

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

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Dissertation (article format) submitted in fulfilment of the requirements for the degree *Magister Artium in Psychology* at the Potchefstroom Campus of the North-West University

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Potchefstroom

April 2013

ACKNOWLEDGEMENTS

I would like to extend my sincerest thanks and appreciation to the following people who have been a part of this process:

Dr Carlien van Wyk, my supervisor and mentor, for her unwavering support, advice and hard work. Her positive attitude, guidance and encouragement have been invaluable to me in this journey.

Mr Werner de Klerk, my co-supervisor, for his assistance, guidance and keen eye for detail.

Ada Buys for introducing me to the volunteers and assisting me in this process. Her hard work and dedication to the children is remarkable.

All the volunteers who took part in this study. Thank you for sharing your valuable thoughts and experiences. I am in awe of the work you are all doing.

My family and friends for their constant support and encouragement, especially during the hard times of this journey. Thank you for always listening and keeping me going.

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SUMMARY

The definition of child sexual abuse is problematic as it encompasses various meanings within different cultures. This in turn leads to difficulty in measuring the exact incidence and prevalence of child sexual abuse within a country. Many researchers, however, agree that the incidence and prevalence of child sexual abuse within South Africa is significantly high and poses a large threat to many children. As a result, the government has implemented legislation and various policies to protect children from sexual abuse, as well as to provide the victims of such abuse with the necessary assistance. As child sexual abuse may have considerable short- and long-term effects on the child, it is essential that the child be adequately supported.

Through various welfare programmes, the government aims to provide support and treatment to children who have been sexually abused. Professionals working with sexually abused children work in a highly stressful environment and often show symptoms of vicarious traumatisation, secondary trauma, burnout and compassion fatigue as a result. South Africa in particular faces further problems, in that the welfare programmes are often underfunded and lack the support needed to effectively help sexually abused children. This has led to a need for community members to volunteer in order to help alleviate some of the stress on professionals working within the field of child sexual abuse.

Community members can volunteer in various ways within many different spheres of the community. Their motivations to volunteer vary and range from wanting to give back to the community, to wanting to further their education. Volunteers in South Africa that work within the field of child sexual abuse may also, however, experience many of the same symptoms as the professionals with whom they work. This often leads to a high dropout and turnover rate in volunteer programmes. That said, if volunteers feel a sense of satisfaction and support within their work environment, the organisation's retention rate will be higher.

Literature has shown that South Africa's mental health services rely on volunteers to help alleviate the workload, particularly in the area of sexual abuse. While much research has been done on the supportive needs of professionals working with sexually abused children, little research has been conducted on the secondary trauma experienced by volunteers working within this field. This qualitative study is therefore important because it explores the supportive needs of volunteers working at an

organisation for sexually abused children in a small community in Somerset West. Ethical approval for the study was obtained from the North-West University and the participants gave their informed consent before taking part in the study. Data were gathered through discussion groups and individual interviews with six volunteers. Through the process of crystallisation and the four standards of trustworthiness, the reliability of the findings was ensured. Using thematic analysis, various themes and sub-themes were identified.

From the data obtained in the group discussions and individual interviews, it was revealed that the volunteers had similar supportive needs to those of psychologists, social workers and counsellors working in the field of child sexual abuse. These included a need for supervision and debriefing; a need for appreciation, acknowledgement, value and worth; a need for more contact and support from the organisation; a need for emotional support from the organisation and supportive others; as well as a need for assistance in coping with anger, all of which is consistent with previous research. As volunteer retention is essential to the continuity of organisations such as the one in this study, it is imperative that the volunteers' supportive needs are understood and fulfilled. These findings have contributed to an understanding of the volunteers' supportive needs and what organisations and significant others can do to fulfil these needs, in order for the volunteers to render effective services to the sexually abused children with whom they work.

Keywords: child sexual abuse, volunteers, supportive needs, sexual abuse, organisation

OPSOMMING

Die definisie van seksuele kindermolestering is problematies aangesien dit verskillende betekenis binne verskillende kulture omsluit. Op sy beurt lei dit daartoe dat dit moeilik is om die presiese strekking en voorkoms van kindermolestering in 'n land te bepaal. Baie navorsers stem egter saam dat die strekking en voorkoms van seksuele kindermolestering in Suid-Afrika beduidend hoog is en dat dit 'n groot gevaar vir baie kinders inhou. Die regering het gevolglik wetgewing en verskeie beleidsbesluite van toepassing gemaak om kinders teen seksuele molestering te beskerm en ook om die nodige bystand aan slafoffers van sulke mishandeling te verleen. Aangesien seksuele kindermolestering op die kort en lang termyn aansienlike gevolge op kinders kan hê, is dit noodsaaklik dat hulle voldoende ondersteuning kry.

Die regering se doel is om deur middel van verskeie welsynprogramme ondersteuning en behandeling aan kinders te bied wat seksueel gemolesteer is. Beroepsmense wat betrokke is by kinders wat slagoffers is van seksuele molestering werk in 'n omgewing met hoë spanningsdruk en toon as gevolg daarvan dikwels simptome van plaasvervangende lyding, sekondêre trauma, uitbranding en empatie-uitputting. Suid-Afrika staar veral verdere probleme in die gesig aangesien welsynprogramme dikwels nie genoegsame fondse het nie en ook 'n tekort ondervind aan die nodige ondersteuning om kinders wat seksueel gemolesteer is effektief te help. Dit het gelei tot 'n behoefte aan vrywilligers binne 'n gemeenskap om die druk op professionele mense wat in die veld van seksuele kindermolestering werk, te help verlig.

Gemeenskapslede kan aanbied om op verskeie maniere en op baie verskillende terreine binne die gemeenskap vrywillige diens te doen. Hul motivering om vrywillig te werk verskil: hulle wil iets teruggee aan die gemeenskap of hulle opleiding daardeur bevorder. Vrywilligers wat in Suid-Afrika in die veld van seksuele kindermolestering werk, ondervind egter ook baie van dieselfde simptome as die beroepsmense saam met wie hulle werk. Dit veroorsaak dat baie van hulle tou opgooi en dit lei tot 'n hoë omset in vrywilligersprogramme. Daarenteen, as vrywilligers 'n gevoel van bevrediging en ondersteuning binne hul werksomgewing ondervind, sal die behoud van vrywilligers binne 'n organisasie hoër wees.

Literatuur toon dat Suid-Afrika se geestesgesondheidsdienste op vrywilligers staatmaak om die werklading, veral op die gebied van seksuele mishandeling, te help verlig.

Terwyl baie navorsing gedoen is in die ondersteuningsbehoefte van professionele mense wat met seksueel mishandelde kinders werk, is daar min navorsing gedoen oor sekondêre trauma wat vrywilligers in hierdie veld ervaar. Hierdie kwalitatiewe studie is dus belangrik aangesien dit die ondersteuningsbehoefte van vrywilligers navors wat werk by 'n organisasie vir seksueel gemolesteerde kinders in 'n klein gemeenskap in Somerset-Wes. Etiese goedkeuring vir die studie is van die Noord-Wes Universiteit verkry en die deelnemers het hul ingeligde toestemming gegee voordat hulle aan die studie deelgeneem het. Data is via besprekingsgroepe en onderhoude met ses vrywilligers ingesamel. Die betroubaarheid van die bevindings is deur die proses van kristallisering en die vier maatstawwe van geloofwaardigheid verseker. Deur middel van tematiese analise is verskeie onderwerpe en sub-onderwerpe geïdentifiseer.

Van die data wat verkry is in die groepbesprekings en individuele onderhoude, blyk dit dat vrywilligers dieselfde ondersteuningsbehoefte ondervind as sielkundiges, sosiale werkers en raadgewers wat in die veld van seksuele kindermolestering werk. Dit sluit in 'n behoefte aan toesig en ondervraging; erkenning, waarde en betekenis; 'n behoefte vir meer emosionele ondersteuning van die organisasie en ander ondersteuningsgroepe, meer kontak met die organisasie; sowel as 'n behoefte aan hulp om woede te kan beteuel. Dit stem alles ooreen met vorige navorsing. Aangesien die behoud van vrywillige ondersteuners 'n voorvereiste is vir die voortbestaan van organisasies soos die betrokke een in hierdie studie, is dit noodsaaklik dat die vrywilligers se behoefte aan ondersteuning behoorlik verstaan en vervul word. Hierdie bevindinge het bygedra tot die begrip van vrywilligers se ondersteuningsbehoefte en wat die organisasie en ander sleutelpersone kan doen om in hierdie behoeftes te voorsien. Dit sal vrywilligers in staat stel om 'n doeltreffende diens te lewer aan kinders waarmee hulle werk wat slagoffers is van seksuele molestering.

Sleutelwoorde: seksuele kindermolestering, vrywilligers, ondersteuningsbehoefte, seksuele mishandeling, organisasie.

DECLARATION OF STUDENT

I hereby declare that this research, **Exploring the supportive needs of volunteers working with sexually abused children in Somerset West**, is my own input and effort and that all the sources have been fully referenced and acknowledged.

Claire M. Kingwill

LETTER OF PERMISSION

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

A handwritten signature in black ink, appearing to read 'C. van Wyk', written in a cursive style.

Dr Carlien van Wyk

Supervisor

DECLARATION OF LANGUAGE EDITOR

Lee Smith obtained a BA degree from the University of Cape Town in 1988 and an honours degree in English language and literature from Unisa in 1992. She has worked as a freelancer in the publishing industry for 15 years as an editor, proofreader, writer and overwriter. Amongst others, her clients include the Human Sciences Research Council, Wits University Press, Cambridge University Press, Oxford University Press and Via Afrika Publishers.



Lee Smith

PREFACE

MA in Psychology in article format

This thesis is presented in an article format as indicated in rule A.5.4.2.7 of the North-West University, Potchefstroom Campus Yearbook. The article comprising this thesis is intended for submission to the journal *Child Abuse Research in South Africa*. Please note that the references provided in the article in Section B are according to the author guidelines of the journal (provided in Appendix D), while the rest of the thesis is referenced according to the Harvard method, as provided by North-West University's referencing manual.

TITLE OF MANUSCRIPT, AUTHORS AND CONTACT DETAILS

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SECTION A

ORIENTATION TO THE RESEARCH

1. INTRODUCTION

Violence in South Africa, according to Chandler and Kruger (2005:71), has become an accepted “cultural and a statistical norm” with child sexual abuse being one of the largest problems faced by public health services, particularly as annual police statistics (Department of Police, 2010:11; Department of Police, 2011:12) indicate that the incidence of child sexual abuse in South Africa is increasing each year. Due to this significant increase, the South African government aims to address the problem through various policies and pieces of legislation (Delany, 2005:6; Minnie, 2009:523).

The policies and legislation focus on the basic rights of children, as seen in the South African Constitution (1996) and various other national and international documents, such as the White Paper for Social Welfare (South Africa, 1997), the Convention on the Rights of the Child (Unicef, 1989) and the Children’s Charter of South Africa (1992). Within these basic rights are the right to protection from sexual abuse and the right to receive support and treatment if abused (South Africa, 1992; Unicef, 1989). As such, organisations have been created to deal with sexually abused children. Some of these organisations rely on the help of volunteers to lighten the workload of professionals working with affected children. These volunteers, while providing their time and skills, often leave the organisations prematurely for various reasons, such as employment or high stress levels, leading to a high turnover rate and increased expenditure on training new volunteers (Kinzel & Nanson, 2000:127; Kistner *et al.*, 2004:56; Yanay & Yanay, 2008:74). Understanding the supportive needs of volunteers within their field could help to decrease the high turnover rate at these organisations.

According to Lewin’s (1951) field theory, along with Bronfenbrenner’s (1979) ecological systems theory, an individual functions within various levels of systems or fields. The individual and these fields are constantly interacting and have a reciprocal influence on each other. The researcher believes that by using these theories, one may gain a greater understanding of the volunteers’ needs by looking at volunteers within their field, which is that of working with sexually abused children.

1.1. THEORETICAL BACKGROUND

The researcher is of the opinion that in order to explore and understand a volunteer’s supportive needs one would have to see the volunteer working within an environmental field. This field has an impact on the volunteer and the volunteer impacts on the field.

By looking at the supportive needs of volunteers from an ecological systems perspective, as well as from a field theory perspective, one would also be able to understand the interactions between individuals and the various systems in which they live. Following is a description of field theory, along with a description of the ecological systems perspective, as a theoretical framework for this research and how it is applicable to this study.

1.1.1. Field Theory

According to Lewin, the founder of field theory, an individual's personality and behaviour can be seen as a function of their field (Brownell, 2010:34). He believed that it is in the field that experience takes place (Bronfenbrenner, 1979:24). Yontef (1993:125) agrees with Lewin's concept of field theory – that is, all organisms exist within an environmental context and have reciprocal influences on one another; "no part is uninfluenced by what goes on elsewhere in the field". Therefore, an individual cannot be understood independently of his or her surrounding field. From this theoretical perspective, it can be said that an individual's behaviour needs to be seen as a whole and not as the sum of specific elements or contexts. According to Clarkson and Mackewn (1993:42), the person and the field are in constant interaction, and it is through this interaction that the individual's needs are fulfilled.

The researcher agrees with Latner (2000) that one can only view a person within the context of his or her environmental field (Latner, 2000:20; Van Wormer & Besthorn, 2011:27). By using field theory as a theoretical framework for this study, the researcher was able to explore the needs of volunteers working with children who have been sexually abused, particularly with regards to their need for support from the organisation for which they work, as well as from their significant others.

1.1.2. Ecological Systems Theory

Bronfenbrenner's (1979) ecological systems theory also provides a useful theoretical framework for examining the supportive needs of volunteers working with sexually abused children. Bronfenbrenner (2005:108), in agreement with Lewin's field theory, developed his ecological paradigm using Lewin's concept of the whole being greater than the sum of the parts, which have reciprocal influences on one another (Bronfenbrenner, 1979:22; Yontef, 1993:125). Therefore, changes in one level will result in changes in the others (Liao *et al.*, 2011:1711; Shaffer & Kipp, 2010:63).

Bronfenbrenner (1979:22) refers to the ecological environment as consisting of various structures, each contained within the next. These structures are from the smallest to the widest: the micro-, meso-, exo-, macro- and chronosystems. The interactions and influences of the various systems of Bronfenbrenner's theory are significant, as they provide the theoretical background for this study. This theory allows the researcher to see the participants in the widest possible social contexts (Bjorklund & Blasi, 2012:69; Shaffer & Kipp, 2010:63; Van Wormer & Besthorn, 2011:27; Williams & Nelson-Gardell, 2012:56).

The supportive needs of the volunteers working with sexually abused children are influenced by the reciprocal actions among the five levels of interrelated systems. Therefore, one cannot look at the experiences of volunteers working with sexually abused children in a vacuum. Rather, one should bear in mind their field and the influences it has on the volunteers and vice versa. It is also important to understand what child sexual abuse entails and this will therefore be discussed next.

1.2. CHILD SEXUAL ABUSE

Child sexual abuse is neither a new phenomenon nor specific to South Africa. It affects children across the lines of gender, culture, race, religion, socioeconomic status and geographic area (Goodyear-Brown *et al.*, 2011:10). There are historical accounts of child sexual abuse, including incest, from the early Greeks and Romans, through the Renaissance and during the Victorian era, although the acts may not have been named as such (Corby, 2006:11; Kistner *et al.*, 2004:10; Minnie, 2009:523; Richter & Higson-Smith, 2004:23).

As a result of the significantly large number of children experiencing child sexual abuse, along with the underreporting of the incidence of such abuse, the government has developed legislation and policies to address these challenges (Delany, 2005:6; Minnie, 2009:523). These include Section 28 of the Constitution of the Republic of South Africa (1996); Articles 19, 34 and 36 of the Convention on the Rights of the Child (Unicef, 1989); and Article 5 in the Children's Charter of South Africa (1992).

Kruger and Spies (2006:170) argue that the role-players (including volunteers) working in the field of child sexual abuse should use and be knowledgeable about the various policies and pieces of legislation to make certain that the rights of children are protected and that children who have been sexually abused are supported effectively.

As noted, the incidence of child sexual abuse in South Africa is increasing each year (Department of Police, 2011:12). According to Dawes *et al.* (2004:196) and the Centre for Child Law (2008:4), however, the incidence of such abuse is underreported due to inconsistency in the definition of child sexual abuse. It is therefore imperative to have a working definition of what child sexual abuse entails.

Although child sexual abuse is a recognised phenomenon, defining it has been problematic (September *et al.*, 2000:13). Various studies (cited in Townsend & Dawes, 2004:60) have defined child sexual abuse differently, leading to difficulty in establishing prevalence and incidence. Definitions of child sexual abuse have also varied depending on cultural and social values (Corby, 2006:79; Delany, 2005:ii; Guma & Henda, 2004:99; Kinnear, 2007:95) and remain problematic due to difficulties in categorising sexual behaviour (Berliner, 2011:216; Burke Draucker & Steele Martsof, 2006:1; Levett, 2004:442).

For the purpose of this study, child sexual abuse is defined as sexual crimes or offences against children by offenders, adult or youth, who may be related to the child, as well as by strangers. It includes contact offences and non-contact offences (Dawes *et al.*, 2004:179; Finkelhor, 2009:170; Goodyear-Brown *et al.*, 2011; Kinnear, 2007:2). Further definition is beyond the scope of this study.

1.3. WORKING WITH SEXUALLY ABUSED CHILDREN

Various agencies and organisations have been set up to provide the support needed by sexually abused children. Professionals and volunteers at these agencies and organisations work in a stressful environment, which may have detrimental consequences for both the professional and the child with whom they are working.

According to the Children's Charter of South Africa (1992), "... all children are created equal and are entitled to basic human rights and freedoms and ... all children deserve respect and special care and protection as they develop and grow". In addition, Lawrence (2004:52) is of the opinion that while the family is seen as the primary system of responsibility for the child's welfare, it is the state's responsibility to initiate policy and legislation on child welfare, as well as to provide funding and support for the implementation of welfare programmes.

As such, an interagency, multidisciplinary team approach has been recognised since the 1960s as an essential model for the intervention into child abuse (Lawrence, 2004:85; McFadden, 1990). The organisations and agencies that are involved in this approach include social services, police, and law, medicine, education and health services. Each organisation has different responsibilities, perceptions and knowledge relating to child abuse (Barker & Hodes, 2004:20; Lawrence, 2004:86). Van Niekerk (2004:272) is of the opinion that the role-players involved in the child protection system ought to be carefully selected, trained and debriefed regularly.

In the South African context, the government has created a multi-agency system in which various professional groups play a role (September *et al.*, 2000:1). These groups include: at the mesosystem level, teachers and social workers; at the exosystem level, the police department; and at the macrosystem level, policy and regulation makers. Legislation has allowed for intervention by health and welfare workers in order to protect the child. According to Lawrence (2004:86) and Walker-Descartes *et al.* (2011:446), recent adjustments in the goals of welfare services have also resulted in a change from investigation of reported cases of child sexual abuse, protection of children and punishment of perpetrators, to an inclusion of prevention and rehabilitation services. This has supported the need for an interagency approach.

The health and welfare protection of children is traditionally the responsibility of society and the state, and it is provided through formal social services. In South Africa, however, it has been found that these formal social services lack the resources, facilities and labour to adequately cope with the increasing prevalence and incidence of child abuse (September *et al.*, 2000:3). September *et al.* (2000:3) are therefore of the opinion that communities and neighbourhoods should be involved in the protection of children. In line with this, volunteers at Childline or other similar organisations have contributed to the social services by assisting social workers in the field of sexual abuse.

Working within the field of child sexual abuse can be highly stressful for role-players within the interagency, multidisciplinary approach. Not only are there difficulties and conflicts between the various agencies, but there are also inherent stresses in working with victims of sexual trauma (Lawrence, 2004:107). Understanding these stresses can help organisations to provide the professionals and volunteers with the support needed to continue working effectively with sexually abused children.

1.3.1. *Effects of Working with Sexually Abused Children*

Mental health professionals such as social workers, psychologists, counsellors and other parties involved in the protection and support of children who have been abused work in a stressful and emotional environment. Working with children who have experienced sexual abuse can be especially challenging and can have detrimental consequences, such as vicarious traumatisation, secondary trauma, burnout, and compassion fatigue (Figley, 1999:7; Kanel, 2011:37). These terms are used interchangeably to describe the consequences of working with those that have been traumatised. There is, nevertheless, a different emphasis in the explanation of each term as regards the professional's secondary exposure.

Vicarious traumatisation, according to McCann and Pearlman (1990:132), refers to changes that occur in an individual's cognitive schemas and personality due to exposure to the traumatic experiences of another person. Vicarious trauma can arouse complex emotions in the individual, including anger, frustration, sadness, uneasiness, and a sense of helplessness (Kistner *et al.*, 2004:45; McFadden, 1990; Richter *et al.*, 2004:453). Pistorius *et al.* (2008:187) agree with Couper (2000:9) that working with sexually abused children can lead to difficulty in defining a boundary between the individual's personal life and their therapeutic life. This in turn leads to a disruption in the individual's ability to maintain appropriate boundaries between the traumatised child and themselves.

Secondary traumatic stress, according to Figley (1995:199), relates to three work-related phenomena, namely: burnout, compassion fatigue, and compassion satisfaction. Secondary traumatic stress is a rapid onset of symptoms (Figley, 1995:12). Burnout, however, is different to secondary traumatic stress or vicarious trauma in that it is the end result of prolonged exposure to trauma (Figley, 1995:11; Perron & Hiltz, 2006:220). Maslach's (2003:17) definition of burnout is consistent with that of Figley (1995:12), as it is seen as a prolonged process of trying to cope with stressful occupational demands. Pistorius *et al.* (2008:193) agree with Maslach (2003:3) and found that therapists experiencing compassion fatigue felt that they could not help their client because they were tired, or they felt relieved when a client cancelled a meeting. Figley (1995:199) nonetheless found that compassion satisfaction counterposes compassion fatigue and burnout. If individuals have high compassion satisfaction, it is believed that they will continue to work in the stressful environment, as they enjoy helping others and making

a contribution to their well-being. Therefore, it is imperative that individuals working in the field of child sexual abuse maintain high compassion satisfaction.

Individuals working in the field of sexual abuse are particularly at risk of experiencing the above-mentioned effects, since they use empathetic skills to develop relationships with traumatised clients (Choi, 2011:102). This in turn impacts on their ability to work within this field, as well as on their personal life. Pistorius *et al.* (2008:193), along with Choi (2011:235) and Van Wyk (2011:278), found that the needs of those working with sexually abused children included having a strong support system (personal and professional), working part-time in order to minimise secondary trauma, attending personal therapy, and receiving proper training. If these were attended to, participants felt that they would be better equipped to cope with the challenges of working with sexually abused children.

1.3.2. Support Needed

Although secondary traumatisation, vicarious trauma, burnout, and compassion fatigue have an impact on individuals working within the field of child sexual abuse, Gelso and Hayes (2007:24) challenge the notion that all individuals will experience secondary trauma through countertransference. Instead, they found that certain protective factors help alleviate the negative impact of this type of work and promote resilience. This is, however, determined by various factors.

Research in South Africa (Chandler & Kruger, 2005:76; Van Rensburg, 2008:10) has shown that individuals working with victims of violence requested support in coping with the stresses of the work and with burnout, as well as needing debriefing. It was also found that there was a need for further training. Sadan's (2004:234) research, conducted in the Wynberg and Cape Town Sexual Offences Court, found that staff working with children who had been sexually abused had high caseloads and felt the stress of working on cases that were distressing in nature. The researchers felt that staff counselling was essential in order to debrief and to reduce desensitisation. Kistner *et al.* (2004:45) are of the opinion that, as working with sexually abused children is a "demanding task", those working in the field should be "assured of adequate support in this task – that is a referral system and debriefing".

While much research has been done on volunteers working in rape crisis centres or at call centres (Hellman & House, 2006; Kinzel & Nanson, 2000; Macpherson, 2002;

Thornton & Novak, 2010; Van Rensburg, 2008), there appears to be little research focusing specifically on the supportive needs of volunteers working with sexually abused children. In order for volunteers to work successfully with children who have been sexually abused, factors that can contribute to the prevention and/or alleviation of burnout, secondary trauma and compassion fatigue should be identified. In the following section, the researcher will discuss volunteers working in various organisations, with a focus on those working in the field of sexual abuse.

1.4. VOLUNTEERS WORKING WITH SEXUALLY ABUSED CHILDREN

Volunteers have offered their services to agencies and organisations for many years and provided support for the professionals working there. Even within a historical context, Aves (1969:39) was of the opinion that volunteers become involved in their community for a variety of reasons and have different motivations for doing so. According to Finkelstein (2008:10) and Penner (2002:458), a lot of human behaviour is motivated by a particular goal or need. As such, volunteers may provide their time and services because it serves one or more of their personal goals or needs.

As noted, people who volunteer in organisations do so for a number of reasons (Aves, 1969:41; Mellor *et al.*, 2008; Penner, 2002:458) and generally not for monetary considerations (Borgonovi, 2008:2321; Littman-Ovadia & Steger, 2010:420). While volunteering is altruistic in nature (Aves, 1969:41), Ilsley (1990:7) is of the opinion that rather than altruism alone, elements motivating a person to volunteer can include the following: commitment to a cause or organisation; opportunity for learning; and psychological benefits (Ilsley, 1990:12). Musick and Wilson (2008:3) concur with Ilsley and state that those who volunteer generally do so with the aim of providing “help to others, a group, an organisation, a cause, or the community at large, without expectation of material reward”.

The voluntary sector plays an important role in providing an alternative form of mental health care (Chandler & Kruger, 2005:77; Hellman & House, 2006:118; Randall & Munro, 2010:1495). Crisis intervention workers were among the first volunteers to be a part of multidisciplinary and interagency teams. These workers were members of the community who functioned within non-profit organisations as telephone crisis-line volunteers (Kanel, 2011:32; Roberts & Yeager, 2009:3). Volunteers are of particular importance within the field of sexual abuse. It is therefore imperative that they feel

motivated to continue volunteering their time. However, limited research has been done on volunteers who work with victims of sexual assault (Hellman & House, 2006:117).

Volunteers are in close contact with the community and therefore play an important role in helping to access those who may otherwise not be reached due to overburdened social workers and other mental health practitioners (Van Rensburg, 2008:5). This being said, retaining volunteers who work for welfare services and non-profit organisations in the field of sexual abuse is difficult and many leave the organisations as a result of feeling emotionally overwhelmed (Yanay & Yanay, 2008:65). Given that working in the field of child sexual abuse is highly stressful and can lead to various negative consequences for those who help affected children, and in order for volunteers to maintain professional competence and well-being, job satisfaction and productivity, and optimal quality of care and service delivery, the researcher believes that volunteers' supportive needs should be explored and met by the organisations for which they work, especially in South Africa where volunteers are of importance to the organisations.

As a result of insufficient support for victims of violence in South Africa, various non-governmental and community-based organisations have been established over the years (Bird & Spurr, 2004:45; Kruger & Spies, 2006:170). These organisations are crucial for providing services that contribute to the protection of children who have been sexually abused. However, due to a lack of funding and support, many of these organisations have had to close down or decrease the number of their employees (Van Niekerk, 2004:270). As a result, volunteers involved in organisations that have lost funding become burnt out from being overworked due to increased working hours, leading to an increase in volunteer dropout rates (Chandler & Kruger, 2005:72, Maier, 2011:153).

1.4.1. Dropout and Satisfaction

Van Rensburg (2008:9) states that in developing countries such as South Africa where unemployment is high, people who lack skills turn to volunteering as this provides them with the opportunity to develop skills and gain experience. One of the biggest dilemmas facing volunteer organisations, however, is the high rate of "volunteer dropout" (Yanay & Yanay, 2008:66). Kistner *et al.* (2004:56), along with Chandler and Kruger (2005:77), agree that many volunteers leave prematurely to seek further education and job experience. Another reason for leaving includes the experience of secondary trauma and anxiety as a result of working in a stressful environment (Chandler & Kruger,

2005:72). Chandler and Kruger (2005:72) are of the opinion that these experiences may be higher in volunteers, as they have less training than professionals such as social workers and psychologists. As training of new volunteers can be costly, organisations that have lost their funding may find it difficult to replace volunteers who have left (Maier, 2011:154). Consequently, the continuity of programmes where individual counselling is provided will be disrupted and it will be the victims who are affected, as they no longer have access to help.

Although working with sexually abused children can be emotionally stressful, there is always a dire need for help from volunteers. It is therefore imperative that the organisations for which the volunteers work assess the motivations and satisfaction of the volunteers, in order to retain and support them. Research has shown (Borgonovi, 2008:2331; Littman-Ovadia & Steger, 2010:420; Mellor *et al.*, 2008:69; O'Brien *et al.*, 2010:536) that volunteering is related to a sense of greater happiness and well-being. Hellman and House (2006:121) found that volunteers who were satisfied with their experiences and with the training they received, indicated higher levels of emotional commitment and of intention to remain in the organisation. Therefore, in order for volunteers to continue in the organisation, satisfaction in their work is essential (Finkelstein, 2008:9; Penner, 2002:464; Van Rensburg, 2008:12; Yanay & Yanay, 2008:74).

The researcher believes that if the supportive needs of volunteers working with sexually abused children are not met personally or by the organisation, the volunteers will not be able to help the sexually abused child effectively.

2. PROBLEM STATEMENT

Mental health services in South Africa are not equipped to meet the needs of sexually abused children due to a lack of funding and resources (September *et al.*, 2000:3). As such, communities are mobilising and an increasing number of volunteers are offering their help to support those who have fallen victim to violence (Bird & Spurr, 2004:45; Kruger & Spies, 2006:170). However, various studies have shown that there are both negative and positive consequences for the volunteer. There is growing national and international evidence (Bride, 2007:68; Chandler & Kruger, 2005:72; Kinzel & Nanson, 2000:133; Yanay & Yanay, 2008:74) that while volunteers may experience the benefits of volunteering, they may experience greater negative burdens, leading to an inability to work effectively with the sexually abused child.

Consequently, the researcher will explore the supportive needs of volunteers working with sexually abused children. In doing so, it will be determined how the volunteers can be supported by the organisation for which they work, as well as by significant others, so that they experience the positive consequences and are able to work effectively with the children. In order to address the above-mentioned problem, the following question was asked: What are the supportive needs of volunteers working with sexually abused children in Somerset West?

3. AIM OF THE STUDY

The main aim of this study was to explore the supportive needs of volunteers working with sexually abused children, in order to determine what the organisation for which the volunteers work can do to support and retain them.

Sub-questions to gain further understanding included:

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

4. STRUCTURE OF THE RESEARCH

In this section, an overview of the theoretical framework and a literature review were presented, in order to establish the background and basis for the study. In Section B, the article to be submitted to the journal *Child Abuse and Research in South Africa* for possible publication is presented. In this article, the researcher discusses the methodology, findings and discussion of the study. Section C includes the researcher's critical reflections and the contributions the study has made towards the academic literature.

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SECTION B

ARTICLE

**EXPLORING THE SUPPORTIVE NEEDS OF VOLUNTEERS WORKING WITH
SEXUALLY ABUSED CHILDREN IN SOMERSET WEST**

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

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Abstract

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

Keywords: child sexual abuse, volunteers, supportive needs, sexual abuse, experiences, organisation

1. INTRODUCTION

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

In the annual report released by the South African Police Service for 2009/2010, there were 27 417 reported cases of sexual offences against children younger than 18 years (Department of Police 2010:11-12). Childline reports, for example, that at the Wynberg Centre in the Western Cape, there were 834 referrals for statutory intervention (Childline 2010:18). In 2010/2011, according to Unicef (2012:11), a total of 54 225 crimes against children younger than 18 years were reported to the South African Police (Department of Police 2011:12). The numbers of children who have been sexually abused in South Africa are not definite (Delany 2005:5). Orange and Brodwin (2005:5), along with Van Niekerk (2004:264), are in agreement with Kistner *et al.* (2004:15-18) that this is a result of underreporting due to the highly sensitive nature of the abuse and other contributing factors.

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

In South Africa, lay counsellors are volunteers in the non-government sector that help to alleviate the workload of psychologists, counsellors and health care professionals (Van Rensburg 2008:5). Examples of such lay counsellors are those working for LifeLine, Childline and various centres for those who have experienced trauma (Chandler &

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

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

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

Research has shown that vicarious or secondary trauma can occur in those who work with children that have been sexually abused (Bride 2007; Cunningham 2003; Figley 1999; Perron & Hiltz 2006). According to Figley (1999:10), secondary traumatic stress is defined as "the natural, consequent behaviours and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person". Bride (2007:68), Couper (2000:15) and Cunningham (2003:458) agree that secondary stress or burnout can lead to impairment in the worker's ability to effectively help children that have been sexually abused.

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

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

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

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

Sub-questions to gain further understanding included:

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

2. AIM OF THE STUDY

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

3. METHOD

3.1 Research Design

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

In order to gain a deeper understanding of the supportive needs of the volunteers, a case study was chosen as the research design (Fouché & Schurink 2011:321). Nieuwenhuis (2007:75) describes a case study as a way of gaining a holistic understanding of the way in which participants interact with one another, as well as of the way in which meaning is given to the specific phenomenon being studied. This enabled the researcher to better understand the volunteers' supportive needs, which arose as a result of working for the particular organisation in question.

3.2 Participants

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

3.3 Procedure

Ethical approval for this research study was obtained from the North-West University's Ethics Committee (NWU-00060-12-A1). The researcher then contacted the organisation in Somerset West. All six of the volunteers were asked to participate in a group discussion. Four of the six participants took part in the group discussion, while individual interviews were conducted with the remaining two participants. The volunteers were informed that their participation in the study was voluntary, that they could withdraw from it at any stage, and that the information they provided would be confidential. In the group discussion and the interviews, an interview schedule was used where the aims of the study were explained and the questions were asked. A follow-up interview was held with one of the participants who had already taken part in the group discussion, in order to gain further information and to see whether the data collected from the other two individual interviews could be either confirmed or denied. It is important to note that the researcher followed the ethical guidelines as set out by Hennink (2007:43) and Strydom (2011:115).

3.4 Data Collection

The data for this study were gathered through interviews and field notes. As there were too few participants for a focus group, a group discussion was held with four participants in order to fully comprehend the volunteers' needs. As such, a semi-structured interview schedule was used. Questions relating to the relevant literature that had been reviewed were first developed and then reviewed by a professional before the final interview schedule was used. One-on-one interviews were held with two of the

volunteers, as well as a follow-up individual interview with a participant from the group discussion for the purposes of member checking (Nieuwenhuis 2007:86).

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

3.5 Data Analysis

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

3.6 Trustworthiness

In order to ensure trustworthiness of the study, the researcher made use of crystallisation, a process that Nieuwenhuis (2007:81) argues offers a "complex and deeper understanding of the phenomenon [being studied]". Crystallisation was achieved by collecting data through various methods, namely interviews and field notes, and then analysing the data according to repeated responses. In order to minimise researcher bias, the researcher kept track of the field notes made during the group discussions and interviews. Trustworthiness was further established by ensuring that the four standards of trustworthiness were adhered to (Botma *et al.* 2010:233; Lincoln & Guba 1985:290). The first standard of *truth value* was obtained through reflexivity on the part of the researcher, member checking and peer examination. The second standard of

applicability was obtained through saturation of the data collected, purposive sampling, and comprehensive description of the methodology. Thirdly, the standard of *consistency* was achieved through a detailed description of data collection, a thick description of the methodology; and the coding and recoding of data through peer examination. The final standard of *neutrality* was obtained through crystallisation of data collection methods and data sources, and reflexivity of the researcher in order to minimise researcher bias.

4. FINDINGS

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

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

Themes	Sub-themes
1. Experiences of the organisation	<ul style="list-style-type: none"> i. Supervision and debriefing ii. Need for appreciation, acknowledgement, worth and value iii. Need for contact and better support
2. Experiences of support from family, spouse and friends	
3. Basic concerns	<ul style="list-style-type: none"> i. Protection of family from secondary trauma ii. Concerns of safety iii. Need for emotional support
4. Coping	<ul style="list-style-type: none"> i. Ways of coping ii. Need for coping with anger
5. Self-worth and appreciation	

The following main themes recurred:

4.1 Theme 1: Experiences of the organisation

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

4.1.1 Supervision and debriefing

All of the participants reported that the monthly meetings held by the organisation's management with the volunteers were essential for supervision and debriefing. On the value of the monthly meetings, one participant stated: *"I found that's my lifeline."* This is supported by Hellman and House (2006:122), who found that the value of monthly meetings for volunteers working with victims of sexual assault was positively related to their overall satisfaction. The participants maintained that while they did not receive individual supervision from a supervisor, they felt that it was at this meeting that they were able to share their thoughts, feelings and concerns about their cases or about the doctors with whom they worked, and were therefore able to debrief. As one participant explained: *"She has her monthly meetings and you can go there and if something is bothering you, you can talk about it. Everybody who goes chips in and talks about it, you know."* Another agreed, stating: *"Something I've enjoyed is our monthly meeting that we've got. And there we, each and everybody, get their chance to discuss the cases that they had. It's a debriefing session."*

One participant, however, felt that she had benefited from individual supervision that she received from a previous supervisor. She described how the supervisor realised that she was suffering from secondary trauma from a particular case and took her for coffee to debrief. The participant felt that this individual supervision had helped her to cope with the trauma she was dealing with from a case with which she had been struggling. She stated: *"She took me out for coffee to just like debrief, just straight away. She didn't even afterwards leave me, she still checked up again."* According to Hollister (1996:43), debriefing is a method used to prevent or decrease the symptoms of post-traumatic stress disorder through expressing emotions and gaining closure on a stressful event before the stressful reaction impacts the work and personal life of the individual concerned. Research confirms that supervision and debriefing are essential to the reduction of secondary trauma and stress (Bride 2007:68; Chandler & Kruger

2005:78; Couper 2000:15; Cunningham 2003; Macpherson 2002:110; Pistorius *et al.* 2008:188).

The participants furthermore felt that being able to phone their supervisor for debriefing was important, as it provided some of the emotional support they needed. All of the participants maintained that they were able to call whoever was on duty when something was bothering them. On being able to debrief, one participant reported: *“I speak through the whole thing and I find that when I’ve finished with that conversation, that’s it. Then it’s behind me”*. These findings are confirmed by Pistorius *et al.* (2008:194), who recommend that agencies working with sexually abused children should provide support in the form of supervision to those working with the children, in order to help deal with the stresses of working in this field.

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

4.1.2 Appreciation, acknowledgement, worth and value

Although most of the participants felt that their emotional needs were supported through supervision and the monthly meetings, some felt that the organisation and the doctors at the hospital did not always appreciate them. While the participants understood that their participation in the organisation was voluntary, most felt that the doctors at the hospital were impolite and needed to show some appreciation and respect for them. With regards to the rudeness of doctors, one participant remarked: *“I actually want to gryp [grab] him on the neck and bump his head against the wall sometimes.”* Another participant agreed, and said: *“We’re doing it for nothing and they should treat us with a little respect.”*

On whether the organisation expressed gratitude to the volunteers for their assistance, one of the participants stated: *“To be honest, not really.”* Other participants agreed and felt that although they were volunteers, they still needed some recognition and a sense

of appreciation from the organisation and the doctors. Yanay and Yanay (2008:71) and Van Rensburg (2008:18), who found that volunteers need recognition from the organisation and want to feel needed by the organisation. In contrast, however, one participant in this study felt that she did not need appreciation from either the organisation or the doctors. Instead, she felt that simply helping the children and being with them gave her the sense of gratitude she needed. She commented: *"I don't need a pat on the back or a thanks or a certificate. I get the appreciation from helping the kids and by being with the kids. My job is to be there for the children."*

Another participant, however, felt that the lack of appreciation and gratitude might be a reason that other volunteers had left the organisation. She remarked: *"They feel that they're just a dog's body. They feel that they're just being used."* When asked how volunteers could be retained, a participant mentioned that the volunteers should be treated like they're important. Macpherson's (2002:107) study supports this belief by suggesting that in order to prevent volunteer dropout, the organisation should show volunteer recognition in various ways. Other research also confirms that volunteer organisations should show recognition to deal with attrition issues (Van Rensburg 2008:12; Yanay & Yanay 2008:71).

4.1.3 Contact and better support

As the participants work on an on-call, rotational basis, the general opinion of the participants was that there was little or no contact with other members of the organisation outside of the monthly meetings. In the past, the participants felt that they had more contact with the supervisor and the other staff members, but a change in staffing resulted in a lack of contact. Some participants felt that there was a gap between themselves and the other staff members, and that this gap needed to be closed. Many of the participants commented that they did not know who the other people at the organisation were, and that they only had contact with each other and their supervisor. One participant remarked: *"I don't even know who the secretary is."*

Some of the participants also revealed that many of the previous volunteers had left due to long waiting periods between cases and the lack of contact. One participant mentioned that although there were more volunteers who had completed the training, many had left because of the long waiting period between shifts, because *"it's quite often you're on standby for months and you never, ever get called out, and I think that's the type of thing that irritated them"*. This was supported by Macpherson's (2002:106)

study, which found that volunteers left due to boredom and little contact with the organisation.

There was a general feeling that participants wanted to be more involved in the organisation, to receive minutes of staff meetings and to have the opportunity to take part in fund-raising. One participant's opinion on this was: "*They don't deal or discuss with the volunteers and I think it's quite wrong.*" This is confirmed in literature by Yanay and Yanay (2008:71), who suggest that volunteers expect a feeling of belonging and want the opportunity to influence the organisation's activities. One volunteer, however, did not feel the need to be involved in the organisation. She stated: "*It's not like I miss any kind of relationship with any of the other workers here.*"

Chandler and Kruger (2005:72) maintain that secondary trauma is higher in volunteers than in therapists and social workers, as the former have less training. Participants indicated that there was a need for support with regards to training. Even though the volunteers received training before they started, some participants felt that there should be follow-up training, as at times things had changed or were forgotten. One participant mentioned that: "*Lots of things change, you know. Like they have a new system for something and sometimes we don't know about it.*" This is confirmed by Van Rensburg's (2008:12) study, which found that volunteers need training and support. In training sessions before starting as a volunteer, one study participant suggested to the trainer that she would conduct the training, as the trainer had not given all the instruction needed by the volunteers before going into the field. Another participant, however, felt that the monthly meeting was the place where she received the training she needed. She stated that: "*Our monthly meetings are like trainings. If there is a case that is difficult, you can bring it up in the meeting and it will be discussed.*" Hellman and House (2006:122), however, argue that volunteers working in stressful environments, such as with sexually abused children, need ongoing training.

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

All of the participants indicated that their significant others (their family, spouse or friends) were supportive of the work they were doing. They also felt that their significant others admired them for volunteering in this particular field. One participant commented that her significant other stated: "*They'd never be able to handle it.*" Some of the participants mentioned that their families would not organise activities on the days they were on call, as they knew the participant might have to leave.

For some of the participants, their spouse was the person who gave them the most support by listening and understanding that volunteering with sexually abused children could be emotionally taxing. A participant reported that her spouse said: *"I know when you come straight in and you get into the shower, it wasn't a good case."* Other participants' said their children were the ones that gave them support by encouraging them to continue volunteering and even by volunteering with them. These findings are confirmed by literature that has shown the importance of personal and professional support systems in order to cope better and to enhance resilience (Pistorius *et al.* 2008:195).

4.3 Theme 3: Basic concerns

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

4.3.1 Protection of family from secondary trauma

Some of the participants felt that discussing their experiences with their significant others might lead to them also experiencing secondary trauma. Three of the participants said that they preferred not to discuss the cases with their spouses or family because of the sensitive nature of their work. One participant commented that she did not want to share details with her family because: *"What are you putting into their heads?"* Another felt that she was not interested in sharing the details with her family, as she wanted to protect them, especially her children. A third participant had this to say about sharing details with significant others: *"You mustn't bring it home because if you bring it home and you start hanging on it, it can become an issue."* This is consistent with Pistorius *et al.* (2008:187), who found that those working with child sexual abuse needed to develop boundaries when conversing with significant others, as the significant others became overwhelmed by the subject.

4.3.2 Concerns of safety

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

of her own child's safety; a second participant also experienced concern for her family when a close family friend was raped. She said: *"That was upsetting because that brings it so close to home, that it could be one of mine, you know."* This was the general feeling among the participants and is confirmed by literature on people working in the field of sexual abuse (Couper 2000:15; Cunningham 2003:456; Pistorius *et al.* 2008:189).

4.3.3 Emotional support

While the participants reported that they received some support from their significant others, there was a need for emotional support from them as well as from the organisation. On whether she received emotional support from her spouse, one participant said: *"He doesn't get involved emotionally. You know I can see this barrier comes up. He doesn't want to know about it."* Another participant stated: *"I'm on my own, so I just try manage it on my own."*

Many of the participants reported having experienced some secondary trauma from their cases, as confirmed by previous studies (Bride 2007:67; Cunningham 2003:456; Figley 1999:10). One participant stated that she had experienced secondary trauma with one particular case and had needed supervision to deal with it. Another felt that there were times when a traumatic case would stay with her for a while and that: *"Just little things niggle me."* A third participant felt a sense of helplessness at times, and said: *"It's quite often bother me afterwards, and I think, isn't there something else I could have done for this kid?"* Receiving emotional support through supervision and debriefing is essential for coping with trauma, as argued by Choi (2011:235), Van Rensburg (2008:10), and Yanay and Yanay (2008:74).

4.4 Theme 4: Coping

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

4.4.1 Ways of coping

This study indicated that the participants had various ways of trying to cope with the trauma of working with sexually abused children. One of the main coping strategies was through detachment. According to Kinzel and Nanson (2000:130), detachment is a

process whereby the individual mentally separates him- or herself from the situation by not thinking about what is actually happening. As one participant stated, *“Detachment is definitely a survival skill.”* This sentiment was supported by the other participants, who felt that they had to stay emotionally uninvolved. A second participant commented: *“I think you do become detached, in the sense that you get into the mode; you do everything you have to do. The empathy, the sympathy, the love is there but you don’t let that emotion get in the way.”* Participants revealed that through detachment they were better able to work with the children, which is confirmed by Thornton and Novak (2010:445). A third participant claimed that the more detached she was, the more compassionate she felt.

Previous research has shown that people working in the field of sexual abuse have various personal coping strategies (Couper 2000:12; Kinzel & Nanson 2000:130; Pistorius *et al.* 2008:190). In the current study, the participants agreed that they all had ways of coping with the stress of working with sexually abused children. One participant remarked: *“The first thing I go and do is have a hot shower. I just feel I must cleanse myself.”* Another said she would have a glass of wine to help switch off. When feeling particularly upset by a case, a third participant commented: *“The times I’ve been really upset, I’ve just phoned my best friend and just cry.”* Looking for love in the situation was important for another of the participants. She said: *“After my first case I said to myself, ok I must do something otherwise I will go nuts. And I said let’s look for the love. And since then with every case, I see it. And that helps.”* All the participants expressed the need for ways of coping in order to continue working with the children, as supported by Chandler and Kruger (2005:76), and Kinzel and Nanson (2000:130).

4.4.2 Coping with anger

A number of participants said that they experienced anger when dealing with some cases. Some participants felt anger towards the perpetrator. A participant stated: *“I feel so aggressive, if I can just get this person I’ll sommer [just] kill him.”* Another participant supported this by saying that she got angry with the perpetrator for hurting an innocent child. Other participants indicated that they felt frustration towards the situation in some cases. One participant remarked: *“I get angry with the girl lying there. I get angry with the situation.”* Another was frustrated with the parents of the child for allowing the child to be out late.

Participants also expressed frustration at their feelings of helplessness. In this regard, one noted: *“It does get frustrating when you know there are so many children, victims out there, innocent people, children who get hurt unnecessarily but there’s nothing you can do.”* At times, some participants felt so much anger after a case that they had a physical reaction. A participant explained: *“I was very aggressive afterwards when I’ve been called out. Then when I go home, it feels as if I’m aggressive. And the next morning, sometimes it quite often happen that I’m nausea when I stand up. And then after that, it’s black. It’s cut off.”*

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

4.5 Theme 5: Self-worth and appreciation

The general opinion of the participants in this study was that volunteering at the organisation gave them a greater sense of self-worth. Many commented that they became a volunteer because they wanted to help the community which, according to one participant: *“Gives you a nice feeling. It makes you feel good in a way.”* A second participant stated: *“You feel proud to be part of it.”* Another agreed and maintained that it felt good to contribute towards putting a perpetrator in prison.

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

5. DISCUSSION

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

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

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

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

Emotional support from the organisation, as well as from their significant others was an additional need expressed by the participants in this study. While some participants felt their significant other supported them emotionally, others felt that at times there was a lack of emotional support. Additionally, with regards to organisational needs, participants felt that the monthly meetings were essential for debriefing and following up on cases, some experienced secondary trauma that was not necessarily dealt with in these meetings. Supervision plays a vital role in coping with the stress of working in the field of sexual abuse (Kinzel & Nanson 2000:132). Pistorius *et al.* (2008:191) report that participants felt that support was of vital importance and that the organisation should provide individual supervision to those working with sexually abused children. The findings in this study support these results.

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

6. RECOMMENDATIONS

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

the trauma should also be acknowledged. Various coping strategies should be discussed and encouraged.

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

7. LIMITATIONS

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

8. CONCLUSIONS

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

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

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SECTION C

CRITICAL REFLECTIONS AND CONTRIBUTIONS

1. CRITICAL REFLECTIONS

Research on child sexual abuse has traditionally focused on the effects of the abuse on the child (Browne & Finkelhor, 1986:66; Kendall-Tackett *et al.*, 1993:164; Lamoureux *et al.*, 2011:1) or on the professional working with the sexually abused child (Choi, 2011:102; Figley, 1999:7; Kanel, 2011:37), as well as on the supportive needs of the professionals. Findings from these studies have shown that there are various long- and short-term effects that are detrimental to both the child and the professional. Furthermore, studies have shown that professionals need to be supported through personal therapy, debriefing, proper training and learning coping skills (Bride, 2007:68; Couper, 2000:15; Macpherson, 2002:110; Pistorius *et al.*, 2008:188).

Research on volunteers has typically focused on the well-being, motivations and retention of volunteers working in various spheres of the community, such as those working at call centres and crisis centres (Chandler & Kruger, 2005:77; Littman-Ovadia & Steger, 2010:420; Yanay & Yanay, 2008:66). Little research, however, has been conducted on volunteers working with sexually abused children, particularly within the South African context. The limited research that there is fails to explore the effects of the stressful work environment on volunteers' well-being, or what support can be given so that volunteers can render effective services to the children with whom they work.

As volunteers play a vital role in alleviating the workload of social workers, counsellors and psychologists working with sexually abused children, the researcher felt that it was imperative to explore the supportive needs of volunteers working with these children. Using field theory (Lewin, 1951) and ecological systems theory (Bronfenbrenner, 1979) as theoretical backgrounds, the researcher was able to understand the volunteers within their field. The researcher was aware of the interactions between the volunteers and the field, as well as the impact that the field and the various relationships that occurred within the five systems had on the volunteers. The researcher ascertained that the volunteers needed to be supported in various ways. In order to answer the research question, *What are the supportive needs of volunteers from the organisation for which they work and from their significant others with regards to working with sexually abused children?*, the researcher conducted discussion groups and individual interviews with the volunteers, all of whom work at an organisation for sexually abused children.

The findings of the study showed that the participants had various needs that should be met by the organisation and by their significant others, in order for the volunteers to feel supported. With regards to the organisation, some participants felt the need to feel appreciated and to have their work acknowledged. Additionally, there was a need to have more contact with other staff members working for the organisation. Furthermore, there was a need for further training through follow-up training in order for the participants to be aware of any changes in the system and to extend their knowledge. Emotional support through supervision and debriefing from the organisation were needs identified by the participants as a way to minimise secondary trauma. Lastly, participants reported experiencing feelings of anger and frustration. Consequently, there was a need for ways of coping with these emotions to prevent further vicarious traumatisation. With regards to support needed from significant others, most participants felt that they received emotional support from their significant others. Others, however, expressed a need for further emotional support from them. The researcher is of the opinion that the participants may be experiencing personal problems, which could further contribute to the need for emotional support from the organisation, as well as their significant others.

These findings indicate that the organisation should provide support to the volunteers. The following recommendations are made: as supervision and debriefing are important to support the emotional needs of volunteers and decrease the degree to which secondary trauma is experienced, regular supervision and debriefing should continue to take place at the monthly meetings. Professionally trained therapists should also be available for individual supervision. A vital part of the initial training should include an explanation of secondary trauma and the effects it may have on the volunteers' personal and professional lives. Given that volunteers expressed a need to cope with the trauma experienced, various coping strategies should be included in the initial training as well as in follow-up training.

The volunteers in this study expressed various motivations for volunteering to work with sexually abused children, even though they were aware of the stressful environment in which they would be working. It is recommended that the organisation recognise these motivations and demonstrate appreciation for the work done by the volunteers, as volunteers who have a sense of self-worth and feel appreciated will be more inclined to continue at the organisation. Appreciation for the volunteers can be done verbally at the

monthly meetings, as well as immediately after a volunteer has dealt with a case of sexual abuse.

With regards to the need for more contact with the organisation and with those working there, the supervisor should include the volunteers more often in the organisation. Volunteers should be given the opportunity to attend staff meetings or be provided with the minutes of meetings so that they gain further knowledge about the running of the organisation. The volunteers should also be included in any fund-raising efforts and invited to participate if they want to. Ensuring that the paid members of staff know the volunteers and vice versa should contribute to further contact and feelings of inclusion.

2. CONTRIBUTIONS OF THE STUDY

While this study may not have created new knowledge in the field of child sexual abuse, it confirmed the findings of various other studies that volunteers experience many of the same needs as professionals working in the said field. Consequently, it is essential that the organisation understand these needs in order to meet them and, in so doing, to limit volunteer attrition. Furthermore, this study has contributed various practical recommendations that can be implemented at the organisation in question as well as at other organisations. This is important, particularly as the organisation relies on funding from the government and training of new volunteers is expensive. This study has, in addition, contributed to the literature on understanding the supportive needs of volunteers working with sexually abused children, as little research has been done in this area, particularly within the South African context.

Due to the limited number of volunteers working at the chosen organisation, the researcher recommends that further research on volunteers' supportive needs should be conducted with a larger group of volunteers working for various organisations in the field of child sexual abuse. This could contribute to a greater scope of supportive needs. Further research on the volunteers' backgrounds and any personal problems leading to the need for support may also contribute to the field of volunteers' supportive needs.

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SECTION D

APPENDICES

Addendum A: Qualitative Group Discussion Questions

The following is an example of a discussion guide for the qualitative group. These questions may change according to the discussion that is held.

- Can you tell me about your motivation when you first started volunteering at this organisation?
 - Are you still involved or not?
 - If not, what were the reasons for leaving?
- Can you tell me more about the support you receive in general?
 - What about support from the organisation?
 - What support do you get from your significant others (those people in your personal life)?
- What do you feel your needs are as a volunteer with regards to support from the organisation?
- What are your needs as a volunteer from your significant others?
- Are there any other needs you have as a volunteer in this organisation that you want to share?
- If need be, would you feel comfortable with being contacted by me again if further information is necessary?

Addendum B: Information Form

INFORMATION FORM

Name: _____

Age: _____

Please be so kind as to answer the following questions:

1. What qualifications and/or training do you have?

2. How did you decide to become a volunteer?

3. How did you hear about volunteering at this organisation?

4. How long have you volunteered at this organisation?

5. Are you still involved in the organisation?

6. Is there anything else you would like to add?

Thank you for taking time to answer these questions and for taking part in the group discussions. Your participation is greatly appreciated!

Addendum C: Informed Consent

North-West University: Potchefstroom Campus

Researcher: Claire Kingwill

CONSENT FORM

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

Invitation to participate

You are invited to participate in this research study because you were identified as a volunteer working within an organisation that works with children who have been sexually abused.

The purpose

The researcher intends to explore the experiences of volunteers working with sexually abused children. Through investigating the experiences of volunteers working with sexually abused children, the researcher hopes to achieve a greater understanding of the needs (with regards to support) of the volunteers. This insight will be used to make recommendations to the organisation in the form of guidelines that will help support the volunteers.

Risks

Some of the questions in the interview may touch on sensitive areas. However, every effort will be made by the researcher to minimise your discomfort. If at any time you feel you would like to withdraw from the research study, you will be free to do so.

Interviews

All interviews will be tape-recorded. These recordings will be kept in a safe place and will only be viewed by the researcher and possibly the researcher's supervisor and external examiners. The recordings will not be made public and will not be listened to by any other person but the researcher.

Benefits and compensation

Although there is no guarantee that you will benefit directly from the study, the researcher hopes that through the guidelines recommended at the end of the study, you might be able to have some of your needs supported. You will not receive any compensation for participating in this study and there will be no financial gain.

Alternatives

Participation in this research project is entirely voluntary and you may choose not to participate at any stage.

Confidentiality

Every attempt will be made by the researcher to keep all information collected in this study strictly confidential, except as may be required by court order or by law. If any publication results from this research, you will not be identified by name. Confidentiality within the group will be addressed. That is, the information discussed in the focus groups will remain confidential and no participant in the group may discuss it with people outside of the group.

Additional information

If you discontinue participation in the project, you may request that the researcher not use the information already given to her. You are encouraged to ask questions concerning the study at any time, as they occur to you. Any significant new findings during the course of the study that may relate to your willingness to continue participation will be provided to you.

Disclaimer/Withdrawal

You agree that your participation in this study is completely voluntary and that you may withdraw at any time.

Subject rights

If you have any questions pertaining to your participation in this research study, you may contact the researcher or her supervisor at any time. (Claire Kingwill – 074 176 1849; Carlien van Wyk – 082 940 6690)

Conclusion

Please sign below to show that you have read and understood the consent form and that you agree to participate in this research study. Your participation in this research study is very much appreciated, and I thank you in advance for your time.

Participant’s signature

Date

Researcher’s signature

Date

Addendum D: Author Guidelines

Child Abuse Research: a South African journal

Instructions to authors

Preparing articles for submission

The submitted articles should always conform to CARSA's house style. As the journal develops, it is envisaged that it will contain full-length articles, shorter debates, book reviews and software reviews. The following information is provided regarding the length of articles:

Full-length articles should not exceed a word count of 8 000 (tables excluded).

Shorter articles (in the form of shorter debates) should not exceed a word count of 3 000 (tables excluded).

Book reviews should not exceed a word count of 1 000.

Software reviews should not exceed a word count of 3 000.

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

Empirical research should adhere to acceptable standards of descriptive and inferential statistics and empirical data should be manipulated statistically using an acceptable statistical programme such as the Statistical Package for the Social Sciences (SPSS) or SAS. The inferences regarding qualitative analysis should also be accompanied by an explanation of the techniques used or should utilise statistical packages such as SQR.NUD.IST, which are recognised for this type of analysis.

Copyright policy and author's rights

Once an article has been accepted for publication, the author automatically agrees to the following conditions. All work published in CARSA is subject to copyright and may not be reproduced, in whole or in part, in any manner or in any medium without the written consent of the editor, unless no charge is made for the copy containing the work, and provided the author's name and place of first publication appears in the work.

Authors assign copyright to CARSA.

Non-exclusive rights for contributions to debates and comments to articles are requested so that these may also appear in CARSA. The moral right of the author to his or her work remains with the author. Where applicable, contributors should indicate sources of funding. It is the duty of the author to clear copyright on empirical, visual or oral data. Simultaneous submission to other electronic or printed journals is not allowed.

Notes for contributors

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

Before submission, articles should have been corrected for errors, edited and should be accurate.

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

Style

Main headings should be typed in upper case and begin at the left margin. No indentation is allowed. Dates should be written as follows: 9 January, 2000. Bold, italics and underscore should be formatted as such in the original document. The recommended style for reference purposes is the abbreviated Harvard technique, for example, "Child abuse is rising (Author 1999:10)" OR "According to Author (1999:10), child abuse is rising". In the case of legal articles, footnotes will be allowed.

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

Books:

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

Articles:

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

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

Non-sexist language

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

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

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

Addendum E: Table of Themes

THEMES	SUB-THEMES	QUOTES
1. Experiences of support by the organisation	1.1. Supervision and debriefing	“But what is very important to us is to have this meeting once a month”
	“I know if I need any kind of emotional support after a case, I can just phone and they will support me”	
	“I found that’s my life line”	
	“Something that I’ve enjoyed is our monthly meetings...everybody get their chance to discuss the cases that they had”	
	“It’s a debriefing session”	
	“I think if I come to that stage [of needing emotional support] I will speak to A”	
	“It’s so nice to know that you can just pick up the phone”	
	“If I’m not sure about the work and I phone ‘A’ and say for example, listen here, I’m forgetting stuff, please can we have a quick hour retraining”	
	1.2. Need for appreciation, acknowledgement, worth and value	“Make them feel a little more important” ... “I think to be more considerate” ... “Maybe that’s why some of them fall away, cos they feel they’re just a dog’s body”
	“we’re doing a job and if it wasn’t for us people, what would happen?”	
	M [on answering if [P] gives them a sense of gratitude] “To be honest, not always”	
	“You really are just used as a volunteer” ... “nobody cares what they’re doing”	
	“The doctors don’t need to remember us because we are just a volunteer”	
	“Some of them are ... very ongeskik [rude] and everything ... I actually just want to grab him on the neck and bump his head against the wall sometimes”	
	“We’re doing it for nothing. And they [the doctors] should treat us with a little respect”	
“...like the doctors being uncooperative and nurses being rude to you” ... “I don’t know if the		

		other volunteers have experienced that, the bad manners, cos that's what it is, bad manners"
		"It's quite a slam if you think about it because if we weren't there to help them ... what would they do?"
	1.3. Need for contact and better support	"Well lots of things change ... sometimes we don't know about it"
		"There's a lot of extra stuff that she's actually supposed to tell the people before they go out into the field"
		"They don't deal or discuss with the volunteers and I think it's quite wrong"
		"There need to be more contact" ... "We actually need to close that gap"
		"Keep us up to date on where and what's going on"
		"I would rather [have contact with the other members], it's better to do"
		"I mean at the moment, I don't even know who the secretary is"
2. Experiences of support from family, spouse and friends		"People ... admire it ... if they hear what you're doing"
		"They can't believe I'm involved with a place like [P]" ... "They said they'd never be able to handle it"
		"I get all the support in the world from my family. My grandchildren think it's wonderful"
		"They understand" ... "I think the family is pretty supportive" ... "They just say, I can't do it"
		"He's quite happy to listen to me and advise me"
		"I get into this hot shower and he knows. He says, I know when you come straight in and you get in the shower, it wasn't a good one" ... "and I'll come out and he'll say are you ok and I'll say ya, no I'm fine"
		"I just phone my best friend and just cry and she just sits there and says, oh shame, oh shame"
3. Basic concerns	3.1. Protection of family members from secondary trauma	"You don't want to go home and tell them ..." "What are you putting in their minds?"
		"It's not the best thing to bring it home because

		what's the point of that?"
		"You mustn't bring it home ... because if you [do] you start hanging on it and it can become an issue"
		"It's as if I'm not interested in sharing with them"
		"It's better to talk to each other or talk here"
	3.2. Concerns of safety	"My husband complained and said it was too scary [to work night shifts], cos you know, when you get there and the police aren't there yet, you're kind of alone"
		"That was upsetting because that brings it so close to home, that it could be one of mine, you know"
	3.3. Need for emotional support	"He doesn't get involved emotionally. You know I can see this barrier comes up. He doesn't want to know about it"
		"I'm on my own, so I just try manage it on my own"
		"You've got this thing about a 7-year-old kid raping a 5 year old ... it's been with me for a month now"
		"Just little things niggle me, you know"
		"It's quite often bother me afterwards, and I think, isn't there something else I could have done for this kid"
		"I actually suffered from secondary trauma from working with that little girl"
		"I've had some very bad cases, where you feel, oh, you know. This is the pits!"
		"when I've actually walked away feeling myself traumatised is when I deal with little boys ... that I find very upsetting"
4. Coping	4.1. Ways of coping	"It's as if I switch off"
		"Detachment is definitely a survival skill"
		"You don't let that emotion get in the way"
		"So then I'll sit there, watch a little TV, bath ..."
		"Then take it out and smoke a cigarette, have a nice cup of tea, and then normally, especially if it's the middle of the night, then I'm wide awake"
		"The first thing I go and do is have a hot shower ..."

		I just feel I must cleanse myself”
		“Ok I must do something otherwise I will go nuts” ... “I literally look for that love and forget about all the other s*%t”
		“Sometimes I will have a glass of wine after to switch off”
	4.2. Need for coping with anger	“I was very aggressive afterwards when I’ve been called out ... then when I go home, it feels as if I’m aggressive. And the next morning, sometimes it quite often happen that I’m nausea when I stand up. And then after that, it’s black, it’s cut off”
		“I feel so aggressive, if I can just get this person, I’ll sommer kill him ...”
		“And there is anger ... I think you’re angry towards the perpetrator for doing this to this innocent child”
		“I get angry with that girl lying there” ... “I get angry at the situation”
		“It does get frustrating when you know there are so many children ... but there’s nothing you can do”
5. Self-worth and appreciation		“If you can be involved in providing a service that’s quite needed, ya, it’s, it gives you a nice feeling”
		“You feel proud to be part of it”
		“So that makes you feel so good to know that you’ve actually contributed towards that”

Addendum F: Example of Transcript

Ⓢ Motivation

INDIVIDUAL INTERVIEW: EYADNE [REDACTED]

Site: [REDACTED] House, Somerset West

Date: 13 August 2012

Number of Attendees: 1

Name of Interviewer: Claire Kingwill (CK)

Name of Field Note Taker: Claire Kingwill

Name of Transcriber: Claire Kingwill

Key: [REDACTED], Claire (CK)

CK: Basically let me give you some background into what I'm doing. I'm doing my Masters in Play Therapy, and part of that master's is research. And I'm specifically looking at volunteers that are working with children that have been sexually abused. I know [REDACTED] is one of the very few places that has volunteers. I've asked around, and there are very few.

E: Oh really?

CK: Yes. So what I would like to do is have a look at what the organisation can do in order to support the volunteers, in order to retain the volunteers. I know that [REDACTED] was saying that there are a lot of trainees, but then...

E: They just disappear.

CK: Ya, they disappear. So I'm hoping to have a look at what it is...

E: Why the disappearing.

CK: Ya... and what they can do to retain them. So can you give me some...

E: I've think I've been with them for 8 or 9 years.

CK: Ok

E: Cos I was there before [REDACTED] = and all of them.

CK: Oh ok! Ok, so you've been there for a very long time. And when you started, what was your motivation for...

E: You know, there was no motivation. I just saw an ad in the paper saying that we're looking for volunteers for [REDACTED] and I went for a meeting.

CK: Ok

E: And it sounded good and I decided to do it, you know.

CK: Alright, so what was your background to that, that made you decide to...

E: That I had done that sort of thing before?

CK: Yes.

E: No, I had never. I had done a lot of work with babies at the hospital...

CK: Ok

E: And children through the church and things, but I had never, um, No, I had never even thought of doing that. It was just I saw it in the paper and I went for it.

CK: Oh ok. And what caught your eye that made you think that this would be something you would like to do?

E: Um, I don't really remember cos it was a long time ago. But at that time we did 2 courses. We did the sexually abused children and we did the teaching them at the schools. And I did both these courses, but for some reason I preferred abuse...

CK: Ok. So you preferred helping at the hospital?

E: Yes, at the hospital. That sort of took my fancy, rather than the school thing, you know.

CK: I see. And what do you think it was about the hospital work?

E: Um, I don't know. I think it was that I felt I was doing a good thing. Cos you know, I think that's maybe part of why the volunteers fall away, cos that they, that they take it too personally and they, they don't have that um, compassion, I don't know.

CK: Mmmm. Ok.

E: Um ya, I don't know what...

CK: Ok, so what motivates you to stay?

do we
good
compassion

E: Ag, cos you know, I've just enjoyed it, you know. Look, it's nothing to enjoy...

CK: Mmm hmhm...

E: cos it's a really, cos it's a sad thing. But like, one of the perpetrators got life, 25 years life plus and that makes you feel so good that you, and it was one of my cases.

feel good

CK: Oh ok.

E: So that makes you feel so good to know that you've actually contributed towards that, you know.

CK: Ya. Well that's amazing. You know some of the research I was reading about compassion and ...

E: Cos some of them don't have that. They sometimes get quite um, like irritable with it. Cos I've had a few that have come and worked with me...

CK: Ok.

E: Cos I've been there for so long and I can see, no, we're not going to last.

CK: Oh ok. So do you feel that because you have that sense of satisfaction of helping...

E: Helping children, ya. That's probably why I've lasted so long.

CK: So long, ya. Ok, and how about that sense of wellbeing that you get? Or rather, do you get a sense of wellbeing by working with...

wellbeing

E: Well ya, cos you do, Ya. Cos you not only help the child, but in most cases you help whoever's with the child.

CK: Mmm

E: Ya, you know you, um, ya. Look, sometimes you feel that they are to blame. The older person...

CK: Hmm hmhm

E: ...but in most cases you know, I'm still friends with a lot of them, you know.

CK: Oh really?

E: Ya, they still phone me and say hello, how are you?

CK: Oh really?

E: Ya, you know we've spent so long at the hospital together and ya, so you know, it's been super.

CK: Ok, that's very interesting to hear cos the group that I had in the focus group, they've only been here for 2 years and I think that they haven't had as much experience as you have you know.

E: Experience, ya. Yes, yes, yes.

CK (5:18): Ok well that's really quite amazing to hear. Ok, so in terms of support that you get from the organisation, can you tell me how you feel you are supported or what support they give you at the moment?

E: Well [redacted] has her monthly meetings and you can go there and if something is bothering you, you can talk about it. Everybody who goes chips in & talks about it, you know.

monthly meetings

CK: Hmm mmm.

E: And that is the only support that you get from them, is that one monthly meeting. But I suppose if I was worried, I suppose could phone [redacted] any time, she's very good like that. She'll talk to you and if I want to know anything about what's happened to a case, she'll tell me, you know.

phone + talk

CK: Ok.

E: And like this particular perpetrator that was jailed for so long, she immediately got in touch and told me, you know. Cos that makes you feel good.

CK: Ok, so it's that sense of following up that and knowing that makes you want to or willing to help.

E: To help, yes.

CK: I see. So the support from your husband, what kind of support do you...

Family Support

Support they get prior

E (6:21): Ooh, I get all the support in the world from my family. My grandchildren think it's wonderful. I've got 2 granddaughters. One is 21 and one is 17 and they've been with me several times...

CK: Oh really?

E: Ya! Cos they think this is the best thing to do, you know. And in fact one of my granddaughter's friends was taken in, you know.

CK: Oh ok.

E: So that also brought it closer to home, you know.

CK: Shew, I can imagine.

E: a child we've known for a long time.

CK: Oh ok. So how was that for you?

E: No, no, I never dealt with her.

CK: Oh you didn't deal with her.

E: No she was already 18, so I never dealt with her.

CK: Ok, ok.

E: We don't deal with over 18.

CK: Ok. And when...

E: But I was there when she was there and she heard my voice and she called me.

CK: Oh wow. So how was that for you.

E: No that was quite upsetting because that brings it so close to home, that it could be one of mine, you know.

CK: Mmmm, ya.

E: But um ya, she was really in a bad way, so it was really upsetting for all of us.

CK: So I'm wondering how you dealt with that, that upsetting feeling? Did you...

E: Um, I think it took me a while because it was so traumatic, you know.

Deal with trauma

CK: Mmm mmm.

E: And she kept phoning me and talking to me and [redacted] so that made it very hard, you know.

CK: So how did you feel supported? Did you speak to =Ada= or your husband?

E: No I didn't speak to = [redacted] = it wasn't...

CK: It wasn't your case.

E: It wasn't our case, ya. Basically my granddaughter and I just coped with it, ya, ya.

CK: I see. So have you had any cases where you've felt that same sense of trauma?

E: Ooh yes! Yes, I've had some very bad cases, where you feel, oh, you know. This is the pits.

CK: Mmm. Ok. So when you have those kinds of cases, who do you speak to or what do you do?

E: You normally I try to distance myself from it, cos it's not the best thing to bring it home because what's the point of that? You know?

CK: Hmm mmmm.

E: But if I really needed anybody [redacted] and them would be there for me, you know?

CK: Ok. And how do you feel as a volunteer working for [redacted]? Do you have any contact with other members of the organisation? The non-volunteers?

E (8:57): Not really. That's one thing I will say - I think the volunteers are just volunteers.

CK: Ok.

E: We're not included in anything.

CK: Ok, so how does that feel for you? To not be included?

E: Um it's quite, um, it's a quite a slam if you think about it because I mean if we weren't there to help them, you know, what would they do?

question →

distance

Inclusion

excluded

CK: OK

E: I sometimes think they could include us a bit more, you know. I mean I know there's a lot of them that just take advantage and that. We've even had volunteers who have stolen stuff from our supplies and stuff.

CK: Oh really?

E: But there are some nice ones. I mean I know some lovely ones that have been with me and is still with me. Um, ya.

CK: Ok, so do you feel that there is a distance between you and the other paid members?

E: Ya they don't include the volunteers in anything, apart from =Ada's= monthly meeting you're not included in anything.

CK: And do you feel that maybe that's...

E: That's something that should be looked into.

CK: Looked into ok.

E: I think that's why some of the volunteers, cos I must say that the girl before [redacted] I just can't think of her name now, um, she definitely included the volunteers more. I can't think of her name.

CK: Ok

E: I forgot where she went to Namibia or the West Coast or something.

CK: And in which ways would she include the volunteers?

E: Well she used to have a little, you know, she used to get everybody together. The people who work there and the volunteers and everybody that worked there, and you have a little gathering, you know.

CK: OK.

E: Which was good, you know, because you got to know everybody. Now I don't, I mean, I don't know anybody.

CK: Mmmm mmm. So you feel that...

E: You really are just used as a volunteer, you know. That's your job.

paid vs. Unlabeled

including

distance

monthly meeting

Inclusion

just a volunteer

** is not worth anything more?*

CK: I see, ok. And in terms of support from the training side of things, how do you feel...

E: The training?

CK: Ya

E: When I did my training, it was fantastic. I don't know if still is, but when I did mine it was very, very good.

CK: Ok. And do you feel you have any needs in terms of re-training or follow-up training?

E: Well lots of things change, you know. Like they have a new system for something and sometimes we don't know about it, you know.

CK: OK

E: Specially like someone like myself who's been there for so long, you know, then you don't know about it, no.

CK: And do you think that that's something that could be...

E: That should be looked into, yes. If not for me, for the others.

CK: Ok, sort of a retraining every...

E: Ya retraining every 2 years, you know, for the older ones. Bring them on and discuss new things with them and, um, You know sometimes the doctors will say something and you'll say well no I don't know anything about that, you know I should know about that, you know.

CK: Yes, ya.

E: Ya

CK: And I wonder if you've ever spoken to =Ada= about that before?

E: I haven't, you know, cos it's, ag ya, I just go and do what I have to do, you know.

CK: Ok and how often do you volunteer?

E: I do every Sunday.

CK: Ok

re-training

Follow up training

E: I used to do Sunday nights but it was getting a bit much, you know.
CK: Ok, so you do the Sunday days?

E: Ya then I did Saturdays but somebody always got the bet, quicker than I was. So I always do the Sunday. So I do every Sunday

CK: Ok, And...

E: Ya, like one Sunday I had 3 in a row. All 3 year olds funny enough, so

CK: Wow.

E: And the a whole month goes by and nothing happens you know.

CK (13:10): Mmmm ok. You know a lot of the research that I've looked at on child sexual abuse and the secondary trauma and burnout or post-traumatic stress that occurs. I wonder if you've ever felt any of those?

E: No I must say I haven't, no, no. And I'm definitely not a hard person (laughs)

CK: (laughs). Ok. So do you feel when it comes to the emotional support in terms of the trauma of working with these children, do you feel that you get that support from =Patch=?

E: Oh I don't know. I've never really asked them for that

CK: Ok. You say that your family though, they support you?

E: My family definitely do support me, ya.

CK: I see. And I'm wondering if there's a particularly difficult case, if you can speak to your husband about it, or...

E: No he's quite happy to listen to me and advise and say shame and you know

CK: Ok, so...

E: No I definitely get the support. I definitely do. [Pause] Actually all my family are very supportive, you know

CK: Alright. And I'm wondering, the other volunteers mentioned in the focus group, that they want to keep that distance when they get home, and I'm wondering...

④ writing
③ Indirect
- trauma
etc.

reflective
leap years

Supportive
family

② beginning
of training

③ personal
history

④ reflective

③ doctors

E: You mustn't bring it home, no. You mustn't bring it home. Because if you bring it home and you start hanging on it, it can become an issue. It can become an issue. And I mean I've seen some terrible cases...

CK: Mmm, mmm. And I can imagine. The others were saying that they've been there for 2 or 3 years, and you say you've been there for 8 years, so I can imagine there's a lot that you've seen, and I'm wondering if you compare the beginning, how you were then, and now...

E: The difference?

CK: Ya.

E: Ya. Maybe in the beginning I got a little bit. I got more emotional about it but I think that as time has gone by, I've learnt that I need to distance myself...

CK: And have you ever felt the need to get personal therapy to...?

E: Never.

CK: Cope with it?

E: No, never. Mmm mmm.

CK: Ok. I see. And what about debriefing? Some of the others were saying that getting to talk about it really helps.

E: Sometimes you do have that need to talk, and that's why those meetings are good cos it's all volunteers and [redacted] = and that's where you get your chance to, cos if there's really something that's bothering you, that's when you talk about it. You know, there's like, you know, like doctors being uncooperative and nurses being rude to you, you know. So there's all that that goes with it, so you know, that also helps. Cos you know I actually when through that hospital like a dose of salts once

CK: Oh really?

E: Cos I just that the doctors were being extremely rude to us, and what they don't realise is that they're being paid to do a job and we are volunteers. We're doing it for nothing. And they should treat us with a little bit of respect you know. So I went up to the highest person I could find, and

more
substantial

talk about
cases in
meeting

rudeness
from
doctors

and them were all quite pleased about it (laughs) cos somebody had taken the initiative to say something

CK: Ya

E: And I just said you know you must, the doctors must understand that we're doing a job and if it wasn't for us people, what would happen?

CK: Ya, ya, Ok so now, if something like that happens, does =Ada= or someone else at = take that on and do something about it?

E: Ya, ya, they do, Ya, they do. But I don't think it's as effective anymore as when a volunteer does, it because when I did, the next time that I went, that's when that particular doctor was extremely nice.

CK: Ok

E: And it's not like they remember you, cos they don't, you know, Cos they see too many people.

CK: Ok

E: But I think it did help, it did help.

CK: Mmmm mmmm.

E: I don't know if any of the other volunteers have experienced that, the bad manners, cos that's what it is, bad manners.

CK: So do you feel that the doctors as well, they don't want to make the connection with the volunteers cos they, the volunteers change all the time?

E: Mmm, Maybe. Although I don't know, Cos they rude = and them as well.

CK: Oh really?

E: Oh no, they rude to them as well, I believe they all go through it.

CK: Really? Shoo, You just think that...

E: No I tell you, there was one lady doctor in particular, she was the absolute pits! She was so bad mannered. So bad mannered. Cos then I said to her one day, I said to her, you know, do you think I'm here for fun? Cos I'm

doctors don't remember

rudeness
bad doctors

bad manners

not, I'm not doing this for my own pleasure. And then they rude to the mothers, the mothers. And that's when it really gets to me, when they rude to the mothers. Cos that mother, you can imagine, they're in a terrible state, and then the mother wants to ask questions and they don't want to answer her! I mean, I don't know what's wrong!

CK: Ya, shoo.

E: It's terribly wrong.

CK: And do you feel as a volunteer, that in that situation, you can say something to the doctor?

E: Oh I do, I do, Ya, I definitely don't make any bones about it!

CK: You said that you had other volunteers that sometimes come along with you...

E: No, no, I haven't had one come along in a long time. Sometimes, you know, I used to you know, with the new ones and they don't want to go on their own, so I used to go with them, just to show them the ropes, you know what it's like and that.

CK: Oh ok. Some of the other volunteers mentioned the difference between the day clinic, and was it, the casualty and I wonder how you find it?

E: Um, I find if we go to the casualty, things move quicker. If we go up to our trauma centre, the doctors can play us hey.

CK: Oh really?

E (19:28): Oh they can play us! You know, sorry now I'm delivering a baby and now I'm doing this, and now I'm doing that. I think the last time I went, I waited there for hours, you know, it's really not right. But if you go to the, the, cos they like the little ones to come to the casualty. Not to the casualty, the day theatre, in case they need to have anaesthetics, we've brought a couple of them that have need to have anaesthetics... but I do find that they, they, they can play you.

CK: Mmmm hmmm

day clinic
trauma
casualty

waiting

E: Ooh and I can sit on that phone, you know, I say we're still waiting here you know, we're still waiting! (laughs).

CK: Oh ok (laughs), shoo, and the sitting, I can imagine, I mean just sitting...

E: That is the worst. That is the worst. And let me tell that it worse than sitting with a child or a parent. Just that sitting and waiting and waiting and waiting.

CK: (21:04) Shoo, ok. Do you feel that, cos you get different types of needs, do you feel that there are some needs that are being supported by [redacted] and some that aren't?

E: I think, you know, you get the, look this happens often, not often, but it does happen where you, you get a teenager, and you look at her and you think this, and I think those are the ones who don't get the support, I really do. And then they don't come back anyway, so...

CK: Ok

E: But I think the little ones and the moms do. I think they support them, I really do, I must say.

CK: Hmmm mmm, Ok

E: Ya, I haven't had any dealings with them where they haven't been supportive to them, to the children or the parents.

CK: I see, ok. Well then I want to ask if there are any needs that you feel that [redacted] or that you could suggest to them that would be beneficial to yourself and to the other volunteers?

E: Um, Um, I'm not saying give the volunteers a pat on the back, cos that is not what they there for but I think to be more considerate. Cos I don't know for how long I'm still going to be there or how long I'm going to be doing it for, cos I'm getting on now (laughs)...

CK: (laughs) Yes ok.

E: Ya but you know, I think it's for the younger ones, you know. Maybe that's why some of them fall away. Cos they feel that they're just a dog's body.

CK: Hmm mmm.

just a volunteer

appreciation

E: I really do feel that

CK: That's interesting because in a number of studies it shows the same thing. That's why some of the volunteers leave...

E: Because they just feel that, that they're just being used, you know. You know, nobody really cares what they're doing. I think, I think it plays a big part.

CK: And in terms of supervision or debriefing? Do you feel that your needs are being supported or that they could be more supported?

E: I think that they could be more supported. I really do.

CK: Ok, in what way?

E: I think that there are some things that they don't do. They don't deal or discuss with the volunteers and I think it's quite wrong.

CK: Ok. Is there anything else that you would like to share?

E: No, I don't think so. I think [redacted] does a wonderful job and I don't think they get fantastic salaries, you know. So I mean whatever anyone is doing there now is marvellous, you know. All of them are good.

CK (23:37): And I'm just wondering in your experience of 8 years, and you were saying that the volunteers have come and gone, what would you think is a good way of retaining the volunteers?

E: Of keeping them?

CK: Ya

E: I think just treating them like they are important. That they not just, like I say, a dog's body. Make them feel a little more important. Cos there's another lady, you know I'm very bad with names, and we were talking about it one day. And we were saying that that's one of the biggest reasons that volunteers leave, cos they feel, ag who am I doing this for, you know?

CK: Ok. And you say that you were chatting to one of the other volunteers. Do you feel that you guys as a group are able to talk to each other, other than at the monthly meetings?

support from each other

appreciation

retention of volunteers

Inclusion

E: I never really see any of them anymore, you know. There's just one or two that I really still, of the old ones that were with me. But the rest of them, they're all new, and I don't really see them. And they come and go. You know, you go to a meeting and you look around and there's not one face that you know, you know.

CK: Hmm mmm. And the people that were working with you, are they still volunteering?

E: Um, I know of two of the ladies that are still... One of them is a head sister in a clinic.

CK: Ok.

E: A black lady.

CK: Ok and she's volunteering?

E: She still works. I think she does nights.

CK: Ok.

E: I think so. And the other ones there but I think she's very disgruntled.

CK: Oh really?

E: Ya, cos like, she also feels that they never think of her, and they never call her.

CK: Ok. I get the sense that with the focus group, they said they felt that their needs were supported, but I'm hearing that maybe you feel that you need a little bit of recognition.

E: That's it. The recognition that they wanted. They do work hard. I mean they go out at night and I mean look how the weather's been. They get up and go, you know. And nobody ever says anything, um they put their names down so they go.

CK: Shoo. Ok. I think...

E: Ya, as I say I used to work nights and I decided that was not for me anymore (laughs)...

no contact

recognition

CK: Did you find it was going out in the nights, the weather, or was it just getting too much?

E: I think, I think actually, my husband complained and said it was too scary. Cos you know, you get there and the police are not there yet, you know. So you're kind of alone and you've got to open up and you're alone. Have you been there?

CK: To [redacted]?

E: To the trauma centre?

CK: To the trauma centre? No.

E: Haven't you? You know it's behind the hospital. You know, it's quite isolated and it's on its own. There are lights on, cos there are lights on all the time, but um... He did moan about that, you know.

CK: Ok.

E: You know you get there and you're on your own.

CK: I can imagine, ya. I wonder if that's something that =Patch= can look as well?

E: Yes, ya. They should get there when the police are there, you know. So that you have got somebody there.

CK: Some protection?

E: Ya. Well I used get there often and I was on my own for a good half an hour before they got there.

CK: Shoo. And you just have to wait.

E: You have to wait, ya. I mean I used to lock the door and all that but it's still dangerous, you know.

CK: Yes, ya. And I wonder if there's anything else that you would like to share or if there's something other than what we've already spoken about?

E: No, no. I think that's all.

safety

waiting