

**The influence of specialised training on the experience  
of compassion fatigue and compassion satisfaction  
among social workers conducting child sexual abuse  
investigations**

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## Preface

This dissertation is submitted in partial fulfilment of the requirements for the degree Master in Social Work in Forensic Practice. The Social Work Forensic Practice curriculum consists of a total of 188 credits. Of these credits, the research dissertation accounts for half of these credits (188 credits).

This dissertation is presented in article format in line with the general academic rules of the North-West University (NWU, 2015). The first section of the dissertation provides an orientation to the study and outline of the research report. The second section provides the manuscript prepared according to the guidelines of the journal that the manuscript will be submitted to. The third and final section includes the conclusions of the study.

The manuscript will be submitted to CARSA for possible publication. This journal publishes articles related to child abuse within the context of the South African socio-, political-, economic- and cultural background. The research topic therefore accords with the journal's aim and scope. See Annexure A for the editorial policy of CARSA.

## **ACKNOWLEDGEMENTS**

Leonard, thank you for always supporting me in every venture I embark on.

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## **Abstract**

### **THE INFLUENCE OF SPECIALISED TRAINING ON THE EXPERIENCE OF COMPASSION FATIGUE AND COMPASSION SATISFACTION AMONG SOCIAL WORKERS CONDUCTING CHILD SEXUAL ABUSE INVESTIGATIONS**

**Keywords:** Specialised training; compassion fatigue; compassion satisfaction; burnout; child sexual abuse report; child sexual abuse assessment; child sexual abuse investigation; child protection

Compassion fatigue, burnout and compassion satisfaction are prevalent in social workers employed in all fields of social work, including social workers conducting child sexual abuse investigations. This study aims to determine the influence of specialised training on the experience of compassion fatigue and compassion satisfaction among this group of social workers.

A quantitative approach was followed with the assistance of a measuring tool (scale) in order to determine the compassion fatigue and compassion satisfaction profiles of social workers conducting child sexual abuse investigations. A possible relationship between the specialised training of participants and their compassion satisfaction and fatigue profiles were investigated in order to determine whether specialised training have an influence on the experience of compassion fatigue and satisfaction among social workers rendering services in this field of social work.

This study found that social workers with specialised training rendering services in the investigation of child sexual abuse, experienced a higher level of compassion satisfaction and subsequently have an increased chance of turning their stress into compassion satisfaction compared to social workers dealing with child sexual abuse cases without specialised training.

## Opsomming

### **DIE INVLOED VAN GESPECIALISEERDE OPLEIDING OP DIE ERVARING VAN MEDELYE-MOEGHEID EN MEDELYE-SATISFAKSIE ONDER MAATSKAPLIKE WERKERS WAT GEMOEID IS MET DIE ONDERSOEK VAN KINDER-SEKSUELE MISBRUIK-ONDERSOEKE**

**Sleuteltermes:** Spesialisopleiding; medelye-moegheid; medelye-satisfaksie; beroepsmatheid; kinder-seksuele misbruik-verslaggewing; kinder-seksuele misbruik-assessering; kinder-seksuele misbruik-ondersoek; kinderbeskerming

Medelye-moegheid, beroepsmatheid en medelye-satisfaksie kom algemeen onder maatskaplike werkers werksaam in alle velde van maatskaplike werk voor, insluitend diegene wat gemoeid is met kinder-seksuele misbruik-ondersoek. Hierdie studie het ten doel om die invloed van gespesialiseerde opleiding op die ervaring van medelye-moegheid en medelye-satisfaksie onder hierdie groep maatskaplike werkers vas te stel. 'n Kwantitatiewe navorsingsbenadering is gevolg met behulp van 'n meetinstrument (skaal) ten einde die medelye-moegheid en medelye-satisfaksie-profiel van maatskaplike werkers wat aan die studie deelgeneem het, te bepaal. Daar is gepoog om vas te stel of daar 'n moontlike verband bestaan tussen die spesialisopleiding van deelnemers aan die navorsing en hul ervaring van medelye-moegheid en -satisfaksie, ten einde ook vas te stel of spesialisopleiding moontlik 'n invloed kan uitoefen op die ervaring van beroepsmatheid en -satisfaksie onder maatskaplike werkers wat dienste lewer met betrekking tot seksueel misbruikte kinders.

Hierdie studie het bevind dat maatskaplike werkers met gespesialiseerde opleiding wat dienste lewer in die ondersoek na kinder-seksuele misbruik, 'n hoër vlak van medelye-satisfaksie beleef en gevolglik het hierdie groep maatskaplike werkers 'n groter geleentheid om werkspanning om te skakel in medelye-satisfaksie, as maatskaplike werkers wat kinder-seksuele misbruik-sake ondersoek sonder gespesialiseerde opleiding.

## **KAKARETSO**

**TLHOTLHELETSO YA KATISO E KGETHEGILENG MO MAITEMOGONG A GO LAPA KUTLWÊLÔBOTLHOKO LE GO NA LE KGOTOSFATSO YA KUTLWÊLÔBOTLHOKO MO GARE GA BADIREDILOAGO BA TSHWARANG DIPATLISISO MO KGOKGONTSHONG YA THOBALANO YA BANA.**

**Mafoko a pulo: Katiso e kgethegileng, Tapo ya Kutlwêlôbotlhoko, Kgotsofatso ya Kutlwêlôbotlhoko, Kutlwalelo, Pego ya Kgokgontshong ya Thobalano ya Bana; Tlathlho ya Kgokgontsho ya Thobalano ya Bana; Tlhotlhomisô ya Kgokgontsho ya Thobalano ya Bana; Tshireletso ya Bana.**

Tapo ya Kutlwêlôbotlhoko, Kutlwalelo le Kgotsofatso ya Kutlwêlôbotlhoko ke dintlha tse di tlwaelesegileng mo thapong ya dikarolo tsotlhe tsa Bodirediloago le mo go akaretsang ga Badirediloago ba dirang ditlhotlhomiso mo Kgokgontshong ya Thobalano ya Bana. Ithuto e na le maikaelelo a go tlhomamisa tlhotlheetso ya katiso e kgethegileng mo go lemogeng ga tapo ya kutlwêlôbotlhoko le kgotsofatso ya kutlwêlôbotlhoko mo setlhopheng se sa badirediloago.

Go latetswe mokgwa wa leakaretso ka thuso ya sekale sa go lekantsha e le sediriso go ka kgona go lemoga maemo a tapo ya kutlwêlôbotlhoko le kgotsofatso ya kutlwêlôbotlhoko ya badirediloago ba ba dirang dipatlisiso tsa kgokgontsho ya thobalano ya bana. Kamano e e ka nnang teng magareng a katiso e e kgethegileng ya batsayakarolo le mo kgotsofatsong ya kutlwêlôbotlhoko ya bone le ditebego tsa tapo di batlisitswe gore go lemogwe gore a na katiso e e kgethegileng e na le tlhotlheetso mo go lemogeng ga tapo ya kutlwêlôbotlhoko le kgotsofatso mo badirediloagong ba ba fanang ka ditirelo mo karolong e ya tiro ya bodirediloago.

Ithuto e e lemogile gore badirediloago ba ba nang le katiso e e kgethegileng ba ba fanang ka ditirelo mo go batlisiseng mo kgokgontshong ya thobalano ya bana, ba itemogetse kgotsofatso ya kutlwêlôbotlhoko e e maemo a a kwa godimo go feta mme morago ba na le kgonego ya go ka fetola kgatelelo ya bone go nna kgotsofatso ya kutlwêlôbotlhoko fa ba bapisiwa le badirediloago ba ba dirisanang le dikgetsi tsa kgokgontsho ya thobalano ya bana ba ba se nang katiso e e kgethegileng.

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## **SECTION 1: ORIENTATION TO THE STUDY**

### **1.1 Introduction and contextualisation**

Forensic social work is becoming a recognised specialised field in South Africa even though social workers cannot register as forensic social workers at present, since the approval of appropriate legislation is still awaited (Fouché & Fouché, 2015:106). According to Fouché (2006:205), the main duties of forensic social workers are the assessment of children in an attempt to determine the accuracy of the information provided by the child as well as to testify to this effect during court proceedings if needed. Wessels, Smith and Strydom (2018:83) identified that numerous social workers conduct forensic social work without specialised training and since social workers are currently not able to register as forensic social workers in a specialised field, any registered social worker is able to practice in the forensic field, with or without specialised training. The North-West University is the only university providing a formal postgraduate qualification in Forensic Social Work. Short courses on Forensic Social Work are available, but seldom accredited. In order to include social workers with and without formal specialised training in this study, this study will refer to social workers in the investigation of child sexual abuse more often, instead of forensic social workers.

Compassion fatigue, burnout and compassion satisfaction are prevalent in social workers of all specialisations, including social workers employed in the forensic field. This study aims to determine the influence of specialised training on the experience of compassion fatigue and compassion satisfaction of social workers conducting child sexual abuse investigations. The researcher aim to investigate that specialised training in forensic social work may lead to a reduction in the risk of compassion fatigue, and a lack of specialised training may lead to increased levels of such fatigue and stress, as well as that, qualified forensic social workers have an increased chance of turning their stress into compassion satisfaction, compared to non-specialised social workers.

In order to be able to analyse the possibility, it is important to understand the concepts of compassion fatigue and satisfaction.

Compassion fatigue is a term developed by Figley in order to describe the phenomenon of secondary traumatic stress (Bride, Radey, & Figley, 2007:155). Sprang, Craig and Clark (2011:151) refer to compassion fatigue as a less stigmatising way to describe the phenomenon of secondary traumatic stress, which is often used interchangeably in literature. Goodyear-Brown (2012:513-514) defines compassion fatigue as the psychological discomfort and post-trauma stress symptoms experienced by persons employed in the helping professions due to their exposure to clients who experienced various kinds of trauma. Compassion fatigue, secondary trauma and vicarious trauma are used interchangeably in literature, but it should be noted that there are some differences in their definitions. Vicarious trauma and secondary trauma can be distinguished from compassion fatigue as it is believed that people experiencing vicarious and secondary trauma experience changes in their cognitive schemas which alters the way in which these people view the world. Compassion fatigue does not necessarily have a profound impact on how a person experiencing this phenomenon views the world. Compassion fatigue focuses more on the impact with regard to the empathy the employee of the helping profession experiences in relation to the client's suffering (Goodyear-Brown, 2012:513-514).

Burnout is associated with compassion fatigue and can be described as the negative transition in a person's outlook on life due to exposure to challenges in their working environment. It impacts the health of a person and is often associated with an overload of work (Rothschild, 2006). Compassion satisfaction is a term that can be defined as the positive feelings a person of the helping profession experiences with regard to his own ability to help others (Stamm, 2010:8). Compassion fatigue, compassion satisfaction and burnout are the general terms that relate to the quality of the work life of an employee of the helping professions.

Research proves that compassion fatigue accompanied by burnout is prevalent in the helping professions (Diaconescu, 2015:5). International literature studied revealed that compassion fatigue, including the related terms such as burnout, secondary trauma and vicarious trauma, has been explored among child welfare workers (Salloum, Kondrat, Johnco & Olson, 2015), clinical social workers (Aparicio, Michalopoulos & Unick, 2013; Thomas, 2013; Diaconescu, 2015) and social work students (Knight, 2010), extensively. Perstling and Rothmann (2012:3) investigated the relationship between secondary trauma, a person's purpose in life, environmental factors, self-acceptance and satisfaction in life among social workers in Namibia. The study found that the social workers who experienced secondary trauma were negatively affected in terms of their satisfaction in life. They were also negatively impacted with regard to their purpose in life, their self-acceptance and they felt that they were not in control of their environment.

The differences in the experience of compassion fatigue between various social work core functions have been compared in a literature study by Bergel (2008:5). The fact that studies revealed that compassion fatigue is prevalent in the field of social work assisted in the development of self-care programmes to prevent these phenomena (Wagaman, Geiger, Shockley & Segal, 2015:202). Iffley (2012:41) indicates that few studies have focused specifically on forensic social workers in relation to the emotional exhaustion experienced through working with traumatised clients. Although a positive relation between compassion satisfaction and reduced levels of compassion fatigue has been found (Conrad & Kellar-Guenther, 2006), the relation to specialised training has not been investigated yet. This study provides the opportunity to determine the influence of specialised training on the experience of compassion fatigue and compassion satisfaction of social workers conducting child sexual abuse investigations.

Sprang et al. (2011) conducted a comparative analysis of occupational distress among professional groups in the United States. It was found that child welfare workers were more likely to report compassion fatigue and higher levels of burnout compared to other behavioural health workers (psychological-, marital- and family therapists).

Pearlman and MacIan (1995:31) are of the opinion that professionals exposed to detailed descriptions of violence, information on people's cruelty toward other people as well as trauma-related details, develop psychological distress as a consequence of their work. Subsequently, it can be accepted that all social workers experience some form of compassion fatigue as a result of their work, including social workers investigating child sexual abuse.

Capri, Kruger and Tomlinson (2013) conducted a study among child sexual abuse workers, working therapeutically in the Western Cape, South Africa. The emotional experiences of these workers were explored and participants described symptoms of vicarious traumatisation indicating a high prevalence of traumatisation within this context. Capri *et al.* (2013) defended their study as uniquely focused upon South African conditions, dissimilar to those conducted in North America, Great Britain and Europe. Van Wyk (2011) conducted a study among social workers involved in the intervention with sexually abused children with the aim of determining how these social workers experience and handle occupational stress. One of the factors found in this study impacting on the social workers' experience of occupational stress, is the development and growth of social workers in the field of sexual abuse. The nature of the development and growth, as well as the extent of the relationship between the occupational stress experienced and the training of the social workers, however, was not explored. Although social workers dealing with the forensic investigations of child sexual abuse have not specifically been targeted in studies with regard to compassion fatigue in South Africa, it is assumed that this group of social workers will be impacted by the nature of the complexity and emotional content of their work. It is, however, currently not known if having specialised training will moderate or reduce the risk of compassion fatigue. Determining the role of forensic social work training in compassion fatigue, burnout and the compassion satisfaction of forensic social workers investigating child sexual abuse can provide a significant contribution to this field of practice.

## **1.2 Problem statement**

Compassion fatigue, burnout and compassion satisfaction are prevalent in social workers of all specialisations, including social workers employed to conduct investigations with regard to child sexual abuse. Up to 2018, there were no guidelines for social workers prescribing the qualifications needed to render services in this field, and, as a result, many social workers utilised available skills and knowledge to assess children and testify in court. Training institutions provided limited workshops and training in the field and obtaining access to relevant specialised training is a daunting and expensive venture. Literature revealed that occupational stress can be expected among social workers rendering services in the investigation of child sexual abuse. It is not known, however, if having specialised training could moderate or reduce the risk of compassion fatigue. This study will provide information with regard to the compassion fatigue as well as compassion satisfaction levels of social workers rendering services related to the investigation of child sexual abuse, with a specific focus on determining whether a moderating influence exists in terms of specialised training on the experience of compassion fatigue and satisfaction. The information derived from this study will inform professionals on the risks and/or advantages of specialisation in the field of forensic work, advise supervisors of social workers investigating child sexual abuse on the risks their supervisees might experience in terms of the possible lack of specialised training as well as contribute to the body of knowledge needed in order to develop focused preventative models in order to enhance professional self-care among this category of social workers. In light of the aforementioned information, the hypothesis to be tested in this study is firstly that specialised training in forensic social work leads to a reduction in the risk of compassion fatigue, and lack of specialised training leads to increased levels of such fatigue and stress; secondly, that qualified forensic social workers have an increased chance of turning their stress into compassion satisfaction, compared to non-specialised social workers. Respondent qualification as well as the length of time the respondent has held this qualification may subsequently be important independent variables (IV) in this study.

### **1.3 Research methodology**

#### **1.3.1 Literature study**

A literature study was conducted in order to examine previous research on the subject of compassion fatigue and compassion satisfaction with regard to social workers, and more specifically, social workers rendering services in the field of investigating child sexual abuse cases. Oliver (2012:5) regards the literature study in research as a way to assist the reader in understanding how a certain study can fit into the context of the broader research context. The literature study was done with this aim in mind.

#### **1.3.2 Research approach**

The study followed a quantitative approach. According to Rubin and Babbie (2013:322), a quantitative approach aims to find precise and generalisable findings. A measuring tool (scale) was utilised in the quantitative study to determine the compassion fatigue and compassion satisfaction profiles of social workers conducting child sexual abuse investigations. The hope was that the results will indicate a possible relation in terms of the specialised training of respondents with regard to the compassion fatigue and/or compassion satisfaction profile of respondents. A cross-sectional survey design was chosen for the research since the definition supports this research in that it is defined as a type of observational study that does not only provides a description but also analyse and compare variables (Govender, Mabuza, Ogunbanjo & Mash, 2014:1).

#### **1.3.3 Population**

The study had interest in social workers within South Africa who conduct child sexual abuse investigations. It was not possible to determine the total number of these social workers as little data exist to confirm this number.

Therefore, in this study, the population consisted of all social workers irrespective of race, gender or age who at the time of the study rendered services with regard to child sexual abuse investigations. This demarcation allowed the random selection of potential respondents.

#### **1.3.4 Proposed sample size and motivation**

Sampling in this study was influenced by factors such as whether the potential respondent was conducting child sexual abuse investigations at time of the study and whether prospective respondents were using social media and/or social work Facebook pages, since these platforms were, among others, the places where access was gained to the population and responses were recruited. The total number of respondents who met the inclusion criteria and whose consent to participate was provided were regarded as the sample. The estimated minimum sample size for the purpose of this study was set at 100. In order to ensure sampling adequacy, non-parametric techniques were used to control sampling bias or lack of normality.

#### **1.3.5 Process of sample recruitment**

Non-probability sampling procedures were employed to select the participants involved in the study. According to Rubin and Babbie (2013:355) non-probability samples are not randomly selected and usually utilized where there is a specific criteria that possible respondents have to comply with, in order to be part of the sample. Non-probability sampling applied to this study because the researcher identified criteria the participants should adhere to in order to be able to participate in the study and respondents could subsequently not be randomly selected (McMillan & Schumacher, 2014:136). A relatively small pool of initial participants was identified from known peers and colleagues of the researcher. These participants were requested to provide and nominate peers and colleagues from their acquaintances that the researcher could approach to take part in the research. The advertisement was forwarded to participants recruited through acquaintances via email and included the link to the survey.

An additional method to recruit participants was implemented by utilising existing social media Facebook pages such as the page of the SACSSP as well as the Facebook page, *Facing Social Work*. An advertisement was posted on these Facebook pages. Interested social workers responded by either following the link to the questionnaire or by contacting the researcher who emailed them the link to the questionnaire. Participants recruited via Facebook had access to the recruitment information on the Facebook page, as well as the link to the survey. SurveyMonkey©, a web-based survey tool, was utilised to collect the data.

This snowball sampling method was continued until the minimum number of participants to the research was reached. Utilising the snowball sampling technique simplifies the recruitment process since no permission from any company, organisation or managerial body was needed and subsequently also no gatekeeper. SurveyMonkey© provided an option for respondents to agree to a consent statement outlining data transfer and privacy practices. Requesting respondents to agree to the consent statement allowed the researcher to obtain consent from respondents before they completed the survey. It also prevented respondents from being able to complete the survey, if they do not provide the necessary consent by clicking on the button. The researcher furthermore included the standard HREC informed consent forms in her SurveyMonkey© set-up to ensure that the study was appropriately introduced to respondents. Participants had the opportunity to cease participation at any time by self-exiting the questionnaire.

### **1.3.6 Sampling method**

A purposive sampling method was used for this research in order to focus on specific characteristics of the population interested in. According to Rubin and Babbie (2013:357) a purposive sampling method can be defined as a sampling method where the sample is selected in accordance with the researchers' own knowledge of the population, the population's components, environment as well as the aim of the research. The main characteristic identified by the researcher was social workers conducting child sexual abuse investigations (Rubin *et al.*, 2013:173).

### **1.3.7 Sample inclusion criteria**

The sampling inclusion criteria were registered social workers, who conducted child sexual abuse investigations with or without forensic social work training as well as those who had access to electronic media (internet, email, Facebook, etc.). The specific sample of participants enabled the researcher to measure the compassion fatigue and satisfaction levels of the total group, and compare the differences between those with and those without forensic social work training.

### **1.3.8 Sample exclusion criteria**

Registered social workers who do not render services in the field of child sexual abuse were excluded from the sample.

### **1.3.9 Data collection method**

The Professional Quality of Life version 5 (ProQOL-v5) questionnaire, attached as Annexure B, was utilised to measure compassion fatigue levels of participating social workers. The ProQOL-v5 measures the professional quality of life an employee from the helping professions might experience with regard to their work. The questionnaire is based on a measure originally called the Compassion Fatigue Self-test, developed by Figley around 1980. Stamm added some measures and the questionnaire as it is known today was renamed and published around 1990.

Professional quality of life refers to the experience an employee has with regard to his role as a helper. The employee can experience both positive as well as negative aspects in the performance of his or her work. The measuring scale subsequently measures both the positive experiences in the working environment as well as negative experiences.

The measuring tool consists of scales measuring firstly compassion satisfaction, and secondly compassion fatigue. Compassion fatigue is measured in two scales focusing on secondary traumatic stress and burnout.

The utilisation of the measurement is provided for free with a request for data to be donated in order to strengthen and regulate the updating of the measure (Stamm, 2010:12-14). This questionnaire seemed to be an effective tool in order to assist in the measurement of compassion fatigue and satisfaction in participating social workers. The questionnaire included a demographic information section with two indicators essential to the study, namely *education* and *experience* in conducting child sexual abuse investigations. *Education* (see question 7 of the questionnaire) was defined as having a diploma or a master's degree in forensic social work. *Experience* was defined as the nature, number and frequency of child sexual abuse cases respondents dealt with. *Experience* is covered in questions 10 to 12. The measuring tool was typed into the SurveyMonkey© program and distributed via social media and e-mail to the potential sample. Participants who chose to complete the survey had to tick the consent option before being able to proceed to the completion of the questionnaire. Participants were able to complete and submit the questionnaire electronically. The survey was configured to collect responses anonymously. Participants were also able to access the link to the survey on Facebook and WhatsApp to complete the survey from this platform.

### **1.3.10 Validity and reliability indices of questionnaires**

The ProQOL-v5 questionnaire is the result of scientific research and most widely utilised in published literature with regard to the positive and negative effects of exposure to individuals in the helping professions who experienced stressful events. Geoffrion, Lamothe, Morizot, & Giguère, (2019:566) regards the scale as the most broadly utilized scale to measure compassion satisfaction and fatigue. The scale was developed to measure constructs in adult respondents and is a self-report instrument which contains 3 different 10 item subscales. Items on the scale are assessed on how frequently respondents experienced symptoms in the past 30 days and responses are completed on a 5 point scale varying from never to very often.

The contexts where the scale have been tested most commonly were found in health care, social service workers, teachers, attorneys, police officers, firefighters, disaster site clean-up crews, and others who offer assistance at the time of crisis or afterwards. The validity of the measuring tool was proven by more than 200 published papers, more than 100 000 articles on the internet as well as approximately 40 published research papers where the ProQOL was utilised. A comprehensive bibliography of documents where this measurement tool was specifically utilized were published in 2016 (ProQOL.org, 2016:1-7). Cieslak, Shoji, Douglas, Melville, Luszczynska & Benight (2014:80) conducted a systematic review of literature during 2014 and found the ProQOL questionnaire as the most popular instrument of its kind used in more than 60% of studies. The scale encapsulates the overall concept of professional quality of life, with its complex characteristics, which include the work environment, the personal characteristics of a person as well as the person's exposure to primary and secondary trauma in his work environment (Stamm, 2010). The scale covers compassion satisfaction and compassion fatigue divided into two factors, namely burnout and secondary traumatic stress. This constitutes a detailed variety of the subject matter, according to Stamm (2010:12), and therefore contributes to the effectivity of this scale in the measurement of the impact of work-related factors on individuals and, in this case, social workers.

The more than 200 published papers as well as the approximately 100 000 articles on the internet provide a good construct validity to the measuring scale. The questionnaire consists of three subscales that each measures separate constructs. The compassion satisfaction subscale has an average score of 50 (SD 10; alpha scale reliability .88). The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75) and on the secondary traumatic stress scale, the average score is also 50 (SD 10; alpha scale reliability .81). According to Stamm (2010:13), the compassion fatigue scale is distinct and inter-scale correlations display a 2% shared variance ( $r = -.23$ ;  $\text{co-}\sigma = 5\%$ ;  $n=1187$ ) with secondary traumatic stress, and a 5% shared variance ( $r = -.14$ ;  $\text{co-}\sigma = 2\%$ ;  $n=1187$ ) with burnout.

There is a shared variance between burnout and secondary traumatic stress, although the scales measure different constructs. The shared variance is displaying the anguish that is a mutual factor in both burnout and secondary traumatic stress. The shared variance between burnout and secondary traumatic stress is 34% ( $r=.58$ ;  $\text{co-}\sigma = 34\%$ ;  $n=1187$ ). The scales are distinctly different, although both measure negative affect. The burnout scale does not focus on fear, while the secondary traumatic stress scale addresses this issue.

### **1.3.11 Data analysis methods**

The study utilised a statistical descriptive multivariate analysis. The multivariate analysis examined the way in which more than three variables are interrelated (Rubin & Babbie, 2013:322). These variables were compassion fatigue, burnout and compassion satisfaction. All three dimensions were entered on the SurveyMonkey© link and collected data was anonymised prior to transferal from SurveyMonkey© to the Statistical Package for Social Sciences (IBM SPSS). Sub-scale score totals for all three dimensions were calculated within SPSS in preparation for analysis. As indicated, the feasibility of performing either exploratory factor analysis (EFA) or confirmatory factor analysis (CFA) was assessed prior to analysis. Confirmatory factor analysis (CFA) was determined to be the most effective way to analyse the data since this type of analysis are generally utilised on existing scales and are able to reconfirm the effects and correlation of existing sets of predetermined factors and variables. In this study confirmatory factor analysis assisted in determining if a relationship exist between variables.

Scale reliability was established by means of Cronbach's alpha. The analysis furthermore consisted of descriptive statistics to describe the sample. Bivariate analysis at scale level was conducted by means of ANOVA and t-tests, using educational qualification, among others, as grouping variable to test the stated hypotheses. Mean scores were analysed in this manner. Qualitative data was imported into the NVivo platform to analyse the text.

The services of the Statistical Consultation Services of the NWU were utilised to obtain a certificate of approval before commencing with the study as well as during the data analysis and reporting phase of the study.

### **1.3.12 Ethical aspects**

This study was conducted with sound ethical conduct in mind. Approval for the study was requested from HREC. The approval letter can be viewed as Annexure C, attached.

#### ***1.3.12.1 Estimated ethical risk level of the proposed study***

The estimated ethical risk level of the proposed study was regarded as **minimal**, if compared to the guidelines of ethical approval as utilised by the Health Ethics Research Committee of the Faculty of Health, HREC, NWU. The research participants were adults and professional people. Social workers experiencing high levels of compassion fatigue could be regarded as vulnerable and might be considered as a group at risk. There was, however, no clear and concise indication that the social workers who were targeted to participate were experiencing compassion fatigue or not, and therefore the study can be regarded as a study with a low ethical risk level.

#### ***1.3.12.2 Probable experience of the participants***

It was envisaged that participants will complete an online questionnaire that will take 15 to 20 minutes of their time. There was a possibility that they may become more aware of their own situation through the focus on compassion satisfaction and compassion fatigue. It was considered that participants who report discomfort would be advised to practise self-care and to make use of existing supervision or social support within their work context should they feel the need for support. It was not anticipated that the participants' experience will be more than what can be reasonably expected from professional persons in similar circumstances.

#### ***1.3.12.3 Dangers / risks and precautions***

The completion of the ProQOL(v5) questionnaire could reveal levels of compassion fatigue not recognised or known to some of the respondents. Although social workers experiencing high levels of compassion fatigue might be regarded as a vulnerable group, due to the electronic nature of collecting data anonymously, the identification of individual cases was essentially impossible. Subsequently, the information and consent section of the questionnaire informed participants that, should the completion of the questionnaire create discomfort, they are encouraged to practise self-care and to engage with existing support systems in line with the requirements of the South African Council for Social Services Professions Code of Ethics (2012:9). Furthermore, participants were reminded that participation in the study is voluntary and may be terminated at any time by self-exiting the questionnaire.

#### ***1.3.12.4 Benefits for participants***

Participants to the study gained no direct benefits. If any of the participants derived benefits from the research, it was in the form of new information gained. The research also revealed information to participants that they might have been unaware of and that if treated correctly, could improve their overall health and wellness as well as work performance. The findings derived from the research project could benefit participating social workers, practice settings and academic programmes by providing motivation for social workers to consider specialised training and for providing supportive supervision.

#### ***1.3.12.5 Expertise, skills and legal competencies***

The researcher ensured that the necessary expertise, skills and legal competencies needed to implement the project were gained by studying the necessary material as well as ensuring regular, productive and adequate supervision from the supervisor.

The supervisor appointed to assist has the necessary background, expertise, qualifications and professional registration to supervise the implementation of the techniques concerned.

#### ***1.3.12.6 Facilities***

Data was gathered via electronic media. Participants subsequently completed the questionnaire in their own time and with their own electronic facilities.

#### ***1.3.12.7 Legal authorisation***

Permission was requested from the ethics committee of the Faculty of Health Sciences of the North-West University, Potchefstroom Campus, to conduct the research. The ethical application form was submitted for approval with the research project application form for consideration. Participants in the research were able to participate voluntarily, and therefore no permission from any other bodies was required. A small pool of initial participants already known to the researcher was utilised to obtain the contact details of qualifying participants known to them.

#### ***1.3.12.8 Goodwill permission and consent***

Goodwill permission and/or consent was not required as participants were able to consent as competent adults. SurveyMonkey© provided the opportunity for the researcher to explain the aim, potential benefits, risks, the estimated time it would take to complete the questionnaire and other factors to participants. By continuing to take part in the survey, participants acknowledged that they read the information and agreed to participate in the research. They were informed that they were free to withdraw their participation at any time without any penalty.

### ***1.3.12.9 Vulnerable participants***

The project did not include minors, students, disabled people or members of defenceless communities. Social workers, in general, might experience high levels of compassion fatigue that were intended to be measured in this project. People experiencing high levels of compassion fatigue might be considered vulnerable because of the symptoms of burnout and possible vicarious trauma experienced by these populations.

### ***1.3.12.10 Incentive and remuneration of participants***

No out-of-pocket expenses or costs were incurred by participants other than the data they utilized on their devices to access the questionnaire. Participants took part in the research voluntarily and with the information that no compensation in terms of remuneration will be provided. Participants received no reimbursement, incentive or token of appreciation.

### ***1.3.12.11 Misleading of participants***

No misleading statements were implemented in the study.

### ***1.3.12.12 Dissemination of results***

At the conclusion of the project, the researcher intends to advertise the completion of the project and inform respondents that a summary of the results can be forwarded to them on request. An announcement will be advertised or published via electronic media on the same Facebook pages that were utilised for the recruitment of participants, indicating the date and place where results will be published and can be viewed.

### ***1.3.12.13 Privacy/confidentiality***

This study considered privacy on all levels. The researcher configured capturing of data on the SurveyMonkey© platform, to capture data anonymously. No completed questionnaires were traceable to a specific individual. The report contained no personal and demographic information of participants that can be traced back to them and no person was identifiable in any document or publication pertaining to the study.

### ***1.3.12.14 Storage and archiving of data***

All tangible data is stored in a locked cabinet in the office of the researcher and all electronic data is password protected. No person other than the researcher as well as the supervisor has access to the raw data. The data kept by the University will be destroyed according to accepted protocol after five years.

### ***1.3.12.15 Choice and structure of report***

The article format was utilised for the report and is in line with Rule G.1.2.1.5.2 as per the yearbook of the Faculty of Health Sciences, North-West University, Potchefstroom Campus (2015). The student is considering CARSA for the publishing of the research article and therefor incorporated the CARSA editorial policy in the format of the article. CARSA is a national journal and publishes articles related to child abuse within the context of the South African socio-political, economic and cultural background. The line spacing of the document was, however, adapted and is not in line with the CARSA editorial policy. The line spacing had to be adapted to improve the readability of the document for examination purposes. CARSA utilises the CARSA adapted APA format with regard to referencing (CARSA, 2013).

The dissertation was edited for language correctness. See Annexure D for the confirmation letter from the language editor. The research report will consist of the following sections:

Section A: Orientation to the study

Section B: The manuscript

Section C: Conclusions and recommendations

Section D: The annexures

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## SECTION 2: THE MANUSCRIPT

# THE INFLUENCE OF SPECIALISED TRAINING ON THE EXPERIENCE OF COMPASSION FATIGUE AND COMPASSION SATISFACTION AMONG SOCIAL WORKERS CONDUCTING CHILD SEXUAL ABUSE INVESTIGATIONS

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*Compassion fatigue, burnout and compassion satisfaction are prevalent in social workers employed in all fields of social work, including social workers conducting investigations with regard to child sexual abuse. This study aims to determine the influence of specialised training with regard to the experience of compassion fatigue and compassion satisfaction of social workers conducting child sexual abuse investigations. The study followed a quantitative approach with the assistance of the professional quality of life scale (ProQOL-v5). Results indicate that there is a relationship between the specialised training of respondents and their compassion satisfaction levels.*

**Keywords:** *specialised training; compassion fatigue; compassion satisfaction; burnout; child sexual abuse report; child sexual abuse assessment; child sexual abuse investigation; child protection*

## INTRODUCTION AND PROBLEM STATEMENT

Compassion fatigue, burnout and compassion satisfaction are important factors that could have an influence on the productivity and quality of services of social workers rendering services in the investigation of child sexual abuse. Literature indicates that occupational stress is prevalent among social workers rendering services in the investigation of child sexual abuse (Diaconescu, 2015; Langan-Fox & Cooper, 2011:73-77).

International as well as local research explored the phenomena of compassion fatigue in social workers employed in various fields of social work (Aparicio, Michalopoulos & Unick, 2013; Bergel, 2008; Capri, Kruger & Tomlinson, 2013; Knight, 2010; Perstling & Rothmann, 2012; Salloum, Kondrat, Johnco & Olson, 2015; Van Wyk, 2011). Social work in the forensic field however, is a fairly new field in South Africa, and just recently received credit as a specialised field in social work. Accredited specialised training in the field of child sexual abuse in South Africa is limited due to the immature nature of the field. Subsequently, social workers with specialised postgraduate training in this field are low in numbers and many social workers render services in the investigation of child sexual abuse without specialised training (Wessels *et al.*, 2018:83). It was observed, in practice, that social workers rendering services in the field of child sexual abuse display high turnover, and although many reasons for this may be possible, literature does not examine the impact of specialised training on the moderation and/or risk of a social worker rendering services in this field in terms of compassion fatigue and satisfaction. Iffley (2012:41), in fact, indicates that few studies focus specifically on social workers rendering services in the forensic field. This study subsequently aims to determine whether specialised training for social workers investigating child sexual abuse will impact on the risk of these social workers' experience of compassion satisfaction and fatigue.

## **METHOD**

### **Research aim**

The aim of this study was to determine the influence of specialised training on the experience of compassion fatigue and compassion satisfaction of social workers conducting child sexual abuse investigations. The researcher hypothesised, based on the foregoing problem statement, that:

- Specialised training in forensic social work leads to a reduction in the risk of compassion fatigue, and a lack of specialised training leads to increased levels of such fatigue and stress.

- Qualified forensic social workers have an increased chance of turning their stress into compassion satisfaction, compared to non-specialised social workers.

### **Approach and design**

A quantitative approach with a cross-sectional survey design was followed with the use of a measuring tool (scale) in order to determine the compassion fatigue and compassion satisfaction profiles of social workers conducting child sexual abuse investigations (Rubin & Babbie, 2013:322).

### **Sampling**

Purposive sampling methods were utilised for this research in order to focus on specific characteristics of the population interested in, which was registered social workers rendering services in the investigation of child sexual abuse within South Africa (Rubin & Babbie, 2013:173). Even though over-sampling was considered due to low normal response rates, there were factors not initially considered that influenced the sample size, which was initially estimated to be 100 respondents.

### **Measures**

#### ***The professional quality of life version 5 (ProQOL-v5) questionnaire***

The ProQOL-v5 was utilised to measure the compassion fatigue and satisfaction levels of participating social workers. The questionnaire consists of three sub-scales that each measures separate constructs. The compassion fatigue subscale has an average score of 50 (SD 10; alpha scale reliability .88). The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75), and on the secondary traumatic stress, the average score on this scale is 50 (SD 10; alpha scale reliability .81).

According to Stamm (2010:13), the compassion fatigue scale is distinct and inter-scale correlations display a 2% shared variance ( $r=-.23$ ;  $\text{co-}\sigma = 5\%$ ;  $n=1187$ ) with the secondary traumatic stress and a 5% shared variance ( $r= -.14$ ;  $\text{co-}\sigma = 2\%$ ;  $n=1187$ ) with burnout. There is a shared variance between burnout and secondary traumatic stress, although the scales measure different constructs. The shared variance displays the anguish that is a mutual factor in both burnout and secondary traumatic stress. The shared variance between burnout and secondary traumatic stress is 34% ( $r=.58$ ;  $\text{co-}\sigma = 34\%$ ;  $n=1187$ ). The scales are distinctly different although both measure negative affect. The burnout scale does not include a focus on fear, while the secondary traumatic stress scale addresses this issue.

### ***The demographic information survey***

This survey was developed to gather information about the respondents' education (general degree or specialised postgraduate degree) and experience in the forensic investigation of child sexual abuse cases.

### **Procedure**

The questionnaire link was developed by means of an online survey development service company called SurveyMonkey©. Respondents were invited to take part in the survey by inviting participation and providing the electronic link to the survey on WhatsApp application groups, social media groups such as Facebook, as well as by utilising the email of possible respondents, where available. Respondents were able to follow the link distributed to the mentioned platforms and complete as well as submit the questionnaire electronically. Respondents who agreed to complete the questionnaire were regarded as the sample. The recruitment letter warned respondents that questions could be experienced as stressful and that participation was voluntary. Respondents had the opportunity to cease participation at any time.

The SurveyMonkey© program provided an option for respondents to agree to a consent statement outlining data transfer and privacy practices. Requesting respondents to agree to the consent statement allowed the researcher to obtain consent from respondents before they completed the survey. It also prevented respondents from being able to complete the survey, if the necessary consent was not provided.

### **Data analysis**

The study utilised a statistical descriptive multivariate analysis (Rubin & Babbie, 2013:322). The variables were compassion fatigue, burnout and compassion satisfaction. All three dimensions were entered on the SurveyMonkey© link and collected data was anonymised by removing IP address details prior to transferal from SurveyMonkey© to the Statistical Package for Social Sciences (IBM SPSS). Sub-scale score totals for all three dimensions were calculated within SPSS in preparation for analysis. A confirmatory factor analysis (CFA) was conducted as part of the data analysis. Scale reliability was established by Cronbach's alpha. The analysis furthermore consisted of descriptive statistics to describe the sample. Bivariate analysis at scale level was conducted by means of ANOVA and t-tests, using educational qualification, the main involvement of social workers in child sexual abuse, the frequency that social workers engage in the investigation of child sexual abuse as well as the number of cases social workers deal with on a weekly and monthly basis as grouping variables to test the stated hypotheses. Mean scores were analysed in this manner. The services of the Statistical Consultation Services of the NWU were utilised to assist with data analyses.

### **Ethical considerations**

The estimated ethical risk level of the proposed study was regarded as minimal. The intended research respondents were adults and professional people. Social workers experiencing high levels of compassion fatigue were considered as possibly vulnerable, and subsequently a group possibly at risk.

There was, however, no clear and concise indication that the social workers who were targeted to participate were experiencing compassion fatigue or not, and therefore the study was regarded as a study with a low ethical risk level. The respondents had the right to withdraw from taking part in the study at any time and the study was not designed to expose respondents to unusual events or experiences. The study took anonymity into consideration and no person could be identified in any document or publication pertaining to the study. The study obtained approval from the Health Ethics Research Committee of NWU.

## **RESULTS**

### **Characteristics of sample**

Data was obtained from 110 respondents who responded to the online survey distributed via social media applications and the emailed link. 97 respondents provided consent and continued to complete the survey. Although the questions in the survey were designed to require mandatory completion before moving to the next question in the survey, 19 respondents opted out of the survey while completing the biographical part of the survey, by closing the link on the device they were using to access the survey. Although this could have been a voluntary choice of participants, it could also have been due to an interference in data streaming, a loss of data and/or internet connection caused by an interruption on the device used, such as a phone that received a call, a person being distracted and taking too long to respond on the link that led to the link subsequently closing or a loss of battery power to the device, among other possible reasons. 78 respondents completed the biographical section of the questionnaire. Of the 78 respondents, five respondents opted out of the survey without fully completing the scale section of the questionnaire. As a result, only 73 respondents fully completed the questionnaire and subsequently provided usable data. The sample size on which the following analysis was performed was therefore 73. The majority of respondents were female 83.6%, with males 16.4%. Table 1 describes the age of respondents.

**Table 1: Age of respondents**

	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. deviation</b>
Age	73	25	60	38.62	9.56

The average age of respondents was 38.62 with a standard deviation of 9.56.

**Table 2: Relationship status of respondents**

<b>Relationship status</b>	<b>f</b>	<b>%</b>
Married	39	53.4
Widowed	5	6.8
Divorced	6	8.2
Separated	2	2.7
In domestic partnership or civil union	4	5.5
Single, but cohabitating with significant other	3	4.1
Single, never married	14	19.2
<b>Total</b>	<b>73</b>	<b>100.0</b>

As per Table 2, the majority of respondents were married.

**Table 3: Highest academic qualification of respondents**

<b>Highest academic qualification</b>	<b>f</b>	<b>%</b>
BA(Social Work)	43	58.9
BA(Social Work) with diploma	6	8.2
BA(Social Work) with M degree	21	28.8
BA(Social Work) with doctorate degree or higher	3	4.1
<b>Total</b>	<b>73</b>	<b>100.0</b>

Table 3 illustrates that 58.9% of respondents were registered social workers without any postgraduate qualification.

**Table 4: Years of experience in social work**

<b>Years of experience</b>	<b>f</b>	<b>%</b>
1 to 5	18	24.7
6 to 10	13	17.8
11 to 15	18	24.7
16 to 20	7	9.6
21 to 25	6	8.2
26 to 30	2	2.7
31 to 35	6	8.2
36 to 40	3	4.1
<b>Total</b>	<b>73</b>	<b>100.0</b>

As per Table 4, respondents had a minimum of one year of service in social work and a maximum of 40 years. The majority of respondents had between one and 15 years of service in social work.

**Table 5: Specialised qualification in forensic social work**

<b>Type of qualification</b>	<b>f</b>	<b>%</b>
None	27	37.0
Doctorate degree, M degree or diploma	18	24.7
Courses in forensic social work	28	38.4
<b>Total</b>	<b>73</b>	<b>100.0</b>

37% of respondents to the survey had no specialised qualification in forensic social work, as illustrated in Table 5. Tables 6 and 7 describe the main involvement or tasks of respondents as well as the frequency the social workers dealt with child sexual abuse cases. The majority of respondents were involved with child sexual abuse cases through the assessment of children, one of the main tasks of social workers rendering services in the field of forensic practice. Respondents dealt with these cases on a monthly and weekly basis, as per Table 7.

**Table 6: Main involvement or task of respondents in terms of child sexual abuse**

Type of main involvement or task	f	%
Therapy	14	19.2
Referral	14	19.2
Assessment	36	49.3
Other	9	12.3
<b>Total</b>	<b>73</b>	<b>100.0</b>

**Table 7: The frequency respondents dealt with child sexual abuse cases**

Type of main involvement or task	f	%
Weekly	30	41.1
Monthly	30	41.1
Less often	13	17.8
<b>Total</b>	<b>73</b>	<b>100.0</b>

Most of the respondents dealt with one to five child sexual abuse cases per month, as per Table 8.

**Table 8: The number of child sexual abuse cases respondents dealt with monthly**

Number of cases per month	f	%
1 to 5	43	58.9
6 to 10	20	27.4
11 to 15	7	9.6
More than 15	3	4.1
<b>Total</b>	<b>73</b>	<b>100.0</b>

### Reliability

Scale reliability was established by Cronbach's alpha. The Cronbach's alpha coefficient for the compassion satisfaction scale was 0.92, and is subsequently indicative of an acceptable reliability coefficient. On the burnout scale, however, the Cronbach's alpha coefficient was 0.77. On further examination, it was found that question 15 on the scale had a low correlation with burnout. The question, "*I have beliefs that sustain me*", posed a problem for respondents and if the question is considered it can be envisaged that it could be confusing to respondents as to what kind of beliefs the question refers to. The data for the question was subsequently removed and the Cronbach's alpha coefficient calculated to be 0.79.

Question 29 on the burnout scale also displayed a low correlation to the rest of the scale. The question “*I am a very caring person*” can be regarded as very subjective and created difficulty for the respondents to suppress from answering “*Very often*”. This question was also removed from the data. The Cronbach’s alpha coefficient of the burnout scale calculated to 0.86 after the removal of two items.

On the secondary traumatic stress scale, question 2 displayed a low correlation to the scale and was removed. The question was “*I am preoccupied with more than one person I assist in Social Work Practice*”. After the removal of the data item, the Cronbach’s alpha coefficient calculated to 0.87. The Cronbach’s alpha coefficients of the two adapted scales were above the minimum expected coefficient of 0.7 after adaptation of the scales.

The reliability of the study was subsequently found to be low on the original model of the scale. The original model was then adapted by removing items. The original model as well as the adapted model was tested and the CFA confirmed that the adapted model was more reliable and a good fit. Table 9 illustrates the findings of the three scales, compassion satisfaction (CS), burnout (BO) and secondary traumatic stress (STS). The results on the compassion satisfaction scale measured a mean score of 36.12. The higher the compassion satisfaction score, the more satisfaction the respondent experiences through their profession. Scores below 40 indicate a measure of dissatisfaction. The mean score on the burnout scale for this research was 29.50. A score below 18 indicates positive experiences with regard to the profession and a score above 57 indicates that the respondent may experience feelings of inadequacy due to his professional role. On the secondary traumatic stress scale, this study measured a score of 28.93. A score above 57 predicts a possibility of secondary traumatisation experienced by the employee.

**Table 9: The results of the scales**

	<b>N</b>	<b>Cronbach's alpha</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. deviation</b>
CS	73	0.92	18.00	48.00	36.12	7.16
BO	73	0.86*	12.50	43.75	29.50	6.68
STS	73	0.87**	13.33	47.78	28.93	7.72

\*\* . After removal of an item

\* . After removal of two items

### **Factor analyses**

Factor analysis was utilised in order to simplify the interpretation of the data as well as to analyse underlying relationships between variables and underlying factors. Confirmatory factor analysis (CFA) was utilised in the analyses of the data. This type of analysis was utilised because an existing scale was used and this type of analysis is able to reconfirm the effects and correlation of an existing set of predetermined factors and variables.

Table 10 provides a summary of the results before the adaptation and after the adaptation of the data in terms of the goodness of fit of the data. The chi-square test is generally viewed as an overly constricted indicator in terms of the model fit (Hancock & Mueller, 2010). It was subsequently suggested by Mueller (1996) that the chi-square test statistics be divided by degrees of freedom. The result was a two-factor model with a minimum sample discrepancy divided by the degrees of freedom (CMIN/DF) value of 4.463. Ratios up to 5 can still be regarded as a good fit; however, multiple fit indices promote good research ethics. Multiple fit guides from three comprehensive classes are suggested (Mueller, 1996).

On the comparative fit index (CFI), values above 0.9 are regarded as a good overall fit. A comparative CFI of 0.87 for the two-factor model with a root mean square error approximation (RMSEA) value of 0.09 with a 90% confidence interval of (0.08;010) was found suitable (Mueller, 1996). According to Blunch (2008), models with RMSEA values of .010 and higher cannot be considered acceptable. In Table 10, it can be observed that the RMSEA value reduced in the adapted model to a more acceptable level and subsequently rendering the data more reliable.

**Table 10: CFA results for data: Default and adapted model**

Model	CMIN/DF	CFI	RMSEA	LO 90	HI 90
Default model	1.608	.798	.092	.079	.105
Adapted model	1.514	.853	.084	.069	.099

**Correlations**

The nonparametric measure of the strength and direction of the possible association between two variables was measured by means of the Spearman rank correlation coefficient technique (Rebekić, Lončarić, Petrović & Marić, 2015:47). The technique summarizes the strength and direction of the relationship between variables as negative or positive.

In Table 11, the positive and negative correlations between the different scales as found in this study can be observed. It can be seen that compassion satisfaction is high when burnout and secondary traumatic stress are low. It can also be observed that when compassion satisfaction is low, burnout and secondary traumatic stress are high. This corresponds with the original scale indicators and is a positive indicator of the reliability and validity of the data analyses of this research.

**Table 11: Association between variables**

		<b>CS1</b>	<b>BO1</b>	<b>STS1</b>
<b>CS1</b>	Correlation coefficient	1,000	-.558**	-.402**
	Sig. (2-tailed)		0,000	0,000
	N	73	73	73
<b>BO1</b>	Correlation coefficient	-.558**	1,000	.677**
	Sig. (2-tailed)	0,000		0,000
	N	73	73	73
<b>STS1</b>	Correlation coefficient	-.402**	.677**	1,000
	Sig. (2-tailed)	0,000	0,000	
	N	73	73	73

\*\* . Correlation is significant at the 0.01 level (2-tailed)

\* . Correlation is significant at the 0.05 level (2-tailed)

## Comparative analysis

A comparative analysis was done, taking into consideration the age, years' experience in social work, academic qualifications as well as the frequency that respondents deal with child sexual abuse cases. The factors were compared in order to determine a possible correlation between the variables.

It was found there is a significant positive correlation between compassion satisfaction and academic qualification, indicating that the higher the individual's academic qualification, the higher the compassion satisfaction the individual experiences in his working environment. On the other hand, a negative correlation was found between compassion satisfaction and how often respondents engage in the investigation of child sexual abuse cases. Respondents who handled child sexual abuse cases more often experienced a reduction in compassion satisfaction as per Table 12 below. The correlation with years of experience in social work and the age of the respondent demonstrated no significance.

**Table 12: Correlations with variables**

		Age	Years' experience in social work	Academic qualification	Frequency of dealing with cases
<b>CS1</b>	Correlation coefficient	0,139	0,179	.339**	-.285*
	Sig. (2-tailed)	0,240	0,129	0,003	0,014
	N	73	73	73	73
<b>BO1</b>	Correlation coefficient	-0,013	-0,079	-0,117	0,111
	Sig. (2-tailed)	0,911	0,509	0,323	0,350
	N	73	73	73	73
<b>STS1</b>	Correlation coefficient	0,006	0,014	-0,206	-0,110
	Sig. (2-tailed)	0,960	0,904	0,081	0,355
	N	73	73	73	73

\*\* . Correlation is significant at the 0.01 level (2-tailed)

\* . Correlation is significant at the 0.05 level (2-tailed)

Compassion satisfaction scores for respondents in terms of specialised training also displayed significance in terms of the type of specialised training reported by the respondents. Respondents with no specialised training presented a mean score of 33.48 (n=73; std. deviation 8.54), in comparison to respondents with a diploma, M or PhD, who presented a mean score of 40 (n=73; std. deviation 5.36). Respondents with courses in the investigation of child sexual abuse obtained a mean score of 36.18 for compassion satisfaction. On the compassion fatigue scales, data did not present with any marked significance, as can be seen in Table 13 below.

**Table 13: Type of specialised training**

		N	Mean	Std. deviation	Std. error	95% confidence interval for mean		Minimum	Maximum
						Lower Bound	Upper Bound		
<b>CS1</b>	None	27	33,4815	8,53666	1,64288	30,1045	36,8585	18,00	48,00
	MSW/dipl	18	40,0000	5,36875	1,26543	37,3302	42,6698	30,00	47,00
	Short courses	28	36,1786	5,60459	1,05917	34,0053	38,3518	24,00	48,00
	<b>Total</b>	<b>73</b>	<b>36,1233</b>	<b>7,16074</b>	<b>0,83810</b>	<b>34,4526</b>	<b>37,7940</b>	<b>18,00</b>	<b>48,00</b>
<b>BO1</b>	None	27	29,6759	7,85684	1,51205	26,5679	32,7840	12,50	43,75
	MSW/dipl	18	28,6111	6,27039	1,47795	25,4929	31,7293	16,25	38,75
	Short courses	28	29,9107	5,84254	1,10414	27,6452	32,1762	15,00	42,50
	<b>Total</b>	<b>73</b>	<b>29,5034</b>	<b>6,68208</b>	<b>0,78208</b>	<b>27,9444</b>	<b>31,0625</b>	<b>12,50</b>	<b>43,75</b>
<b>STS1</b>	None	27	29,5062	8,70173	1,67465	26,0639	32,9485	16,67	47,78
	MSW/dipl	18	26,2963	6,91267	1,62933	22,8587	29,7339	13,33	36,67
	Short courses	28	30,0794	7,05280	1,33285	27,3446	32,8142	14,44	38,89
	<b>Total</b>	<b>73</b>	<b>28,9346</b>	<b>7,72344</b>	<b>0,90396</b>	<b>27,1325</b>	<b>30,7366</b>	<b>13,33</b>	<b>47,78</b>

The survey targeted a relative small convenient sample. Statistical inference and p-values were subsequently not regarded to be relevant and effect sizes were utilised to determine practical significance (Steyn & Ellis, 2003:51-53). Cohen (1988:25-27) indicates a small effect as d=0.2, a medium effect as d=0.5, and a large effect as d=0.8.

In the current study, respondents were requested to indicate whether they regard specialised training in order to be able to investigate cases with regard to child sexual abuse effectively as essential or not. Respondents who indicated that specialised training is essential in the investigation of child sexual abuse cases displayed a higher mean score on compassion satisfaction, 36.86 (n=73; std. deviation 7.08), compared to the respondents who indicated that specialised training was not a necessity, who had a mean score of 30.13 (n=73; std. deviation 4.82). The effect size was  $d=0.95$ , indicating a large effect.

In Table 14, it can also be observed that responses of respondents on the necessity of specialised training had no significant impact on the scores of the burnout and secondary traumatic stress scales.

**Table 14: Is specialised training essential?**

		<b>N</b>	<b>Mean</b>	<b>Std. deviation</b>	<b>p-value</b>	<b>Effect sizes</b>
CS1	Essential	65	36,8615	7,07742	0,00500	0,95
	Not essential	8	30,1250	4,82368		
BO1	Essential	65	29,3654	6,96014	0,44700	0,18
	Not essential	8	30,6250	3,83825		
STS1	Essential	65	28,8376	7,79124	0,76400	0,11
	Not essential	8	29,7222	7,60001		

Respondents who indicated that specialised training should be regarded as essential in order to investigate cases of child sexual abuse effectively provided the following reasons:

- Child sexual abuse is a specialised, complex and a difficult field where services need to be rendered. An untrained and unskilled social worker will not be able to cope with the demands of the field of service and will not be able to effectively deal with the cases at hand; subsequently, dealing and working with children in terms of child sexual abuse requires specialised training;
- Social workers dealing with child sexual abuse cases require the necessary expertise to benefit the child, the community at large as well as the legal system;

- Social workers do not feel equipped and confident to deal effectively with child sexual abuse investigations without specialised training. Some social workers attended courses, but still feel unequipped. Others reported having experience in child sexual abuse investigations, but still feel anxious and in need of specialised training in their work environment.

Respondents who indicated that they do not view specialised training in the investigation of child sexual abuse as necessary for the investigation of child sexual abuse cases were of the opinion that the Children's Act and the BA Social Work university curriculum are sufficient to render services in the investigation of child sexual abuse. It was also mentioned that they regard experience, in-service training and short courses as sufficient training.

Table 15 reports the main involvement of the respondents regarding child sexual abuse cases. 19.2% are mainly involved in therapy with child sexual abuse victims, and 19.2% mainly involved with the referral of child sexual abuse victims. 49.3% are mainly involved with the assessment of child sexual abuse victims, and 12.3% reported other involvement in child sexual abuse. The majority of these respondents reported that they were involved in child protection services, while one respondent was involved in training of professionals with regard to child sexual abuse and one in the support of professionals with regard to child sexual abuse.

**Table 15: Main involvement**

		<b>N</b>	<b>Mean</b>	<b>Std. deviation</b>	<b>p-value</b>
CS1	Therapy	14	38,9286	6,06965	0,00703
	Referral	14	33,1429	4,52101	
	Investigation	36	37,5833	6,85513	
	Other	9	30,5556	9,43545	
	<b>Total</b>	<b>73</b>	<b>36,1233</b>	<b>7,16074</b>	
BO1	Therapy	14	28,7500	5,07160	0,55150
	Referral	14	29,4643	4,77157	
	Investigation	36	29,0625	6,97172	
	Other	9	32,5000	9,92157	
	<b>Total</b>	<b>73</b>	<b>29,5034</b>	<b>6,68208</b>	
STS1	Therapy	14	30,0000	6,11694	0,91322
	Referral	14	28,6508	6,86567	
	Investigation	36	28,4259	8,08410	
	Other	9	29,7531	10,46419	
	<b>Total</b>	<b>73</b>	<b>28,9346</b>	<b>7,72344</b>	

On cross-tabulation, respondents mainly involved in child sexual abuse cases through assessments and subsequently rendering services in the forensic field of social work's data, the 49.3% as mentioned above, were analysed. It was found that 58.30% (n=36) of respondents involved in child sexual abuse investigations through assessments dealt with these cases on a weekly basis. 52.8% (n=36) of respondents involved in child sexual abuse by means of assessments dealt with one to five cases per month, while 33.3% (n=36) of these social workers dealt with five to 10 cases per month. 41.7% (n=36) of social workers mainly involved in the assessment of children who took part in the survey were in possession of a specialised qualification, such as a diploma, M or PhD degree. On the compassion satisfaction scale, respondents with a diploma, M and or PhD degree had a higher score compared to respondents with no specialised training and those who attended courses.

## **Discussion**

This research project set out to explore the impact of specialised training on the experience of compassion fatigue and compassion satisfaction of social workers conducting child sexual abuse investigations. According to literature researched, occupational stress is common among social workers rendering services in the investigation of child sexual abuse. Since it was observed in practice that there are social workers in South Africa who render services in the field of child sexual abuse without specialised training, and literature on the impact of this tendency seems limited, this topic was chosen for exploration. Although the study is dependent on a limited number of respondents, it is believed that it still provides valuable insight with regard to the relationship between specialised training and the experience of compassion fatigue and satisfaction of social workers dealing with the investigation of child sexual abuse cases.

The result of the study found that social workers investigating child sexual abuse collectively were not impacted significantly in terms of compassion fatigue and specifically on the two constructs, namely burnout and secondary traumatic stress.

This finding is not in line with literature studied, which indicates a high prevalence of burnout and secondary stress among this group of social workers, although high scores in terms of burnout and secondary traumatic stress were found on individual level.

The study further identified a positive correlation between compassion satisfaction and academic qualification. It was found that a higher academic qualification resulted in an increase in compassion satisfaction in respondents. It can subsequently be argued that the social workers rendering services in the field of child sexual abuse without specialised training experience difficulty in their working environment that affects the satisfaction they derive from their work. This tendency has the ability to escalate and have a negative causal effect on their experience of compassion fatigue. The finding was supported by the fact that respondents who indicated that specialised training is essential in the investigation of child sexual abuse cases, reached a higher score on compassion satisfaction.

It can subsequently be argued that the mind-set of the social workers who indicated that specialised training was essential to effectively investigate child sexual abuse cases, motivated this group of social workers to obtain specialised training and this subsequently correlates with the finding that specialised training causes an increase in compassion satisfaction. Social workers without specialised training in this field experience less confidence and are more concerned about inaccuracies in their work, which subsequently affect their experience of the satisfaction derived from their working environment.

A negative correlation was found between compassion satisfaction and the frequency respondents dealt with child sexual abuse cases. The implication being that the more regular the social worker deals with child sexual abuse cases, the lower the compassion satisfaction levels experienced will be. The assumption can subsequently be made that social workers dealing with child sexual abuse cases need a steady pace between cases in order to reflect and assimilate information before moving on to the next case. Cases piling in one after the other without adequate reflection time in between can affect the satisfaction the social worker derives from the work, negatively impacting on the compassion satisfaction of social workers dealing with child sexual abuse.

## **Conclusion**

The aim of this study was to determine the influence of specialised training on the experience of compassion fatigue and compassion satisfaction of social workers conducting child sexual abuse investigations.

The findings do not support the hypothesis that training in forensic social work leads to a reduction in the risk of compassion fatigue, and lack of specialised training leads to increased levels of such fatigue and stress.

On the contrary, the findings support the notion that social workers rendering services in the investigation of child sexual abuse with specialised training experienced a higher level of compassion satisfaction.

Therefore, it is possible that qualified forensic social workers have an increased chance of turning their stress into compassion satisfaction, compared to non-specialised social workers.

The results of the current study, however, also accentuate the important role of the employer to keep employees employed in this field of social work up to date with new research and training, not only to empower the employees in terms of their general work performance, but also to enhance and maintain the compassion satisfaction experienced by the social workers rendering services in the forensic field of social work.

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## **SECTION 3: CONCLUSIONS AND RECOMMENDATIONS**

### **3.1 Introduction**

The aim of this study was to determine the influence of specialised training on the experience of compassion fatigue and compassion satisfaction among social workers rendering services in the investigation of child sexual abuse. It was envisaged that specialised training might lead to a reduction in the risk of experiencing compassion fatigue and that a lack of specialised training may lead to increased levels of fatigue and stress among this group of social workers. The hypothesis subsequently also implied that social workers employed in this field of practice with specialised qualifications and training might experience an increased chance of turning work-related stress into compassion satisfaction compared to social workers rendering the same services without specialised training in the investigation of child sexual abuse.

This section will summarise the findings of the study by depicting conclusions from the findings, highlighting the limitations of the study and examining the possible implications of the findings by providing recommendations and/or suggestions for future studies.

### **3.2 Theoretical implication of the study**

Literature indicates that occupational stress is prevalent among professions rendering services in the investigation of child sexual abuse (Capri, Kruger & Tomlinson, 2013). Contrary to existing literature and expectation this study found that social workers investigating child sexual abuse as a whole were not impacted with significant high scores with regard to compassion fatigue, including the constructs of compassion fatigue namely burnout and secondary traumatic stress, although significant high scores in terms of burnout and secondary traumatic stress could be identified in the results of the scale for some individual participants. Higher scores on compassion fatigue were expected by the researcher.

Literature supported the researcher's observation of a high turnover in social workers and cited work satisfaction, work stress and burnout as among the highest contributing factors in the prediction of a high turnover in social workers. In light of limited research in South Africa with regard to the impact of specialised training on social workers conducting child sexual abuse investigations with regard to their work satisfaction, this research was conducted. This study is unique in South Africa because it utilised the ProQOL scale in order to determine the influence of specialised training on social workers involved in the investigation of child sexual abuse cases.

Van Wyk (2011) conducted a local study among social workers involved in the intervention of sexually abused children and found that the development and growth of these social workers in the field of sexual abuse were one of the factors impacting on their experience of occupational stress. As will be discussed under the empirical findings of the study, the current study found a positive correlation between the qualifications of social workers and their experience of their working environment and subsequently concurs with existing literature in this regard.

### **3.3 Empirical findings**

The empirical findings of this study, as described in Section 2: The Manuscript, shed an interesting light on the aim and hypotheses set out for this study. The findings of the study provided the information needed to determine the influence of specialised training on the experience of compassion fatigue and compassion satisfaction of social workers conducting child sexual abuse investigations as set out in the aim of the study. The researcher hypothesised, based on the foregoing problem statement that, firstly, specialised training in forensic social work will lead to a reduction in the risk of compassion fatigue, and a lack of specialised training will lead to increased levels of such fatigue and stress; secondly, qualified forensic social workers will have an increased chance of turning their stress into compassion satisfaction compared to non-specialised social workers.

The result of the study found that social workers investigating child sexual abuse were not impacted significantly in terms of compassion fatigue and specifically on the two constructs, namely burnout and secondary traumatic stress, apart from a few individual participants. The findings subsequently suggest that specialised training does not have a significant impact on forensic social workers' experience of compassion fatigue and does not support this hypotheses.

The study found a positive correlation between compassion satisfaction and the academic qualifications of social workers rendering services in the field of child sexual abuse. Results implicated that a higher academic qualification resulted in an increase in compassion satisfaction in respondents. The hypothesis predicting that forensic social workers will experience an increased chance of turning their stress into compassion satisfaction compared to non-specialised social workers can therefore be partly confirmed. Findings suggest that social workers, adequately qualified to conduct child sexual abuse investigations, experience higher levels of compassion satisfaction. It can, however, not be linked without a doubt to the experience of significantly lower levels of compassion fatigue, but it can be argued that the social workers rendering services in the field of child sexual abuse without specialised training experience difficulty in their working environment that affects the satisfaction they derive from their working environment. This tendency may naturally display the ability to escalate and have a negative causal effect on the experience of compassion fatigue in social workers rendering services in the investigation of child sexual abuse without specialised training.

The finding was supported by the fact that respondents who indicated that specialised training is essential in the investigation of child sexual abuse cases reached a higher score on compassion satisfaction and it can subsequently also be argued that the mind-set of the social workers who indicated specialised training was essential to effectively investigate child sexual abuse cases, motivated this group of social workers to obtain specialised training.

This statement also correlates with the finding that specialised training causes an increase in compassion satisfaction. Social workers without specialised training in this field may experience less confidence and carry more concerns with regard to possible inaccuracies in their work, which subsequently affect their experience of satisfaction derived from their working environment. Field (2011:21) explored ways in which adult learning affects the health and well-being of people in the United Kingdom by assessing the wider implications of adult learning. It was found that adult learning not only improved the income and employability of people but also impacted on the attitudes and behaviour of respondents which in turn had an impact on the mental well-being of the adult learners. This finding from international research supports the finding on this study.

A negative correlation was found between compassion satisfaction and the frequency that respondents dealt with child sexual abuse cases. The implication being that the more regular the social worker deal with child sexual abuse cases, the lower the compassion satisfaction levels experienced will be. The assumption can subsequently be made that social workers dealing with child sexual abuse cases need a steady pace between cases in order to reflect and assimilate information before moving on to the next case. An overload of cases without adequate time to reflect and recuperate between different cases can subsequently affect the satisfaction the social worker derives from the working environment, which will, in turn, ensure a negative impact on the compassion satisfaction levels of social workers dealing with child sexual abuse.

### **3.4 Limitations of the study**

This study presented a number of limitations. The first limitation can be found in the method of disseminating the survey. The method produced unforeseen complications that seriously impacted on the sample size of the survey. The survey was distributed via social media apps such as Facebook. Although 110 social workers responded to the survey and 13 did not provide consent to take part, the information of an additional 24 participants was not usable.

Mandatory completion of each question was built into the online questionnaire, but the researcher did not foresee that respondents might be able to totally opt out of the survey unintentionally. Participants to the survey could opt out of the survey after being distracted by something else or by losing interest in the completion thereof simply by closing the link. Participants could also lose the link to the survey by accidentally opting out while answering a call on their smartphones or by losing the internet or power connection to their device for some or other reason, and therefore were unable to complete the questionnaire fully.

On the SurveyMonkey© program that was utilised to develop and distribute this survey, all respondents who consented to completing the survey were initially indicated as respondents who completed the survey. Only after the analysis of data, it was found that many participants opted out of the survey before completing the last few questions of the survey. At this stage, it was too late to attempt to gather more participants in order to increase the sample size. The sample size of the survey was subsequently negatively influenced by the fact that participants did not complete the survey up to the last question and that the program did not provide information indicating that data of some respondents were omitted. Although the sample size was never expected to be very high, it was not foreseen that it would be further limited by the method utilised to deliver the survey by allowing participants to exit the survey accidentally or unintentionally.

Although the study is dependent on a limited number of respondents, it is believed that it still provides valuable insight with regard to the relationship between specialised training and the experience of compassion fatigue and satisfaction of social workers dealing with the investigation of child sexual abuse cases.

### **3.5 Recommendations**

It is suggested that a tool should be built into the program questionnaire that will remind participants that they did not complete the survey and that they should go back to complete it.

The tool should also be able to inform the researcher before the data analysis stage of the research of participants who did not fully complete the survey. On the SurveyMonkey© program that was utilised to develop and distribute this survey, all respondents who consented to completing the survey were initially indicated as respondents who completed the survey fully. Only after analysis of data, it was found that many participants opted out of the survey before completing the last few questions of the survey.

This study comes to the conclusion that specialised training increases the compassion satisfaction experience of social workers rendering services in specialised fields. The study was commenced at a time where it was still possible for social workers to venture in the field where specialised training is needed due to a lack of guidelines. Future studies, however, should focus on the adequacy, needs, content, accessibility and availability of specialised training, including continuous development as well as supervision for social workers rendering services on a specialised level, specifically the investigation of child sexual abuse in terms of forensic practice.

### **3.6 Conclusion**

The aim of this study was to determine the influence of specialised training on the experience of compassion fatigue and compassion satisfaction of social workers conducting child sexual abuse investigations. The findings do not support the hypothesis that training in forensic social work leads to a reduction in the risk of compassion fatigue, and lack of specialised training leads to increased levels of such fatigue and stress. On the contrary, the findings support the notion that social workers rendering services in the investigation of child sexual abuse with specialised training experience a higher level of compassion satisfaction. As a result, it can be concluded that qualified forensic social workers have an increased chance of turning their stress into compassion satisfaction, compared to non-specialised social workers.

The results of the study emphasise the important role of an employer in ensuring that employees employed in forensic social work remain up to date with new research and training, not only to empower the employees in terms of their general work performance, but also to enhance and maintain the compassion satisfaction experienced by these social workers.

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## Annexure A: Editorial policy of CARSA

### 1 EDITORIAL POLICY

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

An article contribution to the editor(s) will only be considered provided it has been edited and is ready for processing, namely: language edited, stylistically polished and carefully proofread and to follow the technical format and referencing guidelines as provided below. Manuscripts not following the journal style, referencing technique, technical format and language edited will be returned to author(s) for correction and re-submission before being sent out for refereeing. In submitting an article author(s) acknowledge that it is their own original work and that all content sourced from other authors and/or publications have been fully recognised and referenced according to the guidelines for authors.

#### Review and refereeing of submitted articles

According to the Policy and Procedures for Measurement of Research Output of Public Higher Education Institutions, research output is defined as “*textual output where research is understood as original, systematic investigation undertaken in order to gain new knowledge and understanding*” (Ministry of Education, 2003: 3). Therefore, an uncritical synthesis of literature without contributing any new insight to existing knowledge falls outside the scope of this definition. Furthermore, “*peer evaluation of the research is considered a fundamental prerequisite of all recognised output and is the mechanism of ensuring and thus enhancing quality*” (Ministry of Education, 2003: 3-4).

The Journal also subscribes to and follows the peer review principles and guidelines as outlined in the Academy of Science of South Africa (ASSAF) document: *National Code of Best Practice in Editorial Discretion and Peer Review for South African Scholarly Journals* (Assaf, 2008).

Accordingly the Editorial Team will carefully examine submitted article manuscripts with a view to the selection of appropriate peer reviewers (who should be scholars who have not previously co-published extensively with the author(s), who are for this and other reasons free of known bias in relation to the subject matter, the author(s) and/or their institutions, and who can cover, from a position of authority and peer expertise, the topic(s) dealt with in the article concerned, i.e. are recognised experts in a specific specialist field in the disciplines served by this journal.

The Editor(s) will submit article contributions to referees (in a double blind review process) for evaluation and may alter or amend the manuscript in the interests of stylistic consistency, grammatical correctness or coherence. The refereeing process is always anonymous and the identity of referees will remain confidential. It remains the prerogative of the editors to accept or reject for publication any submission and their decisions are final. They will not enter into any debate or correspondence regarding any decision made. Evaluators agreeing to referee articles are requested to provide, where possible, critical and constructive feedback on the work of their peers. They are requested to make a recommendation based on the following:

- i Accept for publication in its present form;
- ii Accept with minor revisions as indicated; or
- iii Resubmit with major revisions in accordance with critical and constructive feedback provided;
- iv Reject (unlikely to be accepted even after revision). In this instance it would be senseless to provide feedback and the decision of the editors would be final.

Apart from scientific shortcomings or inconsistencies, the following evaluative criteria are considered:

- The theme is academically significant (timely, important, in need of addressing);
- The theme contributes to an existing (professional) body of knowledge (knowledge useful);
- Author(s)’ goals and objectives are clearly stated;
- The article addresses (unpacks) themes logically, consistently and convincingly;
- The article demonstrates an adequate understanding of the literature in the field;
- The research design is built on adequate understanding, evidence, informational input;
- The interpretative potential of the data has been realised;
- The article demonstrates a critical self-awareness of the author’s own perspectives and interests;

- Holistically, the article is properly integrated and clearly expresses its case measured against the technical language of the field (theory, data and critical perspectives are well structured and the presentation is clear);
- Conclusions are clearly stated and adequately tie together the elements of the article
- The standard of writing (including spelling and grammar) is satisfactory;
- The APA CARSA adapted reference technique is consistently applied throughout the article ;
- Sources consulted are sufficiently acknowledged (included in a list of references) and consistently cited to:
  - supply academically sound evidence on which the author's observations, statements, and/or conclusions are based;
  - enable readers to consult original sources themselves (precisely stating where and/or under which circumstances); and
  - acknowledge the authors (source) from whom information was taken.

Effective and detailed source referencing is of paramount importance. Articles will be scrutinised and checked for bibliographic references and any proven evidence of plagiarism (including self-plagiarism where more than one-third of previously published work by the author(s) is being used in the author(s)' submitted article) will result in non-publication.

The authors bear full responsibility for the accuracy of the factual content of their contributions and indemnify SAPSAC or its agent against any loss, damage, cost, liability or expense, including legal and professional fees arising out of legal action against SAPSAC or its agent with reference to actual or alleged infringement of copyright or the intellectual property rights of any natural or legal person. Copyright of all published material is vested in SAPSAC. Please note that the views and opinions expressed by the authors are not necessarily those of the editor or SAPSAC and do not necessarily reflect the policies or views of SAPSAC. Authors are solely responsible for the content of their articles.

Manuscripts for publication or enquiries pertaining to CARSA should be directed to: The Editor-in-Chief: Prof M Ovens [ovensm@unisa.ac.za](mailto:ovensm@unisa.ac.za)

## 2 GUIDELINES FOR AUTHORS

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### Referencing guidelines

Notes: References and citations should be prepared in accordance with the CARSA adapted APA format (see below examples of various reference listing types). The 'in-text' referencing format is followed by the Journal with full source referencing information listed under the heading: LIST OF REFERENCES (uppercase), which list to be placed at the end of your article. All sources in the List of References must be listed alphabetically by author(s)' surname(s), according to the following examples. Please note the indenting of the second and additional lines of a reference listing when longer than one line. Use of full stops in listing: Generally each separate piece of information is standardly followed by a full stop. A comma only used if part of that one piece of information. Exception being the use of the colon [:] – and not a dash [-] or semi-colon [;] – in a split article or book title and after the place of publication before the name of the publisher.

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## Notes on examples

### **List of References: Sources in general**

The sources in the list of references must be listed in alphabetical order according to the surnames of the authors. They are not numbered.

Note that all the details of a source are given in the language of the source itself. If you were to use a German book, for instance, its title would be in German [with the English translation after it in square brackets] and the place of publication might be München, not Munich.

If multiple entries for the same author, i.e. different publications/articles etc. then the author must be listed by date (oldest first) of the publication/article. If there are two or more from the same year they are indicated (again first in the year by month). For example: Jones, A. 2004a; Jones, A. 2004b; and Jones, A. 2004c... etc. In the text such additions of a, b, c, ... would then also occur in the text reference accordingly. For example:... (Jones, 2004c: 12).

If authors surnames are the same then the author listed first is the one with the first alphabetic initial, e.g. Brown, B. comes before Brown, D.

### **Source references in the text**

These are indicated by the surname(s) of the author(s) and the year of publication, as well as the page number from where the reference is cited/sourced. For example:... (Nkosi, 2005: 4) or Nkosi (2005: 4). If you are referencing generally some information (ideas, concepts interpretations) drawn from a publication and paraphrased them, i.e. there is no specific page number or numbers, this can be referenced as: (cf Parsons, 2011: 34-41). It would not be acceptable merely to list this reference as (Parsons, 2011) with no page numbers. A reader must be able to go to the Parsons' publication and see where you obtained the general information being referred to, even if from a number of consecutive pages. If the information is general information extracted from a whole publication then the reference does not need to have page numbers indicated.

### **Comma or not after author(s) name(s) in bracket**

It is your choice of whether to insert a comma or not after an author(s) name in the bracketed reference. However, whichever style you choose to implement it must be applied consistently throughout your submitted article. Accordingly it can be either as follows:

... (Moffett, 2006: 129). Or: (Moffett 2006: 129).

### **Secondary referencing**

For example: ...Morrison (1998) (as cited in Prinsloo, 2001: 7)... This is generally not acceptable in academic terms. Author(s) should go to the primary source, i.e. Morrison (1998), and reference the information used directly from the relevant page numbers in the Morrison publication. However, sometimes in a newspaper or journal article a specific person is quoted. In other words, such person does not have a primary publication from which the information is being quoted but was interviewed by the writer. In such circumstances the person so quoted can be referenced accordingly by name as, for example, ...National Police Commissioner Selebi (as cited in Mashaba, 2008) said that the SAPS must fight drug dealers on the streets....

### **Three or more authors for one publication: Use of 'et al.'**

In the text the first time three or more authors are cited in the text then all authors' names to be indicated in the reference. Thereafter only the first author name and the term 'et al.' to be used. For example: (Ammaniti et al, 2000: 12) ('et al.' is not used in the List of References).

The term 'et al.', although a Latin term which means 'and others', is no longer italicised.

Also if there are only two authors both authors surnames are used for every in-text reference to them and not et al, in place of the second author's name.

#### ***No author identified***

If no author is identified the appellation: Anon. must be used. In newspaper articles cited if there is no author listed for the particular article, then the news source should then be put as the author. For example: SAPA, Reuters or AFP. In the List of References a month date is always added after the newspaper title, e.g. 6 July (year date comes after author), followed by the newspaper page number (if available) where the cited article appeared.

#### ***Author(s) initials followed by date of publication***

All multiple initials are separated by full stops, but without any spaces in-between. Date of publication follows author(s)'s surname and initials and date is itself followed by a full stop (Note: Alternate option: Date in bracket. You can place the year date in brackets, but this is your choice. Remember, whichever choice you make to apply it consistently throughout.)

#### ***Titles of article, chapter or document, place of publication and publisher's name***

Titles of article, chapter, document being referenced only has the first letter of the first word (unless a Proper Noun) as a capital (uppercase). This rule also applies to the first word after a colon in the title. However, all words in the title of a journal (except pronouns) have the first letter as a capital. Only book, journal and newspaper titles (not chapters or article titles) are *italicised*.

Place of publication is followed by a colon and then the publisher's name. Note: Little known places of publication: Sometimes the place of publication is not a well-known city/town, so either the country or state is inserted after it. For example: Cullompton, Devon, UK; Baton Rouge, FL; Seven Oaks, CA; Aberdeen, Scotland. The acronym for the American states is usually given in such cases. FL = Florida; CA = California. Sometimes because a city or town occurs in two or more countries, which country it occurs would also be provided. For example: Albany, NY, USA and Albany, UK.

Publishers: You only need to give the publishers name and not for instance 'Pty Ltd', or 'Inc.' or 'Books' or even 'Publishers' (There are a few exceptions to this rule, namely Oxford University Publishers but 'Publishers' would not be added to a publishing company, since that is their only business. For example it would only be 'Sage' and not 'Sage Publishers').

#### ***Volume and edition numbers***

The volume and/or edition numbers are not part of the Journal title, i.e. are therefore not italicised. Note the volume number is followed by issue/edition number in brackets followed by a colon and the journal page numbers of the specific article. No use is made of the abbreviations: Vol. or No. Journal titles are not abbreviated or given acronyms when referenced in the text for the first time. For example: SAJ CJ is written out as: *South African Journal of Criminal Justice*, the first time it is used as a reference in the text (and in the List of References) with the acronym in brackets after the full title (when used first time in the text), and thereafter you can use the acronym in the subsequent reference listings to this journal in the text.

#### ***Chapter in a publication***

Please note the specific listing for a chapter in a publication, as well as the insertion after the chapter title of the page numbers in which it appears in the publication. If only one editor for the publication this is indicated in brackets after the editor's surname (which has a full stop before the bracket) as: (Ed.). ...while multiple editors will be the abbreviation: (Eds). Note editor(s) initials come before their surname in the listing of a chapter. Note no full stop after the abbreviation 'Eds' and the cap 'E' in both usages and a full stop after the last bracket.

The chapter title is followed by the page numbers of the chapter in the publication. The page numbers must also be indicated in brackets immediately after the chapter title and preceded by the letters: 'Pp.'. The page numbers bracket is then closed by a full stop; hence the 'In' (in which publication the chapter appears) has a capital letter.

If a publication has a number of editions the specific edition consulted must be listed. In the example above note the edition number is not written out as 'eighth' but as 8<sup>th</sup>. Also that it is in brackets after the title full stop, as well as the closing bracket is followed by another full stop. Also 'edition' is abbreviated as 'edn.' to distinguish it from the abbreviation for 'editor' which is 'ed.'

### ***No date or place of publication***

If the date of the publication is unknown, the abbreviation of the Latin expression '*sine anno*' (without a year): sa, is used in square brackets. If the place of publication is unknown, the abbreviation of the Latin expression '*sine loco*' (without place): sl, is used in square brackets, for example:

According to Smith ([sa]: 12) there are...

.. in that regard (Smith [sa]: 9)...

Note: In the list of reference sources, the 'S' of both *sine anno* and *sine loco* is capitalised (upper case) because it introduces a new element of the entry. In the in-text reference, however, the 's' is written with a small letter (lower case).

### ***Referencing information from the internet***

This is treated exactly the same as if it is a publication. In other words, look for an author. Sometimes this is merely the organisation on whose website such information has been found. Then try and establish a date for when the downloaded document was placed on the website or the report (often if in pdf format) published. If the date of the publication is unknown, then use the abbreviation 'sa' and no place of publication indicated then the abbreviation 'sl' (as above example). You must indicate a title for the document – this can be the first heading of the document. Then a publisher, usually the website organisation, e.g. Consumer Goods Council of South Africa (CGCSA). No place of publication (sl) needs to be inserted unless indicated in the report/document downloaded.

Then the use of the terms: 'Available at: ' followed by the URL web address for the downloaded document. This is followed (in brackets) with the terms: '(accessed on: ' or alternately the term 'retrieved on: ' (again your choice of which of these two terms to use. Also your choice whether 'at' and 'on' added to either 'Available' or 'accessed' respectively. Note: colon use after 'at' and 'on'); followed by the date when such internet document was downloaded. The date should be written out as 6 March 2012 (required date format to be: dd-mm-yy) but the format 06/03/2012 can also be used. Whichever form used that should be applied throughout the article.

Note that 'Available' has a cap but 'accessed' lower case used – and that there is no full stop after the URL web address before the bracket (accessed on: ...). But if you choose to drop the brackets for: (accessed on: ... then a CAP 'A' and a full stop after the web address to be inserted.

Wikipedia references are not a primary source for referencing and are not academically acceptable in this journal's articles.

### ***Referencing of legislative Acts***

Note how legislative Acts are listed (under their own sub-heading: Legislation) with the provision of as much detail as possible. For example: **Domestic Violence Act 116 of 1998**. [the name of the Act to identify the exact piece of legislation (and add in brackets if there have been Amendment Act(s) to the original piece of legislation, i.e. the specific version consulted and quoted from; followed by the country of origin of this particular Act] **South Africa, 1998**. [date of Act's promulgation] *Government Gazette*, [which is italicised – treated as a journal publication] **524(31911)**. [the GG volume and issue no] **Pretoria**: [place of publication] **Government Printers** [as the publishers/printers]. **18 February** [date of GG and/or date Act assented to by the State President]. All this information is available on the actual published Act document in the *Government Gazette*. If the Act is available in pdf on a government department website this URL can be added after the listing as above.

When referencing a piece of legislation (Act) in-text the following format to be followed:

... (Domestic Violence Act (DVA), 1998: s6(1a): 5).

Note the following: The use of the name of the specific Act, first time use the acronym can be placed in brackets, thereafter the acronym can be used in the reference brackets; it is not necessary to insert the number of the Act in the reference; if the piece of information used can be identified by section (s); paragraph (1a), and a page number, then such should be inserted in the reference paragraph. The country of origin is not to be used as the identifier (author) of the reference.

### ***South African Case Law***

Case law (cases and judgments) are usually reported in various so-called (South African) Law Reports. For example:

All SA = All South African Law Reports; BCLR = Butterworths Constitutional Law Reports; SA = South African Law Reports, etc.

The examples above, if you were referencing information from them, would be listed in your List of References, as exactly as they appear above (under the heading: Case Law in your List of References and listed alphabetically). However, in your in-text referencing they would appear as follows (shortened): ....(*Holomisa v Argus Newspapers Ltd* [1996]) (If you have a page number from the court records – usually the judgement/decision document as appearing in the specific Law Report, then it can be inserted as part of your reference.)

Note the following: The names of the litigants in the examples of cases are *italicised*. Only first respondents surname is given. Other parties to the case are indicated as ‘and another’ or ‘and others’. The date of the above *Holomisa...* example is in square brackets – only to indicate that 1996 was when the case was first lodged in court and also indicates that [1996] is not the date – which might be a few years after – when the case was finalised and judgement given. Specific sections of a case are referred to with reference to either the page(s), for example 263H, where it is indicated in the reported volume, or a paragraph(s) of the judgment (as has become customary for judges in their judgements nowadays). The paragraph is identified by way of square brackets, for example [137]. The letters after the date indicate in which Law Report (e.g. Butterworths Constitutional Law Reports = BCLR) the case was reported, followed by page numbers of that specific Law Report edition followed in brackets by the Court Division in which the case was heard. The reference to the court is in the letter or letters in the last parenthesis of the citation.

#### **International Case Law**

With the digitisation of much of international (Europe, UK and USA) case law the tendency in listing such international cases has been towards more detailed referencing so that researchers can better track and find such international case law. The examples provided are from USA and Europe as preferred referencing examples to be used in this journal for international case law referencing. For example in text referencing as follows:

.... the subsequent decision of the Inter-American Court of Human Rights in the *Haitian Center for Human Rights v. United States* case (Inter-American Commission of Human Rights, 1997)...[or] the Refugee Convention and article 33 fall short of applying on the high seas, (US Supreme Court, 1993: 2549) the subsequent decision of....

#### **Use of footnotes/endnotes**

The journal style does not use references in footnotes. But, if necessary, content references in the form of footnotes/endnotes may be used to provide additional information or explanation but all source referencing follows the ‘in-text’ referencing style.

#### **Technical and formatting requirements**

Articles that are submitted for consideration should adhere to the following minimum standards and technical and formatting requirements before submission:

- 1 An **electronic copy** (computer disk or document sent by e-mail (to the Editor-in-Chief) in MS Word (or Word compatible software programme) may be submitted. If not e-mailed, the file name of the manuscript must be specified on the accompanying computer disk.
- 2 **Length:** Contributions must be submitted in English and should preferably not exceed 20 typed A4 pages (electronically minimum word count should not be less than 7 000 words (approx. 15 pages) or exceed 10 000 words of text (approx. 20 pages)
- 3 The **title** of the article (in uppercase) and the **author’s full first name and surname**, designation, institutional affiliation, address & contact email should appear on the first page.
- 4 A **summary/abstract** of approximately 150-300 words on the first page of the submitted article must also be included. The abstract to be **italicised**.
- 5 **Keywords:** Directly below the abstract paragraph insert **Keywords** (maximum of TEN (10) – approximately TWO (2) lines.
- 6 If **funding** has been received from your University/Organisation or external funders for the research on which this article is based, such support funding can be acknowledged in the first footnote.

- 7 **Line spacing:** The document should be typed in A4 format using SINGLE (1) line spacing and 'normal margins' selected. No double spacing between words or after full stops and commas. Only single spacing throughout text. No line space to be inserted between paragraphs except between a paragraph and a heading.
- 8 **Paragraph indenting.** All paragraphs first line to be indented except for first paragraph after a heading. Please do not use the automated 'space after a paragraph' or 'space before a paragraph' function in MSWord.
- 9 **Font: Times New Roman 12.**
- 10 **Page numbers:** are also TNR 12 font and centred in the footer section of each page.
- 11 **Spelling:** Please make use (choose this as your default option) of the UK spellcheck and NOT the USA one. For example replace the 'z' in organization (US spelling) with an 's' = organisation (UK spelling).
- 12 **Use of quotes and italics:** Long quotes are placed in a separate paragraph and must be indented from both sides, (see below for short quotes usage) as in the following example:  
 Quotes that are 45 words long or longer (three lines and more) should be indented from both sides (of the paragraph) as in this example. If the quote is shorter, then it needs to be imbedded in the text of a paragraph and set in between double quotation marks, i.e. "inverted commas". Quotes from published information are generally not italicised. However, actual words of interviewed respondents are recommended to be italicised. Field note comments by the researcher on the respondent's responses (in the italicised responses) are not italicised but are placed in square brackets [...], note not round brackets (...). For example:... "*I did not commit the crime but the policeman [sic.] they abuse us foreigners because me I was just sitting down with my friends and just talking stories, suddenly police came and arrest us.*" An additional use of italics is all non-English words, for e.g. ...Another participant said: "*Ek sal dit nooit vergeet nie*" (I will never forget it) (note the provision of an English translation after such use). All indented quotes need to end with the precise source reference placed in brackets and closed with a full stop (*Acta Editor, 2013: 7*).
- 13 **Single quotation marks:** Single inverted commas are only used when you want to emphasise a term or a common saying especially when it is not a direct use of words from another author. e.g. 'Zero Tolerance' or ... a 'live-and-let-die' approach. Single quotation marks are also used for a quote within a quote. For example: "It was patently obvious from the research that police officers use of force was not following the regulations. As indicated by one interviewee: '*they shoot wildly in a crime situation*'. This indicated that they needed to be trained to follow the set rules (*Mistry, 2003: 6*).
- 14 **Text justification:** Text is always full justified (squared), except for article title, author(s) name and the heading: *ABSTRACT* – all of which are centred – on the first page of the article. One further exception being the numerals in a table that are column centred.
- 15 **Headings and sub-headings:** All headings and sub-headings must be bold. There is no use of numbering or underlining of headings in this journal. Only three levels of headings' format to be used, namely:
  - a Main headings which are: UPPERCASE (CAPS);
  - b 2<sup>nd</sup> level, i.e. sub-heading, only the first letter of the first word in the heading is a CAP unless it is a proper noun, for example: **Crime in Cape Town's informal settlements**
  - c 3<sup>rd</sup> level sub-sub-heading is indicated in bold and italicised with the same CAPS convention for 2<sup>nd</sup> level heading. For example: ***Crime findings from the Crossroads informal settlement***. All headings do not have a full stop at the end.  
 Note that there is no line spacing between a heading or sub-heading and the immediate following paragraph, a line spacing is inserted only before a heading and the preceding paragraph.
- 16 **Use of dates in text** – as follows: 11 September 2001 and not September 11, 2001. Also no use of abbreviations as in 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> just 1, 2, 3 etc. In the text do not use the date format of 11-09-2001 or 11/09/2011.
- 17 **Use of tables, figures, graphs and diagrams in text:** These render the layout difficult and should be used sparingly. All diagrams and tables must be numbered sequentially and referred to in the text,

e.g. In Table 2 the falling statistics for the crime of murder can be discerned over the period 2000/01 to 2005/06. The use of such diagrams or tables must have a heading (also to be made bold) before the table or diagram and not after it. For e.g.:

**Table 2: Statistics on violent crimes during 2000-2006**

<b>Crimes</b>	<b>2000/01</b>	<b>2001/02</b>	<b>2002/03</b>	<b>2003/04</b>	<b>2004/05</b>	<b>2005/06</b>
Murder	21 758	21 405	21 553	19 824	18 793	18 545
Attempted murder	28 128	31 293	35 861	30 076	24 576	20 553
Assault GBH	275 289	264 012	266 321	260 082	249 369	276 942
Robbery aggravating	113 716	116 736	126 905	133 658	126 789	119 726
<b>Total</b>	<b>438 891</b>	<b>433 446</b>	<b>450 640</b>	<b>443 640</b>	<b>419 527</b>	<b>435 766</b>

## Annexure B: Questionnaire

Exit

### COMPASSION FATIGUE AND COMPASSION SATISFACTION OF FORENSIC SOCIAL WORKERS

#### INVITATION AND CONSENT

Dear Respondent

You are invited to take part in a research study that forms part of a Masters Degree in Social Work (Forensic Practice). The study involves the completion of a questionnaire; it is estimated to take approximately 20 minutes to complete. At least 100 social workers will take part in the research.

You have been invited to be part of this research because: 1) you are a registered social worker, and 2) you conduct investigations of child sexual abuse on a monthly basis. You can therefore contribute valuable information regarding your experience of compassion fatigue and satisfaction within this context. You will not be able to take part in this research if you are not a registered social worker and if you have no experience in the investigation of child sexual abuse.

Participation may inspire you to reflect on your own compassion satisfaction and fatigue experience. It may stimulate better self-understanding. You may become aware of the need to apply self-care. The information derived from this study could benefit the professional community by providing evidence on the compassion fatigue risks involved when investigating child sexual abuse without specialized training, and the possible moderating effect of specialized training. It could contribute to the body of knowledge needed to develop focused preventative models in order to enhance compassion satisfaction and professional self-care among this category of social workers.

Participation have minimal risks. It is however possible that the completion of the questionnaire may reveal levels of compassion fatigue not previously recognized or known to you. You are advised that in the unlikely event of psychological discomfort, to apply professional self-care that can include seeking support from your existing support systems. You may also choose to terminate participation.

The researcher will respect your privacy by ensuring that background and demographic information will not identify you personally. You will not be identified in the analysis of the data or in any document or publication pertaining to this study. Data will be kept safe in a locked cupboard and/or a password protected computer in the researcher's office. Data will be stored for five years and will only be used for this study. Participants will be able to view the date and place where results will be published on social media. There will be no cost involved for participants.

Please note that your participation is entirely voluntary. You are free to exercise the choice not to participate. If you choose not to participate, it will not have a negative effect on you in any way. You are free to withdraw from the study at any stage even if you already had agreed to participate.

The study was approved and will be monitored by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00084-17-S1). It will be conducted in line with ethical research guidelines and principles. Please contact the researcher Nicolene Priest at 082 859 8567 or nicolenepriest@yahoo.com or the study supervisor Prof Elma Ryke at 018 299 1687 or elma.ryke@nwu.ac.za if you have any questions or concerns. You can also contact the Health Research Ethics Committee via Mrs Van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za

\* 1. By choosing, "Yes", I declare that I am a registered Social Worker who deal with Child Sexual Abuse Cases on a monthly basis and I provide my consent to taking part in the research study.

Yes

No

Next

## COMPASSION FATIGUE AND COMPASSION SATISFACTION OF FORENSIC SOCIAL WORKERS

## Background and/or Demographic Information

Please answer each of the following questions by clicking or entering the appropriate response.

**\* 2. Gender****\* 3. What is your current age?****\* 4. Which of the following best describes your current relationship status?**

- Married
- Widowed
- Divorced
- Separated
- In a domestic partnership or civil union
- Single, but cohabiting with a significant other
- Single, never married

**5. What is your highest academic qualification?**

- BA(Social Work)
- BA(Social Work) with Diploma
- BA(Social Work) with M Degree
- BA(Social Work) with Doctorate Degree or higher
- Other

**\* 6. How many years experience do you have in Social Work?****7. Have you obtained any specific qualification in Forensic Social Work?**

- None
- M Degree in Forensic Practice
- Diploma in Forensic Practice
- Courses and/or Workshops in Forensic Practice
- Other (please specify)

## 8. Current employer?

- Government
- Designated Child Protection or Welfare Organization
- Non-Profit Organization
- Private Practice
- Other (please specify)

## \* 9. In which Province of South Africa do you work?

- Eastern Cape
- Free State
- North West
- Gauteng
- KwaZulu-Natal
- Limpopo
- Mpumalanga
- Northern Cape
- Western Cape
- Other (please specify)

## \* 10. What is your main involvement or task with regard to child sexual abuse?

- Therapy
- Referral
- Assessment
- Other (please specify)

## \* 11. How often do you deal with child sexual abuse cases?

- Weekly
- Monthly
- Less Often

## \* 12. How many cases pertaining to child sexual abuse do you deal with per month?

- 1 to 5
- 5 to 10
- 10 to 15
- More than 15

\* 13. Do you think specialized training is essential in order to be able to investigate cases with regard to child sexual abuse effectively?

- Yes  
 No

\* 14. Please explain your answer in the previous question.

Prev Next

Exit

COMPASSION FATIGUE AND COMPASSION SATISFACTION OF FORENSIC SOCIAL WORKERS

The Professional Quality of Life Scale (ProQOLv5)


Your assistance in answering the following questions are highly appreciated.

\* 15. ProQOL

	Never	Rarely	Sometimes	Often	Very Often
I am happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am preoccupied with more than one person I assist in social work practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get satisfaction from being able to assist people in social work practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel connected to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I jump or am startled by unexpected sounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel invigorated after working with those I assist in my work as social worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it difficult to separate my personal life from my life as social worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not as productive at work because I am losing sleep over traumatic experiences of a person I assist in my work as a social worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that I might have been affected by the traumatic stress of the people I assist in my work as a social worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel trapped by my job as a social worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of my work as a social worker, I have felt "on edge" about various things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like my work as a social worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel depressed because of the traumatic experiences of the people I assist as a social worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel as though I am experiencing the trauma of someone I have assisted in the line of my work as a social worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have beliefs that sustain me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am pleased with how I am able to keep up with counseling techniques and protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am the person I always wanted to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work makes me feel satisfied.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel worn out because of my work as a social worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have happy thoughts and feelings about those I assist and how I could help them in my work as a social worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel overwhelmed because my case workload seems endless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can make a difference through my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid certain activities or situations because they remind me of frightening experiences of the people I counsel(ed) and assisted in my work as a social worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud of what I can do to help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a result of my counseling and assisting others, I have intrusive, frightening thoughts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel "bogged down" by the system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thoughts that I am a "success" as a social worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
can't recall important parts of my work with trauma victims.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a very caring person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy that I chose to do this work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Annexure C: HREC approval letter



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

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Tel: 018 299-1111/2222  
Web: <http://www.nwu.ac.za>

Faculty of Health Sciences Ethics Office for  
Research, Training and Support

Health Research Ethics Committee (HREC)

Tel: 018-285 2291  
Email: [Wayne.Towers@nwu.ac.za](mailto:Wayne.Towers@nwu.ac.za)

06 November 2017

Prof Elma Ryke  
Social work  
COMPRES

Dear Prof Ryke

### **APPROVAL OF YOUR APPLICATION BY THE HEALTH RESEARCH ETHICS COMMITTEE (HREC) OF THE FACULTY OF HEALTH SCIENCES**

**Ethics number: NWU-00084-17-S1**

Kindly use the ethics reference number provided above in all future correspondence or documents submitted to the administrative assistant of the Health Research Ethics Committee (HREC) secretariat.

**Study title: The influence of specialised training on the experience of compassion fatigue and compassion satisfaction among social workers conducting child sexual abuse investigations**

**Study leader: Prof EH Ryke**

**Student: N Priest-27822230**

**Application type: Single study**

**Risk level: Minimal (monitoring report required annually)**

You are kindly informed that your ethics approval application has been successful and fulfils all requirements for approval. Your study is approved for a year and may commence from 06/11/2017. Continuation of the study is dependent on receipt of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation. A monitoring report should be submitted two months prior to the reporting dates as indicated i.e. annually for minimal risk studies, six-monthly for medium risk studies and three-monthly for high risk studies, to ensure timely renewal of the study. A final report must be provided at completion of the study or the HREC, Faculty of Health Sciences must be notified if the study is temporarily suspended or terminated. The monitoring report template is obtainable from the Faculty of Health Sciences Ethics Office for Research, Training and Support at

[Ethics-HRECMonitoring@nwu.ac.za](mailto:Ethics-HRECMonitoring@nwu.ac.za). Annually, a number of studies may be randomly selected for an internal audit.

The HREC, Faculty of Health Sciences requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the proposal or other associated documentation must be submitted to the HREC, Faculty of Health Sciences prior to implementing these changes. These requests should be submitted to [Ethics-HRECApPLY@nwu.ac.za](mailto:Ethics-HRECApPLY@nwu.ac.za) with a cover letter with a specific subject title indicating, "Amendment request: NWU-XXX-XXX". The letter should include the title of the approved study, the names of the researchers involved, the nature of the amendment/s being made (indicating what changes have been made as well as where they have been made), which documents have been attached and any further explanation to clarify the amendment request being submitted. The amendments made should be indicated in **yellow highlight** in the amended documents. The *e-mail*, to which you attach the documents that you send, should have a specific subject line indicating that it is an amendment request as well as the nature of the amendment e.g. "Amendment request: NWU-XXX-XXX". This submission will be handled via the expedited process.

Any adverse/unexpected/unforeseen events or incidents must be reported on either an adverse event report form or incident report form to [Ethics-HRECIncident-SAE@nwu.ac.za](mailto:Ethics-HRECIncident-SAE@nwu.ac.za). The *e-mail*, to which you attach the documents that you send, should have a specific subject line indicating that it is a notification of a serious adverse event or incident in a specific project e.g. "SAE/Incident notification: NWU-XXX-XXX". Please note that the HREC, Faculty of Health Sciences has the prerogative and authority to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.

The HREC, Faculty of Health Sciences complies with the South African National Health Act 61 (2003), the Regulations on Research with Human Participants (2014), the Ethics in Health Research: Principles, Structures and Processes (2015), the Belmont Report and the Declaration of Helsinki (2013).

We wish you the best as you conduct your research. If you have any questions or need further assistance, please contact the Faculty of Health Sciences Ethics Office for Research, Training and Support at [Ethics-HRECApPLY@nwu.ac.za](mailto:Ethics-HRECApPLY@nwu.ac.za).

Yours sincerely



Prof Wayne Towers  
HREC Chairperson



Prof Minrie Greeff  
Ethics Office Head

## Annexure D: Letter from the editor

To whom it may concern

Cecile van Zyl  
Language editing and translation  
Cell: 072 389 3450  
Email: Cecile.vanZyl@nwu.ac.za

30 April 2019

Dear Mr / Ms

Re: Language editing of dissertation (The influence of specialised training on the experience of compassion fatigue and compassion satisfaction among social workers conducting child sexual abuse investigations)

I hereby declare that I language edited the above-mentioned dissertation by Ms Nicolene Priest (student number: 27822230).

Please feel free to contact me should you have any enquiries.

Kind regards



Cecile van Zyl

Language practitioner

BA (PU for CHE); BA honours (NWU); MA (NWU)  
SATI number: 1002391