

Current social work procedures with children who are victims of sexual abuse in the Limpopo Province

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Dissertation submitted in fulfilment of the requirements for the degree *Master of Social Work* in Forensic Practice at the Potchefstroom Campus of the North-West University

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September 2016

ACKNOWLEDGEMENTS

The researcher would like to express her sincere gratitude and give recognition to:

- God Almighty, for the strength and guidance that He has blessed me with throughout this study.
- My study leader, Mrs. T. Hassim for her guidance, patience, support and encouragement throughout this study. Thank you so much Tasleem, without you I would not have completed this study. Continue to be a blessing to others.
- My co-leader, Prof C.C Wessels thank you for your academic guidance and critical reviews.
- My siblings and nephew, Mukona Nemajilili, for all their contributions, encouragement, words of support and continuous love.
- The Limpopo Department of Social Development, for granting me permission to conduct this study and making available the necessary support and required resources.
- All the wonderful participants (social workers) from Capricorn District who voluntarily gave their time to participate in this study. I really appreciate your time and co-operation.
- The mediator and field worker, for voluntary assisting me to gather the data for this study.
- All my colleagues and friends, for their professional guidance and support as well as motivation and encouragement at times when it was much needed.
- Ms T. Stewart, for professionally editing my work.
- Ms S. Vorster, for the translating services.

SUMMARY

Title: Current Social Work procedures with children who are victims of sexual abuse in the Limpopo Province

Keywords: *Procedures; alleged; children; victim; sexual abuse; social worker.*

Child sexual abuse is a global problem that occurs across cultures and socio-economic groupings with profound long term physical and mental health consequences. This study focuses on exploring and describing current social work procedures with children who are alleged victims of sexual abuse.

The qualitative research approach was utilised to explore the procedures followed by social workers regarding children who are victims of sexual abuse. A semi-structured interview schedule was used as a means of data collection to explore the aim of the study. I interviewed 23 participants until data saturation was achieved. The interview schedule focused on current processes, steps, obstacles, assistance and management of child sexual abuse cases were followed.

The interview schedule was administered to social workers who are employed at the Department of Social Development, Limpopo Province. The study confirmed that care and protection of children is one of the top priorities of the government as it is also reflected in the Children's Act, Act 38 of 2005 (South Africa, 2003) and other policy documents as well as frameworks that guide service delivery.

It is recommended that social workers complete a thorough investigation and take extra caution in the procedure that is followed when a child is removed and placed into a children's home or foster care.

OPSOMMING

Titel: Huidige maatskaplike werksprosedures met kinders wat slagoffers is van seksuele mishandeling in die Limpopo-provinsie

Sleutelwoorde: *Prosedures; vermeende; kinders; slagoffer; seksuele mishandeling; maatskaplike werker.*

Kindermishandeling is 'n globale probleem wat oor kulture en sosio-ekonomiese groeperings voorkom met ingrypende, lang termyn fisiese en psigiese gesondheidsgevolge. Hierdie studie fokus op die ondersoek en beskrywing van huidige maatskaplike werksprosedures met kinders wat vermeende slagoffers van seksuele mishandeling is.

Die kwalitatiewe navorsingsbenadering was aangewend om die prosedures deur maatskaplike werkers ten opsigte van kinders wat slagoffers van seksuele mishandeling is, te ondersoek. 'n Semi-gestruktureerde onderhoudskedule was gebruik as middel vir dataversameling om die doel van die studie te ondersoek. Drie-en-twintig onderhoude was gevoer tot 'n dataversadigingspunt bereik was. Die onderhoudskedule het op huidige prosesse gefokus asook stappe wat gevolg word na die verwydering van 'n kind. Daar is ook gefokus op hindernisse wanneer gevalle van vermeende seksuele misbruik van kinders hanteer word, asook bystand in die verwysing van gevalle en besuur van seksuele misbruik van kinders.

Die onderhoudskedule was toegepas ten opsigte van maatskaplike werkers in diens van die Departement van Maatskaplike Ontwikkeling in die Limpopo-provinsie. Die studie het bevestig dat sorg en beskerming van kinders een van die hoogste prioriteite van die regering is soos ook weerspieël in die Kinderwet 38 van 2005 en ander beleidsdokumente asook die raamwerk wat diensverskaffing rig.

Dit word aanbeveel dat maatskaplike werkers 'n deeglike ondersoek moet doen en ekstra versigtigheid aan die dag lê tydens die prosedure wat gevolg word wanneer 'n kind verwyder, en in 'n alternatiewe plasing word.

DECLARATION AND PREFACE

I, *Thinawanga Nemajilili*, declare that this article entitled “*Current social work procedures with children who are victims of sexual abuse in the Limpopo Province*” is my own work and that all the sources that have been used or quoted have been indicated and acknowledged by means of complete references.

I hereby declare that this dissertation is not submitted for any other degree with this declaration.



.....

T. Nemajilili

30/04/2016

.....

Date

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Current Social Work procedures with children who are victims of sexual abuse in the Limpopo Province

Ms. T. Nemajilli, a master's degree student in Social Work, Forensic Practice, Mrs. T. Hassim is a lecturer and Prof. C.C Wessels, an associate professor in the School of Psychosocial Behavioural Sciences, Social Work Division, Potchefstroom campus of the North-West University.

KEYTERMS: *Procedures; alleged; children; victim; sexual abuse; social worker.*

1 CONTEXTUALISATION

Child sexual abuse is a global problem that occurs across all cultures and socio-economic groupings with profound long term physical and mental health consequences. Globally, estimates show that between 7%-37% of females and 5%-10% of male children have experienced sexual abuse (Mathews *et al.*, 2010:84). Children who have been sexually abused have higher rates of post-traumatic stress disorder than those who have experienced other forms of maltreatment or trauma (Berliner, 2011:216). Generally in cases of severe early childhood abuse of all kinds, brain development seems to be affected so that both brain size and IQ are significantly reduced (Cohen *et al.*, 2002:91-108). Behavioural problems, such as self-destructive behaviours, including drug dependence and alcoholism, are highly correlated with a history of child sexual abuse (Shin *et al.*, 2010:277-280).

Leeb *et al.* (2011:454-459) explain that sexual abuse subsumes a range of behaviours, including intrusion, child prostitution or involvement in pornography. Child sexual abuse is uniquely less obvious in that it usually is only presented when the child discloses the abuse to someone. However, the exact way in which it is presented may vary and could include the presence of acute sexual trauma, sexual transmitted disease and pregnancy, or less obvious behavioural manifestations or both. When there is suspicion that a child has been sexually abused, it becomes necessary for the child to be brought into the investigative phase that underlies the judicial process (Kuehnle & Connell, 2010). The investigation of suspected abuse often relies, in part, on professionals who bring specific expertise to the task. These include both clinical and forensic skills. Clinical skills are applied to address the concerns the social worker may have regarding the protection of the child, and deals with matters such as how the abuse may affect the child's emotional condition, how family dynamics may affect the child's ability to report abuse, and how the child may feel about having to testify against a family member or an adult who is important

in the child's life. Forensic skills include knowledge of interview techniques that elicit the most accurate information, ways children's reports may be tainted or preserved, and advantages and disadvantages of special accommodations for children's testimony explain Keuhnle and Connell (2010:554-571). Faller (2007:5-8) confirms that child sexual abuse is by definition firstly a forensic issue, because it is both a crime and a threat to children's safety and secondly a therapeutic or treatment issue.

2 PROBLEM STATEMENT

United States of America based best practice supports the principle of immediacy mandating Child Protective Services (CPS) to respond to alleged child sexual abuse within 24 hours of being reported, with the forensic interview and medical examination occurring within days (Leventhal, *et al.* 2010:289-295). The current best practice supported by South African Police Services (SAPS) further indicates that a single in-depth interview by a skilled forensic interviewer is sufficient to gather evidence and detailed information from the child that can be used in case decisions (Faller, *et al.* 2010:572; Majokweni, 2002:11). However, some authors differ from the above by arguing that follow-up interviews may be necessary to collect sufficient data. Hershkowitz and Turner (2007) studied disclosure patterns of 40 Israeli children alleged to have been sexually abused who were exposed to two investigative sessions using the National Institute of Child Health and Human Development (NICHD) protocol (Lamb, *et al.* 2007) with a 30 minute break between the first and second interview during which children were given crayons and paper and allowed to draw. Results showed that on average, children provided one fourth of the total information they disclosed during the second interview. Hershkowitz and Turner's (2007:1131-1143) article suggests there are more benefits from two interviews as opposed to a single evaluation. The central question remains whether a single interview is sufficient to corroborate "soft" evidence as argued by Lyon (2007:41) or to prove a *prima facie* case as required by the SAPS to proceed to court.

The researcher presents anecdotal information indicating that in certain areas clinical intervention frequently precedes forensic process while the only court procedure the child is exposed to is the opening of children's court to facilitate placement of the child in foster care or alternative placement. In these cases no forensic investigations are conducted and no disclosures are made. Faller, *et al.* (2010:572-589) warns that children who are victims of sexual abuse and who miss the opportunity to disclose may be left reluctant and traumatised. There is thus emerging interest in an extended evaluation or a multiple

interview format as an approach for children who fail to report sexual abuse but for whom concerns remain.

The above apparent deviation from recognised practice underlines argument of a growing need in South African courts to utilise forensic experts since generalist social workers are not trained to provide specialised forensic investigative services (Strydom & Ludwig, 2009:216-226). Fouché (2006:206) explains that in the past, members of the SAPS would conduct initial investigative interviews after which the information obtained was assessed for strength to decide upon arrests of the accused and continuance of the investigations (Fouché & Joubert, 2009). Currently the SAPS employs social workers to assist Child Protection Units in conducting forensic investigations, yet few of these seem to be adequately trained for this task (Strydom & Ludwig, 2009:206-226).

Several international guidelines on the interviewing of children exist, such as *The National Institute of Child Health and Human Development (NICHD)*, *The Investigative Protocol*, *The Memorandum of Good Practice*, *Step-Wise forensic interview protocol* developed and *The Extended forensic evaluation model*. Since the use of such protocols or guidelines in the South African context is not mandatory, few social workers are skilled in using these tools, such as anatomical dolls, drawings and free drawings. In view of the increase in rates of child abuse and amplified reporting by parents, teachers and concerned community members suspecting child abuse, more investigative interviews seem to be conducted by forensic social workers (Richter & Dawes 2008:79-93; Carstens & Fouché, 2006 & Fouché, 2006:207). However, few of these services may be available in rural areas such as the Limpopo Province, as there is a lack of appropriate handling of cases as indicated above due to lack of training and unpractised forensic process.

The clinical intervention side of services seems equally under researched. With one in six of all reported chronic sexual abuse cases being girls under the age of 12 years old (Matthews *et al.*, 2010:84), little is known about its prevalence and its treatment. The lack of an integrated service delivery at health facilities, insensitive caregiver responses, as well as the stigma of child sexual abuse hamper access to effective treatment. Matthews *et al.* (2010:84) further explain that due to limited financial resources and lack of skills at healthcare facilities in South Africa, the delivery of effective treatment services to children is unlikely. In spite of an exemplary child rights environment in which children's rights are crucial and feature prominently, many wrongs to innocent children continue to be perpetrated while treatment seems to be ill-informed and without sound knowledge

(Richter & Dawes, 2008). In addition to the incorrect order in which services seem to be provided in some communities the researcher has further observed that the same professionals who provide forensic and clinical services are likely to provide therapeutic services, frequently with the same client. It is concluded that those services provided to child victims of sexual abuse appears to be riddled with inconsistencies and inadequacies. This study is informed by a need to explore and describe the nature of current forensic practices, processes and procedures followed in a Government Department within a specific geographical context. An understanding needs to be gained regarding those factors contributing towards inconsistent practice as well as possible solutions or alternatives that may remedy the situation.

3 RATIONALE FOR THE STUDY

The Children's Act, Act 38 of 2005 (South Africa, 2003) sets out principles relating to the care and protection of children. The act adopts a developmental approach that emphasises the state's role in the provision of social services to strengthen the capacity of families and communities to care for and protect children. This study has been chosen based on government priorities related to child sexual abuse.

The abuse of children needs to be prevented through a multi-sectorial effort of advocacy and law enforcement to protect children and promote their development. This is where the role of social workers and other relevant stakeholders should come in and make a difference in the child protection services in terms of applying the necessary skills and procedures in handling of cases of child sexual abuse. However, greater promotion and protection of children is required in families and communities as stipulated in the Children's Act, Act 38 of 2005 (South Africa, 2003). The act outlines four main points of intervention to address child sexual abuse: primary prevention, early intervention, protection services and reunification/aftercare. In this study, social workers indicated the interventions they apply to their cases of child sexual abuse.

4 AIM OF THE STUDY

The aim of this study was to explore and describe current social work procedures with children who are alleged victims of sexual abuse in the Limpopo Province.

5 THEORETICAL ORIENTATION

Bless *et al.*, (2006:183) explain that a literature review is an integrated summary of all available literature relevant to a particular research question. The literature to be reviewed for the provision of greater insight into such research includes literature about child sexual abuse and current social work procedures. Children are by nature more vulnerable than adults due to their young age and therefore require a set of rights tailored to their specific needs. Children also deserve greater protection than adults because of their emotional and physical development.

South Africa's definition of *rape* in the Criminal Law Amendment (Sexual Offences and Related Matters) Act 32 of 2007 is broad, covering a wide range of sexual abuse. The statistical rate of rape incidents in the period 2004-2007 for children between 0-17 years of age was as follows, in 2004-2005 a total of 22,486 cases were reported, in 2005-2006 a total of 23,453 cases were reported and in 2006-2007 a total of 22,265 cases were reported (South African Police Services, 2008). Over 56,500 children were reported to be victims of sexual abuse in 2009-2010 according to the discussion paper on gender-based violence (South Africa, 2012), yet many sexual abuse cases still remain unreported.

According to the discussion paper on gender based violence (Anon., 2012), Statistics for rape incidents in the period 2009-2012, per 100 000 of the population indicates that there was a decrease by 2.9% over a three year period, with 3.7% decrease recorded for 2011-2012 alone. For every 100 000 people in South Africa, there were 94.9 reported cases of which 40.1% were cases of sexual abuse involving children for 2011-2012.

Local and international accredited work in the field of social work was utilised as well as other academic journals which include, Google scholar, SA ePublications, Science direct and Child Abuse & Neglect journals. Journals consulted were Social Work / Maatskaplike Werk, Journal of Child Abuse and Neglect, Allegations of Sexual Abuse and Journal of Child Sexual Abuse.

6 RESEARCH METHODOLOGY

Botma *et al.* (2010:210) and Fouché and Schurink (2011:323) define research methodology as a process that involves the application of a variety of standardised methods and techniques in the pursuit of knowledge. The researcher has followed the qualitative research approach (Botma *et al.*, 2010:42-43) as qualitative researchers are

concerned with understanding rather than explanation, with naturalistic observation rather than controlled measurement (Fouché & Schurink, 2011:308).

6.1 Research context

The Department of Social Development is a Government Department of the Provincial Government of the Limpopo Province. The Limpopo Department of Social Development (DSD) serves five districts namely: Capricorn, Mopani, Sekhukhune, Vhembe and Waterberg districts. This study was conducted at the Capricorn district Municipality that consists of five local municipalities namely: Aganang, Blouberg, Lepelle Nkumpi, Molemole and Polokwane.

6.2 Research design

Rubin and Babbie (2005:123) explain that social work research usually serves more than one purpose, the purpose of this study is the combination of exploration and description research designs. For the purpose of this research, an exploratory paradigm will be used. Bless *et al.* (2006:182) explain that exploratory research explores a certain phenomenon with the primary aim of formulating more specific research questions while descriptive research aims to describe a particular phenomenon by means of these specified research questions. Exploratory research is conducted to gain insight into a situation. Exploratory research often relies on qualitative methods such as semi-structured interviews, which was the data-gathering technique for this study.

6.3 Participants

The population of the study consisted of social workers who are employed at the Department of Social Development in the Limpopo Province. Due to time and financial constraints a sample of 23 participants was drawn from this population of social workers that specifically have experience in the field of service delivery and work with child sexual abuse cases on a daily basis. Only participants who are registered with the South African Council of Social Services Professions as social workers were approached to participate in the study. Interviews were conducted with the available participants until data saturation was reached.

Inclusion Criteria:

- Social workers providing forensic assessments to victims of child sexual abuse
- Social workers providing generic services

- Afrikaans and English-speaking registered social workers.
- Social workers who gave written consent to participate in this research study.

Exclusion Criteria

- Social workers who provide supervision to social workers and who do not provide social services in the field of child sexual abuse.

6.4 Sampling

The availability sampling method was used for the selection of the participants for the interviews. According to Grinnel and Unrau (2011:151) elements are selected for availability sampling because they are available or easy to find. An availability sample is often suitable in social work research such as when a field researcher is exploring a new setting and is trying to gain sense of prevailing attitudes. For this study, the researcher made use of the availability sampling technique; once permission was granted as well as consent was gathered from participants, the researcher requested a list of names of social workers from the head of social services and participants was selected on the basis of their knowledge and experiences regarding child sexual abuse. Once the list was obtained, the researcher made use of a mediator, who is a psychologist in private practice, who was instructed to select participants based on their experience in the field. Knowledge levels were assessed on the basis of years of experience in the specific field and geographical area. For the nature of this study, it was important to obtain a broad range of responses; therefore, both well experienced and less experienced social workers on the basis of their involvement in practice with abused children were selected, in order to ascertain how practice knowledge is transferred to younger employees. After the inclusion and exclusion criterion was taken into account the mediator selected the sample. The participants were contacted and the procedure of participation was explained to them.

6.5 Recruitment

Before the recruitment of the participants could take place, permission was needed from the DSD as well as the supervisor of the specific department. The researcher identified a field worker who is a social worker in private practice. The field worker acted as the person in-between the researcher and the participants. The researcher trained the field worker with regards to the procedure and ethical aspects that formed part of this study. Once the agreement was signed between the researcher and the field worker and after the field

worker was informed regarding the procedure, the recruitment followed in the following way:

- The researcher forwarded a letter of consent to the head of the Government Department for permission to interview employees; attached to the letter the researcher also provided a motivation for this study.
- Once permission was granted, the researcher forwarded a letter of consent to the head of the Government Department; with a request that this letter of consent be forwarded to all social workers fitting the inclusion criteria.
- The researcher allowed seven days for feedback, once feedback was received, a further request was sent to the head of the Government Department to forward a list of names of all the social workers who are willing to participate in this study; this list was forwarded to the mediator who is a psychologist in private practice. This was to avoid bias and keep the study neutral without direct influence from the researcher or the participants.

6.6 Informed consent

- Once a list was received, the researcher instructed the mediator to contact the social workers and confirm their willingness to participate in this study.
- Once verbal confirmation was received, a formal letter of consent was given to each participant to complete.
- The purpose of the study was explained to the participants who agreed to take part in the study by means of a letter.
- Written and informed consent was obtained from the participants within a time frame of seven days
- After consent was received; dates of the interviews were set with the participants.
- Field notes were taken during the interviews. These formed the basis for compiling transcripts

6.7 Data collection

The researcher compiled a semi-structured interview schedule (*see addendum E*) to gather more information concerning the procedure and process of alleged child sexual abuse cases at the Government Department. A semi-structured interview schedule was chosen for this qualitative study to gain a detailed picture of the participants and the perception of the research topic (Greeff, 2011:351-352). The interviews were conducted by a field worker, who is a social worker that has been previously trained to conduct

research related interviews. Once permission was granted for this study, an agreement was signed between the social worker and the field worker. The interview was led by exploration and sampling continued until data saturation was reached. The interview schedule was used to lead the interview process. The interview schedule was developed in accordance with the aims of the research study as well as to reflect the current gap experienced at the Government Organisation. The interview schedule was also given to a panel of experts in the field of forensic social work to ensure quality. Interviews were 60 minutes long and were held in a private office in the Limpopo Province. Interviews were structured according to the availability of participants and took place during office hours. McMillan (2004:165) explains an interview as a form of data collection in which questions are asked orally and subjects' responses are recorded. There is a direct verbal interaction between the interviewer and the participant. By establishing a proper rapport with the participant, a skilled interviewer can enhance motivation and obtain information that might not otherwise have been offered.

6.8 Procedure

- A letter of consent was forwarded to the head of the Government Department (DSD) for permission to interview employees, attached to the letter the researcher also provided a motivation for this study.
- Once permission was granted, the researcher forwarded a letter of consent to the head of the Government Organisation with a request that this letter be forwarded to all the social workers who fit the inclusion criteria.
- Once consent was attained from the participants, the researcher requested a list of these participants
- A further request was that this list to be forwarded to the mediator which the researcher selected; this is to avoid bias and keep the study neutral without direct influence from the researcher or the participants.
- Once the list was received, the researcher instructed the mediator to contact the social workers and ask if they will be willing to participate in this study.
- The mediator contacted each participant
- Once verbal confirmation was received, a letter of consent was given to each participant.
- The purpose of the study was explained to the participants who agreed to take part in the study by means of a letter.

- Written and informed consent was obtained from the participants within a time frame of seven days
- After consent was received; dates of the interviews was confirmed with the participants.
- Field notes were taken during the interviews. These formed the basis for compiling transcripts
- A draft article was written and sent to the supervisor for corrections.
- Language editing was done after corrections were made.
- The final report was written and submitted for examination

6.9 Data analysis

According to Mogorosi (2007:19) data analysis is the actual process of analysing raw data, as received. Data was processed by means of thematic analysis. Joffe (2012: 209) explains that because thematic analysis refers to themes, the notion of a theme must be examined more closely. A theme refers to a specific pattern of meaning found in the data. Joffe (2012: 209) further explains that thematic analysis facilitates the gleaning of knowledge of the meaning made of the phenomenon under study by the groups studied and provides the necessary groundwork for establishing valid models of human thinking, feeling and behaviour. Data collection ceases when theoretical categories are reached (Harper & Thompson, 2012:135). Charmaz (2006:113) explains that categories are saturated when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of your core theoretical categories.

The researcher made use of Creswell's (2009:184) qualitative data analysis approach, which uses the approach of Tesch, as is used in De Vos *et al.* (1998: 343-344). This approach is divided into three steps, namely the collection of qualitative data, the identification and analysis of themes, which, in turn, led to the identification of particular themes. After data was collected, it was analysed by making use of Tesch's approach (De Vos *et al.*, 1998:343-344). For data collection, the researcher made use of a thematic analysis approach described as Tesch's approach (Creswell, 2009:186):

1. The researcher ought to get a sense of the whole by reading through all of the transcripts carefully. Once the interview was conducted by the external independent person, the researcher read the field notes carefully to gain a sense of the whole; ideas were noted as they come to mind.
2. The researcher selected one interview and perused it, the researcher tried to grasp the underlying meaning of the information supplied by the participant. The researcher

wrote thoughts in the margin; these thoughts came to mind as the researcher read the responses from the participant.

3. When the researcher completed this task for several respondents, a list was made of all the topics. Similar topics were clustered together and formed into columns that were arranged into major topics, unique topics and leftovers. The researcher followed this step by clustering similar topics together for easier data analysis.
4. The researcher tried out the primary organising scheme to see whether new categories and codes emerged. The researcher took the list back to the data. The topics were abbreviated as codes and the codes were written next to the appropriate segments of the text.
5. The researcher found the most descriptive wording for the topics and turned them into categories. The researcher reduced the total list of categories by grouping together topics that relate to one another. Lines were drawn between categories to show interrelationships. Categories were made from the most descriptive wording of the topics and these topics were grouped together.
6. The researcher made a final decision on the abbreviation for each category and alphabetized the codes.
7. The data material belonging to each category was assembled in one place and a preliminary analysis was performed. Categories were analysed for the purpose of identifying underlying themes and these themes were interpreted.
8. The researcher recoded the existing data

6.10 Data preservation

Data will be stored at the North-West University, Potchefstroom Campus in the office of the secretary at the Social Work Department. Data will be gathered in a folder and stored in the office of the secretary in a secured cabinet, protected with a key. This data will be stored for 5 years. A soft-copy of the data will be stored on a USB external hard drive secured with a password; this external hard drive will also be stored in the office of the secretary in a secured cabinet. After the data has been transcribed, it will be erased.

6.11 Ethical aspects

For the purpose of this study, the researcher was guided by the following ethical guidelines: informed consent, voluntary participation, violation of privacy/anonymity/confidentiality, trustworthiness and publication of the findings. As a registered social worker the researcher has an obligation to follow the codes of ethics and

principals for social workers registered with the South African Council for Social Service Professions and therefore inform the participants beforehand about the potential impact the interviews regarding the disclosure of child sexual abuse may have on them. Ethical permission was received from the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University, Potchefstroom Campus, with ethical number: NWU-00097-15-S1

6.11.1 Informed consent

Respect for persons require that subjects be given the opportunity to choose what shall or shall not happen to them. Written consent becomes a necessary condition rather than a luxury. Participants must be legally and psychologically competent to give consent and they must be aware that they would be able to withdraw from the investigation at any time (De Vos *et al.*, 2011:117). Babbie (2011:480) mentions that informed consent is a norm in which the subjects base their voluntary participation in the research project and have an understanding of the possible risks involved. In this study the mediator, trained by the researcher, prepared the participants about the aim, benefits and risks as well as their contribution to this study. The participants were also be given an opportunity to decide if they are willing to participate in this study, within a time frame of seven days.

6.11.2 Voluntary participation

According to Strydom (2011:116) participation should at all times be voluntary and no one should be forced to participate in a project against their will. The participants were notified that participation is voluntary and no one was forced to participate in this study.

6.11.3 Violation of privacy/ anonymity/ confidentiality

Privacy is to keep to oneself that which is normally not intended for others to observe or analyse. Every individual has the right to privacy and it is his or her right to decide when, where, to whom and to what extent his or her attitudes, beliefs and behaviour be revealed. Participants were interviewed in a private office, limiting noise and interruptions. The participants were assured that their identity will remain anonymous and that all the data will be handled in a confidential manner (Strydom, 2011:119). Due to ethical reasons and to preserve a neutral study, the researcher made use of a field worker who is a social worker in private practice that conducted the interviews. Each interview was coded to preserve confidentially.

6.11.4 Trustworthiness

According to Botma *et al.*, (2010:232) trustworthiness has four epistemological standards namely truth, value, applicability, consistency and neutrality. Truth value, applicability, consistency and neutrality were used as criteria to assist the value of findings and to ensure trustworthiness.

The researcher planned to get trustworthiness by making sure that the research process flows logically and that data throughout the process was well documented. The researcher undertook the following in order to ensure the trustworthiness of the study (De Vos *et al.*, 2011:419–421; Shurink *et al.*, 2011:419–421):

Epistemological standards	Strategies	Application
Truth Value	Credibility	<p>Credibility refers to internal invalidity. The researcher must have confidence in the truth of the findings in regards to the participants as well as the context in which the research is undertaken (Botma <i>et al.</i>, 2010:232).</p> <p>The researcher ensured that proper engagement took place between the external independent interviewer and the participant during the semi-structured interviews, by explaining to the interviewer the importance of establishing rapport with participants during the semi-structured interviews.</p>
Consistency	Dependability	<p>Dependability refers to the replication of the study in the same context; making use of the same methods and with the same participants, the findings will stay consistent. To enable dependability the researcher will include the following:</p> <ul style="list-style-type: none"> ○ Dependable audit: the researcher provided a detailed account on how data was collected. ○ Description of the methodology: to include in the research design what was planned and executed during the study. ○ The researcher ensured that data is correctly coded. <p>Data was collected through field notes of the semi-structured interviews.</p>
Applicability	Transferability	<p>The researcher will improve transferability by the selection of resources and sampling, saturation of data and the detailed description of the data (Botma <i>et al.</i>, 2010:232).</p> <p>Data saturation was achieved through the participants that formed part of this study. The researcher is trained to know when data saturation occurred, when no new information can be obtained.</p>
Neutrality	Conformability	<p>Conformability entails the research process and results are free from prejudice. The researcher must ensure that as far as possible the study's results are objective and is not based upon biases, motives and perspectives of the researcher. For the purpose of the study field notes available for auditing (Botma <i>et al.</i>, 2010:232 & Shenton, 2004:64)</p> <p>Due to the study being done at the Government Department, where the researcher is currently employed; there was a mediator as well as a field worker who completed the data gathering process to avoid bias and to keep the data as neutral as possible.</p>

Table 1: Standards, strategies and applied criteria to ensure trustworthiness

6.12 Mediator

A mediator played an active role in the research study, due to the fact that the researcher is currently employed as a social worker at the DSD, to avoid bias, it would be ethically wrong for the researcher to conduct her own interviews. The mediator served to communicate between participants and the researcher. The mediator controlled the list of participants, as well as all confidential information between the head of the Governmental Organisation and the research study. The mediator is a psychologist in private practice and was trained by the researcher. The mediator was selected as she is objective and is fluent in English and Afrikaans. A mediator was necessary in this context as she displayed the role of a go-between in getting various people together for various purposes (Barker, 2014:263). The mediator is an external and experienced psychologist in private practice, which is not familiar with the Government Department and she is not employed at the Government Department, this prevented bias.

6.13 Field worker

Due to the fact that the researcher could not conduct the interviews herself, an external independent interviewer, a field worker, was selected to conduct the interviews on behalf of the researcher to avoid bias. The field worker is a social worker who has received training in conducting research related interviews

6.14 Remuneration and costs

There was no cost to participants as a result of their participation in this study. Participants received refreshments after the interviews, for the inconvenience of participating in the study. The participants did not receive any kind of payment for their participation except for travelling expenses. The researcher reimbursed each participant for their travelling expenses.

6.15 Benefits and risks

This study created a platform for participants to share their role within the Limpopo Province with regards to the processes that is followed when a child is allegedly sexually abused. Social workers at the Government Department benefited by identifying the challenges faced with regards to the research topic, this will further clarify future processes within the field. Knowledge and insights attained from the study will assist social workers in following the correct manner with regards to follow up procedures when a child is allegedly sexually abused.

Risk, according to Botma *et al.*, (2010:22) “equates to harm or injury and implies it is something that detrimental that will occur in the future.” Emotional harm may occur due to self-disclosure and discussions social workers have regarding their perceptions on the research topic being addressed. The participants were given an opportunity to work through their emotions or trauma by means of debriefing sessions, however there were no participants that were in need of debriefing.

6.16 Indirect benefits

Participants will contribute to future research as well as identify challenges in the forensic assessment process. Participants were also given an opportunity to share recommendations as experienced social workers

6.17 Withdrawal of participation

Participation in this study was voluntary and this was communicated to each participant; however each participant had the right and opportunity to withdraw at any time before data had been analysed.

6.18 Debriefing

It is emphasized by Strydom (2011:122) that subjects should never be exposed to situations that may cause them harm. If there were secondary trauma experienced by any participant, opportunities were made available to work through their secondary trauma with a therapist. However, there was no emotional harm to any of the participants that contributed to this study.

6.19 Feedback and publication of the findings

According to Strydom (2011:126) the findings of the study must be introduced to the reading public in written form otherwise even a highly scientific investigation will mean very little and will not be viewed as research. The findings of this study will be presented to the public in a form of writing and these findings will be formulated and conveyed clearly and unambiguously to avoid misappropriation by the public. Feedback will be shared with participants if they are interested.

An appointment will be scheduled with the supervisor of the Government Department to discuss the results of the study once the result of the final evaluation is known. The results of the study will also be available in the form of a power point presentation as well as a brochure that will be circulated throughout the Limpopo Province.

7 LIMITATIONS OF THE STUDY

Through the process of conducting this study, the following limitations were identified:

- Theme four proved difficult to answer by most Social Workers as they indicated that they did not know anything about forensic assessment.
- The lack of knowledge regarding forensic assessments; this posed a challenge to the mediator as she had to explain to the participants the meaning of forensic assessment and this was a time consuming process.
- The lack of studies in the field of forensic practice was also seen as a limitation as it hindered the researcher in finding previous research to support some of the statements.

8 DESCRIPTION OF TERMINOLOGY

The following terminology is applicable to this study

8.1 Social worker

According to the Children's Act, Act 38 of 2005 (South Africa, 2003), a social worker is defined as a person who is registered or deemed to be registered as a social worker in terms of the Social Service Professions Act 1978 (Act 110 of 1978)

8.2 Child

According to the Children's Act, Act 38 of 2005 (South Africa, 2003), a child means a person under the age of 18 years. The Criminal Law (Sexual Offences and Related Matters) Amendment Act, Act 32 of 2007 South Africa, defines a child as a person under the age of 18 years, or with reference to section 15 and 16, a person 12 years or older but under the age of 16 years, and "children" has a corresponding meaning.

8.3 Sexual Abuse

According to the Children's Act, Act 38 of 2005 (South Africa, 2003) in Chapter 1 Subsection 1-5: sexual abuse means-

- a) Sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted;
- b) Encouraging, inducing or forcing a child to be used for the sexual gratification of another person;

- c) Using a child in or deliberately exposing a child to sexual activities or pornography;
- d) Procuring or allowing a child to be procured for commercial sexual exploitation or participating or assisting in the commercial sexual exploitation of a child in any way.

8.4 Alleged

Said, without proof, to have taken place or to have a specified legal or undesirable quality (Oxford dictionary, 2014).

8.5 Victim

A person harmed, injured, or killed as a result of a crime, accident, or other event or action (Oxford dictionary, 2014).

9 RESULTS

The answers to the research question were obtained during semi-structured interviews held with participants. The interviews were done by the external independent interviewer. The external independent interviewer transcribed the field notes to avoid bias. Once the field notes were handed over to the researcher, the researcher coded themes by colour. This method made it easier to report the information that was divided into themes in this article.

9.1 Profile of the participants

The profile of the participants is described in order to give clarity of the data collected. The table below discusses the profiles of the participants who were interviewed regarding the current social work procedures with children who are victims of sexual abuse. The external independent interviewer conducted interviews with 23 participants. The participants are registered social workers at the South African Council for Social Services Professions who are employed at the Limpopo Department of Social Development, Capricorn District. These social workers have experience in working with child sexual abuse cases.

Participants	Gender	Age	Experience of employment	Registered with SACSSP
Participant 1	Female	30	6 years	Registered
Participant 2	Female	28	3 years	Registered
Participant 3	Male	29	6 years	Registered
Participant 4	Female	28	3 years	Registered
Participant 5	Female	32	5 years	Registered
Participant 6	Male	30	4 years	Registered
Participant 7	Male	36	5 years	Registered
Participant 8	Male	26	3 years	Registered
Participant 9	Male	29	3 years	Registered
Participant 10	Male	29	3 years	Registered
Participant 11	Female	28	5 years	Registered
Participant 12	Male	30	3 years	Registered
Participant 13	Female	39	14 years	Registered
Participant 14	Female	28	6 years	Registered
Participant 15	Female	28	6 years	Registered
Participant 16	Female	30	4 years	Registered
Participant 17	Female	26	3 years	Registered
Participant 18	Female	26	3 years	Registered
Participant 19	Male	27	4 years	Registered
Participant 20	Male	32	3 years	Registered
Participant 21	Female	29	4 years	Registered
Participant 22	Female	40	12 years	Registered
Participant 23	Female	41	4 years	Registered

Table 2: Profile of participants

As seen in the above table, 16 of the participants are females, with only 7 being males. The dominant years of experience are 3 years, with only 2 participants who have more than 10 years of work experience. Most of the participants are new in the profession.

9.2 Themes and sub-themes that emerged from the interviews

This section describes various themes as they emerged from the analysis of the data collected. The findings are divided into five themes. The following themes were explored by individual interviews (*see addendum E*).

The following themes and sub-themes were identified from the interviews:

Themes	Subthemes
Theme 1: Current processes used in an alleged child sexual abuse case	<ul style="list-style-type: none"> • Legal intervention • Investigation • Placement of child in temporary safe care • Counselling and preparation • Court report and appearance • Family reunification, reconstruction and alternative care plan
Theme 2: The step that is followed if removal the child is removed from the family household or the removal of the offender.	
Theme 3: Obstacles when dealing with an alleged child sexual abuse case	<ul style="list-style-type: none"> • Lack of resources • Poor working conditions • Lack of specialisation • Lack of training • Withholding of information / not enough evidence • High case-load
Theme 4: Type of assistance required in referring child sexual abuse case for forensic assessment	<ul style="list-style-type: none"> • Lack of forensic assessment knowledge • Information-sharing • Type of child sexual abuse cases to be referred
Theme 5: How alleged sexual abuse cases should be managed	<ul style="list-style-type: none"> • Awareness campaigns • Experienced social workers • Teamwork • Accessibility of services

Table 3: Themes and subthemes from the interviews

9.2.1 Theme 1: Current processes that are used with an alleged child sexual abuse case

The participants were asked what the current processes that is used in an alleged child sexual abuse case. Almost all the participants mentioned the same processes: “We complete an intake form and a child is then referred to the doctor for a medical assessment.” The participants continued to explain “opening of a case at the South African Police Services is initiated; a comprehensive assessment is completed in terms of the investigations and the removal of the child to temporary safe care only when necessary pending legal process is initialised. We report the case in the child protection register, we compile a court report, reunification occurs, thereafter family reconstruction and an alternative care plan is considered”.

5 participants stated that “we do the screening with an intake form”. “Comprehensive assessment is done”. 1 participant indicated that “I do the initial assessment which is an intake form and process notes¹⁸ are utilised”. 4 participants stated that “we complete form 22 and form 23 and notify the clerk of the court”. These participants further stated that “we complete form 36 for emergency placement of the child if the child is in danger”. 5 participants stated that “the first step is to go to where the child is and interview the child”. 7 participants stated that “we look for alternative care within the family as removal to alternative care is the last resort”. 3 participants stated that “we investigate the abuse and refer the child for medical treatment and if necessary, place the child in temporary safe care with form 36. 6 participants stated that “home visits and school visits is conducted to assess the alleged child sexual abuse”.

9.2.1.1 Subtheme 1: Legal intervention

18 participants indicated that they open the case at the police station; though opening a case is the responsibility of the family of the child concerned and not of the social worker. 16 Participants stated that the legal intervention from different stakeholders includes medical assessment and court proceedings in cases of the removal of the child. 4 participants stated that “A J88 is completed in every case of alleged sexual abuse by the medical practitioner and it is handed to SAPS”.

9.2.1.2 Subtheme 2: Investigation

All the participants mentioned that once they have received the case of child sexual abuse, a thorough investigation is completed. 17 participants highlighted that the investigations include a home visit, school visit and the interviewing of significant others including the

child's family, friends and other people close to the child. 6 participants stated that "sessions with family members and other relatives is done to investigate the alleged abuse and to also find a solution". 9 participants mentioned that "we investigate the possible placement options, notify the court and write report within 24 hours".

9.2.1.3 Subtheme 3: Placing the child in temporary safe care

All the participants mentioned that if the child is in danger, removal of such a child occurs immediately. Only 16 participants indicated that they had child sexual abuse cases where the child was removed to a temporary safe care. 7 participants stated that "we look for alternative care within the relative as removal of the child to alternative care is the last resort". 7 participants indicated that they had child sexual abuse cases but the children were not removed as there was no need because the children were not in danger in the household.

10 participants mentioned that "after the child has been removed a report is presented to the children's court within 24 hours". The children's court will issue an order for placement in a place of care.

9.2.1.4 Subtheme 4: Counselling and preparation

14 participants stated that counselling services are offered to the child as well as the affected family members. "All affected family members will be offered counselling". 9 participants stated the issue of investigations and forgot the other crucial process to help the child heal. All the participants mentioned that the victim in some cases is referred to a psychologist or a play therapist depending on the severity of trauma. 9 participants mentioned that "therapeutic counselling if offered to the child if he or she is still accessible and not place in temporary safe care".

9.2.1.5 Subtheme 5: Court report and appearance

20 participants responded similarly regarding the preparation of a court report and court appearance. All the participants indicated that they compile two reports in a case where the child must be removed, but if the child is not removed, it was indicated that only one report is compiled. All the participants indicated that the first report is compiled within 24 hours for the removal of the child after a case is reported for presentation at the children's court for a temporary court order. All the participants stated that the other report compiled is the victim impact report. This report is compiled after the all the necessary investigations

have been done and the severity of the impact of the alleged abuse on the victim has been determined.

11 participants mentioned that “after the child has been removed, a report is presented to the children’s court within 24 hours”. All the participants stated that after the report compilation is complete, the court appearance takes place. All the participants indicated that they act as expert witness in the court of law. All the participants that were interviewed have appeared in the court as expert witnesses in the child sexual abuse where they present the victim impact report to the court of law. 5 participants stated that “the social worker completes all assessments and evaluation and draft a report for court proceedings”.

9.2.1.6 Subtheme 6: Reunification, reconstruction and alternate care plan

The last procedure that the social workers mentioned is family reunification, family reconstruction and alternative care plan drawing. “After the legal findings and court appearance, the child might be reunited with his or her family and ongoing counselling will be offered” explained a participant. “After the court findings, the family must be prepared to accept the perpetrator when he returns to the community after serving the sentence” added another participant. 9 participants mentioned that “alternative care plan will be drawn up together with the family for the child for kinship care, foster care, residential care or adoption”. 7 participants mentioned that “social workers should ensure that the child will be safe when returned by resolving the cause of the abuse and encouraging the family to go through therapy”. 12 participants stated that “re-integrate child back to the family if justice has been served”.

9.2.2 Theme 2: The step that is followed after removal of the child from the family household

All the participants indicated that after the removal of the child, the necessary investigations of the case continues until a report is ready for court. They also indicated that therapeutic counselling is provided if required, referral for psychological assessment can also be given. Family and those close to the child will be offered counselling involving coping mechanisms or be referred to therapy.

“Alternative care plan will also be taken into consideration after the child has been removed” explained 12 participants. These participants further indicated that this plan should be taken into consideration after the removal due to the fact that after the court

process there should be reunification or reintegration, where the child is placed in kinship, foster care, residential care or adoption.

9.2.3 Theme 3: Obstacles when dealing with an alleged child sexual abuse case

9.2.3.1 Subtheme 1: Lack of resources

All 23 participants highlighted the lack of resources, specifically human resources as one of the hindrances in dealing with child sexual abuse cases. “We sometimes go to court without doing proper investigations due to lack of resources especially transport” explained a participant, in addition, another participant stated: “We also use public transport and our own vehicles to conduct home visits and attend court”.

9.2.3.2 Subtheme 2: Poor working conditions

20 participants strongly emphasised that the professional working conditions they are operating under hinder them to implement the sequence of procedures in child sexual abuse cases. “The morale of social workers is destroyed by shortages of offices, as we share offices, this compromises the confidentiality principle and in terms of the professional conduct this is not right, confidentiality must be upheld at all times”. Another participant added “the morale of social workers is destroyed by neglecting professional work to distribute food parcels”. All participants mentioned that “we have challenges of office space, material and environment”.

9.2.3.3 Subtheme 3: Lack of specialisation

The participants raised the issue of specialisation. All the participants touched on this issue, indicating that they were also demoralised in the workplace. They further stated that if there was specialisation especially on the issue of child protection, many cases would progress. They specifically referred to foster care, “social workers are doing generic social work, no specialisation and quantity in terms of number of cases is being considered and not the quality of service being delivered”. All the participants mentioned that “we do generic work and if there was a specialisation in all the programmes and especially the child and family programme service delivery would progress well”.

9.2.3.4 Subtheme 4: Lack of training

“Another factor is the lack of training, training to enable us to implement and follow the correct procedures”. This statement was made by all the participants. 17 participants further stated that required information can be difficult to accumulate during investigations due to lack of training to deal with sexually abused children. According to the participants,

the children express themselves through role playing or dolls. 15 Participants further stated that the social workers who benefit from training on child sexual abuse cases are those who are coordinating the programmes at the district office level and that this in itself was a challenge because those social workers are not on local municipal level doing generic social work. Participants stated that the training that is offered is often repeated; thus there is no new knowledge gained.

9.2.3.5 Subtheme 5: Withholding of information/ not enough evidence

Participants highlighted that another obstacle is the issue of families who do not want to open cases against the alleged perpetrator especially where the perpetrator is related to the child. 17 Participants indicated that there are also families who withdraw charges laid against the perpetrator. 21 Participants mentioned that the lack of information or withholding of information by families, especially if the perpetrator is a relative and a breadwinner hinders progress and it is not in the best interest of the child.

16 Participants mentioned where abuse occurred in the family, the mother blames the child for the abuse because the child has broken the family relationship due to arrest or prosecution.

16 participants mentioned that “the perpetrator may deny the alleged abuse if there is no evidence”. 8 participants stated that “the child might not tell the truth because of being threatened by the perpetrator, the family of the perpetrator and the child might retract a previous statement which was formally made in the beginning”.

9.2.3.6 Subtheme 6: High case-load

Participants are experiencing serious challenges when dealing with alleged child sexual abuse cases. All the participants indicated that they are experiencing high case-loads especially in statutory services. All 23 participants indicated that because they are generic social workers, it is difficult to cover all the programmes as expected by the Department of Social Development because it is a considerable amount of work for one person to handle at once. The participants further indicated that statutory cases end up lapsing because they are unable to handle them all at the same time. 23 participants mentioned that “we have high case load and cases are lapsing in our offices”. They further mentioned that “foster care cases are sensitive and need more attention but because of high case load, the cases are lapsing”.

9.2.4 Theme 4: Type of assistance in referring child sexual abuse case for forensic assessment

9.2.4.1 Subtheme 1: Lack of knowledge on forensic assessment

In terms of conceptual understanding, 17 participants had no insight into the meaning of “forensic assessment”. Participants’ responses confirm that they did not know anything about forensic practice. “There is a lack of information on forensic assessment” explained a participant. Six participants who had insight on the issue of forensic assessment are those who also knew about the forensic programme offered at the North-West University. These participants stated that “we heard about it through other colleagues who wanted to register for the programme”.

Seventeen participants thought forensic practice was the same as therapeutic practice, where play therapy is used as a technique. “We thought that forensic is the same as therapy”. After the explanation, the participants viewed forensic practice as crucial and interesting when they compared it to the processes that they apply with sexually abused children where a victim impact report is the only report which is being compiled after the investigations. All the participants mentioned that “victim impact report is the only report that we compile on cases of sexually abused children”. They further mentioned that “forensic assessment sounds interesting and the department responsible for forensic assessment should market their services to other departments that handle the same kind of cases”.

9.2.4.2 Subtheme 2: Information-sharing

A participant highlighted that the Government Department such as the Department of Justice responsible for forensic assessment must share their services with other Government Departments who handle cases of child sexual abuse including the Department of Social Development. The same participant further indicated that road shows on the issue of forensic practice could assist, she added: “I do not know its role personally, referral process and nature of cases to be referred”.

9.2.4.3 Subtheme 3: Type of child sexual abuse cases to be referred

A participant mentioned that the kind of assistance that would help in referring cases of child sexual abuse for forensic assessment would be to prioritise such cases. “An insight understanding of forensic assessment can help us to know when to refer these cases, how to refer them and to whom referrals should be made”. None of the interviewed participants

have ever referred the cases of child sexual abuse for forensic assessment and do not know how they are referred and why they are referred for such an assessment.

Seventeen participants mentioned the issue of working with multi-disciplinary teams (MDT) as another form of assistance that would help in referring child sexual abuse cases for forensic assessment. Twenty participants failed to answer this question since forensic assessment is something unknown to them.

9.2.5 Theme 5: How alleged sexual abuse cases should be managed

9.2.5.1 Subtheme 1: Awareness campaigns

All the participants' response to this question was the same; all participants stated that campaigns on child sexual abuse should be conducted in schools and communities as a whole. "We conduct campaigns on different issues to the communities and schools but the issue of child sexual abuse should be addressed most of the time, but because of our high work load we are unable to tackle them timeously". Twelve participants mentioned that "the child abuse cases will be managed by doing campaigns". They further mentioned that "roadshows will help a lot".

9.2.5.2 Subtheme 2: Experienced social workers

Twelve participants further highlighted that only experienced and qualified social workers should handle child sexual abuse cases. "Social workers should be assertive in these kinds of cases". Twelve Participants further indicated that different stakeholders from Government Departments and NGOs should work together to assist children. Fourteen participants raised the issue of lack of support by their supervisors when it comes to child sexual abuse. "Mostly when it is the first time handling cases of this nature we are not supported enough by our supervisors and we end up not gathering enough information for compilation of court reports".

9.2.5.3 Subtheme 3: Teamwork

"Alleged child sexual abuse should be managed through MDT". Eighteen participants stated that there should be a policy formulation from the SAPS, which should state that no child sexual abuse case opened should be allowed to be withdrawn. Eighteen participants mentioned that "working with MDT will help manage child sexual abuses cases".

9.2.5.4 Subtheme 4: Accessibility of services

Eleven participants highlighted the issue of the accused, who are registered on the Child Protection Register, to be charged. Fourteen participants who are stationed at inaccessible rural areas stated that the SAPS should have satellite offices in rural villages situated far from the main stations. Lastly, all participants indicated the importance of ensuring that all facts pertaining to the alleged incident are gathered for the report, to make an impact in the prosecution of the perpetrator.

10 DISCUSSION OF RESULTS

For the purpose of this research study, the researcher gained data on the current social work procedures with children who are victims of sexual abuse in the Limpopo Province. Data was collected in themes; five themes were identified and explored. The results that surfaced indicated that participants follow a similar procedure when a child is a victim of sexual abuse; however this process is not systematic. These processes are followed by instruction or from example of supervisors or senior social workers; the process is not scientifically formulated for each case.

According to Mathews *et al.* (2014:69), if abuse occurred, the first step is to assess the child and secure safety of the environment. According to the participants, the first step is to gather information and refer the child to a doctor for a medical assessment, thereafter a case is opened at SAPS, an assessment is completed and the child is removed if necessary. The Children's Act. Act 38 of 2005 (South Africa, 2003) states that a designated social worker may remove a child, place the child in temporary safe care without a court order and without delay but within 24 hours the social worker should inform the parents and the clerk of the children's court (South Africa, 2003). This act advises that the removal of children from their homes should only occur where a serious and immediate danger outweighs the trauma involved in such a removal. This procedure is followed by most social workers working with child sexual abuse cases, even though this procedure is not actually wrong, the problem occurs after placing the child in temporary safe care. Social workers arrange for counselling services to be offered to the child as well as the family, bear in mind that legal intervention has not been done yet. Therapeutic and forensic roles may conflict with each other. Unlike the forensic role, the process of psychotherapy often constitutes a search for meaning more than for facts. Although dual forensic and psychotherapeutic roles can be problematic and should generally be avoided in most cases. It cannot be assumed that they always impair objectivity, competency and effectiveness. Dual roles do not inevitably result in unethical behaviour. However, in the

absence of direct harm to the child, there may be insufficient grounds to support a charge of an ethical or incompetent behaviour against a health practitioner who has acted as both a psych-legal or forensic expert and as a therapist to a child (Strous, 2009:185). According to the participants, therapeutic services are provided before as assessment is done, sometimes forensic assessment and therapeutic services are done by the same person, conflicting roles.

According to Mathews *et al.* (2010:69), there are significant challenges at service level including insufficient number of social workers, lack of transport, excessive case-loads and burnout, affecting the implementation of services to children. According to the Service Delivery Model for DSD, social service practitioners have been forced to adopt a “make do” approach, dictated by resource limitations rather than need. The far-reaching effects include poorly developed protection services, inadequate numbers of social service practitioners to deal with high caseloads, poorly developed prevention and early intervention services and also loss of skilled personnel due to poor salaries and working conditions. Participants stressed that the lack of resources sometimes makes it impossible to deliver quality services. Participants reported that resources such as cell phones and well serviced, reliable vehicles were essential but unavailable. According to Aspaslan and Schenck (2012:367), lack of resources and infrastructure was also viewed as one of the difficulties experienced in relation to social workers’ working conditions while engaging in social work in rural areas.

According to Earle-Mallesson (2006:67), social workers are frustrated with the overwhelming needs of the community in relation to their own relatively low numbers and their limited (or lack of) access to resources such as adequate supervision, stationery, office space and furniture, information technology, administrative and language support, vehicles and supporting professionals. Participants mentioned that public transport is sometimes utilized as the Government Department has no transport. In addition, the working environment creates stress for social workers,

There seems to be a critical problem with the recruitment of social workers into the profession and once recruited, with their poor retention in the profession. A problem that further exacerbates the inability of the sector to retain social workers is the lack of support for these men and women, and the poor working conditions to which they are subjected to (Department of Social Development, 2003 in Reyneke, 2009:1). This often leads to social worker burnout and inability on their part to render an effective service. Burnout, according to Van Zyl-Edeling and Pretorius (2005:168), can be defined as “the exhaustion or

breakdown phase after long-term or intense stress, when the body's reserves are depleted and physical or emotional breakdown happens especially if [people] work in taxing areas involving violence, abuse, and serious illness. This also collaborates with findings in Naidoo & Kasiram (2006: 124), which suggests that burnout is a problem for South African social workers. In summary, it turns out that poor working conditions, lack of resources, high caseloads and burnout causes social workers to deliver inadequate services.

In corroborating the findings, it was quoted in Aspaslan and Schenck (2012:367) that "the profession is stressful", it's "workers remain underpaid" many are forced to leave the country because of poor working conditions and low salaries. Even though, South Africa has its own social problems, there seems to be inadequate facilities for social workers.

The minister of Social Development, Bathabile Dlamini, quoted by Ngomane in *The Citizen* (2010:4) in (Aspaslan & Schenck (2012:367) echoes these statements when she mentions that the movement of social workers to other sectors and other countries is because of better working conditions and lucrative salary packages. The exodus of social workers from the profession is in search of "better working conditions".

According to Earle-Mallesson (2006:67), the working conditions for most social workers in the welfare sector in South Africa regardless of whether they are based within the public or the private sector- are generally very poor. To improve the work environment in South Africa, and thus to keep social workers, agencies or department should establish Human Resource Department for staff development. Staff development could involve subscribing to journal attendance of short courses and incentives for the completion of further study and higher degrees (Naidoo & Kasiram, 2006:124).

There was a broad agreement amongst participants that they had not undertaken child sexual abuse specific or in depth training as part of their qualifying programme. Training on child sexual abuse needs to be reflective, allowing workers to think about how they feel when working with victims of child sexual abuse. Some participants noted they had never been asked by their manager to undertake this specific training particularly "there is no mandatory training" however, investigations could not be undertaken without specific training. Training is not promoted as 'mandatory' but there is an expectation that managers would ensure all social workers had undertaken the training seen as necessary for their role (Martin et.al. 2014:13). Participants do not have the adequate knowledge and training on forensic assessments, therefore structured or systematic processes cannot be followed as there is not one in the system. Participants agreed that only those with training in forensic social work should conduct forensic assessments, however, due to the high

caseloads and the nature of the crime, social workers are forced to conduct these assessments despite the insufficient training. Forensics social work is a highly specialised profession and the knowledge of such is not given to undergraduate students in a Bachelor of Social Work degree. Forensics social workers receive an extra two years of training in this discipline.

According to the National Department of Social Development, the child protection register (CPR) is used to record information about the abuse, neglect or exploitation of children. The National DSD is managing the administrative function of CPR, parts A and B on a daily basis and monitors the registering of cases in provinces. According to Matthews *et al.* (2010:90), the inclusion of both the child and the caregiver in counselling is an important strategy to enhance mental health adjustment. According to the Children's Act, Act 38 of 2005, (South Africa, 2003) a designated social worker must provide counselling to both the child and the family. Sexual abuse of children is extremely traumatic for parents and is compounded by the parent's experiences of trauma, which is common in the South African setting.

Matthews *et al.* (2010:91) further indicated that cognitive behaviour therapy with children and their parents have empirically been shown as effective in treating the trauma associated with child sexual abuse. This will be done by referring children and their parents to the psychologist. It seemed as if the participants are using similar processes with cases of an alleged child sexual abuse. The processes during the interview were not mentioned in the same sequence but all information retrieved, was linked to the last part of report writing of the investigation's findings for the presentation in the court of law.

According to the Children's Act, Act 38 of 2005 (South Africa, 2003) the court orders are aimed at securing stability in child's life. The Children's Act confirms that the court will consider leaving the child in the care of the parent or care-giver, placing child in alternative care and making the child available for adoption. It further confirmed that a designated social worker facilitate the reunification of the child with the child's family.

According to the Sexual Offences and Related Matters Amendment, Act 32 of 2007 referred to this kind of abuse as intrafamilial abuse which is also legally referred to as incest. This is the abuse which occurs within the family. Sexual abuse is categorised as interfamilial when there is a blood relationship between the offender and the victim (Bezuidenhout, 2008:55). According to Mahomed (2005: 59), a variable that can lead to recanting or denying the abuse by the victim is disbelief by the parents. This response can play a major role in the child's disclosure of sexual abuse.

11 EVALUATION

- Child sexual abuse is a global problem that occurs across all cultures and socio-economic groupings.
- There is a recognised growing need in South African courts to utilise forensic experts.
- Generalist social workers are not trained to provide specialised forensic investigative services.
- Currently the SAPS employs social workers to assist Child Protection Units in conducting forensic investigations, yet few of these seem to be adequately trained for this task.
- Lack of an integrated service at health facilities hampers access to effective treatment for sexually abused children, hence the multi-disciplinary team approach is recommended.
- Incorrect order in providing of services in some communities, providing forensic services and therapeutic services with the same client.
- Social workers' interventions to child sexual abuse cases do not include forensic assessments, hence the lack of knowledge on forensic practice.

12 CONCLUSION

This study aimed to explore the current social work procedures utilised with regard to children who are alleged victims of sexual abuse. The study outlined a comprehensive exploration of current processes that are used with an alleged child sexual abuse case. The step that is followed after removal of the child from the family household, obstacles when dealing with an alleged child sexual abuse case, type of assistance in referring child sexual abuse case for forensic assessment and how alleged sexual abuse cases should be managed.

Child sexual abuse remains a major problem in South Africa. The challenges should not be underestimated as it is a multi-faceted and often unpredictable problem that is difficult to identify, to address and to prevent. In this study, data collected from the participants in semi-structured interviews has been analysed and presented in the form of empirical findings. The research findings gave information on the current social work procedures followed with regard to children who are alleged victims of sexual abuse in DSD of Limpopo Province.

This research study has shown that there is a need for training of social workers regarding forensic practice as well as the training of social workers who are currently handling cases of child sexual abuse. The study also revealed that there is a need for the improvements of working conditions and resources for social workers for improved service delivery. Further research acknowledged the need for knowledge of forensic assessment in the departments which deal with it. This would help social workers gain insight into the field and open doors for them to study in this direction.

This study indicated that social work specialisation in the Limpopo Department of Social Development by social workers is not considered as they alleged that they do generic social work.

13 RECOMMENDATIONS

Based on the empirical findings, the following recommendations can be made:

- Training is crucial for all social workers who deal with child sexual abuse cases; therefore social workers need the adequate training thereof.
- Procedure guidelines and a national plan to implement forensic social work practice must be implemented.
- Encouraging child protection services as an area of specialisation must be put into place.
- Department of Social Development should offer bursaries for social workers who wish to pursue with Master's and Doctoral degrees in Forensic Practice.
- Resources and working conditions should be improved by the Department of Social Development for the best service delivery.
- Integrated child sexual abuse programmes across Government Departments in responding to child sexual abuse, to be addressed at implementation level.
- Community-focused programmes to be implemented that will raise awareness of child sexual abuse.
- Empower social work practitioners about child sexual abuse to be able to empower the communities they work with.
- Case management should be reviewed to ensure multi-disciplinary practice guidelines.

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ADDENDUM A:

PERMISSION LETTER TO DEPARTMENT OF SOCIAL DEVELOPMENT

PERMISSION LETTER

The Head of Department of Social Development, Women, Children and People with Disabilities

Limpopo Province

Capricorn District

0700

08.01.2015

Dear Sir/Madam

RESEARCH PROJECT:

The current social work practices at the Department of Social Development, Women, Children and People with Disabilities with children who are alleged victims of sexual abuse

I, Miss Thinawanga Nemajilili, a final year student enrolled for the Master's degree in Social work, Forensic Practice. In order to fulfil the requirement for the degree, I am obligated to conduct a research project. It has come to my attention that the process within the DSDWCPD regarding children who are alleged victims of sexual abuse is not clearly followed and there is a lack of follow-up in this regards Therefore, I have identified this gap and would like to base my research on The current social work practices at the Department of Social Development, Women, Children and People with Disabilities with children who are alleged victims of sexual abuse.

The data collected from this research will aid future policy makers and contribute to rich understanding on the lack of follow-up in these cases. A research proposal has already been submitted to the research committee at the North-West University, Potchefstroom Campus and we are waiting for final approval.

I would like to request permission to undertake this research study at the DSDWCPD, Limpopo Province, Capricorn District. To fulfil ethical standards, I will be making use of a mediator who will interview all the participants for this research study.

AIM OF THE RESEARCH: The aim of the research is to explore the current social work processes at the Department of Social Development, Women, Children and People with Disabilities with children who are alleged victims of sexual abuse.

DATA COLLECTION: For the purpose of this research, data collection will be by means of semi-structured interview.

PROCEDURES: After permission is granted from the Head of DSDWCPD to conduct the research, the following procedures will be followed:

- Once permission is granted, the researcher will request a list of social workers working for the DSDWCPD, Capricorn District.
- A further request that this list be forwarded to a mediator which the researcher will select; this is to avoid bias and keep the study neutral without direct influence from the researcher or the participants.
- Once a list is received, the researcher will instruct the mediator to contact the social workers and ask if they will be willing to participate in this study.
- Once verbal confirmation is received, a letter of consent will be given to each participant.
- The purpose of the study will then be explained to the participants who will agree to take part in the study by means of a letter.
- Written and informed consent will be obtained from the participants within a time frame of one week
- After consent is received; dates of the interviews will be set with the participants.
- Notes will be taken during the interviews.
- A draft article will be written and sent to the supervisor for corrections.
- Language editing will be done after corrections are made.
- The final report will be written in the form of an article.

Thank you

Kind regards,
Ms. T Nemajilili

ADDENDUM B:

LETTER OF ETHICAL CLEARANCE

CONFIDENTIAL



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

OFFICE OF THE PREMIER

TO: DR E KIRONJI

FROM: PROF J SINGH

CHAIRPERSON: LIMPOPO PROVINCIAL RESEARCH ETHICS COMMITTEE (LPREC)

DATE: 25th SEPTEMBER 2015

SUBJECT: FULL ETHICAL APPROVAL OF THE RESEARCH PROPOSAL: "CURRENT SOCIAL WORK PROCEDURES WITH CHILDREN WHO ARE VICTIMS OF SEXUAL ABUSE IN THE LIMPOPO PROVINCE".

RESEARCHER: MS NEMAJILILI T

Dear Dr E Kironji

The above researcher's research proposal served at the Limpopo Provincial Research Ethics Committee (LPREC) meeting on 11th September 2015.

The committee is pleased to inform you that the proposal has been granted full ethical approval.

Regards

Chairperson: Prof J Singh

A handwritten signature in cursive script, appearing to read 'J Singh'.

Secretariat: Ms J Mokobi

A handwritten signature in cursive script, appearing to read 'Ms J Mokobi'.

Date: 25/09/2015

**ADDENDUM C:
HREC APPROVAL OF APPLICATION**



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

Private Bag X6001, Potchefstroom
South Africa 2520

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

Ethics Office
Tel: 018-299 2092
Fax: 018-299 2088
Email: Minrle.Greeff@nwu.ac.za

2 October 2015

Ms T Hassim
Social Work

Dear Ms Hassim

HREC APPROVAL OF YOUR APPLICATION

Ethics number: NWU-00097-15-S1

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

Project title: Current social work procedures with children who are victims of sexual abuse in the Limpopo Province

Project leader/supervisor: Ms T Hassim

Student: T Nemajilili

Application type: Full Single

Risk level descriptor: Minimal

You are kindly informed that at the meeting held on 11/06/2015 of the HREC, Faculty of Health Sciences, the aforementioned was approved.

The period of approval for this project is from 02/10/2015 to 31/12/2015.

After ethical review:

Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HREC (if applicable).

The HREC requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the protocol or other associated documentation must be submitted to the HREC prior to implementing these changes. Any adverse/unexpected/unforeseen events or incidents must be reported on either an adverse event report form or incident report form.

A progress report should be submitted within one year of approval of this study and before the year has expired, to ensure timely renewal of the study. A final report must be provided at completion of the study or the HREC must be notified if the study is temporarily suspended or terminated. The progress report template is obtainable from Carolien van Zyl at

Carolien.VanZyl@nwu.ac.za. Annually a number of projects may be randomly selected for an external audit.

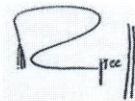
Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.

Please note that for any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

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

We wish you the best as you conduct your research. If you have any questions or need further assistance, please contact the Ethics Office at Carolien.VanZyl@nwu.ac.za or 018 299 2089.

Yours sincerely

A handwritten signature in black ink, appearing to be 'M. Greeff', written over a light blue rectangular background.

Prof Minnie Greeff
HREC Chairperson

ADDENDUM D:

PERMISSION FROM DEPARTMENT OF SOCIAL DEVELOPMENT



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
SOCIAL DEVELOPMENT

Ref : S5/3/1/2

Enq : Ledwaba MS

Tel : 015 293 6466

To : Ms Nemajilili T

**RESPONSE ON THE REQUEST TO CONDUCT A RESEARCH STUDY TITLED:
CURRENT SOCIAL WORK PROCEDURES WITH CHILDREN WHO ARE VICTIMS
OF SEXUAL ABUSE IN THE LIMPOPO PROVINCE**

1. The above matter refers to the letter dated, **08 April 2015**.
2. The Department of Social Development hereby grant permission to conduct the above-mentioned research study, on the provision that the Ethics Committee of the North West University provided clearance for the study.
3. **NB.** On completion of the study, a copy of the research study should be submitted to the Department in honour of your commitment.
4. The Department take this opportunity to wish you well during the period of research.

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

DATE 19/10/2015

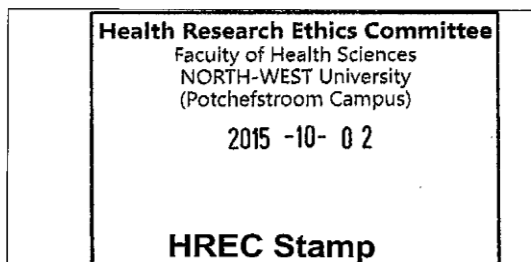
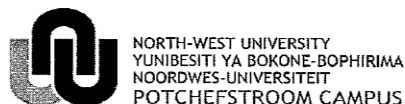
ADDENDUM E:

SEMI - STRUCTURED INTERVIEW SCHEDULE

- *What are the current processes that are used with an alleged child sexual abuse case?*
- *After a child has been removed from the family household, what is the step that a social worker will follow?*
- *What do you see as the obstacles when dealing with an alleged child sexual abuse case?*
- *What kind of assistance would help you in referring child sexual abuse cases for forensic assessment?*
- *How do you think alleged child sexual abuse cases should be managed?*

ADDENDUM F:

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM



PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM FOR SOCIAL WORKERS EMPLOYED AT THE DEPARTMENT OF SOCIAL DEVELOPMENT (LIMPOPO PROVINCE)

TITLE OF THE RESEARCH PROJECT:

Current social work procedures with children who are victims of child sexual abuse in the Limpopo Province

REFERENCE NUMBERS:

PRINCIPAL INVESTIGATOR: Ms T Hassim

ADDRESS:

North West University
Subject Group: Social Work
Privatebag X6001
POTCHEFSTROOM
2520

CONTACT NUMBER:

018 2992195

You are being invited to take part in a research project that forms part of my MSW in Forensic Practice studies. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It
HREC General ICF Version 3, 16 February 2015

Page 1 of 5

might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

What is this research study all about?

- *This study will be conducted at the Department of Social development in the Limpopo Province, Capricorn district and will involve semi-structured interviews with experienced social workers working in the field of forensic social work.*
- *The objective of this research are as follows:*
 - *To develop a contextual, in depth understanding of social work procedures followed in managing alleged child victims of sexual abuse through semi-structured interviews with social workers*
 - *to compare and contrast these empirical findings against existing practices and processes gained from a literature comparison*
 - *to formulate recommendations for the improvement, adjustment and alteration of social work procedures on the basis of information gained through the above objectives*

Why have you been invited to participate?

- *You have been invited to participate because you are one of the social workers who have experience within this field.*
- *You have also complied with the following inclusion criteria: your willingness to participate, you are providing forensic assessment to children for at least 12 months, you are providing care services to children, you are either English and or Afrikaans speaking and you have given consent to participate in this research study.*
- *You will be excluded if: You provide supervision to junior social workers and if you do not provide social services in the field of child sexual abuse*

What will your responsibilities be?

- *You will be expected to attend one semi-structured interview and share your experience regarding the current social work procedures with children who are victims of child sexual abuse. The interview will be between an hour long. I will arrange with you a time that will not have an influence on your work.*

Will you benefit from taking part in this research?

- *This study will create a platform for participants to share their role within the Limpopo Province with regard to the processes that is followed when an alleged victim is sexually abused.*
- *Social workers at the government department will benefit by identifying the challenges faced with regard to the research topic, this will further clarify future processes within the field.*
- *Knowledge and insights attained from the study will assist social workers in following the correct manner with regards to follow up when an alleged victim who is sexually abused has been placed in foster care.*

Are there risks involved in your taking part in this research?

- *Emotional discomfort may occur due to self-disclosure and discussions social workers have regarding their perceptions on the research topic being addressed. The participants will be given an opportunity to work through their emotions or trauma by means of debriefing sessions by an appropriate therapist*

The benefits in this study outweighs the risks.

Who will have access to the data?

- *Confidentiality will be ensured by the way data will be captured, changing identifying data during transcription and deleting the digital recordings once data have been transcribed. Only the researcher and person transcribing the interview will have access to the data. A confidentiality agreement will be signed with the person doing the transcriptions. Data will be kept safe and secure by locking the memory stick in a locked cupboard. Reporting of findings will be anonymous by the researcher and her promotor. As soon as data has been transcribed it will be deleted from the recorders. Data will be stored for 5 years in a locked cupboard at the Social Work Subject Group, North West University, Potchefstroom Campus.*

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study. There will be no costs involved.

Is there anything else that you should know or do?

- You can contact Ms T Hassim at 018 2992195 if you have any further queries or encounter any problems.
- You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 2089; carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.
- You will receive a copy of this information and consent form for your own records.

How will you know about the findings?

- The findings of the research will be shared with you by the researcher on a public platform. The researcher will also circulate pamphlets regarding the findings of the study and share it amongst the social workers at the government department.

Declaration by person obtaining consent

I (*name*) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter.

Signed at (*place*) on (*date*) 20....

.....
Signature of person obtaining consent

.....
Signature of witness

**ADDENDUM G:
LANGUAGE EDITOR CERTIFICATE**

Tanya-Lee R. Stewart

Language Editor

8 Kamp Street
Potchefstroom
2531
South Africa

To whom it may concern

Re: Current Social Work procedures with children who are victims of sexual abuse in the Limpopo Province – Master's Dissertation

This serves to confirm that I undertook language editing for the abovementioned dissertation on behalf of T. Nemajilili.

Should you have any queries please contact me on 084 556 7745

Yours sincerely

TR Stewart