexual Violation

Four respondents answered that Pedi culture does not see sexual violation as a sexual offence against children. The following is how the respondents answered.

“When a male person touches the genital organ of the child, it is regarded as a taboo and not an offence since no penetration is involved. The matter can be resolved within the affected families”. (4, 5, 8 and 12)

Even though the majority of the respondents did not mention sexual violation, one can take note that Pedi culture does not view sexual violation against children to be such a major sexual offence as opposed to rape.

10.2.1.2.3 Gender versus child sexual abuse

Based on the findings, all 15 respondents mentioned the issue of child sexual abuse as being practised when a male adult penetrates his penis into the vagina of a female child. From the researcher’s analysis, same sex sexual offences are not taken into consideration. The respondents reported same sex sexual acts as taboos.

The following are some of the responses from the respondents:

“In our Pedi culture, sexual activities involve two people of the opposite sex. If it happens with people of same sex, it is regarded as a taboo and its resolves by the affected families. In most cases the perpetrator are punished by paying fine of a certain amount that families agree on. It is unusual”. (7)

“Pedi culture does not see it possible for same sex people to have sex with each other. It is a taboo and unusual in our culture”. (3)

The data collected from the participants somewhere somehow contradict what the legal framework regards to be child sexual abuse. It is clear that most of the respondents are not familiar with what Criminal law (Sexual Offences and Related Matters Amendment Act 32/2007) regards as child sexual abuse. The Pedi-speaking caregivers need to be educated about the said act in order to be equipped with further information.

10.3 Factors influencing the disclosure of child sexual abuse

An integral part of child sexual abuse is the disclosure of sexual abuse (Dawes & Higson-smith, 2005:103; Lamb, 2008:198). The authors further indicate that variables exist that affect the disclosure of child sexual abuse.

The findings revealed the following as being the factors influencing the disclosure of child sexual abuse.

10.3.1 Fear of the perpetrator

Two participants indicated fear of the perpetrator as an influential factor for disclosing child sexual abuse. This is how they responded:

“The reason why we are reluctant to disclose child sexual abuse incidents is because perpetrators make threatening statements such as, ‘should it be known to anyone, I will kill you.’ They even threaten the poor kids about killing their mothers”.
(8; 10)

These findings support the study conducted by Ferrara (2002:212) that the perpetrators may have made threats such as *“If you tell anyone, I will kill you/kill your mother”*. The author states that the reluctance to disclose abuse stems from fear of the perpetrator.

10.3.2 Relationship with the perpetrator versus poverty

Once more, the majority of respondents (six) presented the issue of relationship with the perpetrators as an influential factor for not disclosing child sexual abuse. The following are the responses from the respondents:

“Sometimes children do not disclose abuse because they are trying to protect the relationship with the perpetrators, more especially in instances where they are their fathers. So as us their caregivers, we don’t disclose. We have a fear that such father might stop meeting the needs of children, more especially if they are the bread winners. We also fear to lose security from them”. **(2; 3)**

“If child sexual abuse is disclosed, such might affect or destroy the connectedness or the relationship within the family, more especially if the perpetrator is the breadwinner. The family might also suffer from poverty because the perpetrator will be in jail”. **(5; 10; 15)**

“The issue that is looked at is how the child relates with the perpetrator. If abuse is inter-familial, then the matter remains within the family, in order to avoid breaking the

relationship amongst the family members. The disclosure can also break the marriages". (13)

Even though not all the respondents mentioned the issue of relationship with the perpetrator as an influential factor, it seems to have an influence on non-disclosure of child sexual abuse. The findings correlate with the finding from the study conducted by Madu (2001:09) in the Northern Province of South Africa on sexual abuse and victim-perpetrator relationships. He established that the child's relationship to the perpetrator can affect the disclosure of sexual abuse.

From the above information, one can take note that it is repeatedly reported that perpetrators are fathers of children who we regard as close relatives to children. The findings correspond with a study conducted by Goodman-Brown (2003:20) who established that the majority of the perpetrators are acquaintances or relatives of the victims (children).

10.3.3 Fear of being labelled and victimized

The majority of the participants **(1, 2, 3, 4, 6, 7, 8, 10, 12, and 15)** indicated that fear of being labelled by friends and members of the community is one of the factors influencing the disclosure of child sexual abuse. Among these respondents, half indicated that once the child is labelled as the victim of child sexual abuse, the possibility exists of the continuation of the incident whereby everyone within the community will take advantage of the child.

The following are some of the responses from the participants regarding fear of being labelled:

"Sometimes Pedi culture makes boys not to disclose sexual abuse if they were involved with people of the same sex because they fear to be labelled as gays, and the same applies to ladies wherein they are more likely to be labelled as lesbians. That might result in the community member taking an advantage of victimizing the child." (2)

"We fear to disclose child sexual abuse more especially if it is of same sex because our Pedi culture perceives such as a taboo and the community members will label

our children, and they will end up being the victims of sexual abuse forever. It is better to keep quiet". (4)

Based on the above findings, it is clear that fear of being labelled, specifically male victims, is an influential factor for the reluctance to disclose child sexual abuse. The findings support previous studies reporting that it is difficult for boys to disclose sexual abuse by men, because such admission requires confession to having been victimized, which is a blow to their masculine image (Fontes & Plumme, 2010: 498). Literature states that this can be due to the fact that boys that are being sexually abused by men are suspected to be gays and the issue of stigma then becomes attached.

10.3.4 Family status/dignity

Six participants indicated that family status or dignity plays a role in the reluctance to disclose child sexual abuse. The following are some of their responses:

"Pedi culture views child sexual abuse as a taboo. It is believed that if it is disclosed, the concerned family will lose its status and dignity". (02)

"The reason for not disclosing child sexual abuse is to protect the dignity of the family from the community members". (04)

"Child sexual abuse in the Pedi culture is kept as a secret and resolved within the families affected because if it should become known to the community, the family dignity becomes low". (08)

Data collected from the participants correlate with the previous studies in that family and social statuses have an impact on the non-disclosure of child sexual abuse (Meadow et al., 2007:43); thus forcing children to keep sexual abuse secret.

10.3.5 Fear of witchcraft

One respondent stated that witchcraft also influences the non-disclosure of child sexual abuse in the Pedi culture. This is how the respondent answered:

"Witchcraft is one of the reasons that prevent us not to disclose child sexual abuse of our children, the families of perpetrators more especially if it is abuse outside the

family, or if they are from traditional healers' family, might bewitch us or our children. The best is to keep quiet for the future sake of our children". (03)

Even though not all respondents mentioned witchcraft as an issue for not disclosing child sexual abuse, it seems to be one of the factors influencing non-disclosure of child sexual abuse.

10.3.6 Cultural validation

All the participants in this study have mentioned rape as a major sexual abuse whilst other forms of sexual abuse covered by the legislative frameworks are regarded as minor sexual abuses or taboos, especially if it is an abuse regarding a 30male adult and a boy.

The following are some of the responses from the participants during the data collection process:

"Child sexual abuse is a forceful sexual penetration by the male adult with the female child. In our culture when a man has sex with the other man, we perceive that as a taboo and it is unusual. In case such matters arise, the two affected families sit down and resolve the matter among themselves not allowing anyone to know. If it is disclosed the dignity of the family and the image of the child will be affected". (09)

"In most cases, rape is viewed as child sexual abuse in our Pedi culture. These other forms of molestations are just being known recently. Our culture regards them as taboos". (12)

Data reveal that cultural validation on child sexual abuse is an influential factor on non-disclosure of child sexual abuse in the Pedi culture. These findings support the previous studies that the notion of child sexual abuse depends on what culture validates as sexual abuse. Such leaves children to suffer in the name of culture (Dawes & Higson-smith, 2005:98).

10.4 The manner of dealing with child sexual abuse in the Pedi culture

During the interviews it was important to determine from the Pedi-speaking caregivers how Pedi culture deals with child sexual abuse. Data from fifteen participants revealed that the matter usually is resolved by families affected other than the incident being reported to the legal officials, especially if it is inter-familial abuse. The findings also reveal that, it is done to avoid conflict between families. Among the 15 participants, six **(02, 09, 10, 12, 13, & 14)** have stated that the matter is occasionally taken to “Kgoro” (traditional court) where decision is taken. “Kgoro” (traditional court) will decide on how the perpetrator must be punished. In most cases punishment is in the form of paying the victim family a certain amount or settling damage by paying the child’s family by goat, or cow. The two participants **(14, &15)** stated that the above statement is feasible in instances where the perpetrator is remorseful and cooperates. Failure to do so, allows “Kgoro” (traditional court) to take the matter to SAPS (South African Police Service) for further management, but this does not always happen.

These are some of the responses from the participants:

“In the Pedi culture, child sexual abuse, more especially if it is committed by the father against the daughter, or a son and the daughter, it is believed that the matter be kept within the family as a secret. If it is between the child and the outside family perpetrator, the matter remains between the two families without involving the child. Decision is taken without the consent of the child”. (15)

“The Pedi culture, expect such matters of child sexual abuse to be kept as secret and be dealt with by the two affected families. Then both families give the victim a support such as taking the child to the clinics. At times the matter is taken to “Kgoro” (traditional court) in case there disagreement between the two families before the matter can be reported for legal intervention”. (10)

“In the Pedi culture, family comes first, then if things don’t go well between the families, the “Kgoro” (traditional court) is the second entry before going anywhere. “Kgoro” (traditional court) has punishment procedures wherein the perpetrator can

be given a chance to pay a fine that which Kgoro decides on. If there is no co-operation, then the matter is reported to SAPS". (09)

Data is in line with previous studies, namely that when inter-familial abuse has occurred among children in the Pedi community, there is a tendency of settling the damage by paying the victim's family with a goat, cow, sheep, or some amount of money which the two families agree on (Madu, 2001:109). This results in child abuse not being reported for legal intervention.

10.5 The contribution of the caregiver towards the disclosure of sexual abuse of the child

During this study, it was important to establish from the Pedi-speaking caregivers' experiences of how the caregivers contribute towards the disclosure of child sexual abuse. Many children find it difficult to talk about their experiences of being sexually abused (De Voe & Faller, 2002: 6). Parental reactions or anticipations are likely to affect the willingness to disclose abuse. The following were found to answer this question:

10.5.1 Age difference

Data from two participants **(14 & 15)** reveal that Pedi culture has a negative impact on the contribution of caregivers towards disclosing child sexual abuse of a child between the caregiver and the child. The participants mentioned above indicate that Pedi culture limits children to talk about sex issues with people that are above their age.

These are the responses from the two participants:

"In most cases we try to create an environment conducive to children to talk about things that have happened to them, but our culture is a barrier because it prohibits children to talk with their parents about sex. It is believed as a sign of disrespect".
(14)

"Pedi culture encourages parents and caregivers to be silent and not talk with children about sex. If it happens to them, instead of caregivers to support their

children, they blame them, more especially if abuse took place at night wherein the child was not at home". (15)

Even though the study was not representative, the responses from participants 14 and 15 support the study conducted by Wickham and West (2002: 51) who established that the adult world predominates whereby children are not allowed to talk about sex with the elderly yet in the western world it is agreed that children are supposed to be safe, valued and encouraged to grow. As a result, children find themselves in the two worlds.

10.5.2 Parental support

Data from eleven participants (01, 02, 03, 04, 05, 06, 07, 09, 10, 11, &12) reveal that parental support also has an impact on the contribution of caregivers towards the disclosure of child sexual abuse regarding their children.

These are some of the participants' responses:

"The caregivers are supposed to provide care and support to their children, and remove such children from the environment where the perpetrator is. The presence of the perpetrator can traumatize the child. Pedi culture does not allow that, rather it encourages that the matter be handled within the family and that can result in sexual abuse of children being repeated". (10)

"The caregivers are expected to take the full responsibility for the upbringing of their children. That will help them to observe their children daily more especially on their private parts. The caregivers need to provide support to their children more especially if they realize that something might have happened to their children. Pedi culture, sets guidelines because such incidents are supposed to be handled indoors and not reported anywhere. Even if the child is taken to the clinic, the matter of child sexual abuse is not always disclosed to the nurses. Pedi culture, believes that if one discloses such, it is perceived as a deviation from cultural norms". (12)

Data correspond with the previous studies that state that children are taught to adhere to family rules, norms and standards. Thus forces them to keep sexual abuse secret. As a result, children become vulnerable to significant others such as older

male relatives that obtain sex by force (Dawes & Higson-smith, 2005:101; Ferrara, 2002: 213; Meadow *et al.*, 2007:43). Lamb *et al.* (2008:1960 also supports these findings in that there are variables that affect the disclosure patterns such as parental support.

10.5.3 Emotional support

Two participants **(8 & 13)** also mentioned the issue of attachment between caregivers and children as a contributory factor. The following are their responses:

“First of all, caregivers must be closely attached to their children and become their friends. That will allow children to be free to disclose child sexual abuse. Children feel free to talk to someone they are close to. Normally it is mothers instead of fathers in a Pedi-culture”. (8)

“If I suspect that my child has been sexually abused, I will phrase leading statements for the child to disclose. Even though our cultures believe that talking about sex with children is disrespect, for the benefit of the safety of my child, I can introduce sex talk with her. Our Pedi culture does not free fathers to talk about sex with children as it might be concluded that they want to rape their kids. Normally it is through mothers”. (13)

Even though not all the participants mentioned emotional attachment as a contributory factor for the disclosure of child sexual abuse between children and their caregivers, it also seems to be a factor. Data are in line with the previous studies that found that victims of sexual abuse are not always willing to share their secret with anyone until they gain the trust of that person (De Voe & Faller, 2002:6). According to the findings of this study, it is usually the mothers that children trust, rather than fathers. This supports the study conducted by Ferrara (2002: 212) that occasionally, when children disclose, it is usually to their mothers.

10.6 Promotion of awareness regarding the disclosure of child sexual abuse

The findings of this study have shown that all the respondents that participated possess insufficient knowledge of child sexual abuse, though none of them received

awareness before. For example, they all mentioned sexual penetration as the only sexual abuse, and other forms of sexual abuse are regarded as minor things and/or taboos in the Pedi culture. As a result, it was necessary for the researcher to ask them about what must be done to promote awareness on the disclosure of child sexual abuse. All the participants mentioned that educational programmes must be established and among them some also stated that awareness campaigns can also help.

10.6.1 Educational programmes

All the participants indicated that educational talks through community mobilization by various stakeholders can help Pedi-speaking caregivers, children and the community at large to be aware of child sexual abuse as a reality and also the procedures to follow. The following are some of the responses from the participants:

“Community leaders such as the “indunas” and chiefs must be educated about child sexual abuse as they are the ones who set cultural rules that govern the lifestyles of the community members”. (1)

“Media and distribution of pamphlets can also help to disseminate information about child sexual abuse and the direction to report it”. (4)

“Children must be educated about various kinds of child abuse including child sexual abuse. They must also be educated about their rights and who to report to if one has abused them sexually. They must be encouraged to disclose sexual abuse against them”. (5)

“The legal officers must mobilize the communities and educate them through workshops and presentations about various legal frameworks regarding child sexual abuse and the risks of not reporting it”. (6)

“Parents must be educated about parental rights and responsibilities so that they can be knowledgeable about child sexual abuse. The schools and churches must also be educated about child sexual abuse”. (12)

The findings support the study conducted by Lewis (2005:99) that suggests that communities and schools must run educational programmes concerning child sexual

abuse by networking with the other stakeholders that address the issue of child sexual abuse.

10.7 The role of the social worker in preventing non-disclosure of child sexual abuse

During this study, it was necessary to establish from the participants what the social worker can do to prevent non-disclosure of child sexual abuse. All the participants recommended community awareness campaigns wherein social workers must engage “Kgoro” (traditional courts) and other relevant stakeholders when they conduct such programmes. One participant **(13)** insisted that social workers must also facilitate family dialogues on child sexual abuse. The following answers were received:

“Social workers must mobilize various stakeholders, especially the “indunas” around Ga-maraba areas and make them aware of child sexual abuse and the legislative frameworks that address the matter”. (01, 02, 04, 05, 07, 08, 09, 11, 12, 13)

“Social workers must work together with communities and schools in order to raise awareness regarding the disclosure of child sexual abuse. In actual fact, social workers must also be employed at schools because children spend most of their time there”. (03)

“Social workers must work hand in hand with communities in order to educate caregivers of children about how to be good parents that will create an environment that will enable children to be free around them and disclose sexual abuse experienced by them”. (06)

“Social workers must make use of community meetings in order to divulge information on the disclosure of child sexual abuse and the legal frameworks”. (10)

“Social workers must conduct awareness campaigns at ECD centres in order to divulge information of child sexual abuse to children and their caregivers”. (11)

“Awareness campaigns must be strengthened. Community profiling through assistance of the community development workers must also be taken into

consideration by social workers. That can also address issues of child sexual abuse that affect our areas. Social workers must also conduct door to door campaigns at Ga-maraba areas and disseminate the information about child sexual abuse and legal frameworks (14)

The following is participant **13**'s answer on family dialogues as a preventative measure for non-disclosure of child sexual abuse:

“Social workers must conduct family dialogue wherein they invite all stakeholders together with the families around Ga-maraba, and talk about child sexual abuse as our Pedi culture does not take it as a serious issue. In that way caregivers of children will be empowered to disclose sexual abuse of children”.

From the above answers, it is clear that the participants do not really know what child sexual abuse is except that they only know it as sexual penetration or rape. They are not familiar with the legal frameworks that address child sexual abuse. As a result, they need capacity building on sexual offences against children according to the legal framework. These will definitely help them to disclose child sexual abuse incidents. Sanderson (2005:12) states that the best way to keep children safe is education about child sexual abuse. If the caregiver can be educated about child sexual abuse, the non-disclosure might be prevented.

11 THE RESEARCHER'S OBSERVATION

Sexual abuse of children is a serious social and health issue that affects children and their caregivers in a Pedi community in Polokwane areas at Limpopo Province. The belief in these areas is that it is a taboo, specifically if it is done by people of the same sex. Hence it is not reported for legal intervention. Patan (2009:1) supports the findings from this study that child sexual abuse is still a taboo topic for many people.

The findings of this study reveal various reasons for not disclosing child sexual abuse as follows:

- The victims fear to lose security from the perpetrators specifically if they are the breadwinners in the family.

- The Pedi community value the status or dignity of the family more than the lives of their children. In this study, the researcher has observed that most care-givers are reluctant to disclose child sexual abuse because the community members will take the affected families for low.
- The other reason is what Pedi culture validates as sexual abuse. Only rape in the Pedi culture is perceived as sexual abuse whilst others are regarded as minor things or taboos that can be resolved within the family.
- The researcher has also observed that the Pedi community fear to be labelled by the community members, which has a negative effect on non-disclosure of child sexual abuse.
- Fear of the perpetrator, when for instance hearing: “If you can tell anyone I will kill you” also has a negative impact on the disclosure of child sexual abuse.
- The researcher has also observed that Pedi culture has their way of dealing with or attending to child sexual abuse cases if they arise within the communities. For example, the matter is resolved within the family, especially if it is inter-familial abuse. The inter-familial abuse is expected to remain within the family and be kept secret.

These findings are in line with the results of previous studies conducted by Goodman-Brown (2003:20), namely that children are least likely to disclose sexual abuse when the perpetrator is a biological parent. When sexual abuse of children occurs in a Pedi community, there is a tendency of paying damage through money, a goat or a cow in a way of preventing it from becoming known and being it reported for legal intervention.

In this study, the researcher observed that Pedi-speaking caregivers do not disclose child sexual abuse because they lack information on legal framework associated with child sexual offences. The educational programmes for empowering the Pedi-speaking care-givers to disclose child sexual abuse are insufficient.

12 RECOMMENDATIONS

In the view of the findings of this study, the following recommendations can be made:

- Further research on this topic should be conducted in a larger sample.
- The Pedi community needs capacity building on child sexual offences according to the legal frameworks.
- The Pedi traditional courts “Kgoro” need to be capacitated with regard to child sexual offences.
- The area social workers must network with other relevant stakeholders which also address child sexual abuse.
- The inter-sectoral collaboration between such stakeholders should be strengthened.
- Social workers need further training in this field of child sexual abuse.
- Social workers need to run relevant programmes that address the risks of not disclosing child sexual abuse.

13 CONCLUSION

The researcher concludes that Pedi-speaking caregivers do not have adequate knowledge of child sexual offences. Therefore, there is a need for the compilation of more programmes that address the processes of disclosing child sexual abuse. Social workers and communities, including various stakeholders, must work together and be committed to prevent non-disclosure of child sexual abuse. The Pedi traditional leaders must also be involved in addressing this integral part of not disclosing child sexual abuse. Pedi families must also be empowered to disclose inter-familial abuse.

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Annexure 1: Ethical approval



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1 September 2014

Dr AA Roux Social Work

Dear Dr Roux

Ethics Application: NWU-00027-09-A1

"The development and evaluation of programs and a protocol in Forensic Social Work"

Thank you for sending the amended application. The inclusion of the study "Perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse" has been ethically approved until 30/06/2016.

Yours sincerely

Prof Minrie Greeff Health Research Ethics Committee Chairperson

Original details: Prof Minrie Greeff (10187308) C:\Users\13210572\Documents\ETIEK\2009

Annexure 2: Ethical approval of umbrella project



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Ethics Committee

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Email Ethics@nwu.ac.za

2009-09-25

Dr. C Wessels

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title The development and evaluation of programs and a protocol in Forensic Social Work																													
Ethics number:	<table border="1"><tr><td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>0</td><td>2</td><td>7</td><td>-</td><td>0</td><td>9</td><td>-</td><td>A</td><td>1</td></tr><tr><td colspan="3">Institution</td><td colspan="6">Project Number</td><td colspan="2">Year</td><td colspan="2">Status</td></tr></table>	N	W	U	-	0	0	0	2	7	-	0	9	-	A	1	Institution			Project Number						Year		Status	
	N	W	U	-	0	0	0	2	7	-	0	9	-	A	1														
Institution			Project Number						Year		Status																		
<u>Status:</u> S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation																													
Approval date: 12 August 2009 Expiry date: 11 August 2014 Extended to June 2015																													

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

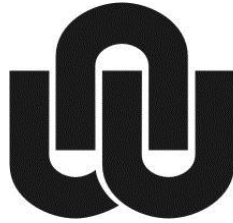
- *The project leader (principle investigator) must report in the prescribed format to the NWU-EC:*
 - *annually (or as otherwise requested) on the progress of the project,*
 - *without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.*
- *The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.*
- *The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.*
- *In the interest of ethical responsibility the NWU-EC retains the right to:*
 - *request access to any information or data at any time during the course or after completion of the project;*
 - *withdraw or postpone approval if:*
 - *any unethical principles or practices of the project are revealed or suspected,*
 - *it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,*
 - *the required annual report and reporting of adverse events was not done timely and accurately,*
 - *new institutional rules, national legislation or international conventions deem it necessary.*

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof Amanda Lourens
(Chair NWU Ethics Committee)

Annexure 3: Consent of caregiver



NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

Title of research project: Perceptions of Pedi-speaking caregivers regarding the disclosure child sexual abuse.

CONSENT OF PEDI-SPEAKING CAREGIVER

I am a MA-student in Social Work: Forensic practice from the North-West University researching on the perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse. My study leader is Dr AA Roux. The following is information about the study so that you can make an informed decision.

PURPOSE OF THE STUDY

The purpose of this study is to get your views as Pedi-speaking caregiver regarding the disclosure of child sexual abuse.

PROCEDURE

Approval was received from the organization as well as the North-West University Potchefstroom Campus to conduct the research. If you agree to participate in this study the following procedures will be followed:

- A suitable place and time for interviews will be discussed with you. It will be in an office where the information you will be giving shall not be heard and known to anybody.

- After all the information regarding the study has been explained to you, you will be requested to sign a form that will serve as the proof that you have agreed to participate in these research.
- The conversation/interview will be recorded. Written permission to tape-record the conversation/interview will be asked from you.
- The conversation/interview will last not more than an hour.
- The researcher with the help of the social worker will write a detail report after each interview.
- Me as researcher will confirm the data with you as participant (member checking).

CONFIDENTIALITY

Special care will be taken to work in an ethical manner. All tape-recorded materials and completed interview papers/sheets will be safely stored in a locked cabinet in the researcher's office, where no one has access to. Thereafter, it will be stored in a store room at the Social Work division of the North-West University, Potchefstroom Campus, not allowing all people, including the researcher and study leader from having access to the material. Interviews will be held with you as participant separately in a quiet and secret office, to avoid disturbances. You as participant will be given a number beforehand, such as respondent 1, respondent 2 et cetera, so that your name cannot be known. Me as researcher will make sure that I don't mention your name to anyone during the research process. People will not know that the information was given by you as your name will not be mentioned.

INFORMED CONSENT

For the purpose of the study the relevant information will be provided by me by means of an interview with you as Pedi-speaking caregiver regarding expected time of involvement, procedures that will be followed, your name not being known to anyone, voluntary participation and self-termination. You will be given a chance to ask questions before the study starts.

Before you can sign the form to give the permission for the research it is important to know that should you disclose the sexual abuse of a child, the disclosure of you must be reported to the social worker for further investigation.

VOLUNTARY PARTICIPATION

Written permission will be obtained from the managers of the Department of Social Development and Child Welfare in Polokwane as well as from you as Pedi-speaking caregiver where it will be made clear that participation is voluntary and not a must from you. For the purpose of the study no one is forced to participate. Non-participation in the study will not be disadvantaging in anyway.

DECEPTION OF RESPONDENTS

You as Pedi-speaking caregiver will be briefed about the aim of the research and no information will be withheld from you, in order to allow you to make an informed decision regarding your participation in the research and without making you to believe that something is true even if it's not.

DEBRIEFING OF RESPONDENTS

If you experience emotional harm regarding sexual abuse you will be given the opportunity of working through your possible emotional issues by means of debriefing sessions by a another social worker or therapist for counseling services.

BENEFITS AND RISKS

The information gained from the research can assist social workers in empowering you with knowledge and insight on why you need to disclose and report child sexual abuse.

Emotional harm may occur due to the disclosure of you regarding the sexual abuse of a child. If you need further assistance you will be referred to a therapist for further services. Throughout the research study, risks will be made less by looking at your emotional wellbeing, through the answers you give to the social worker as interviewer. The benefits will outweigh the risks not only for you as Pedi-speaking caregiver but also for the community. The information gained from this research could assist social workers to empower Pedi-speaking caregivers with knowledge on

why they need to disclose and report child sexual abuse for forensic investigations and how to assist the court when the child is the witness.

COSTS

There will be no cost to you as a result of your participation in this study.

PAYMENT

You will receive no payment for participation. You will receive refreshments after the interviews for the inconvenience of participating in the study. The researcher will pay your travelling fees.

FEEDBACK OF FINDINGS

The findings of the research will be shared with you and the organization as soon as it is available if you are interested.

QUESTIONS

You are welcome to ask any questions to the researcher before you decide to give consent. You are also welcome to contact me as student or my study leader if you have any further questions concerning your participation in the study.

Cell no: Mr SF Rapholo (079 970 7404)

Cell no: Dr AA Roux: 082 704 3922

You may also contact Mrs Carolien van Zyl of the Health Research Ethics Committee at 018 299 2094

We want to thank you for your kind consideration of our request.

.....

Mr SF Rapholo

MA student: Social Work: Forensic Practice

.....

Dr AA Roux

Study Leader

CONSENT FORM OF PEDI-SPEAKING CAREGIVERS
PARTICIPATION IN THIS RESEARCH IS VOLUNTARY.

You are free to decline to be in this study, or to withdraw at any point even after you have signed the form to give consent, without any consequences.

Should you be willing to participate you are requested to sign below:

I _____ hereby voluntarily agree to participate in the above mentioned study. I am not forced in any way to participate and I understand that I can withdraw at any time should I feel uncomfortable during the study. I also understand that my name will not be disclosed to anybody who is not part of the study and that the information will be kept confidential and not linked to my name at any stage. I also understand that I might benefit from participation in this project and am aware of the possible risks. Should I need further discussions someone will be available to assist me.

Signature of participant

Date

Signature of the person obtaining

Date

Annexure 4: Consent of social worker



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOMKAMPUS

Title of research project: Perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse.

CONSENT OF SOCIAL WORKER

I am a MA-student in Social Work: Forensic practice from the North-West University researching on the perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse. My study leader is Dr AA Roux. The following is information about the study so that you can make an informed decision.

1. PURPOSE OF THE STUDY

To explore of Pedi-speaking caregiver's perceptions regarding the disclosure of child sexual abuse.

2. PROCEDURE

After receiving approval to conduct the research from your organization and your agreement to participate in this study the following procedures will be followed:

- A suitable place and time for interviews will be discussed with you. It will be in an office where confidentiality will be possible.
- Written consent will be obtained from you after the study has been explained to you to be part of the research as "go between" the researcher and the caregiver.
- The interview will be recorded. Written permission to tape-record the interview will be asked from the participants.
- The interview will last approximately one hour.
- The researcher as interviewer will write a detail report after each interview with the help of you as social worker.
- Me as researcher will confirm the data with you and the participants (member checking).

3. CONFIDENTIALITY

Special care will be taken to work in an ethical manner. All tape-recorded materials and completed interview schedules will be safely stored in a locked cabinet in the researcher's office, where no one has access to, and thereafter, it will be stored in a store room at the Social Work division of the North West university, Potchefstroom Campus, prohibiting all people, including the researcher and study leader from having access to the material. Interviews will be held with each participant separately in a quiet, private office, to avoid interruptions. Each participant will be allocated a number beforehand, such as respondent 1, respondent 2 et cetera, to maintain confidentiality. Me as researcher will maintain anonymity as far as possible during the research process. The participants will be informed of the confidentiality that would apply regarding their identity. Information provided will remain confidential through that the identity of the participants will be reported anonymously to protect the identity of the participants.

4. INFORMED CONSENT

For the purpose of the study the relevant information will be provided by the researcher by means of an interview with you as the "go between" and the Pedi-speaking caregivers regarding expected duration of involvement, procedures that will be followed, confidentiality and voluntary participation and self-termination. An adequate opportunity will be provided for questions before the study commences.

Before obtaining informed consent me with the help of you as the social worker will explain to the Pedi-speaking caregivers that should they disclose sexual abuse of a child, the disclosure must be reported to another social worker for further investigation.

5. VOLUNTARY PARTICIPATION

The researcher will ensure for the purpose of the study that all parties are aware that no one is obligated to participate. Non-participation in the study will not be disadvantaging in anyway.

6. DECEPTION OF RESPONDENTS

You as social worker and the Pedi-speaking caregivers will be briefed about the aim of the research and no information will be withheld from you and the caregivers, in order to allow you and the caregivers to make an informed decision regarding your participation in the research and to ensure no deception.

7. DEBRIEFING OF RESPONDENTS

The researcher will clarify possible misunderstandings of the information received from respondents. The respondents that need further assistance will be referred to another social worker for services.

8. BENEFITS AND RISKS

The information gained from the research can assist social workers in empowering Pedi-speaking caregivers with knowledge and insight on why they need to disclose and report child sexual abuse for forensic investigations and for professionals to assist the court when the child is the witness.

Emotional harm may occur due to the disclosure of caregivers regarding the sexual abuse of a child. The respondents that need further assistance will be referred to a social worker for further services. Throughout the research study, risks will be diminished by evaluating the participant's emotional wellbeing, through the answers they give to you as interviewer. The benefits will outweigh the risks not only for the participants but also for the community. The information gained from this research could assist social workers to empower Pedi-speaking caregivers with knowledge on why they need to disclose and report child sexual abuse for forensic investigations and how to assist the court when the child is the witness.

9. COSTS

There will be no cost to you as a result of your participation in this study.

10. PAYMENT

You will receive no payment for participation.

11. QUESTIONS

You are welcome to pose any questions to the researcher before you decide to give your consent. You are also welcome to contact me as a student or my study leader if you have any further questions concerning your participation in the study.

Cell no: Mr SF Rapholo (079 970 7404)

Cell no: Dr AA Roux: 082 704 3922

You may also contact Mrs Carolien van Zyl of the Human Research Ethics Committee at 018 299 2094

12. FEEDBACK ON FINDINGS

The findings of the research will be shared with you as soon as it is available if you are interested. You are welcome to contact us regarding the findings of the research.

We wish to thank you for your kind consideration of our request.

.....

Mr SF Rapholo

MA student: Social Work: Forensic Practice

.....

Dr AA Roux

Study Leader

CONSENT FORM OF SOCIAL WORKER

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY.

You are free to decline to be in this study, or to withdraw at any point even after you have signed the form to give consent, without any consequences.

Should you be willing to participate you are requested to sign below:

I _____ hereby voluntarily consent to participate in the above mentioned study. I am not coerced in any way to participate and I understand that I can withdraw at any time should I feel uncomfortable during the study. I also understand that my name will not be disclosed to anybody who is not part of the study and that the information will be kept confidential and not linked to my name at any stage. I also understand that I might benefit from participation in this project and are aware of the possible risks. Should I need further discussions someone will be available to assist me.

Signature of participant

Date

Signature of the person obtaining

Date

Annexure 5: Interview schedule

INTERVIEW SCHEDULE

Perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse

Respondent:

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INTRODUCTION

I am the social worker doing research on the **perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse**. The purpose of the research project is to explore the perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse. The information gained from this research can assist social workers in empowering you as Pedi-speaking caregivers with knowledge and insight on why you need to disclose and report child sexual abuse for forensic investigations and for professionals to assist the court when the child is the witness.

The results of this research project will be used by me, Mr SF Rapholo to fulfil the research requirements of the North- West University (Potchefstroom Campus) and to obtain my Master degree in Social Work: Forensic Practice.

Please answer the following questions with honesty and to the fullest. Remember there is no right or wrong answers.

Thank you for your voluntary co-operation, your opinions and time. Your support is of great value in the prevention of the non-disclosure of the sexual abuse of children.

BIOGRAPHICAL DETAILS OF CAREGIVERS

1. AGE OF CAREGIVER

AGE	
Younger than 20 (specify)	
21-30	
31-40	
41-50	
51-60	
Above 60	

1. GENDER OF CAREGIVER

Female	
Male	

B DISCLOSURE OF CHILD SEXUAL ABUSE

1. *As Pedi-speaking caregiver what are your views of child sexual abuse?*

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2. *What do you understand/know with disclosure of child sexual abuse?*

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3. *In your experience, how does the caregiver of the child contribute towards the disclosure of the sexual abuse of the child?*

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4. *As Pedi-speaking caregiver what are the reasons for non-disclosure of child sexual abuse?*

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5. *What can be done to promote awareness regarding the disclosure of a child who has been sexually abused?*

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6. *What do you think can the social worker do to prevent the non-disclosure of child sexual abuse by caregivers?*

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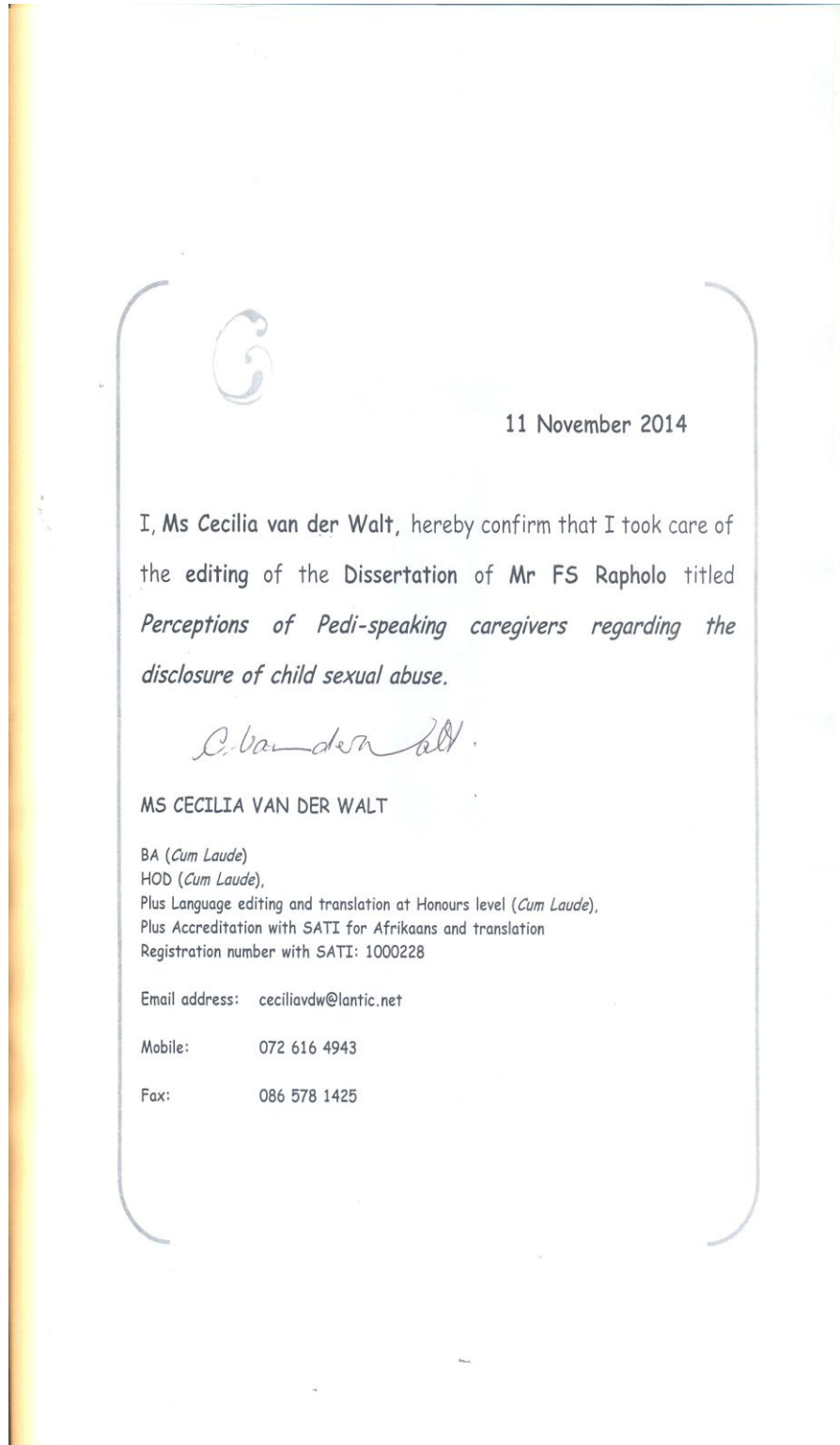
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Mr SF Rapholo

Master degree student in Social Work: Forensic Practice

North-West University, Potchefstroom Campus

Annexure 6: Letter from the language editor



Annexure 7: Approval of the Department of Social Development



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF SOCIAL DEVELOPMENT

Confidential

Ref : S5/3/1/2
Enq : Ledwaba MS
Tel : 015 293 6466
Date : 24 October 2014
To : Mr Rapholo SF

RESPONSE ON THE REQUEST TO CONDUCT A RESEARCH STUDY TITLED "PERCEPTIONS OF PEDI-SPEAKING CAREGIVERS REGARDING THE DISCLOSURE OF CHILD SEXUAL ABUSE"

1. The Department received your request dated, **07 August 2014** and acknowledge receipt thereof.
2. The Department of Social Development hereby grant permission to conduct the above-mentioned research, on the provision that the Ethics Committee for the North-West University provided clearance for the study.
3. **NB.** On completion of the study, a copy of the mini dissertation should be submitted to the Department in honour of your commitment.
4. We take this opportunity to wish you well during the period of research.

**SENIOR MANAGER: HUMAN CAPITAL
DEVELOPMENT AND ORGANISATIONAL STRATEGY**

27/10/2014
DATE

18 College Street, Polokwane, 0700, Private Bag x9710, POLOLKWANE, 0700
Tel: (015) 293 6027, Fax: (015) 293 6211/20 Website: <http://www.limpopo.gov.za>

The heartland of Southern Africa – development is about people

Annexure 8: Approval of the Polokwane Child welfare complex

 **LIMPOPO**
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**POLOKWANE PLACE OF SAFETY, CHILDRENS HOME,
SECURE CARE AND CRISIS CENTRE**

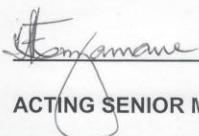
ENQ: MOTHAPO M.S.
TEL: (015) 293 1181-5
DATE: 2014.10.24

DR. ROUX
NORTH WEST UNIVERSITY
POTCHEFSTROOM CAMPUS
SCHOOL OF PSYCHOSOCIAL AND HEALTH SCIENCES

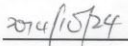
Dear sir/madam

RE: CONFIRMATION TO GRANT MR. RAPHOLO S.F (STUDENT NUMBER: 24762865), MA: FORENSIC SOCIAL WORK PRACTICE PERMISSION TO CONDUCT A STUDY ON: PERCEPTION OF PEDI SPEAKING CARE-GIVERS REGARDING CHILD SEXUAL ABUSE DISCLOSURE AT POLOKWANE WELFARE COMPLEX.

1. The above matter refers:
2. This serves to confirm that Mr. Rapholo S.F. has been permitted to conduct his study in our institution with the pedi care-givers (child and youth care workers).
3. We hope you receive this in order.


ACTING SENIOR MANAGER




DATE

Plot 303, Sterkloop, POLOKWANE, 0699, Private Bag X9513, POLOKWANE, 0700
Tel.: (015) 293 1181/5, Fax: (015) 293 1186

The heartland of Southern Africa - development is about people!

Annexure 9: Letter of permission from Maraba Tribal Council

MARABA TRADITIONAL COUNCIL

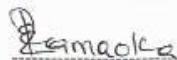


ENQ: Ramaoka R.E
CELL No: 072 730 6843
DATE: 05/06/2014

PO Box 746
GA MARABA
0705

RESPONSE ON THE REQUEST TO CONDUCT A RESEARCH STUDY TITLED
"PERCEPTIONS OF PEDI-SPEAKING CAREGIVERS REGARDING THE DISCLOSURE
OF CHILD SEXUAL ABUSE"

1. The Maraba Traditional Council received your request dated 05 June 2014 and acknowledge receipt thereof.
2. The Maraba Traditional Council hereby grant permission to conduct the above-mentioned research, on the provision that Ethics Committee for North-West University provided clearance for the study.
3. **NB.** On completion of the study, a copy of the mini dissertation should be submitted to the Department in honour of your commitment.
4. We take this opportunity to wish you well during the period of research.


ADMIN OFFICER


KGOSHIGADI

KGOSHIGADI M.C. MARABA
MARABA TRADITIONAL COUNCIL

2014-06-05

PO BOX 746
GA-MARABA 0705