Prevention strategies applied to prevent child sexual abuse in high-risk communities in the North West Province: A qualitative exploration

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Abstract

Child sexual abuse (CSA) remains the most pressing and detrimental issue worldwide but is even more persistent in communities in South Africa where children are daily exposed to sexual abuse. Although all children are vulnerable, children living in high-risk communities are more prone to CSA. Therefore, it is essential to develop CSA prevention strategies, specifically for high-risk communities, to stop CSA before it occurs. Given the shortage of CSA prevention programmes specifically for high-risk communities, the manuscript details a qualitative study in which ten Department of Social Development (DSD) social workers from the North West Province participated in semi-structured online interviews to learn about the most recent preventative strategies being applied in high-risk communities in the North West Province. Thematic analysis was adopted to analyse the data. The findings reveal that CSA prevention programmes must have select characteristics, these include but are not limited to: parental involvement ought to be crucial to CSA prevention; the use of activities, techniques and programme content to enhance CSA prevention; several approaches to CSA prevention, such as: primary prevention; collaborative efforts; and aspects to increase the efficiency of CSA prevention programmes.

Keywords: *child sexual abuse; child sexual abuse prevention; high risk communities; social workers.*

INTRODUCTION AND BACKGROUND TO THE STUDY

Child sexual abuse (CSA) is a widespread global problem. In 2021, it was estimated that globally up to one billion children aged two to seventeen years of age have encountered emotional, physical, and sexual abuse (World Health Organization (WHO), 2022: 12). According to the Optimus study conducted in South Africa by Artz, Burton, Leoschut, Ward and Lloyd (2016: 49), the country's rate of sexual abuse exceeds the global norm. The overall total number of sexual offences against children in South Africa in 2019/20 was recorded as 53 293 (South African Police Service (SAPS), 2020: np).

Studies (Artz & Ward, 2018: 792; Greene, Neria & Gross, 2016: 160; Lussier, Chouinard-Thivierge, McCuish, Nadeau & Lacerte, 2019: 42) found that CSA has been linked to numerous negative consequences, such as: low self-esteem and self-efficacy; risky sexual behaviour; maladaptive coping mechanisms; post-traumatic stress disorders; substance use disorders; hyperactivity; suicidal behaviour and suicide attempts; distress; isolation; destitution; and impaired social functioning. Children who experienced abuse are at high risk of re-victimisation (Papalia, Mann & Ogloff, 2021: 74) and children living in high-risk communities are even more prone to abuse. High-risk communities, in the context of this study, refer to communities where a lack of resources, poverty, unemployment and prevalence of violence and substance abuse are dominant (Child Welfare Information Gateway, 2020: 13). Meinck, Cluver, Boyes and Mhlongo (2015: 90) add to these risk factors for CSA to include the following: financial instability; parental skills; level of education; mental health issues; gender inequalities; politics; high rate of crime; and poverty.

Primary CSA prevention in South Africa is still an ongoing process, since little investment has been made in the primary prevention of CSA. Three stages of prevention are established in the context of CSA through the public health approach (Australian Institute of Family Studies, 2015: 10). This three-level approach is applicable to the South African context and interlinks with the prevention levels in accordance with the Children's Act 38 of 2005. The Children's Act 38 of 2005 outlines three levels of prevention, namely: i) primary, which focuses on individuals, groups, or the entire community (Russel, Higgins & Posso, 2020: 3); ii) secondary, which focuses on interventions with groups or individuals who exhibit one or more risk factors for child abuse, such as: poverty; parental substance abuse; immaturity; parents with mental health issues; and children with disabilities; and iii) tertiary, which focuses on the prevention in the context of criminals who are diverted to treatment facilities (United Nations International Children's Emergency Fund (UNICEF), 2020: 153).

Social workers, as one of the role players within child protection, are co-responsible for the prevention of CSA and this is done through child protection. In child protection services, social workers play a crucial role in preventing abuse and neglect, and the exploitation of children and their families, among other. They achieve this through pre-statutory and statutory intervention, as well as preventative services (South Africa, 2006: np).

PROBLEM STATEMENT

CSA is a serious global problem and becoming the norm in South Africa, with a general acceptance of its prevalence, against the background of outrageous rates of violence in all spheres of society, especially against women and children. The importance of preventing CSA is evident. This study is part of a larger research project that aims to facilitate a prevention strategy for CSA in high-risk communities. In the context of this study, the aim is to explore the practice experiences of social workers and obtaining their input on the scoping review findings. The research question, that was formulated to achieve the aim of the study, was: What are the known strategies to prevent CSA in high-risk communities?

AIM OF THE STUDY

The aim of this study was to develop an in-depth understanding of the known strategies to prevent CSA in high-risk communities.

RESEARCH METHODS

This study employed a qualitative research approach. Busetto, Wick and Gumbinger (2020: 1) posit that the qualitative approach is used to explore the nature of a phenomena. Tenny, Brannan and Brannan (2022) add that the qualitative approach focuses on the experiences, perceptions, and behaviour of participants. The researcher chose the qualitative approach, since it seemed appropriate for this study. Moreover, since the researcher wanted to, through the interviews with social workers, explore the complexity of the phenomena. This study, through an exploratory research design, aimed at conducting a qualitative exploration of what is known from literature and practice about how prevention strategies are applied in high-risk communities to prevent CSA.

Sampling

To select a certain number of individuals from a larger population, non-probability purposive sampling was employed. Purposive sampling is a strategy in which a particular setting, persons and events are specifically chosen with the purpose of providing important information that could not be obtained through other choices (Taherdoost, 2016: 23). Ten purposefully selected social workers from DSD in the North West Province formed part of this study. These participants render services to high-risk communities which includes preventative strategies for CSA. The participants comprised of nine female social workers and one male social worker working in various districts in the North West Province. See Table 1 for a summary of the participants.

Table 1: Identifying demographic details of participants

Participant codes	Gender	Race	Years of experience in the field of social work
Participant A	Female	Black	7
Participant B	Female	Black	5
Participant C	Female	Black	13
Participant D	Female	Black	6
Participant E	Female	Black	6
Participant F	Female	Black	10
Participant G	Female	Black	2
Participant H	Female	Black	8
Participant I	Male	Black	10
Participant J	Female	Black	15

Data collection

Interviewing, as a data collection method, was used in the study. Semi-structured interviews are exploratory in nature and focus on a central issue to offer a basic framework and scope for discovery as the conversation progresses (Magaldi & Berler, 2020: 1). Semi-structured interviews gave participants the opportunity to share their views. Since the researcher resides in another province than the participants, zoom online interviews (Zoom Video Communication Inc, 2016) were used which was seen as a more cost-effective alternative in comparison to face-to-face interviews. Archibald, Ambagatsheer, Casey and Lawless (2019: 2) posit that one of zoom's key research tool features is its ability to securely record and store sessions without the aid of other software. The online semi-structured zoom interviews were guided by an interview schedule and conducted at a time convenient for the social workers and were between 45 minutes and an hour. During the interviews, the researcher used interview methods, such as: active listening; focusing on the participant's verbal and non-verbal communication; paraphrasing; and reflection to make sure that the participants accept and feel comfortable with the details that were recorded. Before the interviews commenced, the participants received a summary of the scoping review via email. The aim of the scoping review was to summarise the results and highlight the knowledge gaps necessary to address the research question (Munn, Stern, Aromataris, Lookwood & Jordan, 2018) pertaining to strategies to prevent CSA in high-risk communities. The research question that guided this scoping review was: what are the known strategies to prevent CSA in high-risk communities? During the scoping review the methodological framework designed by Arksey and O'Malley (2005) was utilised to direct the scoping review process. This framework involves six stages which are detailed as follow: Stage 1: The identification of the research question; Stage 2: Identifying studies that are relevant; Stage 3: Study selection; Stage 4: Charting of the data; Stage 5: Organising, summarising, and reporting of findings; and Stage 6: Consultation with stakeholders.

Data analysis

Data analysis is a process of examining and interpreting text data, such as transcriptions and allocating the data into themes (Creswell & Poth, 2018: 159). In this study, Braun and Clarke's (2018: 86) thematic analysis approach was followed and is defined as a technique for identifying, assessing, and noting patterns or themes arising from gathered data. Before analysing the data, the researcher examined the transcripts after the interview recordings were transcribed to become familiarize with the interview material (Creswell & Poth, 2018: 159). The steps as identified by Braun and Clarke (2018: 86) were used to analyse the data: (a) "becoming familiar with the data collected; (b) generating initial codes; (c) searching for themes; (d) reviewing themes; (e) defining and naming themes; and (f) producing the report". Themes were arranged into categories. The data was coded by the researcher by looking at the data as a whole and previous codes, carefully identifying cases that demonstrate themes, and then drawing comparisons before grouping the findings. This process is known as coding (Linneberg & Korsgaard, 2019). Once the researcher had established themes, the researcher reviewed the themes to decide which themes were relevant and which themes could be discarded (Braun & Clarke, 2018: 86). The researcher was able to discuss and debate the findings and make comparisons to existing literature.

TRUSTWORTHINESS

Trustworthiness helps the researcher to meet the criteria of credibility, dependability, transferability and confirmability as argued by Lincoln and Guba (1985: 77). Credibility was ensured by establishing rapport during the interviews. The researcher provided thick descriptions of data supported with participant quotes to enhance credibility. The researcher accurately documented the setting in which the research was conducted to ensure dependability, and a detailed description of the background was supplied in the final research report. Additionally, the researcher made sure that the study procedure was well-developed, well-documented, and reviewed by the supervisor. Transferability was confirmed by the participants in this study representing the context for which the intervention strategy was facilitated to be developed. Confirmability was done through keeping all communication that was sent between the researcher and participants. The research process was well documented, and all data was safely kept on a password protected laptop of the researcher.

ETHICAL CONSIDERATIONS

Ethical clearance to conduct the study was obtained from the Health Research Ethics Committee (HREC) of the North-West University with the following ethics number: NWU-00254-21-A1. Legal permission from the participating organisation was also obtained. Strydom and Roestenburg (2021: 288) argue that participants must be aware of the time commitments, activities, and disclosure requirements in addition to the project's specifics before the study begins, participants must have enough time to ask questions. The researcher informed participants about the way in which the research will be conducted and what will be expected of them. Ethical considerations, such as: obtaining signed informed consent; voluntary participation; anonymity; confidentiality and privacy; were adhered to while executing this study. In addition, the researcher is a registered social worker at the South African Council for Social Service Professions (SACSSP) and adhered to the ethical principles of SACSSP.

FINDINGS

The findings presented in this paper were obtained from Stage 6 of the stages proposed by Arksey and O'Malley (2005: 20) during a scoping review. Arksey and O'Malley (2005: 20) proposed that consultation with stakeholders (social workers in this study) offers additional sources of information, perspectives, meaning and applicability. Therefore, the input from DSD social workers working in North West province was obtained on what is currently being done in terms of prevention in the province and how the findings of the scoping review add to these strategies. The findings of the scoping review were presented to the participants, and they were asked to elaborate on the findings. Five main themes with sub-themes emerged from the thematic analysis of the interview data.

Theme 1: Characteristics of effective CSA prevention programmes

This theme is divided into six sub-themes and supported with quotes from the participants.

Sub-theme 1.1: The application of different types of CSA prevention programmes

The study found that different types of programmes are currently applied in high-risk communities to prevent CSA and indicated that programmes must be school-based. Most of the participants agreed that CSA prevention programmes are best when implemented at schools as indicated by the following participants:

> "*School based programmes, it's where we get to access the children so that we may provide or rather we may offer the education so as to prevent CSA*" (Participant J).

> "*Yes, I think it can be helpful when it starts at school. Well unlike when the child you know, hearsay outside of people, people that sometimes have their own intention. So they might not tell the child the entire truth unlike in the school setting*" (Participant H).

Participants in the study identified CSA awareness programmes as another form of strategy to prevent CSA. The following are the direct quotes from participants to support these views:

"*I can say that to increase knowledge and skills, it's all about rendering awareness campaigns by giving people education about CSA*" (Participant I).

"*And also the awareness campaigns may also work because it's where we generate information related to CSA with these young ones*" (Participant C).

Participants in this study highlighted that for CSA prevention to be effective, workshops must be conducted at schools. Participants have articulated their views as follows:

"*Workshops to prevent CSA must be conducted at schools. Including workshops in schools when preventing CSA meaning the teachers will also be involved and the issue of providing education. I think this one can include both the teachers and children*" (Participant A).

"*We normally host workshops at schools as a result we raise CSA awareness, and we mostly include children in all grade levels and their teachers and parents are also invited to attend these workshops*" (Participant I).

Participants in this study shared that CSA programmes must be validated within the child protection space to find out if they are suitable for the community.

"*I think that primary preventions, that has to be done in the communities need to be checked first if they are good enough for the community and yes programmes need to be validated, in order to make sure that they are going to work, when we are going to work in communities, they're going to improve whatever that we need to improve in the communities*" (Participant E).

From the data gathered, it is evident that the most emphasised CSA prevention strategy is school-based programmes which corroborate with the findings of Tunc, Gorak, Ozyyazicioglu, Ak, Isil and Vural (2018: 348) when they allude that schools have become the obvious choice to teach children about CSA and their ability to reach children in larger numbers, since the fundamental aim of schools is to educate. Walsh, Zwi, Woolfenden and Shlonsky (2018: 34) argue that schools are relevant facilities for CSA prevention programme delivery since they minimise the stigma associated with CSA. The researcher is of the opinion that schools facilitate an enabling space for children to access programmes freely without being exposed to the stigma and ridicule. Ospina (2019: 79) adds that most CSA prevention interventions for children focus on personal safety and further alluded that these programmes are school-based, and they utilise school curricula to disseminate knowledge about CSA.

Sub-theme 1.2: Different target groups must be included

The participants in the study indicated that CSA programmes must have different target groups. Some participants felt that the programmes should target children from a young age and that the focus of the CSA programmes must be on pre-schoolers, primary school and secondary school children. Parents and the public must also be included. The responses from the participants built on the consensus that programmes must target children from a young age.

"*I think with a target group of children, they can work. Because, as I've said, with children from young ages, it's easy to talk to them. It's easy to relate to them*" (Participant C).

"*Well, of course, we mentioned that it's quite imperative that we start with pre-schoolers in primary school*" (Participant D).

Participants in the study acknowledged that programmes must target children from all level of schooling.

"*And I think that the target group is of paramount importance, according to the Children's Act so that a child is anyone who's under the age of 18 years. So that target group must be from pre-school and upwards*" (Participant I).

The programme must include parents. Most participants shared similar responses.

"*We should also invite the parents or the children's guardians as well at the same time, to engage them both in the dialogue*'' (Participant G).

"*…we will also need to teach parents of how to teach their children at home*" (Participant I).

The public must be involved in the prevention of CSA. Participants articulated their views as follows:

> "*These programmes are normally for young children and also for adults. So we usually we do not pick and choose actually, we have different programmes that cater for different ages for general public and different people*" (Participant C).

Vosz, McPherson, Tucci, Mitchell, Fernandes and Macnamara (2022: 81) posit that the premise behind CSA education programmes is that raising awareness of CSA among parents, caregivers, and other adults in a child's social network will result in behaviour changes that can successfully stop grooming of children and consequent sexual abuse. Furthermore, drawing from the argument of Finkelhor (1984) (as cited by Rudolph, Zimmer-Gembeck, Shanley & Hawkins, 2018: 98) who argued that the combined understanding of the CSA conditions gives a demonstration of the multi-layered prevention approach which is required and acknowledges several opportunities for prevention. Although parent-led CSA education programmes have been associated with decreased incidence of CSA, a recent study found that the care and monitoring associated with these programmes and not the educational approach itself, was what kept CSA from happening (Rudolph, Zimmer-Gembeck & Walsh, 2022: 3). The researcher feels that an approach to prevent CSA is when a strategy is accommodating instrumental players to combat CSA, it is with this view that prevention strategies must involve everyone within the space of CSA prevention interest.

Sub-theme 1.3: CSA prevention programmes should be context specific

All the participants in this study shared the same view that CSA programmes should be specific to the context of its delivery. Participants in this study acknowledged and shared similar views that risk and protective factors must be considered when CSA prevention strategies or programmes are implemented. The following are direct quotes from participants:

> "*When we say context specific, the programme should be implemented in certain areas, especially poor communities where a lot of men are not working, where a lot of uncles and fathers are not working in communities where there is 'nyaope [drugs]' involved and things like that, because I feel that most of this sexual abuse happened in those specific areas*" (Participant C).

> "*I do agree especially about the issue of context specific because you cannot go talk on the programme of CSA and not talk about something else like substance abuse, I totally agree that it should be focused on the specific topic or risk or needs of the community and family and also it should address the care and protection of children*" (Participant B).

Drawing on the research findings, it is essential to address CSA by knowing the specific dynamics and context of a community. This is corroborated by the findings of Rudolph et al (2018: 103) who claim that since risk factors are known, it can be deduced that parents who exhibit improved parenting behaviours, such as: communication; involvement; and monitoring; may reduce their child's risk of CSA, although this has not yet been proven.

Sub-theme 1.4: The outcome of CSA prevention programmes must be to increase knowledge and skills

The fundamental output of the CSA prevention programme is to increase the knowledge and skills of children, parents and the community. All participants shared the same view, and the following are the representation of the participants' responses:

> "*… the way of implementing these programmes is to increase knowledge to those young ones, so that they may know what CSA is*" (Participant J).

> "*These programmes help us as social workers to facilitate the education of communities and parents by teaching them CSA, the way to prevent it and also the skills to apply when dealing with CSA*" (Participant B).

> "*So it's best that we educate the parents and the community at large, as to protect our children from CSA*" (Participant F).

School awareness programmes and child protection are also methods to increase children's knowledge on CSA. Most participants shared similar views.

> "*We do the school awareness and child protection, where we engage children from pre-schools, we go to pre-schools, and in primary schools*" (Participant G).

Some CSA prevention programmes are based on teaching children on their body parts and teaching them about unsafe or safe body touch, most participants highlighted similar views.

> "*When children are going through these prevention programmes, we normally teach about body safety, teach them about their body parts so that they become aware, and we also teach them how to take care of their bodies*" (Participant H).

According to Solehati, Fikri, Kosasih, Hermayanti, and Mediani (2022: 19), the goal of CSA prevention can be reached through improving children's knowledge, attitudes, behaviours, self-efficacy, and skill practice. Based on the data gathered from participants, it is evident that the general goal of implementing CSA prevention programmes is to impart knowledge and skills to beneficiaries of the programme. Most participants shared similar views regarding the outcome of the programme. Participants shared views are in line with the research findings of Walsh et al (2018: 34) who indicated that prevention programmes are developed to prevent CSA by equipping children with knowledge to identify and refrain from potentially sexually abusive situations.

Sub-theme 1.5: The purpose of programme delivery is also to identify possible victims of CSA

Although it is evident that most of the participants are of the opinion that CSA prevention programmes must provide education to children, parents and the community on how to protect children, CSA prevention programmes must also enable social workers to identify if children are experiencing abuse and bring awareness on where to report such cases.

> "W*e want them to know what is CSA? How can one identify that he or she is experiencing one where to report you know, so yes, I agree with that one*" (Participant J).

Most participants highlighted that CSA prevention programmes help to identify possible victims. Programs enhance secondary prevention by increasing reporting and aid seeking among children who are currently being abused (Thompson, Zhou, Garg, Rohr, Ajoku & Spence, 2022: 2). This argument is corroborating with the participants' opinions.

Sub-theme 1.6: Mode and frequency of programme delivery

In this study, participants outlined how the programmes are delivered and their frequency of delivery when rendering service. Some programmes are delivered in schools by means of engaging various groups.

> "*We present the programme remember, it depends with the school we engage with. But then in most schools, we go once a month, and we see various groups at school once a month*'' (Participant I).

> "*If we see various groups at school once a month but then we can go to that school maybe two times or three times a month, depending on how many groups we have*" (Participant E).

Some participants highlighted that programmes are delivered on a quarterly basis in schools.

> "*Once quarterly, we are ward based so we will find that in one ward, you have five or six schools, and you must cover all of them*" (Participant G).

Most participants said that some programmes are delivered at schools every month on once or twice a month as one-on-one sessions.

> "*We go to school once in a month or twice to facilitate the programmes, sometimes we do it on one-on-one sessions, or a group sessions or in a form of a speech session*" (Participant J).

Based on the responses gathered from participants, most participants indicated that some programmes are delivered through groups, while other are based on one-on-one basis and different time frames. Most school-based education programs for CSA prevention are delivered to groups of learners and are adapted to their ages and cognitive abilities (Walsh et al, 2018: 34).

Theme 2: Parents as role players in CSA prevention programmes

This theme has two sub-themes, namely: the involvement of parents in CSA prevention programmes and parent-based prevention. Data is presented as follows:

Sub-theme 2.1: The involvement of parents in CSA prevention programmes

Participants indicated that CSA prevention programmes should involve parents for CSA to be prevented effectively. The following are the responses of participants.

> *"It's easier for the parent to relate to his/her own child. So, if we include parents in this kind of programmes, then that can work for us…*" (Participant G).

> "*When including parents in CSA prevention, it makes it easier to child to relate with their parent and in the long run results are promising*" (Participant I).

The study found that parents need to be educated about CSA prevention. Participants' opinions are quoted as follows:

> "*If parents really are made to understand like being taught what child abuse is and what are the prevention strategies, then things are going to be simpler, because when they have this knowledge, they're going to pass it to the children, though the CSA education on them is very important but we still struggle to get hold of them in large numbers*" (Participant E).

> "*I think when we engage with these parents, we should also engage with their children and educate them about CSA and how to prevent it from happening in their presence, you know, they should be with their kids*" (Participant G).

Based on the data gathered from participants, parents are important role players in CSA prevention, therefore, their involvement and education on CSA prevention is essential. Participants also expressed that although the CSA education of parents is of paramount significance, they still struggle to get hold of them in large numbers. Participants' views support research by Salloum, Johnco, Zepeda-Burgos, Cepeda, Guttfreund, Novoa, Schneider, Lastra, Hurtado, Katz and Storch (2020: 345), who note that it's crucial to understand parents' roles in CSA education and their level of involvement in CSA prevention when developing CSA programming with parents. The involvement and education of parents on CSA is a link for better results for CSA prevention to achieve the highly desired results.

Sub-theme 2.2: Parent-based prevention

Participants indicated that CSA prevention programmes must be based on parents. Participants expressed their opinions in this manner:

> "*I do believe the parent-based prevention programme, as I've said before, it's easier for a child to speak to their parent, it's easier for the parent to relate to his own child. So, if we involve parents in this kind of programmes, then that can work for us because you find a child that is being abused, and the only person she trusts is the mother or the father*" (Participant D).

> "*I think parental dialogues CSA programmes for parents they can work for the better in terms of preventing CSA, remember a dialogue is when people are given the platform to talk about their issue and in that way if parents are given such platforms or programmes specifically for them, we will end beating this CSA thing*" (Participant A).

Most participants hold the view that programmes must be based on parents, since parents are regarded as active role players in preventing CSA. Parents can address the mysteries about sexuality that perpetrators take advantage of, by sharing with their children age-appropriate information about sexuality and their bodies (Klika, Rosenzweig & Hiner, 2020: 647). Guastaferro, Zadzora, Reader, Shanley and Noll (2019: 1863) state that even though there is a need to create programmes targeting

parents due to the unique role they play in prevention, there are a limited number of CSA prevention programmes that include parents. Participants supported this when they stated that parents are regarded as role players in preventing CSA.

Theme 3: The use of activities, techniques and content to enhance CSA prevention programmes

This theme is divided into three sub-themes which are: the use of activities and techniques, format of the programme and content and focus of the programme.

Sub-theme 3.1: Use of activities and techniques

Most of the participants in the study indicated that CSA prevention programmes must use various activities and techniques that are appropriate for children.

> "*I'll say rather than using words, and you know, chalkboards and whatever, pens and what we use either games in order for them to engage with. I would say rather use games to engage with them than be serious*" (Participant F).

> "*I think the teaching techniques should be child friendly, should be able to relate with the child, things that children can know, relate to without having to use maybe the online technology*" (Participant H).

Participants acknowledged that CSA prevention programmes must also be accessible and delivered through online technology. However, most of the participants voiced their concerns about the rural communities, since they do not have the resources. This is how they articulated their views:

> "*For CSA prevention programmes to be accessed through online technology in relation to the communities we serve it won't be easy, because these are rural, remote communities. Most of the time, there is no network coverage, most of the times kids don't even have cell phones, let alone buying data*" (Participant H).

> "*The online technology might work but I don't think in the community I serve will work because we are serving remote and disadvantaged communities*" (Participant J).

Participant D indicated that nowadays all the children have cell phones, even in the poor communities and that it is an effective tool to use in the prevention of CSA:

> "*And I can just explain that in terms of the technology. We are well advanced. Even in the poorest of communities, you find the children already have the smartphone. So with the use of these smartphones as a tool, to prepare them to empower them with CSA related knowledge*".

The findings show that CSA prevention programmes must be designed in such a way that they accommodate the usage of various teaching techniques and activities so that children can be accommodated. Participant's opinions are corroborating with the findings of Ospina (2019: 5) who found that most programmes are delivered within an array of multi-behavioural skills training and based on principles of social learning, role playing, demonstrating, through instruction, modelling, testing and feedback. Manheim, Felicetti and Moloney (2019: 749) mentioned that there are many different types of programmes, including books, comics, movies, videos, and lecture-style presentations.

Although participants voiced their opinions in terms of online CSA prevention programmes, they agree that it may not work in the communities they are currently serving. They outlined issues of scarcity of resources, such as: internet, data or smartphones. Bright, Ortega, Finkelhor and Walsh (2022: 132) mention that e-learning formats of CSA prevention can help engaging children, parents, guardians, or other support people in educating their children on CSA prevention and supports the viewpoints of the participants. Bright et al (2022: 132) warn against assuming that all parents have the available resources to manage e-learning at home or are able to use the technology that is needed. In addition, they contend that it is clear at this point in the global COVID-19 pandemic that choices for virtual learning are required for all subjects, but especially for those that might be disregarded, such as: preventative education (Bright et al, 2022: 132). Many changes occurred during the era of COVID-19, which shifted a normal way of doing things and in the context of learning institutions, the shift was geared upon migrating the normal way of learning to online learning and the researcher feels that it is the case, since it applies to CSA prevention programmes.

Sub-theme 3.2: The format of the programme

The study found that CSA prevention programmes must be delivered through child-friendly presentations, and the programme must include recreational activities. The following are participants' responses:

> "*The presentation and information that we teach children on CSA, you know, is age appropriate, and then the kids are able to ask questions where they don't understand*" (Participant I).

> "*The presentation done to children at pre-school, it cannot be the same to the one done at the primary level. Whereby in pre-school, we use a lot of cartoons, we use a lot of teaching them on how to say no to situations which are uncomfortable to them*" (Participant G).

Participants in the study have articulated that recreational activities must be included in the format of the programme.

> "*I think since we are dealing with children by making sure that you make use of recreational activities here and there to make sure that the information is transferred, and children will be able to relate and understand*" (Participant J).

> "*I think using games, using songs on kids they remember that more than they remember when I'm standing in front of them in saying this. They just forget. So I'd say in the programmes, the one we can include is those activities like games, songs and other things which kids find to be fun that make them even freer to talk even freer to engage*" (Participant B).

Most participants indicated that recreational activities and child friendly presentation must be included in the presentation format. Participants' opinions are supported by the findings of Brown (2017: 218) who noted that CSA prevention programmes that teaches children about personal safety need to be age appropriate, as well as on the developmental level of the children. It also includes a section that provides parents with information.

Sub-theme 3.3: The content of CSA prevention programmes

The participants highlighted that CSA prevention programmes must be linked to the school curriculum, must be on sex education, the acquisition of personal safety skills and effective parental skills. Most of the participants shared similar opinions as follows:

> "*CSA prevention should be attached with the curriculum, because children are in school, that's where we get to find them to meet them and implement the programmes*" (Participant J).

> "*For CSA prevention to work, we need to work as a team. So it is part of the curriculum that the kids are being taught at school, then that's an advantage because when they are at school, they'll be able to be taught about it*" (Participant E).

Several participants in the study have mentioned that sex education must be included in the programmes as indicated below:

> "*The prevention programmes are quite good because remember, sex education is done in schools*" (Participant D).

> "*I think in relation to CSA content, explicit sex education must be incorporated in their Life Orientation subject just to show them body parts and genital parts for both males and females…kids must be taught that in schools*" (Participant H).

Most participants agree that programmes must provide knowledge and skills on self-protection.

> "*To increase knowledge and skills, it's all about rendering awareness campaigns by giving people this education about CSA. Not only children but the community as a whole they need to be knowledgeable about CSA and be taught skills on self-protection because it really affects children a lot whereby they see people as everyone*" (Participant G).

"*I think teaching young children skills of dealing with sexual abuse challenges and skills of how to protect themselves should they find themselves in such situations can help a lot when dealing with CSA*" (Participant B).

Participants shared similar views that children must acquire personal safety skills in CSA prevention programmes as indicated below:

"*We teach children about safety measures and strategies of what they should do in order to be in a safe place by all times should they feel or see if they are danger*" (Participant I).

"*I think teaching children personal safety skills of how to protect themselves or what to do when they someone is touching them at private areas, how to identify an uncomfortable body touch and how to set boundaries over their bodies should…*" (Participant C).

All participants indicated that CSA prevention programmes need to include effective parenting skills. The following are participants' responses:

"*I think in the strategies we should include parenting programmes in order to enhance parents with effective parenting skills*" (Participant B).

"*I think by educating parents with parenting skills on how to support and how to talk with their children, how to relate with their children it will be very good when a child knows that my mother can listen to me while I am telling her somethings, so in preventing CSA it can work to our advantage*" (Participant H).

In examining participants responses, it is clear that similar views were shared, namely: that it is important that the content of CSA prevention programmes must be linked to the school curriculum. The findings of Botha, Rens and De Jager (2022: 1) are corroborating with the views of participants when they mentioned that within the South African context, the attributes of Life Orientation education address the development of self (personal well-being), include knowledge, attitude, values and skills; social and environment responsibility and physical education among others. They further added that it appears that the knowledge, skills, as well as the values which the children are taught in Life Orientation can assist learners to cope better with some of the life challenges. Participants also felt that it is important that CSA prevention programmes must focus on sex education where children learn more about their body parts, as well as information on how to protect themselves and personal safety skills. Goldfarb and Lieberman (2021: 14) mentioned that for young children's sexual health and wellbeing, sex education in schools is crucial. Effective strategies for preventing CSA in elementary schools often incorporate role-playing, behavioural practice and parents' participation. Its foundation is the teaching of body ownership; children's bodily autonomy; communication; and self-protection. It was also found that there is a focus on the skills of the parents. Participants' opinions were corroborated in the findings of Solehati et al (2022: 18) where it was highlighted that programmes must be integrated into the school-based curriculum, since most children spend most of their time in educational institutions, they are able to benefit from programmes for CSA prevention that are offered in their learning facility.

Theme 4: Approaches to CSA prevention programmes

The theme is divided into two sub-themes which are primary prevention and collaborative efforts to CSA prevention.

Sub-theme 4.1: Primary prevention

Within primary prevention, the participants identified the use of the public health approach, and community-based programmes. Most participants in the study indicated that CSA prevention programmes must be delivered by means of the public health approach. The following are participants' views:

"*Programmes are delivered on the public health approach, it is something which is happening, looking at issues of CSA on the public health this is important because all people who are included in the Children's Act such as: health; education;* [and] *criminal justice should work together to ensure that children are cared and protected. Also the community organisations such as NGO's we work with them and empower them, and they also get funding from the Department of Social Development*" (Participant B).

"*I think with the public health approach, I think it is of importance that the community, the public, and the whole world, in fact needs to be educated and also to be informed …what constitutes when speaking of CSA, and which Acts govern or protect our children from being abused*" (Participant F).

Participants reported that CSA prevention programmes should include a community-based approach. This is how they shared their views:

"*For CSA prevention to work, when it comes to community because we have schools in our communities as they are so disadvantaged the programmes must include or be delivered on a community-based approach. So when we say that it can work as a community based, that's where we get to reach the schools*" (Participant J).

"*Communities need to be educated about CSA, our programmes are also community approach whereby we speak publicly. We do our news campaigns; we do community outreach and then just educate people on a vast way upon what is CSA and about the Acts also that govern and also protect children*" (Participant I).

According to Russell, Higgins and Posso (2020: 3) primary CSA preventive measures can focus on specific people, teams, or the entire community. Knack, Winder, Murphy and Fedoroff (2019: 182) contend that primary prevention is applied before an actual incidence happens, it has the benefit of preventing children from becoming CSA victims. From the data gathered, most participants emphasised that for CSA prevention to be successful, programmes must have approaches and be delivered on the public health approach. Rudolph et al (2018: 103) reiterated on Finkelhor (1984) model of CSA preconditions, they argued that a broad preventative strategy is important, as shown by the integrative conception of the necessary preconditions for CSA, and it identifies various options for prevention. The researcher feels that it is imperative to take into consideration the approach of the prevention programme (primary or community based) and align it with a specific target within communities.

Sub-theme 4.2: Collaborative efforts to CSA prevention

The study found that CSA prevention programmes must include multi-disciplinary efforts, support groups and community profile. Most of the participants in the study agreed that CSA prevention programmes must be delivered through multi-disciplinary efforts. The following are participants' direct quotes:

"*In most times through collaborative efforts work before we find or get a report of CSA case, it is not a matter which needs social worker alone, there has to be a collaborative effort there for us to deal with it. Because when I find that sexual abuse case – I have to also refer it to the hospital, which the hospital will also involve the police. So we end up working as a multi-disciplinary approach in order to deal with this case*" (Participant C).

"*Multi-disciplinary effort works because when we talk about having a multi-disciplinary approach, we are saying it's not only just one profession, that is imparting knowledge to these kids, but it's a group of people from different backgrounds and professional backgrounds*" (Participant D).

From the responses of the participants, it is evident that a multi-level approach is needed for the effective prevention of CSA. The opinions of the participants are supported by Radford, Ligiero, Hart, Fulu and Thomas (2019: 3) when stating that, to address CSA, it is important to take into consideration aspects, such as: multiple victimisation; and make the best use of limited resources; and comprehensive approaches that focus on all types of violence are crucial. Dovi, Macaulay, Repine, De Jong, Williams and Deutsch (2022: 10) highlight that investigations of CSA require the co-ordination of numerous multi-disciplinary team members, including law enforcement, child protection services, medical and behavioural health professionals, and victim advocates frequently based at children advocacy centres. To increase access to community-based medical and behavioural health care services, improve continuity of care for children and families, and to respond quickly to CSA victims and cases.

Theme 5: Aspects to increase the efficiency of CSA prevention programme

This theme is divided into four sub-themes which were identified as aspects that may increase the efficiency of the CSA prevention programmes.

Sub-theme 5.1: Programmes must be culturally sensitive

Participants in the study emphasised that CSA prevention programmes must be culturally sensitive. The following are participants' responses:

> "*The method that are used in the programme to address CSA they should be culturally sensitive, we should really be cautious for cultural and religious issue*" (Participant B).

> "*CSA prevention programmes shouldn't interfere with the culture, it needs to be culturally sensitive, we need to make sure that all the communities that we are working with, we are culturally sensitive towards them*" (Participant E).

The findings emphasised that CSA prevention programmes should be culturally sensitive in such a way that cultures in communities are acknowledged. The findings are echoed by Mabetshe, Obioha, Mugari and Cishe (2022: 11) who highlight that various cultural and societal norms favour masculinity and forbid children and parents from discussing their feelings and sex experiences openly. Information on how cultural values may inhibit CSA prevention and disclosure, must be incorporated in the CSA prevention programmes.

Sub-theme 5.2: The duration of the programme must be time sensitive

Participants mentioned the aspect of time allocated for the programme in terms of CSA prevention:

> "*The duration CSA programme should be time sensitive not to take too much time in order for it to be efficient*" (Participant B).

> "*You need to be sensitive on the time and duration of the session. So it always depends on the actual group. When are they available and how long are they available for the programme*" (Participant D).

For CSA prevention programmes to be effective, the duration of the programme plays a very significant role in preventing CSA. Participants highlighted that the duration of the prevention programme increases efficiency. Manheim et al's (2019:748) research indicates that CSA prevention programmes with more time allocation tend to be most beneficial for extended outcomes. Programmes with three or more sessions are found to produce the best learning.

Sub-theme 5.3: Evaluation and formal assessment of the effectiveness of the programme outcome

Participants in the study mentioned the importance of evaluating the effectiveness of the programme. The following are the participants' views:

> "*After conducting all the sessions of the programme or after implementing the programme, you have to evaluate to check how effective or not a programme was to the participants, one can use variant options of conducting evaluation*" (Participant J).

> "*It is vital for one to do evaluation after implementing or even after sessions to check on, if it is working? Where can I improve?*" (Participant G).

Participants in this study agreed that CSA prevention programmes must have an impact on children, families and the community at large. Therefore, it is important to assess these programmes. The following are participants' responses:

> "*I think there should be a way for us to evaluate the impact in communities. Currently we are talking about we go into those communities into those groups, and we teach, but we hardly ever go back to them and find out how effective our education has been. I think maybe we can improve our evaluation of these programmes impact, constantly go back to the communities and allow them to tell us, are we winning? Are we making any much impact with the education that we are driving to them*?" (Participant G).

Evaluation of the programme effectiveness is of paramount importance, although the participants mentioned aspects of efficacy, their views are corroborated in findings of Thompson et al (2022: 5), who indicated that evaluations must employ a valid and trustworthy instrument to measure participants' knowledge and abilities in relation to the identification, resistance to, and reporting of CSA. Jin, Chen, Jiang and Yu (2017: 365) mention that most evaluated studies of CSA prevention programmes demonstrate certain benefits for children, such as an increase in knowledge and skills of CSA prevention, as well as self-protection skills.

CONCLUSION

During the qualitative exploration, the aim of the study was to develop an in-depth understanding of the known strategies to prevent CSA in high-risk communities. Most participants in this study reported that CSA prevention programmes must have certain characteristics. In looking at what participants emphasised and linking it with literature, it is evident that schools have become the obvious choice to teach children about CSA with their ability to reach children in larger numbers, since the fundamental aim of schools is to educate. The effectiveness of the CSA prevention lessons taught in schools can best be sustained by caregivers. The fundamental output of CSA prevention programme is to increase the knowledge and skills of children, parents and the community. CSA prevention programmes must provide education to children, parents and the community on how to protect children. CSA prevention programmes must also enable social workers to identify whether children are experiencing abuse and they also bring awareness on where to report such cases.

The importance of parents' involvement in CSA prevention was emphasised. When they are involved, engaged and taught (to do so), parents play an instrumental role in CSA prevention since they spend most of their time with their children. In that way, they will be able to teach their children and be able to relate with them. The use of various activities and techniques that are appropriate for children, enhance the content and format of the programmes. Sex education is an important part of CSA prevention programmes.

The study also found that primary prevention of CSA prevention programmes must be delivered through the public health approach. To improve the effectiveness of the programme outcome the programmes need to be culturally sensitive, and the duration of the programme must be time sensitive. Evaluation and formal assessment of the effectiveness of the programme outcome is also essential.

RECOMMENDATIONS

- The researcher recommends that more exploratory research projects should be undertaken in other provinces that focus on CSA prevention strategies to inform representation of CSA in the context of South Africa.
- A study to be undertaken examining the cultural factors, aligned risk and protective factors for effective CSA prevention.
- CSA prevention strategies should be developed in a sense that parental involvement is a key factor, communities, linking CSA programmes with school curriculum and the involvement of teachers, social workers and counsellors based at schools.
- The researcher strongly emphasises that research, which is being conducted in South Africa, should include all governmental- and non-governmental organisations working with CSA cases. The outcomes of such a process should also be made available to inform the development of intervention strategies for CSA prevention.

CONCLUDING STATEMENT

Finally, the researcher is hopeful that the findings of this study may inspire other research, not only for the betterment of South Africa in terms of child protection but also gearing up South Africa to be in a better position to protect children by strengthening the efforts to improve policies and legislation dealing with children matters.

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