INTERSECTORAL STAKEHOLDERS' EXPERIENCES OF SUPPORTING SEXUALLY ABUSED LEARNERS IN GAUTENG NORTH SCHOOLS

By

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DECLARATION OF AUTHENTICITY

I declare that **INTERSECTORAL STAKEHOLDERS' EXPERIENCES OF SUPPORTING SEXUALLY ABUSED LEARNERS IN GAUTENG NORTH SCHOOLS** submitted for the fulfilment of a degree of Philosophy Doctor in the field of Education at the University of South Africa is my own work and has not been previously submitted to any other institution of higher education.

All the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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ACKNOWLEDGEMENTS

ABSTRACT

Child sexual abuse affects many learners worldwide. It leaves victims and their families traumatised. South African children of any race are prone to this phenomenon. This study aimed to explore the experiences of intersectoral stakeholders in supporting learners who are sexually abused in schools from Gauteng North Education District-South Africa. The study is positioned within Bronfenbrenner's ecological systems theory. A qualitative research approach and phenomenological design was used to gain insights and understanding of the intersectoral stakeholders' lived experiences of supporting sexually abused children. Data was collected through semi-structured individual interviews, and field notes captured through a journal. An interpretive phenomenological analysis was used to analyse data. Purposive sampling included 12 intersectoral stakeholders (consisting of 4 teachers, 4 psychologists and 4 social workers) responsible for supporting sexually abused learners. The findings show that child sexual abuse is a sensitive, complex, and extensive phenomenon. Intersectoral stakeholders experienced numerous challenges and negative psychological effects on their health and wellbeing while supporting sexually abused learners. The extensive nature of child sexual abuse, multidisciplinary strategies used to support sexually abused children, and effective interventions for providing support to sexually abused children were also explored. The study recommends the use of a collaborative, integrated multidisciplinary approach to provide support to sexually abused learners. Training, development and empowerment of intersectoral stakeholders are necessary to be able to support sexually abused learners speedily and effectively. Introduction of a variety of measures is important for raising the awareness of CSA and equipping learners with knowledge and skills to address the issue of CSA disclosure among learners.

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ACRONYMS AND ABBREVIATIONS

CANE	Child Abuse and Neglect
CSA	Child sexual abuse
DAP	Draw a Person
DAT	Draw a Tree
DBE	Department of Basic Education
DBST	District Based Support Team
DoE	Department of Education
DoH	Department of Health
DRC	Democratic Republic of Congo
DSD	Department of Social Development
GDE	Gauteng Department of Education
IPA	Interpretive phenomenological analysis
MDD	Moderate depressive disorder
NGO	Non-Government Organisations
PTSD	Post-traumatic stress disorder
SABC	South African Broadcasting Committee
SAPS	South African Police Service
SBST	School-Based Support Team
SOP	Scope of Practice
SIAS	Screening Identification Assessment and Support
SMT	Staff management team
STI	Sexually Transmitted Infections
TBC	Teddy Bear Clinic
TCC	Thuthuzela Care Centres
UCT	University of Cape Town
UNICEF	United Nations Children's Fund
UNISA	University of South Africa
US	United States
UWC	University of Western Cape
VFS	Victim-Friendly System
WHO	World Health Organisation

CHAPTER 1

AN OVERVIEW OF THE STUDY

1.1 INTRODUCTION TO THE STUDY

South Africa is stereotypically known for high incidences and the alarming prevalence of child sexual abuse *(Artz et al, 2018)*. An increasing number of Child Sexual Abuse (CSA) cases raises a pertinent question of whether the country has measures in place to curb the growth of this undesirable phenomenon, given that child protection against sexual abuse is enshrined in the Constitution. The Constitution of the Republic of South Africa (1996), in Sections 28(1)(d) to (g) provides child protection measures including the child's right to protection from abuse, neglect, exploitative employment, unnecessary detention and exposure to conditions which are unsuitable for children.

The Bill of Rights in the Constitution includes a special section on the rights of children which stresses that children's rights to food, shelter, protection from abuse, neglect and degradation should not be violated**.** The Children's Act (The Presidency, 2005) also spells out principles relating to the care and protection of children in need including all children who are at risk in the hands of their parents or caregivers, as well as neglected and abandoned children. Despite all the country's resources to deal with the CSA phenomenon such as policies, protocols and support services for supporting sexually abused learners, an alarming number of school-going children are reported annually as victims of CSA.

The study explores the experiences of intersectoral stakeholders in supporting sexually abused learners in the Gauteng North district of the Gauteng Province, South Africa. Intersectoral stakeholders are entrusted with the responsibility of identifying, reporting on and supporting learners from the scourge of sexual exploitation.

1.2 BACKGROUND TO THE STUDY

Child Sexual Abuse is persistent throughout children's lifetime and inconveniently is manifested in their everyday lives in childhood and adolescence (Artz et al, 2016). CSA is described as a complex problem with far-reaching physical, emotional,

ethical, cultural, and legal implications for both the victim and perpetrator (Mollamahmutoglu et al., 2014). It incorporates any sexual act with a child where an older person aims to get sexual gratification at the expense of a child (American Psychiatric Association, (APA) 2013). In addition to the above definition, the APA (2013) further describes sexual abuse activities as touching a child's genitals, penetration, incest, rape, sodomy, and indecent exposure. McCoy and Keen (2014) concurred with the above definition and mentioned that sexual abuse can take on many forms including allowing, encouraging or forcing the child to prostitution, pornography, obscene photographing, sexual exposure, sexual act, sexual arousal, date rape, violence and institutional sexual abuse especially by people who are expected to educate and care for these children. Therefore, CSA is regarded as sexual defilement of an innocent underage child who is not capable of giving consent to sexual activity.

Children affected by CSA are often traumatised and thus require trauma counselling. Herbst and Reitsma (2016) defined trauma counselling as an intentional conversation with the aim of discovering the client's understanding and feeling of the phenomenon or what happened which resulted in the client being traumatised. These scholars further clarified that trauma counselling is not just a mere conversation, but a purposeful conversation guided by the aims and objectives that need to be achieved at the end of the counselling session. As it is a specialised intervention, it also requires certain characteristics, qualities and specialised training and skills. Hence, Jamieson et al, (2017) viewed it as difficult due to the complexity of the problems experienced by people encountering trauma. Without trauma counselling, traumatised learners often display symptoms such as anxiety, depression and Post-Traumatic Stress Disorder (PTSD) (Jamieson et al., 2017).

Jamieson et al. (2017) wrote that genuine support normally falls within the responsibilities of social workers, and it is often about preparing and evaluating sexually abused children's ability to testify in court. However, the Department of Education (DoE, 2001) maintained that collaboration with other ministries plays a crucial part in supporting learners experiencing learning barriers as well as psychosocial challenges. Traumatic events fall under psychosocial challenges and will also need intervention to ensure proper support. Such traumatic events will have huge impact in the life of sexually abused learners. Learners are affected,

emotionally, physically, cognitively and behaviourally. Hence, Lamprecht, Wild and Labuschagne (2011) viewed the obligation of intersectoral protocols on the management of CSA as protecting children from all forms of abuse and neglect through accessible, integrated and coordinated services based on a multidisciplinary or intersectoral approach. In the context of this study, I noted that these attributes were lacking and led to conflicting views and frustration from stakeholders.

CSA is not unique to South Africa, but it is a universal social problem that has afflicted humankind for many centuries in different forms and nature (Herbst & Reitsma, 2016). There is a major social concern about the prevalence of sexual abuse which is wide-spread in many countries like the United States of America (USA), Australia, Canada, Europe, Zambia, Sub-Saharan Africa, Zimbabwe, Congo and many other parts of the world. CSA is also regarded as a worldwide phenomenon that affects the lives of individuals, families, communities, and society at large (Conte, 2014).

1.2.1 CSA in the United States of America

Across the USA, Europe and other continents, CSA is occurring at epidemic proportions and an unacceptably high rate (with approximately 10 percent of males and 20 percent females being impacted). Conte (2014) added that many of those sexual abuse cases of children remain undisclosed, unreported, un-investigated, unsubstantiated, or unprosecuted. Figures from the USA show that one in four girls and one in six boys are sexually abused before the age of 18, whereas the median age for reported abuse is 9 years old (Mollamahmutoglu et al., 2014).

1.2.2 CSA in Australia

In Australia, statistics on CSA gathered from the child welfare system and the multiple jurisdictions annual report indicate a reduction in CSA and all child maltreatment (Conte, 2014). Mathews (2011) agreed with the Australian statistics on the stability of CSA as reported. However, the real rate is considered to be higher since most cases are not reported and investigated. The above-mentioned findings point to the incongruence between the official rates from Australian statistics and the high rates reported in prevalence studies (Alaggia, et al, 2019). This is an indication

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that not all cases of CSA are reported and referred to stakeholders for intervention or support.

1.2.3 CSA in New Zealand

Sexual abuse affects many New Zealand children – but it is difficult to get an accurate picture due to variations in studies' definitions of sexually abusive behaviour and issues with under-reporting. It's estimated that around one in five females and one in ten males have experienced some form of sexual abuse before turning 16 (Oranga Tamariki Evidence Centre 2021). It is evident that in most countries, it is difficult to determine the actual number of CSA cases because of the under-reporting of such cases. In New Zealand, an international operation commanded by Te Tari Taiwhenua in the Department of Internal Affairs (DIA) discovered that there are more than 90,000 online accounts that dealt with child sexual abuse material Interpol (2022). Hence, DIA organised international law enforcement agencies, as well as INTERPOL, to assist and coordinate investigations Interpol (2022). Mathews (2011) reported that in New Zealand CSA statistics are higher in rural areas at 23.5 percent than in urban areas at 28.2 percent and that there are reasons why the real incidence of sexual abuse exceeds the number identified by government agencies. CSA cases are difficult for professionals (such as doctors) to identify as they may be unsure whether the child has been sexually abused since many cases leave no physical evidence.

1.2.4 CSA in Canada

The Canadian incidence study indicates that in the cases captured for child maltreatment, 10 percent of cases are CSA (Conte, 2014). According to Burczycka and Conroy (2017), nearly one in ten survivors (8%) of CSA reported they were sexually abused by a grown-up before age 15, which includes the act of grabbing, kissing, touching or fondling and being forced or threatened into unwanted sexual activity. Burczycka and Conroy (2017) highlighted that, in Canada, females were three times more likely than males to report the experience of being sexually victimised by non-parental family members (31%). The authors further added that only a smaller percentage reported that the perpetrator is a parent or stepparent (14%). Whereas with male victims, 13 percent were perpetrated by non-parental offenders, 4 percent were violated by parents or stepparents (Burczycka & Conroy,

2017). Another universal problem in Canada is harassment of girls by boys for example, 23 percent of girls experienced sexual provocation while attending school (Krug et al., 2002).

1.2.5 CSA in African Countries

Literature on CSA in African countries indicates a high prevalence rate.

1.2.5.1 CSA in the Democratic Republic of Congo

O'Callaghan et al, (2013) maintained that in the Democratic Republic of Congo (DRC) a screening of 2- to 17-year-old war-affected girls found that they were exposed to rape and inappropriate sexual touching. The findings from DRC support incidents of rape, and that as many as 1.8 million Congolese women and girls may have been raped with up to 433 785 reported rape cases in the 12 months from 2006 to 2007 (O'Callaghan et al., 2013). The authors further stated that in eastern DRC, the annual rape rate is estimated at 67 per 1 000.7, which places the DRC at the top of the rankings of gender-based violence worldwide; by comparison with the US, in certain parts of war-affected DRC, women and girls are 134 times more likely to be raped than their US counterparts (O'Callaghan et al. 2013).

1.2.5.2 CSA in Zambia

CSA is a sensitive complex issue and a significant concern in society because it continues to rise, and it is essential to comprehend the nature as well as forms of CSA (Seshadri & Ramaswamy, 2019). The distressing prevalence is evidence that children and adolescents are unsafe and insecure in their communities and societies which raises a continuous concern among intersectoral stakeholders. In countries such as Zambia, where HIV prevalence is high, sexual exposure remains an important risk factor for children in the post-weaning period (Chomba et al., 2010). This suggests that the prevalence of CSA could be higher in Zambia than what has been acknowledged by researchers. Phiri (2016) revealed that sexual transgressions in Zambia in 2013 are debatable and reports of CSA cases continue to increase in relation to other sexual offences. Phiri also found that in 2011, there were 1 339 defilement cases reported with a total of 511 convictions representing less than half of the number of the reported cases. However, in 2012, this increased to 2 791 with a total of 192 convictions (Phiri, 2016). It is therefore concluded that the prevalence

of CSA in Zambia has increased, as confirmed by the discovery of increased cases reported.

1.2.5.3 CSA in Zimbabwe

Gwirayi (2013) states that despite the existence of national and international laws in Zimbabwe, CSA remains a grave problem and is considered a criminal offence that is punishable by law like in other countries. In Zimbabwe, it was found that high occurrences rates of CSA were committed by teachers mostly in schools and the girls who experienced penetrative sex were between the ages of 11 and 13 in all the countries (Gwirayi, 2013; Magwa, 2015). Based on these findings, it is evident that child sexual abusers are also found in the school situation and usually occurs in institutions where learners are supposed to be safe and secure such as schools where perpetrators include both peers and teachers (Magwa, 2015).

1.2.6 Causes and Impact of CSA

1.2.6.1 Causes of CSA

Conte, (2014) and Rule (2017) maintain that socioeconomic status of children makes them vulnerable to CSA. This notion is supported by Mollamahmutoglu et al. (2014) and McCrann (2017) who highlighted that low socioeconomic status is a risk factor for CSA. A number of factors have been identified as contributing to CSA such as religion, culture, age, gender, and disability of the child. Other factors include family setting, societal dynamics such as unemployment, overcrowding and community safety as well as exposure to inappropriate materials such as pornography.

1.2.6.2 Impact of CSA on children

Various authors maintain that CSA has negative effects on the sexually abused children, parents and intersectoral stakeholders. Jamieson et al. (2017), Conte (2014) and Beale (2017) mentioned that victims and survivors of CSA are vulnerable and unable to meet the required academic performance. Usher (2015) identified physical effects of CSA such pregnancies, severe injuries and sexually transmitted infections (STI). Fisher et al. (2017) identified depression, apprehension, Post-Traumatic Stress Disorder (PTSD), self-harm, suicide and a variety of other health circumstances as psychological effects of CSA.

1.3 RATIONALE FOR THE STUDY

As I was battling to frame my research focus for CSA in 2018, I came across an article from Sowetan Live of 12 June 2018 which reported on an incident of a stepfather who raped his 10-year-old stepdaughter for five years after the death of her mother (Wicks, 2018). This incident was reported by the media because the community assaulted the father who was later arrested by the police. Many CSA cases never get attention like this one. This incident caught my attention because, at the same time, I was attending to a similar case in one of the schools in my surroundings which involved a 15-year-old pregnant learner who had been raped by her sister's husband. The rape had been continuously perpetrated for three years. What was concerning to me was why the people who were supposed to protect the learner did not do their duty. Many questions in my mind ranged from who was supposed to help the child and how could they have known what was happening to the child. This raised my curiosity to determine what was going on in the sphere of stakeholders working with CSA.

The high prevalence of CSA in schools is alarming considering that most learners are violated by those people entrusted with the responsibility of protecting and safeguarding their wellbeing. Severe and fatal incidences of CSA in Gauteng and other provinces have been reported in the media. Artz et al. (2016) reported a case of a 14-year-old schoolgirl who was gang-raped by six young men; her throat was slit and she was stabbed an additional 50 times. She was left for dead in a dilapidated house in the Western Cape Province, naked and injured. She crawled to the safety of her neighbours, but unfortunately, she died a day later in hospital. In Pretoria, a 20-year-old man allegedly raped a six-year-old girl at Dros restaurant's bathrooms in Silverton (Hancke & Sejake, 2018). In Gauteng North district school, a case was reported in SABC News on 23 May 2017, involving an 11-year-old girl learner who was raped and murdered by her mother's boyfriend in Refilwe, Cullinan, Pretoria (Setimo, 2017). In the Western Cape, a Paarl policeman was arrested for allegedly raping a 14-year-old teenage girl (SAPA, 2013).

It should also be noted that daily, school-going age children of every race, encounter sexual violence and harassment resulting at times in serious bodily harm or even death. Such reports of CSA are traumatic, distressing, incomprehensible, violent,

and disturbing to an individual, families, communities, and societies. The sexual abuse of innocent, harmless, and dependent children is regarded as both a national and a worldwide challenge.

As an educational psychologist employed by the Gauteng Department of Education in one of the district offices, I work with other intersectoral stakeholders including teachers from various schools. With the nature of my work and profession of providing psychological support to learners referred for psychosocial support including sexual abuse, I realised that CSA victims are living under a lot of distress. In addition, as a supervisor of some of the intersectoral stakeholders supporting CSA victims, I also became aware of the stressful nature of their work of providing trauma counselling and support. This raised a serious concern about intersectoral stakeholders' wellbeing, and the support provided to sexually abused learners in schools.

For this reason, the need to investigate the experiences of intersectoral stakeholders who are supporting the victims of CSA in schools emerged. A holistic intervention from a variety of stakeholders such as educators, therapists, police, judicial officers, social workers, and health practitioners is required. The research could address psychological, emotional, and social problems that might manifest themselves after the incident. However, there are numerous cases of CSA that have been reported to the Gauteng North Education district which are different in the extent, nature, and circumstances without adequate processes which delays providing support to victims. Dealing with each case requires a different approach from intersectoral stakeholders.

Each intersectoral stakeholder guided by their professional code of conduct is bound to protect and support all learners affected by sexual abuse. While this is the case, victims and their families are often frustrated as justice is delayed. Non-collaboration is also often a barrier as each member seems narrowly focused on their specific area without necessarily sharing or promoting best practice. As the researcher, I view collaboration as necessary in enhancing support for CSA. Lack of it may influence victims to keep quiet because of fear that no one will believe them or feelings of guilt resulting in victims suffering alone, emotionally and without professional support.

There have been several studies on CSA in South Africa. However, such studies did not focus on the experiences of intersectoral stakeholders supporting sexually abused learners. For instance, Herbst and Reitsma (2016) found that sexually abused children's developmental tasks may be compromised since their lives were affected in multiple areas. This was supported by the study by Spies (2016) who stressed that the most devastating effect of sexual abuse was the profound sense of loss, i.e., loss of childhood which affect the learner's developmental process. Spies (2016) added that CSA threatens the child development of basic trust, autonomy, initiative, identity, intimacy, and ego integrity and they are invariably adversely affected by the abuse. As a result, sexually abused children will struggle to form attachments and to trust other people within and outside their environment.

On a professional level, I view CSA as a phenomenon that needs to be taken seriously as it is experienced as a traumatic event for children in our society. Therefore, failure to address CSA and to facilitate support processes from the school context will defeat the vision of the Department of Basic Education (DBE) that purports to promote education and support for all (DoE, 2001; DBE, 2014). Using the Education White Paper 6 (DoE, 2001) as a reference, CSA is classified as one of the systemic barriers that can affect learning and development. Hence, stringent measures for CSA prevention and control should be taken. A research study on intersectoral stakeholders' experiences of supporting sexually abused learners was thus necessary.

1.4 PROBLEM STATEMENT

The high prevalence of CSA in South Africa is concerning as it affects vulnerable children who, in most instances, do not know how to respond to the incident. The severity of CSA is captured in a statement by the Deputy Secretary-General of the United Nations who highlighted that:

> "Every day, across all countries and levels, millions of girls and boys face the alarmingly common childhood experience of sexual abuse and exploitation. Globally, at least 120 million girls under the age of 20 about 1 in 10 have been forced to engage in sex or perform other sexual acts. Millions more, including millions of boys, never tell anyone" (UNICEF, 2014, p.1).

For this reason, victims of CSA in schools need holistic support from a variety of stakeholders such as educators, therapists, police, judicial officers, social workers, and health practitioners. Doing so could address psychological, emotional, and social problems that might manifest themselves after the incident. However, there are numerous cases of CSA that have been reported to the Gauteng North Education district which are different in the extent, nature, and circumstances without adequate processes being in place which delays support for victims. Dealing with each case requires a different approach from intersectoral stakeholders.

1.5 THE AIM OF THE STUDY

The purpose of the study was to explore and describe the experiences of intersectoral stakeholders in supporting learners who are sexually abused in schools in the Gauteng North Education District.

1.6 RESEARCH QUESTIONS

The main research question:

In the light of the identified problem statement, the main research question of this study is stated as follows: What are the experiences of intersectoral stakeholders supporting sexually abused learners in the Gauteng North Education District?

1.6.1 Sub-questions

To address the main research question, the following sub-questions are set to direct the research:

- What is the nature and extent of CSA in Gauteng North Education District schools?
- How do the intersectoral stakeholders collaborate in supporting sexually abused learners?
- What challenges and successes are experienced by intersectoral stakeholders in supporting sexually abused learners?
- How can the intersectoral stakeholders' experiences be used to make contributions and recommendations for effectively supporting sexually abused learners?

1.7 RESEARCH OBJECTIVES

The objective of the study

- Examined the nature and extent of CSA in Gauteng North Education District schools.
- Ascertained ways in which the intersectoral stakeholders collaborate in supporting sexually abused learners.
- Established challenges and successes experienced by intersectoral stakeholders in supporting sexually abused learners.
- Used intersectoral stakeholders' experiences to make a contribution and recommendations that could be used for supporting sexually abused learners.

1.8 THEORETICAL FRAMEWORK

The main theoretical framework that guided the study is Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1979). The theory entails that the environment in which children find themselves can also be contributing factors to dysfunctional and unhealthy relationships. In the cases of CSA, a family plays a major role because when a child is sexually abused, the whole family is affected by the traumatic event not only a child. Such experience of acceptance or rejection of disclosure may lead to the closeness of the family or split them apart completely. Attachment theory is centred around the child relationship with family, caregivers and others in society where children form an emotional with their parents or caregivers which reassures their safety during vulnerable times. The examination of theories contributing to child sexual abuse will focus on the experiences of intersectoral stakeholders supporting CSA victims.

In addition to the three theories examined, developmental theories relating to trauma and resilience linked to CSA will also be explored. Any assignment exploring CSA and exclude trauma and resilience would then be incomplete hence the effect of development theories for trauma and resilience forms part of the examination. Theories such as ecological systems, attachment, family, trauma and resilience theories and models are discussed in detail in Chapter 3.

1.9 CONCEPTS CLARIFICATION

The following concepts are important in the study:

1.9.1 Child Sexual Abuse

The definition of CSA is a contentious issue because researchers do not provide a common definition of what constitutes sexual abuse. However, a few definitions from different authors inform this study. Singh et al, (2014) preferred to use the definition of CSA provided by the World Health Organisation (WHO, 2006) defining CSA as the involvement of a minor in sexually abusive activities that children do not fully understand and are incapable to give knowledgeable consent to, or for which they are not developmentally ready. In other words, such sexually abusive activities often happen when the perpetrator has power over a minor child and uses it for personal gratification. Ferragut et al, (2021) defines Child sexual abuse as a complex phenomenon of involving a minor in sexual activities that pursue the sexual enjoyment of an individual person who is in a position of power or inequality, without a true consent, instituting an offensive and undesired experience. Okunlola et al, (2021) defines child sexual abuse as encompassing various forms of verbal seductions, visual manipulations through pornography, unwanted touches and actual intercourse. Some of these forms of abuse remain underreported due to fear, social stigma and the intra-familial nature of some experiences for the victims.

1.9.2 Trauma

Trauma is a powerful emotional shock that may have long-lasting effects and is seen as a deeply distressing experience following a stressful event (Concise Oxford English Dictionary, 2012). Trauma is a distressing act of sexual, physical, psychological violence perpetrated against a person by others (Kent et al, 2014). Herbst and Reitsma (2016) defined trauma as a physical wound or injury communicating to the body that damage has been sustained. The study adopted the definition that trauma involves great fear and danger and is damaging to a person's mental health although not everyone who is exposed to traumatic events develops PTSD. Hence, trauma is seen as a toxic condition where the person experiences or witnesses an event of threatened death or serious injury and that produces feelings of terror and helplessness.

1.9.3 Resilience

Resilience is an intrinsic flexible process where an individual has the capabilities to cope with challenges in a life-preserving manner (Kent et al., 2014). These authors added that resilience also refers to a person who experiences and maintains relatively stable, healthy levels of psychological functioning following traumatic events. Psychological resources and coping mechanisms that an individual develops at a young age can protect them from any adversity including PTSD and moderate depressive disorder (Parkinson & Shirley, 2015). In this study, resilience refers to the ability to pick up the pieces and bounce back from adversity. Thus, when dealing with resilience, we have to understand that not all people are negatively affected by adversities: some people develop adaptive skills to overcome hardships while others do not.

1.9.4 Intersectoral Stakeholders

Corbin (2017) described the term intersectoral stakeholders as partnerships with other sectors outside your own sector such as other governmental and non-government sectors (NGOs). Intersectoral also referred to as multisectoral involves cooperation or coordination between the stakeholders from different sectors integrated for a common goal (Rantala et al, 2014). Such stakeholders are seen as contributing knowledge and expertise from different sectors to support sexually abused learners. Okeyo et al (2020) regarded intersectoral partnership as valuable and significant for addressing challenges and achieving the desired outcomes. They further elaborated that the success of intersectoral stakeholders depends on a common understanding of what can be attained jointly and whether stakeholders can reach an agreement on shared or mutual goals.

1.10 SIGNIFICANCE OF THE STUDY

The study is significant in that:

- It augments the knowledge and understanding of the practice in the field of supporting sexually abused learners by the intersectoral stakeholders in schools.
- From a CSA policy viewpoint, it has the potential to provide policymakers with ideas of effective intervention strategies in dealing with the care, support, and protection of learners from CSA in society.

- It aims to strengthen intersectoral collaboration, encourage multidisciplinary team support among intersectoral stakeholders and contribute to awareness programmes to schools and communities.

- A description of the intersectoral stakeholders' experiences would assist those working to support victims of CSA to identify factors that enable and inhibit effective support interventions.

- It also provides guidelines and proposes intervention programmes to empower intersectoral stakeholders working with sexually abused learners.

1.11 DELIMITATIONS OF THE FIELD OF STUDY

The study is concerned with collecting and analysing the experiences of intersectoral stakeholders supporting sexually abused learners in schools. The study was conducted at one district in Gauteng Province, South Africa, specifically Gauteng North Education District, with the emphasis on the experiences of intersectoral stakeholders in supporting CSA victims. Although a small sample was used in the study, the findings cannot be generalised to other stakeholders outside the Gauteng North Education district. However, the findings of the study can be used as an evidence-based practice source. The purpose of the study was to understand the experiences of intersectoral stakeholders supporting and working with learners who are sexually abused in schools.

Data collection was only gathered to selected intersectoral stakeholders in the Gauteng North Education district. First-hand data was not collected from the police officials, judicial service officers, legal experts and nursing staff working with sexually abused children.

1.12 SYNOPSIS OF METHODOLOGY

The study used the interpretive paradigm as defined by Grbich (2013) who maintained that a paradigm is characterised by principles, values, or approaches employed for collecting and interpreting data to understand or explain a particular worldview. A paradigm is also seen as an essential orientation, perspective or worldview that is often not questioned but can guide researchers in their search for answers (De Vos et al., 2011). Each paradigm has its own ontology, epistemology and methodology with assumptions underpinning research approaches and data

analysis (Kivunja & Kuyini, 2017). The underpinnings of the philosophical paradigm discussed in this chapter are ontology, epistemology, axiology and methodological. The researcher selected the interpretive paradigm with the view that meaning is created and negotiated by human actors, and it shares the same objective of understanding lived experience (Creswell, 2013). The interpretive paradigm is suitable for the study since the proponents of interpretive paradigm believe that there is no objective knowledge: all truth is subjective, i.e., it is socially constructed and emanates within an individual's mind (Grbich, 2013). In line with the purpose of the study, the experiences of intersectoral stakeholders were collected, analysed and interpreted to identify factors that enable or inhibit effective support intervention for CSA victims.

This research study was conducted using a qualitative approach and a phenomenological design was followed to explore intersectoral stakeholders' experiences in supporting sexually abused learners in Gauteng North schools. The use of a qualitative research approach is deemed relevant for generating in-depth, detailed descriptions of the research problem (Salmons, 2016). This study used phenomenology as a research design to understand the common meaning of intersectoral stakeholders and their lived experiences of supporting learners who have been sexually abused (Creswell, 2013). As McMillan and Schumacher (2014) and Lichtman (2014) indicated, the phenomenological approach is relevant in that it allows the study to describe, interpret and understand the essence of what it means to work with CSA and to understand the participants' perspectives without imposing one's own views. The design was also used to assist with understanding what participants experienced and how they experienced it (Creswell, 2013).

1.12.1 Research Population and Sampling

The research population selected for purpose of this study include four different levels: schools for teachers (SBST), district office for social workers and intern psychologist (DBST), private venue (NGO) for two participants, hospital and clinics for clinical psychologists. In terms of DBST, the district has only one psychologist in the DBST, who is the researcher in this study. The sample consisted of purposefully selected participants considered to be knowledgeable about the topic under study (Creswell, 2014). Okeke and van Wyk (2015) added that the choice of purposive

sampling is based on the understanding of and the aim of the study. According to Etikan et al, (2016) purposive sampling as a nonprobability sampling is useful especially when randomization is impossible like when the population is very large. It can be useful when the researcher has limited resources, time and workforce. It can also be used when the research does not aim to generate results that will be used to create generalizations pertaining to the entire population. Purposive sampling was used to investigate intersectoral stakeholders' experiences of supporting sexually abused learners in schools. The research sample included 12 intersectoral stakeholders (consisting of four teachers in the SBST, intern educational psychologist and three social workers in the DBST, two NGO workers consisting of a forensic educational psychologist and a forensic social worker, and two clinical psychologists from health sector) who were purposefully selected for the study.

The criteria for their selection were:

- knowledge or experiences of supporting sexually abused learners;
- member of intersectoral stakeholders;
- expertise in dealing with CSA; and
- willingness to participate in the study.

1.12.2 Data Collection Instruments

Data collection instruments used in this study included individual interviews, literature review and field notes. Individual interviews as mentioned above are described as in-depth semi-structured interviews. Howitt and Cramer (2014) viewed a semi-structured interview as a highly specialised form of conversation determined by the rules of research which occurs in different contexts from normal conversation. The interviews were carried out in close proximity to participants' local settings which were more accessible to them. The reason for using semi-structured individual interviews was that they are in-depth in nature and useful in gaining an in-depth understanding of the experiences of participants, investigating what participants experienced and the meaning they assigned to their experience.

A literature review was used as a form of data collection in the study of intersectoral stakeholders' experiences supporting sexually abused learners. The purpose of the review in this research study was to evaluate current literature on CSA and to point

out the complexities, support and challenges experienced by intersectoral stakeholders supporting sexually abused learners. The literature review also provided guidelines, on how to address certain issues pertaining to the identification and intervention strategies to enhance the support of CSA victims. The literature review was also conducted to evaluate the available data on CSA (Snyder, 2019). Snyder further highlighted that literature reviews are more suitable in evaluating theory or evidence, as well as rationality or accurateness of a theory or competing theories.

Initially, field notes were researchers' private, personal thoughts, ideas, and queries regarding their research observations and interviews. Philippi and Lauderdale (2017) described field notes as the researcher's personal views, thoughts, and inquiries concerning their research investigation, interviews and observation. The field notes are written records jotted down by the researcher during the observational period. Field notes assist in creating accurate and thorough written records of field activities (Hays & Singh, 2012). In this study, field notes were used to record thick descriptions of intersectoral stakeholders' experiences in supporting sexually abused children.

1.12.3 Data Analysis

Interpretive phenomenological analysis (IPA) was used to analyse data collected through the research tools used in this study. The analysis includes six steps of IPA as per James (2014), Noon (2018); Smith and Osborn's (2012) guidelines. The six steps of IPA are explained in detail in Chapter 4.

1.13. Measures to Ensure Trustworthiness

Measures to ensure the credibility and trustworthiness of the study were put in place to confirm the quality of the study. Trustworthiness in this qualitative study answers to the enquiry of whether the findings of the investigation can be trusted or not. The trustworthiness of the study was maintained by following the Lincoln and Guba model which proposed strict criteria in qualitative research, such as credibility, confirmability, transferability and dependability as measures to warrant trustworthiness. Creswell (2014) concurred, adding that a qualitative researcher needs to ensure the accurateness of the findings by applying the above criteria to guarantee trustworthiness. The consistency of qualitative enquiry signifies the

trustworthiness of the data clarification ensuring that the findings are determined by appropriate application of the research method (Yüksel & Yildirim, 2015).

1.13.1 Ethical Considerations

Ethical measures are necessary in any research. The study included ethical issues such as informed ethical clearance, informed consent, confidentiality, voluntary participation and permissions for research approval. These ethical matters were taken into consideration and all participants were regarded with positive regard, honesty and respect. The first ethical measure was that the ethical clearance was applied for from the Research Ethics Committee in the College of Education of the University of South Africa (UNISA) (Appendix A). Permission to conduct research was requested from all the sectors and granted by the DBE, DSD, DoH and NGOs. This was carefully done to protect individuals who were participating in the research study. The general principles of ethics involve taking actions that no harm should be made and individuals should participate freely (Wellman et al, 2012). The ethical measures are discussed in detail in Chapter 4.

1.14 OUTLINE OF THE STUDY

CHAPTER 1: AN OVERVIEW OF THE STUDY

The chapter provides an introduction and an extensive description of the study including the research problem, background for the research study, the aims and objectives, the synopses of methodology and the outline of the research study.

CHAPTER 2: LITERATURE REVIEW

The researcher reviews the literature about CSA internationally and from the South African perspective. The literature on stakeholders' experiences of supporting sexually abused children, nature and prevalence of CSA, identification, risk factors, impact, resilience and the role of intersectoral stakeholders in supporting sexually abused learners.

CHAPTER 3: THEORETICAL FRAMEWORK, PERSPECTIVES AND VIEWS

The researcher presents theories and relevant descriptions to CSA in the research study. The main theory relevant in this study is the Bronfenbrenner ecological

systems theory. Additional theories such as family system theory, attachment theory, trauma and resilience models are also discussed.

CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY

The researcher describes the research design and methodology that were employed in the research study. The nature of the population, data collection procedures, data analysis process and ethical considerations are outlined.

CHAPTER 5: DATA PRESENTATION, ANALYSIS AND DISCUSSION

The chapter presents the research findings in terms of themes identified from the data collected as well as a discussion of the findings. The researcher analyses the data collected from the interviews, observations and literature study qualitatively to identify instances of convergence and divergence from literature and information provided by interview respondents.

CHAPTER 6: IMPLICATIONS AND RECOMMENDATIONS OF THE STUDY

The chapter closes with conclusions on the findings, implications, limitations of the study and recommendations as well as areas for further research on interventions to address challenges experienced by intersectoral stakeholders supporting sexually abused learners.

1.15 CHAPTER SUMMARY

In conclusion, Chapter 1 set the scene of the study by identifying the research problem of intersectoral stakeholders, outlining the process to address the problem, stated the rationale and significance of the study. The problem statement was that the experiences encountered by intersectoral stakeholders are not used in the Gauteng North Education District to ensure effective support for learners affected by sexual abuse. The issue is non-collaboration and therefore extensive data needs to be collected, analysed and interpreted to identify factors that enable or inhibit effective support for learners affected by CSA. The findings of the study should therefore inform the development of an intervention for providing effective support to learners affected by sexual abuse. The next chapter presents the literature review of the study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Taking cognisance that Snyder (2019) maintained that literature review is conducted in the study for the purpose of evaluating the state of data on a particular topic or subject, Chapter 2, therefore, explores the experiences of intersectoral stakeholders supporting child sexual abuse victims as investigated and reported by the research community. As discussed in chapter 1 the literature on sexually abused children in African countries show an increased prevalence rate.

2.2 THE PREVALENCE OF CHILD SEXUAL ABUSE IN SOUTH AFRICA

CSA is described as a difficult challenge with far-reaching emotional, ethical, physical, cultural, and legal implications for both the victim and perpetrator (Mollamahmutoglu et al., 2014). It incorporates any sexual performance involving a child that is expected to provide sexual satisfaction to a grown-up such as a parent, caregiver, or other individual who has accountability for the child (APA, 2013). Mabade (2013) concurred with the statement that the area of sexual abuse includes all cases where children, who are immature, dependent, and unanswerable are used to gratify the sexual fulfilment of grown-ups who are autonomous, mature and answerable.

Sexual abuse is a phenomenon that intersectoral stakeholders cannot overlook because it is happening and escalating globally and nationally. According to UNICEF (2014) which captured findings from 54 studies conducted in 24 countries, the extent of CSA is a widespread and global challenge as evaluated, analysed and self-reported by survivors. According to a study conducted in Botswana by Ramabu (2020), the extent of CSA is still a challenge to determine however World Health Organization estimate that there are 18% of girls and 8% of bouse who suffered contact sexual abuse. Leoschut et al (2018) in their Optimus study of CSA prevalence reported that 14.6% of young people interviewed experienced some form of sexual abuse. The Optimus study estimated that in the South African general

population of adolescents between the ages of 15 and 17, 454 051 have experienced some form of sexual abuse. In the self-completed questionnaire in households survey, 26.3% (or 784 967 of the youth population) reported experiencing some form of sexual abuse. Sanderson (2013) stressed that CSA can no longer be ignored, citing that every week there are reports of CSA published in both the nationwide and global media. The implication is that the global community is experiencing a challenge of increased CSA. Parker and Turner (2014) argued that the incidents of child sexual abuse should be regarded as a social problem globally and there has been an improvement in awareness and understanding of CSA in recent years, although few solutions have been found to curb the problem. The common version of CSA in all the countries is basically that it is understood to be a violent crime whereby a child is physically abused by the perpetrator. Mollamahmutoglu et al. (2014) described CSA as an unquestionably distressing, painful occurrence experienced by a child which is sometimes kept as a secret due to shame, fear of harm, guilt, punishment or abandonment.

Boezaart (2009) maintained that CSA is a phenomenon that has been endured by individuals worldwide for a long period and it is only in the last few decades that professional and societal interest in this social catastrophe has been taken into consideration. Even to date, the phenomenon is growing with more children affected each year, and both girls and boys experiencing this societal adversity. The humiliating and disturbing fact is that a high number of children are suffering these hardships at the hands of their parents, teachers, pastors and other stakeholders in the name of providing care. As a result, child victims of sexual abuse experience a sense of betrayal and loss of trust in people even those who are very close to them (Herbst & Reitsma, 2016). This is highlighted in Erikson's model of psychosocial development which posits that trust starts at the earliest stage of a child's development stage at about the age of 18 months (Orenstein & Lewis, 2020). Children who are sexually abused come to mistrust the world as a safe place and this affects the child's emotional and social development (Arnett, 2012)

CSA is a major societal challenge in South Africa which emanates from various variables or factors that are country-specific (Rule, 2017; Spies, 2017). Rule (2017) further stated that studies have found that there are some contributory aspects in the family, in community, society, or culture, that have a vast impact on the occurrence

of CSA. Mollamahmutoglu et al. (2014) acknowledged that CSA exists in all socioeconomic groups; however, there are severe forms of sexual abuse associated with lower socioeconomic circumstances such as the absence of one or both parents due to divorce or single parenting and the presence of a stepfather. Unfortunately, South Africa is known for high incidences of both single and gang rape cases and for child sexual exploitation and is thus considered the "rape capital of the world" (Bougard & Booysen, 2015, p. 19).

It is widely acknowledged that CSA is a significant societal challenge that disturbs many children irrespective of their cultural background, class, age or gender (Kilroy, 2014). Boezaart (2009) explained that in the past, sexual activity with children was assumed to be normal. Attah (2016) agreed with this by stating that younger children engage in sexual activity as a form of normal play in the process of development. Some mutual sexual stimulation between children of the same age is perceived as a normal part of a child's psychosexual growth and therefore regarded as non-detrimental (Spies, 2017). On the contrary, this statement was rejected by other researchers reporting the negative impact of such an activity. With the spread of Christianity, sexual experiences between adults and children came to be considered as immoral, harmful, and offensive as other forms of sexual abuse. Boezaart (2009) further explained that child-on-child sexual contact, which involves siblings, is increasingly being recognised as detrimental to the emotional wellbeing of children, both while they are growing up and at a later stage when they are adults.

According to Mabade (2013), CSA is also regarded as a community-based challenge that occurs in rural and urban areas, rich and underprivileged communities. Therefore, sexual abuse of many children happens within their families and communities by people they trust or know (Mutandwa, 2012). This implies that most of the perpetrators are known to the children; they are significant people in the community and either immediate family or extended families staying in the house with the child victims. Mollamahmutoglu et al. (2014) pointed out that it is also important to note that children of all ages may be sexually abused. Such abuse takes place outside the family or at school by either an acquaintance or a total stranger, at home with close blood relatives such as sexual activity between brother and sister, cousins, father and child and uncles or aunts. For example, there have been incest cases reported within the Gauteng North district where learners in the adolescent

stage were impregnated by their fathers. In Limpopo, a man was sentenced to two life sentences by the High Court in Thohoyandou for raping his biological daughters aged 13 and 16 years old for three years and impregnating one of them as reported by Gous (2019). Stakeholders came to know about it when the child became pregnant: in fact, that is how most sexual abuse cases of girls are disclosed or become known.

There have been statutory rape cases committed against learners as reported by EWN (Magwadze, 2017) that a Johannesburg teacher was found guilty of misconduct over an alleged sexual relationship with a 15-year-old learner. In this instance, the mother was aware of the relationship (Magwadze, 2017). The mother did not report the incident because the teacher was taking care of the family. Another case was that of a 19-year-old man who was charged with statutory rape of a 12-year-old learner; the rape took place at the home of the girl in the bathroom while the mother thought her child was taking a bath (Mabena, 2017). In England and Wales, Office of National Statistics (2020) reports that police recorded 73,260 sexual offences where data identified victims to children. These alarming statistics reveal how unsafe and insecure children and adolescents may be in our societies, raising continuous concern among researchers, parents, teachers, counsellors, psychologists, NGOs, media and even the government of nations Okunlola et al 2021). Once a child is sexually abused, the effects remain fixed throughout their lifetime and negatively impact their everyday life in childhood and adolescence.

2.3 The concept CSA

Mollamahmutoglu et al. (2014) defined sexual abuse as sexual interaction among children and grown-ups for the fulfilment of adult sexual enjoyment. Mutandwa (2012) defined sexual abuse as a serious defilement of the girl-child's basic rights of safety and protection to which fairness can only be done by guaranteeing operative remedies. Mabade (2013) concurred with the argument that CSA is an act of using extreme physical power in coercing children into explicit sexual behaviour. Such sexual actions happen without the permission of innocent children. As emphasised by Willows (2009), children are minors who do not have the cognitive capacity to give consent to a sexual relationship. This usually takes the form of sexual stimulation consisting of indecent exposure, penetration, kissing, fondling,

masturbation, rape, sodomy and incest. Conte (2014) defined CSA as a deliberate sexual defilement of an innocent, immature, underage child, who does not have the capability of consenting to sexual activity. Conte further argued that CSA differs by type of culprit exploitation and relationship suggesting that some types of abuse can be in the form of molestation (fondling, touching including the genital organs) or through rape (that is when an object is put in any orifice in the body). The types of sexual abuse range from verbal seductions, visual manipulation through pornography, to wanted or unwanted touches and actual intercourse. Some of these types of sexual abuse remain under-reported due to fear, social stigma and the intrafamilial nature of some experiences for the victims (Okunlola et al, 2021).

McCoy and Keen (2014) observed that CSA appears in many forms such as encouraging, allowing or forcing the child into prostitution, obscene photographing, touching of genitals, sexual exposure, date rape, peer pressure, violent sexual act, sexual arousal, pornography, and indecent exposure. McCoy and Keen (2014) further highlighted that institutional sexual abuse refers to the sexual exploitation of children by adults who are expected to care and provide for and protect these innocent children in educational or social care environments.

Sexual abuse can be contact or non-contact. Contact sexual abuse is seen as vaginal, anal and mouth penetration and non-penetration activities such as fondling, kissing, touching including the genital organs. Okunlola et al, (2021) added that contact sexual abuse is further divided into two sub-groups which include contact/penetrative and contact/nonpenetrative sexual abuse. Contact/penetrative, this is a sexual intercourse which occurs between the victim and the perpetrator, contact/non-penetrative this involves other sexual expressions such as touching or fondling taking place without an actual intercourse. Non-contact sexual abuse includes activities such as exhibitionism and voyeurism (Parker & Turner, 2014). Non-contact abuse means that no physical touch took place to the sexual abuse victim, this implies that various other acts such as verbal and visual expression happened rather than the perpetrator touching the victim (Okunlola et al, 2021). According to the APA (2013), non-contact sexual abuse involves exploitation by an adult who is in the position of caring for the child, by pressuring, enticing, threatening, forcing or tricking a child to partake in activities of sexual fulfilment of adults. In most cases, non-contact sexual activities are often overlooked and not

regarded as serious or not counted as sexual abuse incidents and are not reported. Non-contact forms of CSA have not achieved the same public status as contact forms of CSA as they are less likely to qualify as legal offences. Less harm is perceived when a child suffers abuse where there is no evidence of physical harm or injury (Attah, 2016).

For stakeholders working with CSA, the child's relationship with the perpetrator should be considered, whether it is a total stranger, known or someone in the immediate family. Sometimes the sexual activity happens in an institution where an adult is entrusted to care, provide for and protect children. Sexual abuse involves the use of power, encouragement, permission or bribery to coerce minors into sexual activities Furthermore, the child's relationship with the perpetrator should be considered, whether it is a total stranger, known or someone in the immediate family.

2.4 THE COMPLEXITY AND SENSITIVE NATURE OF CHILD SEXUAL ABUSE

Spies (2016) maintained that the perceptions of CSA may vary depending on the nature of the relationship of the victim to the perpetrator, age of the child, decision-making about sex, the form of sexual abuse and conditions under which the incidents occurred. Mollamahmutoglu et al, (2014) cautioned that a sexual offence may also be committed by another child who is also a minor, but the perpetrator is older than the victim or has control over the child.

CSA is recognised globally as a sensitive and complex phenomenon due to its extensive and delicate nature (Muridzo et al, 2018). The complex and sensitive nature of CSA is manifested through the incidences of a child being the only witness, false allegations, confidentiality maintenance, intrafamilial sexual abuse and the scope of practice. These aspects are discussed below.

2.4.1 Child being the only Witness

In most cases of CSA, the child is the only witness or is not capable of testifying in court. Fouché and Le Roux (2018) state that CSA happens mostly in secrecy where there are no eyewitnesses, and mostly the child becomes the only witness. Lubaale (2016) highlighted that if the testimony of a minor child is the only proof in a CSA case, the court can appoint an expert witness to assist the court in evaluating the ability of the child. Lubaale (2016) added that a child psychologist can administer

appropriate psychometric tests to establish the child's capability of accurately narrating a sequence of events. The services of an expert witness are essential to help the court to consider the testimony of a child's who is not capable of testifying in court. The expert witness also assists children who are mentally challenged (Lubaale 2016). Expert witnesses, however, cannot give first-hand testimony of what the victim experienced. A sexual offence allegation is reported to be very difficult to prove due to the lack of eyewitnesses since the child is the only witness in such cases, so it is the victim's word against the perpetrator's word (Department of Justice, 1998).

2.4.2 Child Sexual Abuse Perceived as False Allegations

False allegations of sexual abuse is another barrier to CSA disclosure. In some instances, children may report CSA allegations falsely for a variety of reasons. Lubaale (2016) maintained that as CSA is increasing, false CSA allegations are also on the rise and while many CSA victims' allegations are authentic, some are false. The intersectoral stakeholders supporting CSA victims need to be alert that some CSA cases might appear to be false allegations even though the child seems to be a sincere, truthful and reliable victim (Lubaale, 2016). Cyr and Bruneau (2012) identified contributory factors to CSA false allegations as parental divorce, influence or coercion, as well as the child's needs and personal characteristics. As a result, children lie about being sexually abused or they point at an innocent person due to fear of the perpetrator or being forced to accuse someone else.

2.4.3 Maintenance and Limitation of Confidentiality

Beck, et al (2016) described confidentiality as the person's right to protect one's personal information to prevent unlawful exposure to the public. Noroozi et al (2018) clarified that confidentiality is an obligation created in order to strengthen the ethics which is practised mostly in healthcare settings where confidential information of the patient is kept confidential, safe and protected.

Intersectoral stakeholders must ensure their clients about confidentiality and conscientise them on the limitations thereof. Dayal et al, (2018) emphasised that the crucial principle of upholding privacy and confidentiality of information is to safeguard CSA victims from possible harm, humiliation, and retaliation from the offender.

Although, there is a dilemma, Dayal et al, (2018) maintained that breaching the confidentiality of CSA is unethical but not disclosing when legally required is unlawful.

Burbridge-James (2018) maintained that any breach of confidentiality is intimidating as well as re-traumatising to the child victim. Burbridge-James (2018) also stated that intersectoral stakeholders should act in the best interests of their clients by maintaining confidentiality but also protect people at risk. However, the complexity of the matter emerges when it calls for disclosure where the ethics of confidentiality must be breached or broken during forensic proceedings.

2.4.4 Intrafamilial Sexual Abuse

Attah (2016) noted that CSA happening within the family is mostly not disclosed by both children and the adults due to fear of stigmatisation and to preserve the family's reputation and integrity. However, an outsider may be implicated in the CSA ordeal. Families are unaware that the impact of keeping the abuse a secret is more damaging to the victim. Pandey and Reddy (2019) further argued that the incidence of incest or abuse committed by a family member is more traumatic since it will be difficult for CSA survivors to trust other people in their personal environment. Spies (2016) was of the view that there is a perception that sexual abuse by those close to the child such as caregivers or family members is not as severe than that committed by outsiders. On the contrary intrafamilial abusers are associated to more severe CSA rather than being perpetrated by acquaintances or outsiders (Ferragut et al 2021). Spies (2016) highlighted that although sexual abuse perpetrated by either a family member or those known to the family may be perceived as not severe, any act of sexual abuse is distressing and devastating incidence. Blanchard-Dallaire & Hébert (2014) support the notion that sexual abuse perpetrated by a caregiver or someone close to the victim may result in severe suffering. Despite the perception that sex abuse perpetrated by those close to the child is not taken seriously, the crux of the matter is that sexual abuse is a shocking, traumatic and painful experience whether perpetrated by a stranger, or someone known to the victim or immediate family.

2.4.5 The Scope of Practice (SOP)

The complexity and sensitive nature of CSA is that intersectoral stakeholders are obliged to adhere to the scope of practice. Professionals working with sexually abused learners are guided by their scope of practice but there are limitations in their professional practice. HPCSA (2020) described the scope of a profession as the procedures, roles, activities and processes where an expert has the skill, knowledge, and qualification to practise legitimately and efficiently in line with their professional code without causing any harm to the public. The Health Professions Act, 56 of 1974 regulates and defines the scope of the profession of healthcare practitioners. Szalados (2014) added that the scope of practice is restricted to what the state law permits based on certain standards such as specific training, experience, competency, and specialist qualifications.

2.5 ROLES AND RESPONSIBILITIES OF INTERSECTORAL STAKEHOLDERS

Intersectoral stakeholders play a major role in providing support for sexually abused children. Jamieson et al. (2017) stressed that South Africa must have a responsive and reactive child protection and support system. Muridzo et al. (2018) highlighted that stakeholders in the child protection and support system such as social workers, medical doctors, nurses, police, magistrates, prosecutors, counsellors, teachers and psychologists working in the Victim-Friendly System are faced with challenges in responding to CSA.

2.5.1 The Role of Teachers in Dealing with CSA

Teachers in the DBE in South Africa are regarded as an essential part of intersectoral stakeholders as they are close to learners and are well positioned to identify learners with barriers to learning. Teachers have an opportunity of spending a lot of time observing learners and these learners may report incidences of sexual abuse to them due to the nature of their work. The Norms and Standards for Educators (DoE, 2000) stipulates that teachers must play a pastoral role by developing a supportive and empowering environment for learners and responding to their special educational needs, such as support and guidance of sexually abused learners,

The Protocol for the Management and Reporting of Sexual Abuse and Harassment in Schools was published in March 2019 by the DBE and is meant to inform teachers and affected stakeholders on processes to be followed to manage and report sexual abuse cases in schools. The Protocol mandates all teachers to assist victims of sexual abuse and harassment by following standard reporting procedures and providing the requisite support to learners in cases where they know or suspect CSA or where disclosure is required.

The Protocol for Management and Reporting of Sexual Abuse and Harassment in Schools (DBE, 2019) identifies the range of support interventions required; for example, counselling services, court preparation, referral to a place of safety, legal representation, medical assistance, admission to rehabilitative programmes, and tracking follow-up appointments. The Protocol further indicates that if the victim is a learner and upon receipt of the complaint, the principal must immediately telephonically contact the victim's parents or guardian and if the alleged perpetrator is a learner, the principal must also contact their parents or guardian. The principal must furthermore write a letter to the parents detailing the incident within 24 hours of receipt of the complaint. The letter must contain the nature of the reported incident and the procedures to be followed but must NOT reveal the names of the victim/alleged offender.

The school referral system as outlined Protocol for Managing and Reporting Sexual Abuse and Harassment in Schools further maintains that it is the principal's responsibility to refer the victim immediately to psychosocial support if deemed appropriate. The principal should ensure school staff and learners are familiar with these protocols and make staff aware of their duty to report any incident or suspicion of sexual abuse or harassment affecting a learner, educator or school staff.

Educators are required by the protocol to do the following:

- Provide a safe and private space for the learner to disclose the details of the incident and keep information shared with them confidential.
- Report any incident or suspected incident of sexual abuse and harassment to the principal or a member of the school management team (SMT) if the principal is the alleged offender.

- Observe any changes in the learner's behaviour following the report and refer to the principal (or member of the SMT) if necessary.
- Ensure that the guidelines and procedures for the reporting of sexual offences are covered within predetermined lessons and refresh learners' awareness of these procedures periodically.

The district office is expected to:

- Review the action plan of the educator and School-Based Support Team (SBST), rate the level of support needed and determine the decision on how support is to be provided to the victim.
- Support and guide schools about the procedures, protocols and processes involved in an alleged case of child abuse.
- Facilitate the principal/school's decision-making regarding the various steps which need to be taken, ensuring that the legal requirements and consequences of each step are carefully considered. All decisions must be taken by the school/principal, taking into cognisance the best interest of the child.
- Establish whether counselling support is appropriate or necessary. [Counselling of this nature is concerned with the trauma or stress experienced by those concerned and is not in any way part of the investigation].
- Support the school/educator/parent by providing clarification and interventions concerning process and procedures that will follow the reporting as well as the possible signs, symptoms and behaviour of victims of abuse.
- Maintain a district register of reported cases and must ensure that a district register of all reported cases records are available at the district office and kept in a confidential restricted file.

The traditional role of the teacher has been to teach learners and provide them with skills and knowledge that are essential for them to be successful in life (Shepherd & Linn, 2015). In recent times, the traditional role has changed as per the Norms and Standards for Educators (DoE, 2000). Teachers now have a pastoral role which includes prevention of CSA, identification of affected learners, reporting and supporting sexually abused children. The protocol for Managing and Reporting Sexual Abuse and Harassment in Schools (DBE, 2019) indicates a need for stakeholders to participate in ongoing training opportunities that relate to the

prevention and management of sexual abuse and harassment. As Rule (2017) indicated, teachers are in contact with learners daily, it is easier for them to identify behavioural changes, a decline in scholastic performance or any suspected symptoms or indication of sexual abuse.

According to the Policy on Screening, Identification, Assessment and Support (SIAS) (DBE, 2014), teachers must assume the role of a case manager in supporting learners and involve parents in the decision-making process. Secondly, they need to screen, identify, and address barriers to learning and participation, and support learners with relevant interventions which may include referring cases to intersectoral stakeholders (DBE, 2014). As described by Naseriasl et al (2015), the notion of referrals is seen as an operative procedure for CSA intervention because it involves transferring the responsibility of caring for a patient among professionals. This process includes referring the patient to and back, it also involves internal and external referrals of clients or patients at a suitable time. Hence, Molini-Avejonas et al. (2015) highlighted that the success of external referrals depends on the availability and accessibility of support services to be rendered to clients or patients.

Thirdly, teachers are also members of the SBST and are trained to address barriers to learning including psychosocial challenges and the referral process for further support or intervention. Lastly, teachers act as school liaison personnel or a link between the school and the DBST or other relevant intersectoral stakeholders (DBE, 2014). SBSTs at schools ensure that every teacher fulfils their legal and moral obligations (Lamprecht et al, 2008) since teachers in the team specialise in areas such as counselling, life skills guidance or learning support.

It is mandatory for teachers to report CSA or any suspicions about it and they, therefore, play a major role in child protection and have legal, ethical and moral responsibilities that need to be fulfilled (Mathews, 2011; Shepherd & Linn, 2015). Mathew (2011) also acknowledged that teachers are best positioned to accomplish their duty meticulously when they understand and know their reporting obligations. Some research has found that reporting is encouraged by the degree and nature of teachers' development and confidence in identifying sexual abuse (Mathew, 2011). Despite being mandated by law to report CSA, the role of teachers is unique, and they play a significant part in the protection, support and prevention of CSA (Rule,

2017). In South Africa, like the USA, Australia and Canada, teachers have a legal duty to report alleged or suspected CSA, unlike in New Zealand does not have that obligation.

Teachers rely on other intersectoral stakeholders through the appropriate referral procedures. Furthermore, working with intersectoral stakeholders is also complex as different professionals are guided by their professions to act or respond in different ways when responding to matters of CSA. This situation could be restrictive in responding to cases and providing trauma counselling timeously. The burden is then left in the hands of teachers who are expected to teach a learner who is traumatised and received no support. Teachers, therefore, deserve to be developed to be in a position to fulfil their professional role of reporting CSA or suspected (Mathews, 2011). Although teachers have been exposed to short courses on trauma debriefing and lay counselling of learners in their schools, most teachers still need more training on CSA matters to support sexually abused learners.

The South African DBE has developed policies to address sexual abuse within schools. Even though the Protocol for Managing Sexual Harassment was only introduced in March 2019, it does guide teachers, principals and district officials to deal with CSA incidents. The DBE's (2014) SIAS policy enables teachers to identify learners with learning barriers that are essential for learners affected by sexual abuse.

The limitation of policies for CSA in schools relates mostly to the awareness campaigns and training of teachers as highlighted by several researchers (Mathews & Collin-Vézina, 2016; Das, 2017); Tooher et al., 2017). Rudolph et al. (2018) maintained that for the prevention and intervention of CSA to be effective, emphasis should be put more on raising awareness of the prevalence of CSA and the need to identify children affected by sexual abuse.

CSA prevention relies mostly on a child-focused education approach, involvement of parents and the public as an additional strategy in supporting sexually abused learners.

2.5.2 The Role of Social Workers

Social workers play a crucial role through their specialisation in courts such as family courts, adult drug courts, juvenile drug courts, mental health courts, offering support to children and their families (Lander et al, 2013). Lander et al. (2013) addressed a range of psychosocial problems in schools that hinder the academic performance of learners. The interventions by social workers for sexually abused children are implemented through a multi-modal entangled stage which consists of assessment, planning or contracting, implementation, statutory, evaluation, termination and follow up (Ntwampe, 2013).

Lander et al. (2014) outlined the roles and responsibilities of social workers in the cases of CSA as the provision of in-home therapy for parents to be effective in supervision, providing structure and discipline. They also offer school-based supportive services and afterschool care as well as the improvement of healthy, caring communication. Furthermore, Lander et al. (2014) mentioned that social workers are also members of multidisciplinary teams to support a child who is being abused or neglected and serve as expert witnesses in courts and partake in the placements of sexually abuse children and referral to other professionals for support. Therefore, it is important to note that social workers are at the forefront in addressing CSA cases and other stakeholders will follow with their support and interventions.

The main concern from the social workers is the shortage of forensic social workers as identified by Muridzo et al. (2018), Pamburayi (2020) and Joubert and van Wyk (2014) who maintained that there is a grave shortage of forensic social workers in the provision of children's support and that shortage may be a causal factor to delays and failure to reach targets. They alluded that the view of critical forensic social workers' shortage is disturbing and weakening the sexual abuse victim support programmes and negatively impacting the evidence collected from sexually abused children resulting in the delay of conviction and cases dragging for a long period.

2.5.3 The Role of Psychologists or Registered Counsellors

The role of psychologists or registered counsellors as intersectoral stakeholders is to ensure the wellbeing, safety and security of sexually abused children to avoid re-

traumatisation or re-victimisation. The psychologists provide support to sexually abused children, their parents, guardians or caregivers.

Themeli and Panagiotaki (2014) highlighted that psychologists play different crucial roles in their interventions concerning sexual abuse cases: these are either forensic or therapeutic roles. The authors explained that the forensic psychological role refers to detailed procedures of the criminal justice system. It involves examining the allegations of sexually abused children, where the professional investigates and pursues the truth to find out what happened and how it occurred, using structured interview procedures with the main focus being on the actual incidents that occurred. The therapeutic role entails clinical assessment and therapeutic intervention, employing different methods and techniques, which could be flexible, creative, or intuitive and would implement any supportive method for the child that would positively impact the child's psychosocial wellbeing (Themeli & Panagiotaki, 2014). Therapeutic techniques and methods includes the individual, group, family as well as play therapy, and the use of projective tests such as DAP, KFD, DAT etc. Parker and Turner (2014) indicated that play therapy is a technique in which younger children can express their unconscious struggles or occurrences so that the therapist can understand the children's worries, anxieties, difficulties and defence mechanisms.

The biggest challenge for psychologists dealing with CSA cases was captured in a study by Muridzo et al. (2018) which found that CSA is a sensitive, specialised phenomenon with unusual medical, social, and mental impacts on the child victim and their families. The challenge is that psychologists are expected to do miracles to address unusual medical, social and mental impacts not only on the victim but the family as well.

Therapeutic intervention is vital, but the timing of therapy is an argumentative aspect, due to the concern of contamination of the child's testimony and there are no guidelines concerning pre-trial therapy in South Africa (Fouché & Le Roux, 2014). Fouché and Fouché (2017) described pre-trial therapy as the counselling or therapeutic intervention provided to sexually abused children by the therapist prior to court testimony. However, some experts expressed anxiety around tampering with evidence and were convinced that pre-trial counselling should not be provided to CSA victims in case it interfered with the credibility of the child's

evidence against the perpetrator and risked the outcome of the trial (Jenkins & Nixon, 2020). Fouché and Le Roux (2014) recommended that there are various ways to be investigated to provide pre-trial therapy for CSA victims in a way that will not temper with the integrity of the CSA legal case. A dilemma arises on the issue of pre-trail therapy and the best interest of the child. Bond and Mitchels (2015) emphasised that with the provision of pre-trial therapy, it is evident that the best interest of CSA victims is considered, and children are not prevented from getting pre-trial therapy.

Cluxton-Keller and Bruce (2018) concurred that therapeutic intervention is crucial for sexually abused children and highlighted that appropriate therapeutic support improves family support and healing as well as decreasing depressive symptoms. Mesquita and Carvalho (2014) added that therapeutic provision is valuable for the patient's wellbeing, as it also provides the health specialists or other stakeholders with guidance to reflect on such interventions. Murray et al, (2014) added that treatment of a sexually abused child and family is complex and usually necessitates a biopsychosocial approach, depending on the extent of psychological and physical injury. In addition to therapeutic support, families are provided with both mental and healthcare services to address the biopsychological challenges experienced after the CSA ordeal. In that case, Murray et al. (2014) confirmed that there are several successful therapeutic interventions in treating the psychological conditions caused by of CSA, which have led to decreasing the suffering of families, and addressing relationship difficulties, anxieties, behavioural challenges, PTSD and depression.

2.5.4 Non-Government Organisations (NGOs)

NGO service providers as intersectoral stakeholders have a role in supporting sexually abused children and providing other services to address the challenges and meet the needs of individuals in society. Some of the NGOs within the South African context, operating in Gauteng are the Teddy Bear Clinic (TBC), ChildLine and Thuthuzela Care Centres (TCC). Their roles include providing counselling and support services to victims of CSA. Artz et al. (2016) acknowledged TBC for providing tailored services to CSA victims. Both TBC and TCCs offer medico-legal and therapeutic services to sexually abused children as well as putting a greater

effort on immediate and longer-term therapeutic support to both parents and children (Teddy Bear Clinic, 2019).

ChildLine's role is to protect children from all types of violence and exploitation and to create a culture of children's rights, and to provide counselling services for children and adults ChildLine offers different services such as counselling and support services to abused and traumatised children. They provide places of safety and foster care to abandoned, abused and neglected children, school programmes and after-hour safe houses, community awareness and prevention programmes, and extramural and sports to ensure holistic development of children through arts and culture (ChildLine, 2019).

CSA awareness and prevention programmes provided by NGOs include mass media campaign, social media e.g., television and radio programmes, social media e.g., Facebook, Twitter, Instagram; public events, print materials, and/or posters with the theme/slogan; billboards, bumper stickers or posters, textiles, e.g., t-shirts, hats, rubber bracelets and reusable (Edberg et al, 2015). The above-mentioned media awareness campaigns are of assistance in spreading the message although billboards can be seen as distractive for drivers as they move their eyes to view the visual information (Decker et al, 2015). Decker et al. (2015) also highlighted that although billboards are at times destructive, they can convey visual messages to the public, especially the active billboards as they are digital, and displays change frequently.

Thuthuzela Care Centres are found in hospitals or clinics where there is a high number of rape cases and are connected to the Sexual Offences Courts which are resourced with investigating officers, prosecutors, magistrates, health professionals, police officers, and social workers. TCCs are one-stop facilities aimed at reducing secondary victimisation and building a strong case ready for prosecution while comforting, respecting, restoring dignity and assuring justice for children and women who were sexually abused (SA Government, 2019). TCCs relieve the victims' burden by centralising stakeholders for rape survivors in one place instead of shuttling sexually abused victims from place to place throughout the criminal justice system.

In consideration of the discussion above, it is of importance that the roles and responsibilities of each intersectoral stakeholder in the CSA intervention

programmes be clarified for successful intersectoral collaboration, particularly if there is some confusion of roles among intersectoral stakeholders supporting sexually abused learners in schools. Therefore, intersectoral stakeholders including NGOs are encouraged to ensure that all children who are sexually abused receive the full package of support from all relevant officials assigned to provide such intervention. It has been observed that most of the NGOs also fight for the human rights of CSA victims to be offered sufficient time to prosecute the CSA cases in courts and sponsor such cases on behalf of CSA victims and their families.

2.6 AN INTEGRATED SUPPORT TO SEXUALLY ABUSED CHILDREN

CSA intervention programmes require a more integrated and intensive communal effort by stakeholders across different sectors. Tooher et al., (2017) were of the view that communication, professional relationships and appropriate networks are vital to sustaining effective collaborations. Tooher et al. (2017) further noted that intersectoral collaboration is important for intervention programmes that rely on effective partnerships between sectors to provide support for learners in schools. Jamieson et al. (2017) accentuated the need for intersectoral collaboration in addressing CSA at the micro and macro phases. Preventing violence against children including CSA demands that all stakeholders from all sectors such as government, non-government organisations, civil society, academia and academics work together in designing sustainable interventions that will address risk factors throughout children's development (Mathews & Gould, 2017). The views that prevention of violence beforehand, provision of treatment and support for victims, offenders and child witnesses play a major role in the intervention of reducing violence including CSA. Mathews and Gould (2017) further stressed that violence and trauma mostly have enduring effects on psychological and physical wellbeing; therefore, it is crucial to address the victim's physical and emotional needs, especially child victims.

Devine (2015) divided the integrated supported provided by intersectoral stakeholders into three categories: primary, secondary, and tertiary interventions. Primary interventions involve the provision of support and education to every person as a universal action to encourage problem-free situations while secondary interventions are aimed at those individuals or families who are in need and

considered to be at high risks. They are provided with additional support in order to alleviate the identified challenges and to prevent an increase in such problems (Devine, 2015). Lastly, tertiary interventions involve coercive legal care and protection services provided to persons or families who have experienced abuse and neglect with the aim of reducing their adverse effects, which may result in substitute care placements and the removal of children from their families (Devine, 2015).

Jamieson et al. (2017) commented that there are challenges experienced for example, referred cases between agencies were not jointly managed, since agencies were working independently, and the collaboration was limited to social workers for the evaluation of children's ability to testify. However, police officials are mostly disgruntled by the delay in the social worker's assessment and the quality of the reports. Language and culture also interfere with the provision of support because sexually abused learners prefer to be supported in their own language. The involvement of public health officials support to sexual abuse cases does not meet the needs of children in general (Jamieson et al., 2017). For example, Optimus et al., (2017) noted that only 33% of children interviewed confirmed that they had been provided with support, therapy and counselling interventions to help the family. Furthermore, it was reported that children were getting disjointed services that were more detrimental to their ongoing physical and mental wellbeing resulting in secondary trauma and re-victimisation (Jamieson et al., 2017). The support provided by different intersectoral stakeholders is summarised in Table 2.1.

Table 2.1: Intersectoral support

INTERSECTORAL STAKEHOLDERS	SUPPORT PROVIDED
SBST	Provide a safe and private space for the learner to disclose the details of the incident and report any incident or suspected incident of CSA Identify and observe any changes in the learner's behaviour, cognitive, emotional and physical aspects and follow the CSA protocol for the reporting of sexual offences
DBST	Reviews the action plan of the educator and SBST and rates the level of support needed and coordinate the support provisioning process. Supports and provides guidance to schools on protocols and processes involved in an alleged CSA case and ensures that the legal requirements and consequences are considered
Psychologists or counsellors	Therapeutic support is provided to sexually abused learners. Provision of therapeutic support and safety measures. It involves individual, group, family, assessment using projective and other psychotic tests. Play therapy for young children to enable them to talk about their unconscious conflicts or occurrences, through symbolic play, drawings, and games
Social workers	Assessment or evaluation of the situation to ensure the child's safety, investigate the report and then refer the case to the police and medical *Statutory,* court preparedness for children to recall the incident as it has happened and ensuring that the perpetrator is punished *Termination and follow-up*, evaluation of the client's readiness for termination if not ready an opportunity to evaluate their healing process
NGOs	Provide a child-friendly atmosphere for CSA reporting and support. CSA victims receive support from different intersectoral stakeholders such as a medical investigation by a doctor, a police officer for statement, a psychologist for counselling, social workers for judicial update and placement of the CSA survivors to place of safety when necessary. CSA advocacy and awareness campaign using billboard which conveys visual messages or information to support CSA victims, parents, schools, communities, and the society at large
Multisectoral collaboration	Provision of integrated, gender-sensitive and child-friendly treatment, forensic examinations, counselling, and rehabilitation. Act in the child's best interest, assessing all related decisions, interventions to family, legal, safety and protection measures

2.7 PHASES OF CHILD SEXUAL ABUSE

Spies (2016) cited five stages of interaction between the perpetrator and the victim: engagement, interaction, secrecy, disclosure and suppression. Spies further advised that intersectoral stakeholders should start by exploring the child's insight of sexual abuse at the time of the discovery, and not to cause more suffering or problem to the child. The five stages of sexual abuse mentioned above are summarised in Figure 2.1.

Engagement phase	•Onset of the abuse. Perpetrator gains access to the child through engaging and conveying to the child that the behaviour is acceptable
Sexual interaction	•Perpetrator engages the child by manipulation, from watching and fondling until it is sexual intercourse
Secrecy phase	•The perpetrator will use is power, bribe, threaten or blackmail the child emotionally into keeping a secrete
Disclosure phase	•It might be accidental, observational, signs of physical or genital injury, diagnosis of STI, or pregnancy
Suppression phase	•Occurs when a child is encouraged or compelled to forget the abuse due to fear of scandal, stigma or consequences

Figure 2.1: Stages of the sexual abuse process

2.7.1 Engagement Phase

The first stage of the engagement phase occurs at the beginning of the abuse when the culprit involves and conveys to the child that the conduct is appropriate and acceptable (Spies, 2016). This concurs with what McCoy and Keen (2014) termed as grooming, where the perpetrators gain entry by becoming part of the community and get positions to earn the trust that will bring them closer to the children. In cases where the abuser is a family member, the person does not need to gain access by grooming the environment because he is already in it. Boezaart (2009) cited section 18 of the Children's Amendment Act (41 of 2007) which added two offences, namely, the promotion of sexual grooming of children to protect children from sexual abuse; and criminalising sexual grooming and promoting sexual grooming of children offences to curb the behaviour before the actual sexual interaction can take place. Beale (2017) added that not only the child victim is groomed, but the perpetrator also

grooms significant others in the family or even the community to get closer to the victim.

2.7.2 Sexual Interaction Phase

During the sexual interaction stage, the child is coerced to partake in age-inappropriate sexual contact which includes sexual interaction (Spies, 2016). Spies (2016) further elucidated that the perpetrator uses manipulative strategies including the relationship developed in the engagement phase to sexually exploit the child by watching or touching until it develops into penetrative sexual interaction. Such interaction between the adult and the child may seem innocent at first, with a little physical contact that is nonsexual proceeding to sexual participation with clothing and underclothing on (McCoy and Keen, 2014). When a trusting relationship has been established with the victim, the interaction progresses to normal sexual interaction, which ended in penetrative sexual activity (Spies, 2016).

Both McCoy and Keen (2014) and Spies (2014) described that the abusers use bribes, treats or rewards, respect and undemanding love to encourage the child to keep it a secret and prepare for the next opportunity to abuse the child. This process may confuse the child's feelings as they will not be able to differentiate from the behaviour of caring adults and abusive adults. The child experiences a loving, caring gesture while simultaneously experiencing an abusive event (McCoy & Keen, 2014). Conclusively, with all the attention, rewards, love and respect the child is ushered with, most children do not experience it as an abusive or traumatic occurrence; hence, they will often see the abusers as loving uncles, fathers, brothers, grandfathers or neighbours who love and treat them well (Spies, 2016).

2.7.3 Secrecy Phase

The secrecy stage is characterised by threats, blackmails, bribes and even fear for the victim and those closest to her or him into keeping quiet about the ordeal (Spies, 2016). The offender uses bribes or treats to encourage the child to comply and keep the sexual behaviour a secret and ensure the child's cooperation (McCoy & Keen, 2014). I concur with both (Spies 2016 and McCoy 2014) that perpetrators make use of bribes and threat to force the learner or child to keep quiet about the sexual abuse occurrence.

As much as CSA is a painful occurrence for children, it is usually not disclosed due to fear of punishment or rejection, disgrace and guilt (Mollamahmutoglu et al., 2014). In addition, The World Report on Violence and Health (VRVH) (WHO, 2002) posited that many females who fall victim to sexual abuse do not report the abuse due to fear, blame, stigma, shame, mistreatment, or not being believed. It is for this reason that Mutandwa (2012) argued that CSA is a crime of secrecy and privacy and that the majority of the children who are sexually abused by people familiar to them, including family members, are encouraged or forced to keep quiet which contributes to the culture of silence.

Children are often encouraged to keep the ordeal of being sexually abused a secret, to protect the family and this is done through enticement with incentives or threats (Herbst & Reitsma, 2016). Keeping a secret may lead to the severe situation of extended exposure to CSA because prolonged struggle attempts to disconnect from abuse may result in behavioural disconnection or avoidance as a coping strategy as pointed out by Batchelder et al. (2018). Hence, children remain silent due to being dependent on the abuser for food, shelter, or protection. Mollamahmutoglu et al. (2014) argued that although CSA is kept a secret by the whole household, it is an overwhelming condition that requires urgent assessment and intervention as soon as it is reported, suspected, referred, or diagnosed.

2.7.4 Disclosure Phase

The disclosure phase is a stage in which intersectoral stakeholders come to know about the abuse. In most cases the disclosure is not intentional; it is either by accident, pregnancy, observation, signs of physical or genital injury or diagnosis of Sexually Transmitted Infections (STI) (Spies, 2016). Martin (2015) observed that it is not easy for sexual abuse victims to open up about the abuse; hence, most of them do not disclose because they fear rejection or disbelief. Relevant intersectoral stakeholders should bear in mind that following recognition or disclosure of sexual abuse, the priority is ensuring the safety of the child (Parker & Turner 2014).

Parker and Turner (2014) further elaborated that stakeholders such as social workers should evaluate the potential benefit of removing children from the familiar environment to protect them. This should always be balanced against the risk of their secondary traumatisation through separation from their family. When children's

safety is guaranteed, then stakeholders can start with their intervention process including providing them with a counsellor to talk about the abuse and their feelings.

Incidents of CSA normally are accompanied by shame, humiliation, and self-blame which lead to emotional suppression, avoidance, or minimisation of disclosure of the abuse. The effects of the disclosure can also generate negative feelings of feebleness and fear causing serious psychosocial damage (Martin, 2015). Martin further explained that the disclosure process may be more complicated and different for the victims and it may arouse painful emotions and responses experienced during the abuse. Alaggia et al. (2019) advised that CSA disclosure can be compromised by certain circumstances such as family structure, gender, age, and intrapersonal factors including shame, self-blame, and fear. Additionally, the authors highlighted that even legal processes can compromise disclosure if there should be a negative outcome of the court process.

According to Beale (2017), children's disclosure might also be hampered by the thoughts and fear they have of further betrayal in the form of scepticism from non-offending caregivers. In addition, Attah (2016) emphasised that CSA disclosures of older children may be discounted, or it may be alleged that children assented to the abusive incident. Sanderson (2013) maintained that in conceding how prevalent sexual exploitation is and the difficulty of disclosing the incidence, victims should be believed and be afforded proper backing. Therefore, stakeholders supporting children who are sexually abused are advised to note that it is significant to detect disclosure barriers to intervene effectively. As stated by Attah (2016), the age of the child may hamper CSA disclosure since young children do not have the mental capacity or the knowledge of sex while older children may not disclose the occurrence of CSA due to fear of cultural and social impacts.

In addition to the age of the child, language is also a barrier to disclosure. Rapholo (2018) found that most forensic social workers identified language as a challenge during the assessments of sexually abused children, especially those who do not speak the same language as the learners. Fontes and Tishelman (2016) concur that it is of importance to interview and support learners in their primary language. They further indicated that even learners who are good in English may feel more comfortable while they speak in their primary language in the discussion of sensitive

and possibly traumatic matters CSA. Hence, some children experience challenges in disclosing sexual abuse issues because of communication and language. Pandey and Reddy (2019) concurred that many CSA cases are not disclosed in time and CSA cases are often not divulged until adulthood.

2.7.5 Suppression Phase

The suppression phase is the last phase of CSA whereby a child is encouraged or forced to forget the exploitation due to fear of humiliation, shame or consequences (Spies, 2016). CSA cases involving older children, females and young offenders are often disregarded, suppressed and pressurised to forget the incident (Attah, 2016). If such cases must go to court, children often withdraw due to the feeling of being under pressure from stakeholders to make decisions thus the treatment or examination becomes difficult or even impossible (Spies, 2016). As cited by Spies (2016), stakeholders are cautioned not to put pressure on children not to report sexual abuse instead should encourage the child to take meaningful decisions. Intersectoral stakeholders such as social workers are encouraged to prepare and support the victims of CSA to rescue them from the position of denial and withdrawal of the incidence to avoid suffering.

In conclusion, the stakeholders including parents and caregivers are cautioned that if sexual abuse is not disclosed or exposed when it happened the first time, the perpetrator is likely to make the next sexual interaction with the victim in a safer place and appropriate time. It is therefore essential that every intersectoral stakeholder is aware of the stages of CSA and can identify and pinpoint the traits of each stage.

2.8 CONTRIBUTORY FACTORS TO CHILD SEXUAL ABUSE

There are many underlying factors associated with increased risk for CSA in South Africa which are similar to those in other countries like the USA, the United Kingdom and other developed countries (Conte, 2014). However, some factors are greatly impacted by socioeconomic status. Rule (2017) stressed that CSA in South Africa is interconnected with the social environment where children live and develop. Children within a particular situation need to be taken into consideration to provide an understanding of the current realities of CSA in specific circumstances (Attah, 2016).

For example, when stakeholders are working with the child and the child goes back to the same situation; there will be no progress in healing. Therefore, intersectoral stakeholders should be aware of the contributory factors and the social environment of the child when working with sexually abused learners to support them holistically.

The contributory factors to CSA include the age of the child, gender, religious or faith organisation, low socioeconomic status, societal risks (alcohol, poverty, unemployment, overcrowding and decaying morality), family dynamics (child-headed, absent mother or father, lack of parental supervision, step-families), cultural factors (initiation, patriarchy and male dominance, virgin cleansing myth, marriage of younger children, pornography and human trafficking), as well as the CSA victims becoming perpetrators.

2.8.1 The Age of the Child as a Contributing Factor to CSA

Conte (2016) and Mollamahmutoglu (2014) argued that all children are at high risk of sexual abuse which also includes young babies. In some cases, babies had to undergo genital reconstructive operations while other infants were admitted to intensive care due to the effects of CSA (Berg, 2008). Ein-Dor & Hirschberger, 2016 support the notion of the age of the learner as a contributory factor of CSA because children tend to conceal or downplay threats, vulnerability, distress and are less attentive to perceived signs of danger and are not self-reliant in threatening situations. Okunlola et al. (2021) also highlighted that, children are vulnerable to pressuring, enticing, threatening, forcing or being tricked to partake in activities of sexual fulfilment of adults. Mollamahmutoglu et al. (2014) maintain that children under the age of 14 years are the most vulnerable to CSA.

2.8.2 Gender as a Contributing Factor

Eze (2013) maintains that sexual abuse affects both males and females and it is not prejudiced to sex, although girls and women are more likely to be sexually assaulted than male victims. According to Mollamahmutoglu et al. (2014), being a female is considered a high-risk factor for CSA as female children are about four times more likely to be victims of CSA than males. In most African states, insistence on rigid gender roles is one of the factors that put girls at the biggest risk of sexual abuse

(Conte, 2016). Although girls are at a higher risk of being abused, cases among boys may be less reported perhaps because such cases usually involve same-sex behaviour that is more stigmatised by society (Attah, 2016).

Male children may not divulge the abuse to retain their manhood status or keep in with male norms, traditional manly traits and not to be linked with female traits (Attah, 2016). Hence, the provision of therapeutic intervention is observed more among females than males and it is viewed as a female-dominated profession (Rapholo, 2018). Attah (2016) added that the occurrence of females offending is hard to estimate due to the under-reporting of sexual abuse cases. The patriarchal society and males being seen as superior to females challenges the authority of females to make knowledgeable decisions due to the inferiority position that some women find themselves in (Abubakar & van de Vijver Fons, 2017). In conclusion, both girls and boys are victims of sexual abuse. However, girls are more exposed to contact sexual abuse such as rape and attempted rape while boys suffer other forms of sexual abuse, including being coerced to view pornography (Jamieson et al., 2017).

2.8.3 Religious Organisation as a Contributing Factor

The most outrageous situation of CSA is when it happens at churches and in faith communities where society regards the religious leaders as representations of ethics, morality and principles (McCoy & Keen, 2014). As a result, it is difficult for people to accept sexual exploitation of children by religious authority models. Although CSA happens in all faith organisations, the Catholic Church has received more attention than others (McCoy & Keen, 2014). In South Africa, the media has broadcast some cases like the Omotoso sexual exploitation incidents. Pastor Omotoso, a Nigerian pastor, faces counts of sexual assault, rape and human trafficking of girls and young women in South Africa (Seeth, 2017). This case is evidence of violence in faith communities where children should be safe. People who are supposed to be trusted, that children perceive to be a father figure, especially a so-called man of God, end up hurting them in the name of God.

A cognitive distortions study conducted among religious leaders who were coordinating interventions for sexually abused children found that these religious men engaged in many of the same cognitive distortions that have been reported for non-religious offenders (McCoy & Keen, 2014). Boezaart (2009) maintained that

before the 17th century, sexual abuse of children was defined as normal by some subgroups of society. However, with the arrival and spread of Christianity, the belief in childhood innocence was recognised and adult sexual interaction with children became immoral. Boezaart (2009) added that children were regarded as individuals who do not have feelings, thoughts or decision-making capacity; hence, they were sexually abused because they were not protected from harm and exploitation until the Catholic Church took a strong stand to protect children against adult sexual practices.

2.8.4 Low Socioeconomic Status as a Contributing Factor

As indicated in chapter 1 that low socioeconomic status put children in a compromising and vulnerable state to CSA. Researchers such as Mollamahmutoglu et al. (2014), McCrann (2017) and Rule (2017) found that low socioeconomic status is a major risk factor in CSA. Financial difficulty seriously creates a traumatic situation in family affairs and poor economic conditions and inequality are identified as the foremost factors contributing to CSA (Visvaranie, 2011). It has been reported in Rule (2017) that the increasing cruelty of CSA is linked with socioeconomic disadvantages as observed through the plague of teenage mothers, teenage mothers' lower education level, poor family living standards, and insufficient family income. McCrann (2017) agreed with other researchers that low socioeconomic status is a risk factor in the sexual victimisation of children because CSA perpetrators use money to bribe the children to engage in the sexual activity. Such low socioeconomic status includes social factors such as poverty, unemployment, overcrowding, inadequate housing, lack of facilities, insufficient income or income inequality, financial difficulties, and poor educational opportunities (Visvaranie, 2011).

Low socioeconomic status coerces children and parents into the practice of transactional sex and survival sex (McCrann, 2017). This implies that some adults and younger children are involved in transactional sexual behaviour where they use their bodies as tools for making money. Rule (2017) stated that underprivileged children are often exposed to transactional sexual abuse due to poverty and will agree to and endure such torture in return for nourishment, uniforms or clothing and other requirements.

2.8.5 Societal Risks as Contributing Factors

There are interrelated societal risk factors found in the communities where children live and attend a school that contribute to the high incidence of CSA prevalent in South Africa. These include unemployment, unsafe communities, overcrowding, poverty, as well as alcohol and drug abuse amongst perpetrators (Artz et al., 2016; Rule, 2017). Societal factors operate mainly at the local level, within communities, families, schools, and workplaces (WRVH, 2002).

2.8.6 Family Dynamics as Contributing Factors

Family dynamics are the forms of connecting or interaction between members of the family. Every family has some accommodating and unaccommodating dynamics. Family dynamics are unique. In our societies and communities, there are various types of families: single parent, extended families, nuclear, grandparents, stepfamily and child-headed families. Researchers of CSA highlighted that child victims are abused by members of these different types of families. Rule (2017) conveyed that the family dynamics factors which put children to be at a higher risk of CSA consist of single parents, step-families, lack of parental supervision; absence of father or mother; poor parental attachment; parental alcoholism or decaying morality; and child-headed families.

Artz et al. (2016) reported other hostile dynamics, with some mothers who are happy that their companion is still getting sexual satisfaction within the family, even if it is with their children. The scholars further stated that some families would even try to circumvent the intervention of the government and promised social workers that they would discuss, resolve the case and come up with a solution as a family. A critical fear, as reported by social workers throughout the country in our communities, is that household members do not report sexual abuse cases that are happening within their families especially the child's mother due to fear of community embarrassment and cultural views concerning the place of males in society (Artz et al., 2016).

In child-headed households, where no adult is staying with children, in most cases, the elder sibling is the one who is responsible for caring for the younger ones. Such children in child-headed families are more vulnerable to CSA. Mabade (2013) stated that children are left alone by their parents and without an adult or a caregiver to take

care of them. Self-care or latchkey situations where children are left alone at home to take care of themselves, make children vulnerable to CSA perpetrators. As observed, a child who is in a latchkey situation has the freedom to go anywhere alone and should be able to do so without fear or the thought of being sexually abused.

The presence of a stepfather in the family is one of the major risk factors of CSA. Landsberg et al. (2016) identified possible perpetrators in the cases of CSA at the first level to be stepfathers at the highest number followed by biological fathers, then mothers' male friends and live-in family members, and lastly others such as teachers, strangers, friends, neighbours, church leaders, or employers. McCoy and Keen (2014) stated that the greatest risks for CSA emanate from family (parents, step-parents or siblings) and friends, but the stepfather is more likely to be a perpetrator than a biological father. It should be noted that intrafamilial sexual abuse is most frequently suffered by girls, perpetrators being family members, and it is less common for a family member to abuse a male child (McCoy & Keen, 2014)

2.8.7 Culture as a Contributing Factor

In Africa, cultural rites and observances are practised in many countries including South Africa. Such rites and rituals include girls' genital mutilation, and virgin cleansing belief to cure oneself of AIDS (Rule, 2017). In Malawi, the customary law allows various rituals which require young girls and women to engage in sexual intercourse for cleansing to appease spirits such as during initiation, sexual intercourse with a widow, and as part of custom during the chieftaincy installation where girls are mandated to sexually entertain visiting chiefs throughout the night (Kamyongolo & Malunga, 2011). Kamyongolo and Malunga (2011) further emphasised that as part of the culture, the rite of passage entails bringing a male commonly identified as Fisi (hyena) preferred by the community who is expected to have sex with the girl and such sexual activity occurs without the girl's consent. According to Visvaranie (2011), CSA is observed and described through a cultural perspective, which leaves children to continue to be sufferers. Visvaranie (2011) further elucidated that debating cultural views in the context of CSA is not to endorse or encourage the defenses of offenders who use culture to rationalize their abusive conduct but to deliberate on cultural issues as one of the contributing factors to CSA.

In some African countries, CSA is, therefore, a crime of secrecy and privacy and discussion of sex matters is considered culturally offensive and is not open for debates (Attah, 2016). In India, sex and sexuality are considered taboo topics, and the deliberations about them are private and secretive. The secrecy and denial surrounding the matter of CSA, affect disclosure and detection (Das, 2017); hence, many cases of CSA are still not disclosed and are kept as a secret by parents or caregivers, neighbours, peers, and the victims themselves for various reasons including being culturally compliant.

In South African cultures, families and different ethnic groups teach children to be obedient and respect their elders, especially male elders or people in a position of authority (Rule, 2017). Rule (2017) further emphasised that children who do not adhere to such rules receive punishment. Such blind obedience to and respect for adults expose young children to the risk of being sexually abused. Most children are scared to reject a sexual attempt by a respected male figure such as uncle, father, teacher, pastor, or even neighbours. McCrann (2017) concurred that victims of CSA are voiceless, powerless, and submissive, obediently listen to and respect older people. As a result, children are at risk of sexual abuse at the hands of the people they obey and respect. Other cultural factors that place certain children at higher risk of CSA include initiation rites, patriarchy and male dominance, the marriage of younger children to adults, and the virgin cleansing myth.

2.8.7.1 Patriarchy

Patriarchy and male dominance are other contributory cultural factors. According to Attah (2016) and Rule (2017), there is a global cultural belief that men are entitled to satisfy their sexual desire. South Africa is reported as a country with a violent and chauvinist culture, where many men think they are superior and have the right to physically and sexually abuse women and children (Rule, 2017). The argument is supported by Mathews et al. (2012) who posited that children in South Africa grow up in a social milieu that is dominated by beliefs that endorse male supremacy over children and women, making them vulnerable to sexual and physical abuse.

Attah (2016) and Conte (2014) concurred with the argument above by stating that sexual objectification and oppression of girls and women is practised widely across countries. Abubakar and van de Vijver Fons (2017), however, contradicted the notion

of a chauvinist culture, stating that the role of men had radically changed in recent years, from being the sole breadwinner or a powerful patriarch to a more nurturing and involved father. He further emphasised that paternal involvement is associated with secure attachment patterns and spending quality time with children (Abubakar & van de Vijver Fons, 2017). However, given what is broadcast by the media nationally and globally, CSA is mainly perpetrated by men.

2.8.7.2 Marriage of young children

As observed by Mabade (2013) on the marriage of young children, some parents still believe that to have girls at home means to have more money (more cows) and will request their children to marry at a premature age. Children are often forced to marry old people that they do not love only to satisfy parents' greed to receive a bride-price money (*lobola*) (Mabade, 2013). As children are taught to be obedient and to respect their parents, children agree with the plan of getting married to older men to make their parents happy or meet their financial needs.

There have been reports indicating that in certain cultures, children are forced into sexual intercourse which is permissible to parents which ends in forced marriages at a very young age (Conte, 2014). For example, in Malawian cultures, parents give away their children into marriage at an early age for economic reasons when they want to benefit from a dowry (Kamyongoho & Malunga, 2011). Zimbabwe's traditional practices also encourage sexual abuse with cases that are settled out of court with compensation to parents or marrying the innocent young girl against her will (Mantula & Saloojee, 2016). The common practice in South Africa which is repeatedly broadcast in the media is known as *ukuthwala* [meaning bride abduction] and is practised by some individuals. For example, a mother coerced her 14-year-old daughter to marry an older man, and when she ran away, her mother accused her of tarnishing or disgracing the family (Nini & Daily Dispatch, 2019). The girl's mother together with the alleged husband, mother's husband, grandfather, alleged husband's mother, father, brother, and the lobola negotiator were criminally charge (Nini & Daily Dispatch, 2019). In Libode village, a 50-year-old lay preacher and valued church leader was arrested in the village of Libode because of his involvement in *ukuthwala* being in a forced marriage with a 15-year-old teen girl (Ntshobane, 2021)

All the sexual abuse cases happen in the name of *ukuthwala*; however, Mwambene and Sloth-Nielson (2011, p.4) argued that "the main aim of ukuthwala is to force the girl's family to enter into negotiations for the conclusion of a customary marriage". However, they further indicated that *ukuthwala* is legitimate in society that considered it, hence the purpose of *ukuthwala* is to negotiate marriage, not to conclude it and that sexual intercourse is customarily not the intention. From the above information, it seems that the marriage of underage children is done for financial benefits through arrangements between parents or other members of the family. *Ukuthwala* is a Xhosa word meaning to "carry" (bride abduction) and is practised by some individuals. However, it is seen as taboo to most South Africans. *Ukuthwala* is the practice where younger girls as early as ten years are taken away or kidnapped and forced into marriage by older men (Stoltenborgh et al., 2011). However, it is considered a criminal activity if the girl did not consent to the behaviour. The behaviour of kidnapping further indicates that the male dominant society is responsible for high CSA rates because men in that society feel that they have authority over women and children in South Africa.

2.8.7.3 The virgin cure myth

The virgin cure myth is a widespread myth that if a person who is infected with HIV/AIDS has sexual intercourse with a virgin, he will be cured. The myth was believed and accepted as a healing system in many parts of the world Africa, including South Africa, Europe, and North America (Mabade, 2013). As reported by Attah (2016), the delusion of having sex with a virgin to cure diseases was common conduct among a sector of men in Europe. This is the perception of some the mature adults in the society or community that having sex with young children who are virgins' cures STIs including HIV/AIDS.

Attah (2016), Mabade (2013), and Visvaranie (2011) maintained that the virgin cure myth is also believed by some adults and older children; hence CSA is still a worldwide public struggle. The virgin cure myth or virgin cleansing myth depending on how the communities and researchers call it, is the cause of a high rate of incidences of infant and toddler sexual abuse in South Africa. For example a 9-month old girl baby, Tshepang, had to go through extensive reconstructive surgery after being raped by a man who was HIV-positive in Upington in 2001 in the belief

that he would be cured of AIDS (Joubert, 2005). There are some people who still believe that they can cure or get rid of HIV/AIDS by engaging in sexual interaction with a child (Mabade, 2013). Both Visvaranie (2011) and Mabade (2013) agreed that HIV/AIDS is a central theme in Southern African communities, and this has elevated alarm about the exposure of learners to sexual abuse. Visvaranie also viewed the behaviour of having sex with a virgin to get rid of HIV/AIDS as a cultural myth which puts children at higher risk of CSA predominant in African communities.

2.8.8 Pornography and Human Trafficking as Contributing Factors

Human trafficking and pornography are considered global problems in most countries which include kidnapping, torturing, killing and trafficking of children for child prostitution to other countries where children are regarded as commodities (Conte, 2014). These children are recruited by adults deceitfully in society with promises of employment or places at tertiary institutions for study purposes, but children end up being sexually abused (Mabade, 2013). Sexual exploitation of children is still viewed as vast challenge worldwide, mostly with girls or young women; however, boys are also being trafficked, prostituted and victimised (Conte, 2014). The irony is that in some countries such as United Kingdom, children between the ages of 12 and 18 are prosecuted for adult prostitution offences. Even if these children are victims of human trafficking, they are sometimes treated as perpetrators (Visvarani, 2011).

According to Mabade (2013), children who are involved in exposure to pornography, are susceptible to sexual intercourse with anyone they come across. Attah (2016) and Conte (2014) maintained that with the expansion of technology and digital electronic devices such as laptops, desktops, tablets, smartphones, web cameras and internet has increased exposure of children to pornography; with paedophiles enticing children to meet with them by pretending to be friends in children's social links. Through the innovation of digital technologies, children's risks of being viewed are constant; their bodies will be watched online or subject to surveillance. Removing all copies of the images from computer networks is difficult, meaning that others may continue to look upon the images long after the perpetrator has been brought to justice (Martin, 2015).

2.8.9 Disability as a Contributing Factor

Disability is regarded a contributory factor for CSA and other forms of exploitation as the impairments may intensify the susceptibility of the child (Mollamahmutoglu, 2014). The increased level of vulnerability for girls and women with disabilities to rape is related to the myth that if a person has sex with a virgin, this will get rid of HIV/AIDS (Visvaranie, 2011). Visvaranie further highlighted the fallacy of people thinking that disabled people are virgins and sexually inactive, so they are prime targets for abuse related to curing venereal diseases.

National and international studies conducted in 2016 on sexual victimization found that the risk of sexual exploitation for children with disabilities was 1.5 to 2.1 times greater than for non-disabled peers (Jamieson, et al. 2017). The findings correspond with international findings that children with impairment are at an intense risk of all types of exploitation; children with behavioural disorders, severe intellectual disability and autism are at greatest risk for they are unable to report the abuse compared to able children. Artz et al. (2016) stated that children with disability are vulnerable and acknowledged as easy targets for all forms of maltreatment, including sexual exploitation. Artz et al. (2016) further emphasized that children who are severely intellectually challenged may even be unable to identify the exploitation as harmful or the perpetrator who harmed them; sometimes due to social isolation, children may respond positively to the attention they receive from a sexual offender. In conclusion, the investigation found that 78 percent of children with disability are more likely to have experienced sexual abuse (Artz et al., 2016).

2.8.10 The Victims of CSA becoming Perpetrators

Sudbery (2010) raised this question of whether childhood abuse was a risk factor for becoming an abusive adult. He went on to confirm that many people who physically abuse their children were abused as children themselves. Visvaranie (2011) supported the notion that the cycle of abuse was one of the risk factors for parents to abuse their children. In agreement with the notion of CSA as the contributing factor, Landsberg, Kruger and Swart (2016) asserted that it is true that most perpetrators of child abuse were sufferers of CSA during their childhood years and reported that, in the USA, statistics indicated that 80 percent of rapists were sexually abused when they were children. Artz et al. (2016) supported the cycle of abuse syndrome stating

that children and young offenders of sexual abuse were sometimes sufferers of physical, psychological and sexual abuse. Some refer to this as the cycle of abuse, where a child (or in later years as an adult) acts out their abuse experiences on another child. Mollamahmutoglu et al. (2014) highlighted that victims who experienced sexual abuse as children, might suffer short or long-term psychological and behavioural impacts which could be mild to severe. Artz et al. (2016) was also of the opinion that it is not conclusive that being a victim of sexual abuse in childhood contributes to CSA later in life as many victims of sexual abuse do not become perpetrators. In closing the cycle of abuse debate, McCoy and Keen (2014) noted that perpetrators first identify a vulnerable child, and that offenders may be attracted to children who have been sexually abused before and those who are isolated and lonely.

In conclusion, it has been shown that there are societal, cultural and family factors which contribute to the prevalence of CSA. It is important that intersectoral stakeholders are aware of such contributing factors so that when they identify, support and report CSA cases, they also consider the underlying factors.

2.9 THE IMPACT OF CHILD SEXUAL ABUSE

The consequences of CSA are widespread; meaning that it not only affects the child, but it also deeply affects family systems and societies (Boezaart, 2009). The effects of CSA are, in most instances, influenced by the developmental age of the child, the severity of abuse, use of power, the child's relationship with the perpetrator and parents' or caregivers' response to disclosure (Parker & Turner 2014). Parker and Turner (2014) argued that in a situation where close adults do not believe the abuse and are not supportive, then the impact is likely to be severe.

According to Jamieson et al. (2017), the damage of child exploitation goes beyond physical damages and visible scars. It has a great impact on a child's psychological, emotional, social and cognitive wellbeing which can even cause brain damage if experienced during infancy or early childhood. Molefe (2018) agreed that exploitation does not need to be physical, visible or sexual to be detrimental; even psychological abuse places victims at risk of experiencing physical and intellectual difficulties. Molefe (2018) also emphasised that all types of exploitation affect every aspect of human growth and life.

Mollamahmutoglu et al. (2014) argued that psychological and behavioural difficulties caused by sexual abuse include sexual disorders, depression, somatoform disorders, substance abuse, eating disorders, adjustment disorders, premenstrual syndrome, multiple personality disorders and so forth. Herbst and Reitsma (2016) and Conte (2014) summed up the arguments that the effects of CSA affect the child's development emotionally, physically, intellectually, behaviourally, psychologically, and socially.

2.9.1 Psychological Effects

Psychological trauma is defined by Ituma et al, (2013) as any injury, physical or structural, mental or emotional shock affecting children who have endured, observed or been exposed to sexual exploitation.

The psychological consequences of sexual abuse emanate from obvious symptoms and emotional discomfort to little insignificant impact (Parker & Turner, 2014). CSA victims suffer complications such as mental health, relational, physical, dissociative somatic and behavioural conditions including risky sexual behaviour, self-harm and re-victimisation (Kilroy et al., 2014). In addition, CSA victims' experience anxiety disorders, stress, aggressive conduct, under-performance, and risky behaviours such as prostitution and exposure to STIs (Ituma et al., 2013). Firuzi et al. (2015) concurred that the effects of sexual abuse include low self-esteem, depression, guilt, embarrassment, and feelings of being unfairly treated and inadequacy.

Ituma et al. (2013) maintained that affected children may become anxious, withdrawn or depressed, aggressive or may bully younger siblings. Other mental wellbeing outcomes affecting behaviour include depression, apprehension, PTSD, self-harm or suicide and a variety of other health circumstances (Fisher et al., 2017). Sexually abused children develop coping strategies to deal with such behavioural challenges justifying the association between the extent of CSA and the harshness of PTSD symptoms (Batchelder et al., 2018). A learned avoidance response as a surviving mechanism provides children with temporary symptomatic relief which may increase passivity and withdrawal and may be harmful to the recovery process (Batchelder et al., 2018)

Besides depression and personality disorders, victims of CSA may also develop social anxiety disorder, generalised anxiety disorder, panic disorder, and PTSD as grown-ups (Doane, 2015). Compared to their non-sexually abused peers, sexually abused children are at an increased risk of suffering from PTSD, with approximately one-third of these children having PTSD (Conte, 2014). PTSD is more likely to be experienced especially after rape and suffering an injury during the rape, or a history of alcohol abuse and depression. Hence there is a correlation between being raped and sleep difficulties, behavioural problems, depressive symptoms, tobacco consumption and psychosomatic complaints (WRVH 2002).

The negative impact of CSA is not only felt by the sexually abused learners: stakeholders that provide support CSA victims are also negatively affected. Some negative effects experienced by those stakeholders include undesirable experiences of burnout, vicarious traumatisation and secondary trauma. Such negative effects are likely to be experienced by CSA intersectoral stakeholders which affects them emotionally, cognitively, physically, and socially as well as their professional and personal lives.

2.9.1.1 Burnout

Burnout is an example of negative impact on stakeholders providing support to CSA victims manifesting from a psychological disorder developing due to prolonged exposure to chronic personal and work stressors (Maslach & Leiter, 2016). Burnout happens due to the work demands of intersectoral stakeholders working with CSA victims experiencing a sense of inadequacy concerning supporting their clients, a belief of failure or a sense of helplessness, exhaustion and being worn-out (Garcia et al, (2015).

Burnout can also be viewed as emotional exhaustion or weariness in intersectoral stakeholders' physical, emotional, psychological and spiritual features (Reis et al, 2014). As a result, burnout for stakeholders supporting sexually abused learners is linked to negative attitudes to patients or clients (Garcia et al., 2015)

2.9.1.2 Vicarious trauma

Vicarious traumatisation is a form of trauma experienced by the supporters of sexually abused learners such as intersectoral stakeholders, especially parents and

the counsellors or therapists. Herbst and Reitsma (2016) defined vicarious traumatisation as the manifestation of traumatic indications experienced by individuals who are closer to the sexually abused child; for example, non-offending parents of children who are victims of sexual abuse suffer distress, and support is needed to deal with it. Kendrick (2020) stated that the main symptoms of vicarious trauma reported by mental health specialists are irritability, cynicism, anxiety, anger, alienation, phobias, dislikes and cynicism. Kilroy (2014) confirmed that parents of sexually abused children are reported to experience interpersonal, monetary, occupational, and residential difficulties emanating from children's sexual abuse and a knowledge of contributory factors and the impacts that parents are experiencing. Hence, intersectoral stakeholders mostly support both victims of CSA and their parents.

According to Kilroy (2014), vicarious traumatisation at times affects clinicians who support sexually abused children due to empathy, identification and strong feelings of what the victim is going through. Mental health disorders such as psychoticism, paranoid ideation, depression, anxiety, suicide, somatisation, and PTSD are also perceived in some parents as an outcome of children's disclosures (Kilroy, 2014). Despite vicarious trauma, other individuals, mostly parents and siblings, who are affected by sexual abuse incidences suffer from secondary trauma which is explained in detail in the next paragraph.

2.9.1.3 Secondary trauma

This form of trauma experienced by people who take care or assist the victims of PTSD victims. Herbst and Reitsma (2016) defined secondary trauma as the normal and subsequent conduct and emotions originating from the knowledge of a traumatising incident experienced by the significant others. Herbst and Reitsma (2016) expatiated that such trauma emanates from supporting or eagerness to assist a victim of trauma or sexually abused child or through identification with other people through shared social context, e.g., family, females, parents, counsellors, and colleagues. Parents and siblings may also experience secondary trauma when their children or siblings are sexually abused. It also includes other individuals with whom the victim may have contact or who support the child. This implies that some of the intersectoral stakeholders might be affected by secondary trauma while working or

come across traumatic cases like sexual abuse. Intersectoral stakeholders need to be more conscious not to re-victimise sexually abused children during their intervention.

Bhaskaran and Seshadri (2016) confirmed that working with sexually abused children and their families is stressful for professionals, evoking feelings of uncertainty, frustration and emotional turmoil. Similarly, they also cited that working with survivors of trauma such as CSA makes therapists vulnerable to the detrimental effects of secondary trauma, with consequent negative effects on individual counsellor effectiveness and organisational dynamics in the workplace.

Therapists working with sexually abused learners and their families become stressful, frequently have self-doubt, and feel frustrated when their interventions to support the child as well as family are unproductive (Bhaskaran & Seshadri, 2016). Such emotional mayhem results in feelings of powerlessness and hopeless and may lead to eventual emotional detachment from the troubled child and family (Bhaskaran & Seshadri, 2016). In conclusion, professionals working with trauma victims are encouraged to deal with their own personal traumatic experiences to prevent them from becoming secondary traumatised counsellors or "wounded healers" (Maslach & Leiter, 2016).

2.9.2 Social Effects

Social consequences of CSA are damaging to the social welfare of children contributing to low self-esteem, confusion, disturbances, poor relationship, loss and powerlessness. Sexually abused children experience powerlessness which is also experienced by the parent who continues to stay with the perpetrator despite knowing about the abuse (Kilroy, 2014). The experiences of CSA may well affect children's interpersonal trust and ideas of healthy interactive relationships as child victims may develop representations of social relationships dominated by lack of trust (Blanchard-Dallaire & Hébert, 2014). Fisher et al. (2017) supported the idea that CSA can have a profound effect on sexually abused children's ability to form and sustain positive relationships. This is an indication that a significant relationship exists between CSA and social welfare of children. Fisher et al. (2017) concluded that it is important for sexually abused children to form strong emotional and social connections with people especially those with secure attachment.

2.9.3 Emotional Effects

Kilroy (2014) described the emotional effects of sexual abuse as a distressing loss, an overwhelming, excruciatingly unbearable feeling of pain that is more hurtful than death. In response to trauma exposure, children may experience different types of emotional or behavioural challenges including sadness, self-blame or guilt, fear, anxiety, moods, or anger (Spies, 2016). CSA has a harmful effect on the emotional welfare of sexually abused children leading to low self-esteem and lack of confidence (Fisher et al., 2017).

Children who are sexually abused experienced intense, overwhelming fear due to their inability to protect or defend themselves from sexual violation (Herbst & Reitsma, 2016). Furthermore, these researchers explained that sexually abused children may become susceptible to chronic feelings of vulnerability and anxiety. The victims of CSA experiences frequently fear responses especially for those children who live in the chaotic families and being exposed to abuse or various episodes of sexual abuse (Conte, 2014). Conte pointed out that the fear response of hyper-arousal and dissociation are two primary responses to trauma. Conte also stated that the females' younger victims of sexual abuse, mostly experience dissociation rather than hyper-arousal in response to sufferings, manifesting as difficulty in sleeping, problems with self-regulation and inability to relax.

Anger is seen as a natural response to sexual abuse; children are often not able to express their anger towards the offender but displace, distort or deny it or turn it to themselves which results in self-blame, depression and self-destruction (Spies, 2016). Some CSA victims may also direct their displaced anger to people who are close to them which may lead to its being misinterpreted and isolated (Herbst & Reitsma, 2016), while others may be inclined to angry explosions, aggression and an ability to start conflict in many situations without provocation. Such uncontrolled emotional responses will possibly vent in angry tantrums, eruptions, and other expressions of anger (Conte, 2014)

Herbst and Reitsma (2016) maintained that it is common for sexual abuse victims to blame themselves due to a myth of society, i.e., only a certain type of people is sexually abused. Victims of CSA frequently have strong feelings of guilt or shame because they feel that they are to be blamed for the abuse (Conte, 2014; Spies,

(2016). Self-blame is related to the emotional state of being ashamed, embarrassed and distressed as it involves the survivor believing that penetrative sexual abuse occurred as a result of the victim's character and personality (Herbst & Reitsma, 2016). They added that behavioural self-blame is accompanied by feelings of guilt or blame which include the victim accusing self of acting in a certain behaviour. All the guilt and shame may be the reflection of deep emotional pain, which has long-term effects. Children often deny or even forget that the abuse took place to escape from the pain of shame and guilt (Spies, 2016).

Victims of CSA may go to excessive lengths to avoid intimacy or any physical closeness with other people be it emotional or physical closeness that reminds them of the sexual exploitation incident (Spies, 2016). Substantial disconnection derives in situations where the victims of CSA believe that they cannot be understood or cannot recount their exploitation and expect to be ostracised or excluded for being sexually abused (Herbst & Reitsma, 2016). As a result, victims of CSA end up feeling alone, isolating and alienating themselves. Avoidance of intimacy conveys that sexually abused children are missing out on the benefits of healthy relationships since socialisation causes discomfort (Spies, 2016). Therefore, it is not clear whether CSA victims socially detach themselves or if other aspects lead to isolation (Doane, 2015).

2.9.4 Behavioural Effects

The victims and survivors of CSA are perceived to be at a higher risk of showing behavioural difficulties than other children. CSA is associated with hostile behaviour in the future, mostly in boys (Conte, 2014). Those victims and survivors display externalising behaviour as a maladaptive surviving strategy, espoused as a way of coping with the suffering of the sexual exploitation and the trauma they underwent. Such externalising behaviours include substance abuse, antisocial and delinquent behaviour, inappropriate offensive or risky sexual behaviours and conduct disorders (Fisher et al., 2017). In addition to the above, Conte (2014) cited the findings of a study of adolescents in China which showed that sexually abused children, especially males, engaged in violent conduct such as carrying of weapons and aggressive fights

Conte (2014) further indicated that sexually abused children may develop more violent conduct such as antisocial and delinquent behaviour which may lead to the risk of being arrested. For example, Fisher et al. (2017) found that children who were sexually abused were 1.4 times more likely to be in trouble with the police, and virtually five times more likely to be detained for criminal offences than those who were not sexually abused. Furthermore, researchers such as Liebenberg and Papaikonomou (2010) recognised the risky form of self-inflicting punishment once sexual exploitation had taken place. They maintained that a sexually abused child uses distorted coping mechanisms to uphold the belief that grown-ups are harmless and that the body should be punished for being immoral. In other words, CSA could be associated with compulsivity as well as enactment of trauma by self-abuse (Liebenberg & Papaikonomou, 2010). Self-inflicting or self-abuse punishment that sexually abused children resort to could be linked the high number of suicide and eating disorders as discussed in the paragraph below.

It is commonly observed in the literature and confirmed by Conte (2014) and McCoy and Keen (2014) that sexual abuse in children is associated with higher rates of suicidal ideation and harmful suicidal attempts. Conte cited a universal review that found that the relationship between CSA and suicidal or self-injury was very high. CSA by caretakers and incestuous exploitation was related with a history of self-injury or suicidal behaviour. Such experiences of profound sexual exploitation can also lead to emotional instability and suicidal conduct (WRVH, 2002). McCoy and Keen (2014) added that suicidal behaviour, attempts or actual suicides including fantasies and thoughts or ideation about ending one's life are all self-inflicting or self-destructive behaviours. For example, women who were sexually abused in childhood or adulthood were more often victims of attempted or ultimate suicide than other women (WHO, 2002). It was found that negative emotions such as shame, self-blame and guilt were related to suicidal thoughts or ideation among community samples and victims of contact sexual abuse and childhood rape (McCoy & Keen, 2014)

Doane (2015) reported that there is an authentic link between CSA and substance abuse. This was revealed through people who were in a substance abuse programme which attested to an increased rate of substance abuse after CSA. In addition, Conte (2014) supported the link by emphasising that substance abuse

usage is regularly detected in individuals with a CSA history. Indeed, sexual abuse escalates the risk of substance dependency such as hard drugs, alcohol and marijuana in young children and adolescents (Conte, 2014). Survivors of CSA, as a way of coping with the psychological discomfort resort to the use of substances like alcohol and drugs; hence, there is an increased rate of substance abuse among the survivor population (Doane, 2015). Collings (2015) concurred with the above researchers that there is a significant correlation between CSA and substance misuse, citing a study of adolescent samples where it was found that the use of drugs was significantly interrelated with the history of CSA and other maltreatment such as neglect, physical and emotional abuse.

Collings (2015) found that females who excessively misused alcohol had often experienced CSA in their childhood, whereas males who experienced CSA in their childhood often resorted to domestic violence and emotional abuse. Collings (2015) concluded that the four types of child abuse such as neglect, physical, emotional, and sexual abuse were related to substance abuse in both females and males.

Pregnancy is the most visible and recognisable primary evidence of CSA in all nations or societies. Even if the ordeal of CSA is a secretive activity, pregnancy exposes such secretive activity. Conte (2014) maintains that CSA increases the risk of teenage pregnancy; for example, women who were sexually abused in childhood and adolescence are seen to be at 80 percent greater risk of teenage pregnancy (Conte, 2014). Sexual abuse, in particular rape, is therefore a major reason for most unintended pregnancies in teenagers and in adult women in our society.

In some societies such as India, the rape of a girl is alleged to bring disgrace, dishonour, embarrassment, and shame on her family (Ituma et al., 2013). In order to restore family integrity, such a family may consider getting the girl married to the perpetrator as the only means to restore her honour (Ituma et al., 2013). This is supported by the WRVH (WHO, 2002) and Mutandwa (2012) who concurred that some societies have a cultural belief that a rape victim should marry the rapist, thereby conserving the integrity of the victim and her family by legitimising the sexual act and restoring the family honour. In this way, a man is exempted from his offence if he gets married to the victim (WHO, 2002), but it is seen as cruelty for the victim to face the rapist in her everyday life (Villacampa, 2020).

McCoy and Keen (2014) contended that there is a relationship between CSA and the development of eating disorders and that about one-third of individuals with eating disorders are CSA victims. McCoy and Keen further reported that many scholars affirm that a history of CSA is more strongly related to bulimia than anorexia. As cited by Conte (2014), eating disorders may lead to dissociation and emotional distress of CSA survivors and are regarded as a method that victims use to alleviate the suffering or painful feelings related to sexual exploitation. Conte (2014) also emphasised that women who were CSA victims have increased incidences of difficult eating manners and eating disorders.

2.9.5 Physical Effects

Physical effects comprise of painful or hurtful consequences of CSA such as early unplanned pregnancies, forced abortion, miscarriages, STIs and HIV/AIDS. Some damages may result in permanent disabilities or death in sexually abused children (Usher, 2015). Children are traumatised when they are sexually abused especially girls, because they experience physical force, vaginal and anal tears, penetrating pain, bleeding, stomach aches, menstruation infection or discomfort, severe injury or suffering even resulting in the child's death (Ituma et al., 2013). In agreement with the view of physical effects, Conte (2014) noted that STIs are regarded as indicative of genital interaction and sexual exploitation in early childhood. Conte also reported that there are different rates of STIs diagnosed in child victims who experienced CSA in Africa, with Zimbabwe being at the highest rate.

Children who experienced CSA have been linked to an extensive assortment of physical health effects such as bodily injuries to the genital area, STIs, ailments and infirmities, chronic pain and poor physical health (Fisher et al., 2017). Pregnancy and gynaecological complications are connected to forced sexual abuse; these consist of vaginal haemorrhage or infection, fibroids, diminished sexual yearning, genital irritation, discomfort during sexual contact, enduring pelvic pain and urinary tract infections (WRVH, 2002). STIs include HIV/AIDS, syphilis, gonorrhea, herpes, genital chancroid and other ailments (Ituma et al., 2013). Ituma et al. (2013) further stated that STIs expose victims to stigmatisation, humiliation, and discrimination. Effects of CSA also reduce these victims to objects of pity, shame and indignity thus relegating victims to the status of unhealthy and unworthy beings in a society.

HIV/AIDS infections as well as other sexual transmitted ailments are documented as familiar consequences of CSA (WHO, 2002).

Ituma et al. (2013), Usher (2015) and the WHO (2002) concurred that death is associated with the occurrence of sexual abuse, though the prevalence of fatalities varies considerably across the world. CSA victims may die due to STIs, early pregnancy terminations, suicide or murder. There are cases portrayed in the media where perpetrators killed their rape victims; for example, the cases of students from University of Cape Town (UCT), University of Western Cape and others who were raped and murdered by the perpetrators. Ituma et al. (2013) stressed that maternal and infant death is a painful consequence of CSA.

2.9.6 Educational and Cognitive Effects

Intersectoral stakeholders have irrefutably identified cases of CSA through declining academic performance of victims and survivors at school. CSA is therefore mostly identified through low academic achievements and absenteeism. Jamieson et al. (2017) and Conte (2014) stated that sexual abuse can reduce or decrease academic performance and increase disciplinary problems. Children who experienced child maltreatment including sexual abuse reported poor academic performance and employment instability (Fisher et al., (2017). Molefe (2018) argued that victims of CSA are understood to experience problems in school, as well as concentration difficulties, poor educational performance, school drop-out, delinquency, peer interaction challenges and absenteeism from school.

These connections between CSA and decreased academic performance by victims are supported by Jamieson et al. (2017). Conte (2014) and Beale (2017) argued that there is a link between CSA and educational or cognitive difficulties that make the victims and survivors of CSA vulnerable and unable to meet academic requirements.

2.10 CHAPTER SUMMARY

The information emanating from the CSA definition, contributory factors and impacts provide useful insights for understanding intersectoral stakeholders' experiences of child sexual abuse through the lens of researchers. Firstly, the literature indicates that although the extent of CSA is not known in South Africa, it is currently of great concern. It is, therefore, essential to observe children closely to identify signs that

would hint that a learner could be a victim of sexual abuse. Secondly, the insights indicate that learners should be made aware of what constitutes sexual violation and be encouraged to disclose any sexual advances or act before it occurs or after it has occurred. Thirdly, it is of paramount importance for intersectoral stakeholders to have awareness and understanding of each other's roles in supporting sexually abused children and when to get involved in protecting and supporting those children. Fourthly, understanding the dynamics of culture, individual circumstances, family and society as contributing factors to CSA is the crux of prevention and identification of at-risk children. Lastly, there is a need for an integrated and collaborative support to assist sexually abused children by intersectoral stakeholders, each focusing on their area of responsibility to provide a holistic support. The next chapter presents the theoretical framework on which the study is based.

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

Chapter 3 discusses the theoretical framework that guided the study on the experiences of intersectoral stakeholders in supporting sexually abused learners. The study is located within the Bronfenbrenner's ecological systems theory which advocates the view that environmental influences play a significant role on children's growth and development. As briefly discussed in chapter one, the chapter provides details about the core theoretical framework and how other related theories such as attachment, family systems theories play as predictors of CSA occurrence. Furthermore, trauma and resilience models also provide details on the effects and coping strategies of CSA.

3.2 BRONFENBRENNER ECOLOGICAL SYSTEMS THEORY

Ecological systems theory focuses on the environmental settings experienced or associated directly or indirectly with an individual or organism (Smith et al, 2015). Using Bronfenbrenner's ecological theory, Arnett (2012) was of the view that children's development is shaped by the social environment they find themselves in. Bronfenbrenner's ecological theory advances the idea that environmental factors play a key role in the growth and development of people and cultures. Ecological thinking is layered in a manner that affects diverse environmental structures (Muridzo et al., 2018).

Bronfenbrenner's (1979) ecological theory of child development provides a theoretical framework for understanding the impact of CSA, not only to an individual learner but to the entire system. The theory posits that an individual develops in a compound system of relationships influenced by manifold factors in the environment, from close household and school environments to extensive, distant cultural, ethical, value-based environments.

Bronfenbrenner (1979) identified five environmental systems and named them the microsystem, mesosystem, exosystem, macrosystem and ecological transition (chronosystem). Although the mesosystem has direct relevance to this study, all

other systems are discussed as they each are connected to intersectoral stakeholders such as family, educators, social workers, police, and psychologists or counsellors' experiences concerning CSA. The five environmental systems identified in the theory are discussed below:

3.2.1 Bronfenbrenner Five Environmental Systems.

3.2.1.1 Microsystem

A microsystem refers to direct interpersonal relationships experienced by an individual child in a given setting with families, school, peers and neighbours where the child plays an important active role (Bronfenbrenner, 1979). Smith et al. (2015) also viewed the microsystem as an inner level of what an individual experience in a certain environment comprising of either the home setting consisting of parents and siblings, or teachers and friends in the school atmosphere. However, the term microsystem is used to describe the immediate atmosphere, where an individual interacts with families, mates, peers, teachers and other significant people including employers, spiritual leaders and coaches (Arnett, 2012). In this study, the microsystem refers to the interactions that the sexually abused child has directly with intersectoral stakeholders within the immediate environment which is the home, school and neighbourhood.

In view of the current investigation, it means that at the microsystem level, an individual child can experience love, support, care as well as suffering and distress in one or all the settings. Hence, Muridzo et al. (2018) cited some of the social effects of CSA at the micro-level which include children being harmed, in pain and distress. For example, children who have been sexually abused in any of the settings will be affected psychologically, socially, physically, and even academically. However, it is important to note that not only CSA victims are affected by the ordeal: survivors and non-offending family members are also affected (Muridzo; et al., 2018).

3.2.1.2 Mesosystem

Bronfenbrenner (1979) defined the mesosystem as a system consisting of interrelationships among two or more settings in which a child develops relationships with the immediate environment, i.e., the home, school, and the peer group in the neighbourhood. Arnett (2012) also described mesosystem as a system of links or

interconnections among numerous microsystems. Hence, Bronfenbrenner (1979) termed mesosystem a system of microsystems. Smith et al. (2015) concurred that mesosystem refers to relationships in a variety of settings in which the child participates indirectly, even though the individual is affected directly. An example could be when a victim of parental abuse displays behavioural problems at school or parent-child relationship is affected by a parent's work (Arnett, 2012).

Furthermore, Shepherd and Linn (2015) found that a mutual bond between children, the family and the surroundings is formed through the child's interaction with peers, school, and neighbourhood. What is highlighted by Shepherd and Linn (2015) could mean that the relationships between learners and family as well as teachers and peers in the neighbourhood are more significant in the mesosystem. In terms of CSA, negative inferences of CSA in both settings become attached to the child's self-image and are aggravated by other people's stigmatisation resulting in feelings of shame and blame (Martin, 2015). Of importance to this study are the interrelationships or communications among children, family, peers, and teachers in both settings as they will enable a sexually abused child to deal with the negative effects of CSA. Therefore, understanding CSA from a mesosystem level is crucial because it highlights the need for intersectoral stakeholders to work together to support children affected by sexual abuse.

3.2.1.3 Exosystem

The exosystem level involves a single or numerous settings where the developing child does not play an active role but is still affected by what transpires in those settings (Bronfenbrenner, 1979). This implies that an exosystem is a social setting where the individual participation is indirect, but the individual's immediate setting is affected (Smith et al., 2015). Smith et al. (2015) provided the example of the parent's work situation which may affect children's behaviour and the quality in parental care in the family. This means that even if the child is not directly involved, they are still affected indirectly by the parent's work experiences; for example, where the parent is retrenched or has to start working away from home (Smith et al., 2015). Furthermore, Arnett (2012) stated that the exosystem is seen as the societal institutions that indirectly influence the development of the child. Such institutions include media, schools and religious institutions. Muridzo et al. (2018) stated

economic challenges such as loss of income may affect the developing child. Such children become vulnerable to CSA due to poverty or financial difficulties and may be open for exploitation or resort to transactional sex for their survival. In some instances, parents are forced to seek employment far from home and leave their children alone and unsupervised, thus they become victims of CSA because of their self-care status. As a result, such children are taken to a place of safety or other residential alternative and may drop out of school.

3.2.1.4 Macrosystem

The macrosystem level is viewed as the system within which the micro, meso, and the exosystem exist (Bronfenbrenner, 1979). The macrosystem relates to the cultural ideology and organisation of societal institutions in the culture or subculture of people (Sudbery, 2010). Culture consists of the "beliefs, behaviours, objects, and other characteristics common to the members of a particular group or society. Through culture, people and groups define themselves, conform to society's shared values, and contribute to society" (Jaggi, 2015). The macrosystem also represent broad classification of cultural principles and ideals, and the economic and organisational structures that are built on those principles and ethics (Arnett, 2012).

Cultural beliefs may be a contributory factor to CSA (Muridzo et al., 2018). The cultural or societal practices and beliefs such as patriarchy may result in sexually abused children being robbed of their sense of societal worth, cultural value, trust, self-worth, rights or dignity. In the previous chapter, the cultural and societal practices were highlighted which indicated that the loss of virginity before marriage could be considered a culturally shameful act, suffered by the victims of CSA. This may be deepened by the other people's and children believe that CSA is viewed as a "taboo" (Martin, 2015). Hence it may be difficult to raise awareness of the prevalence of CSA and the importance of disclosure because such topics are not open to discussion in many cultures. The public exposure of sexual exploitation can be a profoundly embarrassing experience for a child including cultural predispositions of blaming the child for being sexually abused.

Muridzo et al. (2018) further stressed that CSA is a human rights issue which violates children's rights and means that there is inadequate societal protection of children's rights which violates national and international regulations. CSA results in

an economic burden for society which requires commitment of economic and infrastructural assets to provide interventions for addressing or responding to the phenomenon appropriately.

3.2.1.5 Chronosystem

Arnett (2012) defined the chronosystem as changes or transitions that take place in a person's life with respect to a person's growth and socio-historical conditions. Bronfenbrenner (1979) termed it an ecological transition which occurs when a developing child's situation in the ecological setting changes due to alteration in role or setting even both. For example, transitions such as divorce and death have an impact on children lives. The demise of a parent is a traumatic lifetime change that disturbs children's growth and behaviour (Jamieson & Richter, 2017).

In the current study, the chronosystem level is relevant to CSA since it is one of the contributors of a change or transitions in an individual child's life. Such changes can be observed in cases where the perpetrator is a breadwinner in the family, the financial status in the family changes, a family member is removed from the child's environment due to imprisonment or divorce, or the child is removed from an abusive situation; for example, by being referred to a place of safety where parental contact is limited.

3.2.2 The Relevance of Bronfenbrenner's Ecological System Theory

Bronfenbrenner's ecological systems theory is relevant for exploring the experiences of intersectoral stakeholders responsible for supporting sexually abused children because it involves how the child interacts and socialises with the environment in its entirety. Bronfenbrenner's ecological systems theory provides an overarching view of the experiences of intersectoral stakeholders as they engage in the role of supporting sexually abused children. This implies that the ecological systems theory covers all aspects of a child's interaction with the environment such as family, school, community and societal systems such as protection, health, social services, culture, and beliefs. For this study, a sexually abused child is negatively affected by the transition between systems since there might be a change of settings such as the home or school; for example, where CSA children are placed in a place of safety or have to change schools. As a result, the environmental systems transition process

could be affected by the way the child adapts to or copes in a new setting. Hence, Bronfenbrenner (1979) concluded that environmental systems transitions and interconnectedness between settings play a crucial role in the process and rate of human development.

In summary, ecological systems theory is crucial for this study because it provides insights to understand the impact of environmental systems on the child which may point to contributing factors for CSA or the support systems that could be used for coping strategies for trauma or resilience in face of adversity. The ecological systems theory helps us to understand not only an individual learner's interaction but also the complexity of the relationships between intersectoral stakeholders. It has been highlighted that an individual child develops in a compound system of relationships which is influenced by manifold factors, from close connections between household and school to extensive cultural ethics, values and societal beliefs. Hence, the benefit of the ecological systems theory is that it provides understanding of the interconnection and interrelatedness of the developing child in various settings. The ecological theory therefore provides insights into the intersectoral stakeholders' experiences as they interact and support CSA victims within the mesosystem.

3.3 FAMILY SYSTEM MODEL

CSA is sometimes instigated by families. Family members, especially parents, are regarded as an immediate intersectoral stakeholder for supporting sexually abused children. Seltzer (2019) described a family as a "social institution with roles defined by long-term rights and responsibilities" (p. 409). Bowen (1978) stated that a change of an individual member within the family affects the other members of the family since individual persons are subsystems of the family system. As Haefner (2014) emphasised, the family systems theory provides a context for understanding families as individuals or persons who interconnect and reciprocally influence one another. It is also an interpersonal framework where every unit is interconnected, either by biology, adoption, marriage or common agreement. Bowen (1978) highlighted that families are structures of interconnected and inter-reliant persons and cannot be understood in isolation, but as the entire family system. Thus, in this study, family is regarded as the main intersectoral stakeholder in the support structure of sexually

abused learners. It is observed that CSA victims with a supportive family structure have a better chance to cope with CSA adversity than those with an unsupportive family structure.

Shepherd and Linn (2015) corroborated the view that the family is an interconnected and collaborative social system where the actions and experiences of individuals affect other people in the family. Various sectors have adopted the family system theory to understand family history and genealogy, therapy or trauma counselling. For example, Bowen's Family Systems Theory maintains that when conflict impacts one family member or subsystem, the influences are experienced by the other family members; hence, the whole system has a responsibility to work together to reinstate symmetry. This means that not only the child suffers from CSA effects; even the other family members as part of a system are disturbed by the occurrence. Hence, intersectoral stakeholders responsible for therapy provide support to both the CSA victim and the affected family.

Shepherd and Linn (2015) described family cohesion as the emotional bounding, unity, immediacy or understanding shared by family members. Family cohesion has three levels: disengaged, balanced and enmeshed family.

3.3.1 Disengaged Family

Children from this type of family setting experience a tenuous emotional attachment or closeness and do not have confidence or trust in other family members. Developing healthy relationships is a grave challenge. It is at this level that sexually abused children's experience feelings of betrayal and children's relational trust and perceptions of healthy interpersonal relationships are interrupted (Blanchard-Dallaire & Hébert, 2014). At this level, the emotional stability of sexually abused children becomes interrupted, and their safety is compromised. Since there is insufficient closeness among family members, it is not possible for other family members to identify and support a sexually abused child. The child will have to suffer alone, and the chances of re-victimisation are higher.

3.3.2 Balanced Family

Unlike disengaged family, a balanced family is characterised by practical, caring and trusting relationships. The balance is demonstrated amongst family members and

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outsiders as they create time to be with family and with friends (Shepherd & Linn, 2015). Sexually abused children from this family setting could feel free to disclose the abuse, get supported and bounce back and move on with healthy, trusting interpersonal relationships.

3.3.3 Enmeshed Family

This is the last level of family cohesion, where children experience an excessive amount of emotional connection, parents are exceedingly protective, and children have little independence. Freedom and establishing friendships outside the family might be a challenge (Shepherd & Linn, 2015). Abuse is regarded as a betrayal of interpersonal bonds and family roles as it destroys the survivor's ability to trust and interconnect with other family members (Karakurt & Silver, 2014).

In summary, the family system theory is thus viewed as an important source or basis where significant emotional relationships begin (Shepherd & Linn, 2015). The inference is that it is difficult to establish a trusting relationship in the family system where there is a case of CSA in the sense that individual development is likely to be hindered since it can happen only through emotional connection or interactions with significant people.

According to Bowen (1978), even when family members feel detached, they still experience negative or positive effect of emotions and actions from other family members. As mentioned above, a change in one member's situation triggers the responsive feelings and actions of other individuals in the family unit. The entire family unit might therefore be disturbed by the disclosure of CSA, as it is an extremely complex occurrence. It is emphasised that the impact is even more severe when the offender is an influential member of the family unit and this puts the whole family system into a state of imbalance. This has a harmful effect on the family system because they might not regain their equilibrium since some members of the family may prevent CSA disclosure.

Mutandwa (2012) argued that a family is valued as the fundamental component of societal organisation responsible for providing support, safety and protection to children, yet it is commonly known that most CSA cases are not reported in families. Because of family collaboration, the entire family system can be influenced by the

behaviour of a family member and such mutual influences contribute to the effectiveness or ineffectiveness of the family system (Shepherd & Linn, 2015). Mabade (2013) maintained that it is crucial to transform the parents' attitudes on CSA as the home is the place where the children are expected to be calm, safe and protected.

In this manner, the family systems theory confirms that a family operates as a system in which every member in the family has a specific role to play and must follow and respect specific rules. As a result, members within a family system are expected to respond and interact with each other in a specific manner and in accordance with their roles and nature of relationship. However, the prevalence of CSA cases indicates that some children are not safe and protected in their homes because some parents are offenders. Parental involvement is thus essential in community education programmes as well as positive parenting programmes so that these initiatives can provide opportunities to modify their attitudes (Mabade, 2013). Parents as leaders in their families should be actual targets of intervention because they can influence the behaviours of CSA survivors resulting in effective parent-child relationships. Intersectoral stakeholders should be aware of the family settings of the sexually abused children they are supporting whether it is a disengaged, balanced or enmeshed family as each has its own challenges.

3.4 ATTACHMENT THEORY

The attachment theory is centred around the child's relationships with family, caregivers and others in society. Arnett (2012) described attachment as a profound emotional bond that is formed by children with caregivers which underpins the safety and subsistence of children during vulnerable times. Attachment theory is also seen as an inborn psychological existence that is developed by young babies or toddlers who look to others for protection and safety from risks and injury (Sanderson, 2013). Of most importance is that younger children develop attachment relationships or emotional bonds with primary attachment figures (Abubakar & van de Vijver Fons, 2017). Sexually abused children also get attached to parents or adult figures that respond sensitively and appropriately to their needs which influences their subsequent response. It is therefore the notion of attachment that makes some

children vulnerable to sexual abuse and exploitation by the trusted and respected figure.

In support of the above idea, Arnett (2012) highlighted that caregivers, mothers, fathers, grandparents, and older siblings or other people who have responsibility for the child's care can also be the principal attachment figures. In most cases, the parent, specifically the mother, is the primary caregiver as she has been in responsible for caring for the child from birth and is generally available for the child during periods of discomfort, distress, sickness, injury, tiredness, or threat including frightening situations (van Ijzendoorn, 2019).

It is therefore important to note that the relationship of the child and the mother (primary stakeholder) is considered as the most significant one for the child's emotional, social, intellectual, and cognitive wellbeing. This does not rule out the relationship of other attachment figures or stakeholders a child seeks to be attached to. Immediate attachment figures also play a major support role when children are distressed or vulnerable due to CSA. These immediate attachment figures could include teachers, pastors, respected church or community members, close relatives and neighbours.

Attachment theorists argue that early attachment associations have a profound impact on psychosocial growth of children (Beale, 2017). On the other hand, if early attachment relationships are troubled by apprehension, neglect and abuse, a child may experience unhealthy relationship and come to perceive that relationship as a contact to be avoided. McLeod (2017) distinguished between intensely attached infants with mothers who respond quickly to their demands and weakly attached infants whose mothers fail to interact effectively. This makes it easier for CSA victims to disclose to responsive attachment figures rather that the unresponsive, non-interactive attachment figures.

Willows (2009) concurred that children with destructive attachment connections are more likely to have difficulty in trusting and struggle to enjoy intimacy in their adult lives. Childhood attachment is therefore not static, and it can change; for example, a sexually abused child's attachment pattern can change from secure to insecure due to the trauma experienced. Abubakar and van de Vijver Fons (2017) agreed that attachment theory is ingrained within differences in early childrearing resulting in the

development of attachment capabilities. Beale (2017) added that children from low-risk samples have three patterns of attachment such as secure, insecure-avoidant, and insecure-ambivalent. On the contrary, children from high-risk samples experience insecure and disorganised attachment. From the discussion of attachment theory, Figure 3.1 below depicts the elements of attachment based on
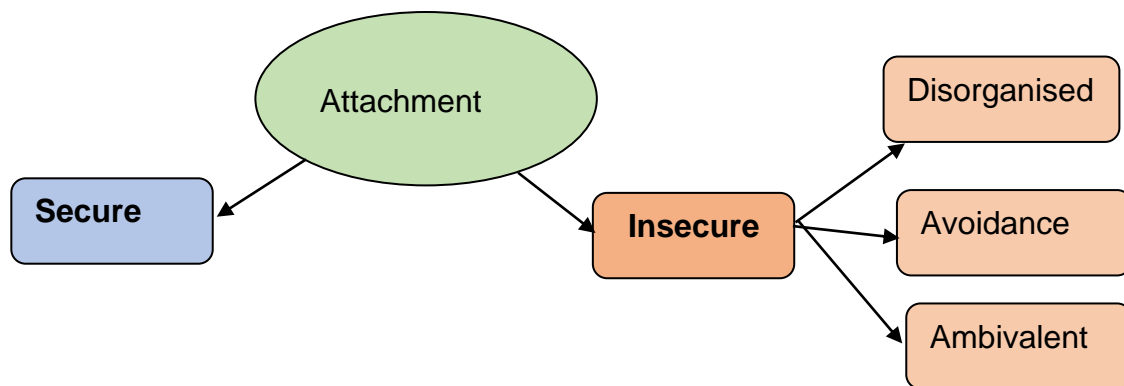
Bowlby's two broad attachment patterns supported by Abubakar and van de Vijver Fons (2017), Willows (2009) and Beale (2017).

Figure 3.1: Elements of attachment constructed based on Abubakar and van de Vijver Fons (2017)

3.4.1 Secure Attachment Style

This type of attachment is defined as the healthiest and most suitable form of parent-child relationship where the adult, especially the mother, forms a secure base for the child allowing constant returns for comfort and assurance (Arnett, 2012; Smith et al., 2015). Pitsoane (2014) noted that secure attachment pattern is grounded on the principles of trust, warmth or affection. This pattern of attachment is characterised by a history of warmth, approachability, optimism, greater satisfaction, and unswerving relationships. In an ideal world, children ought to feel protected and safe in the presence of mothers or caregivers, so that when they are in distress, they have their mothers or caregivers to turn to for safety and protection (Scharfe, 2017). Arnett (2012) also confirmed that a securely attached child will normally cry, kick, throw tantrums or vocalise in protest when separated from the mother or primary caregiver.

In case of painful experiences such as rejection, distress, loss or bereavement, securely attached children are resilient and are likely to 'bounce back' and be able to live and enjoy their lives once again (Willows, 2009). Securely attached children who

are resilient are able to acclimatise effectively and overcome adversity or hardships, having a foundation gained from their primary caregivers (Sudbery, 2010). Van Ijzendoorn (2019) emphasised that attachment is a foremost developmental milestone in children's lives, and it remains a significant matter in an individual's lifespan even in adulthood where one can use it in developing one's own future parenting style and intimate relationships. Scharfe (2017) concluded that despite of the degree of security, children and adults experience distress when the time for separation from the attachment figure comes.

On that note, the mother is and will always be regarded as the most important figure in the lives of children. Securely attached children are fond and proud of their mothers irrespective of their mental capacity or status. This study therefore borrows from secure attachment as a source of providing effective support to sexually abused learners because they have a strong, secure base that provides comfort, confidence and encouragement. Such CSA victims will be able to overcome the adversities and distress caused by the sexual violation rather than those with a weaker secure foundation. Although children from secure attachment style do go through phases of pain, misery, and detachment, they are able to spring back and continue with their lives if they experience traumatic event like sexual abuse because of the secure base that has been created. What is more important in this study is that with secure attachment style, sexually abused children can have a sense of safety and security that there are people who will be there for them if they are in trouble, discomfort or distress.

3.4.2 Insecure Attachment Style

Sanderson (2013) defined an insecure attachment pattern as an unpredictable, emotionally absent or unavailable, uncaring or indirect attachment relationship both in childhood and adulthood. Scharfe (2017) concurred with Sanderson (2013) that insecurely attached children are likely to have childhood experiences considered to be uncaring, unrestrained, unreliable, avoidant or resistant which have a negative impact on the child's growth. Sanderson (2013) further highlighted that limited or absence of awareness of needs of children from insecure attached families result in insufficient support spiralling to disturbances or interruptions in emotional regulation and integration. Insecurely attached children generally adopt unsuitable, incoherent

or inexplicable coping responses unlike securely attached children (Smith et al, 2015). This has a severe impact on the lives of children, especially in cases of sexually abused learners because they might develop the belief that others do not care about them and that nothing matters. This might delay their disclosure and support from intersectoral stakeholders and open a way for sexual re-victimisation.

Commenting on the connection between insecure attachment and CSA, Sanderson (2013) argued that cases of sexual abuse, physical neglect, rejection or emotional exploitation emanate from insecure attachment. Conte (2014) supported the notion that adults who are survivors of CSA from the attachment figure may experience challenges in parenting their own offspring due to being sexually abused as children and thereby providing insecure attachment to their offspring.

According to Conte (2014), adults who experienced CSA are more likely to have insecure attachment-related fear than non-abused adults. Mothers who suffered from CSA are alleged to be more permissive and suffer from maternal depressive disorder. Such children with insecure attachments styles are at risk of attachment disorders such as reactive attachment disorder, selective attachment, comfort-seeking attachment and non-response to comforting efforts (APA, 2013). The disorder is also categorised by unselective attachments, where the child trusts extensively and will agree with everybody, even outsiders, which presents a greater risk of re-victimisation (Sanderson, 2013). Children who have unselective attachment will consequently be at a higher risk of being sexually abused due to their trust of everyone including strangers and other community members. Insecure attachment style is characterised by avoidance, ambivalence and disorganisation as discussed below.

3.4.2.1 Avoidance attachment

Arnett (2012), van Ijzendoorn (2019), and Sudbery (2010) viewed insecure-avoidant attachment as a setting where there is minimal interaction and the child's reaction towards the parents' absence is avoidance. The authors maintained that insecure-avoidant children appear to be upset and regularly ignore or avoid close contact with the attachment figure. Insecure-avoidant children are content with being independent, self-reliant and autonomous and view it as safer and healthier; consequently, they do not need any support or assistance (Pitsoane, 2014). Willows

(2009) observed that insecure-avoidant attachment children might be withdrawn, aloof, aggressive to other children and seem to avoid dependency by distancing to reduce anxiety. Such children are in a confused state as they tend to conceal or downplay threats, vulnerability, pain and distress, are less attentive to perceived signs of danger and are self-reliant in threatening situations (Ein-Dor & Hirschberger, 2016).

The implication of insecure-avoidant attachment is that children in this type of setting may experience frustration and anger which causes a profound susceptibility and fear of being needed or rejected. This makes them vulnerable and targets of sexual abuse perpetrators because of their temperament. This insecure-avoidant attachment behaviour does not always encourage a healthy relationship or effective support for CSA victims because these children are difficult to interact with or get close to since they have problems with trusting anyone. The main concern in this study is how the children in this setting could be supported by intersectoral stakeholders since the CSA victims display distrust leading to detachment in future relationships.

3.4.2.2 Ambivalent attachment.

Insecure-ambivalence refers to a parent-child relationship whereby the child displays slight curious actions in the presence of a parent in the room. The parent's absence causes great discomfort and when the parent returns, the child shows inconsistency or ambivalence (Arnett, 2012). Insecure ambivalence or resistant children have learned that attention might be unpredictable, and they try to find comfort paradoxically by fluctuating between dependence and weeping to retreating and anger during stressful situations without wanting comfort afterwards (Scharfe, 2017). Willows (2009) agreed that these children have a tendency of fluctuating reactions, either clinging to the attachment figure or angrily rejecting them. These children show insecure and clingy behaviour when the parent leaves and when the parent comes back, they become distressed and are not peaceful, implying that they see the parent's presence, but they are not happy about the parent's arrival (Sudbery, 2010).

CSA victims who are in the insecure-ambivalent attachment setting are perceived to be unreliable, challenging, emotive, unemotional and may also feel both crushed and

angry when rejected by their friends since they need emotional support. What is deduced from this insecure-ambivalent attachment setting is that it will be difficult for CSA victims to disclose their ordeal to intersectoral stakeholders because they view them as inconsistent and unreliable.

3.4.2.3 Disorganised attachment style

In an insecure-disorganised attachment setting, children display a range of disordered and inconsistent behaviours like crying suddenly after having settled, or exhibiting a cold, distant posture (Sudbery, 2010). Such disorganised behaviour is often associated with abusive care from caregivers either physically, emotionally, or sexually, and in dealing with extreme stress in their life. Children in this setting resort to being unemotional rather than agreeing to reunification (Scharfe, 2017). The insecure-disorganised attachment pattern is linked to severe abandonment or desertion, physical and sexual abuse; hence, such children are more wary of others (Willows, 2009). Smith et al. (2015) agreed that disorganised children may display stereotypical mannerisms including inconsistent behaviour such as avoiding the mother regardless of being upset on separation; and inappropriate behaviour such as looking for closeness with an outsider in the place of the parent. These are perceived as symptoms of unresolved stress and apprehension and it seems that the parent becomes the source of shock rather than care and security for these children (Smith et al., 2015).

It could be understood that most sexually abused learners with an insecure attachment style are found to be disorganised, angry and insensitive. Understanding this attachment style is very important for intersectoral stakeholders supporting sexually abused learners because children in this setting might struggle with resilience and coping mechanisms since they experienced unhealthy relationships and see relationships as unreliable, dangerous, and unsafe.

Intersectoral stakeholders should always bear in mind that forming relationships is a difficult task for learners in insecure-disorganised attachment because some of them are antisocial and experience behavioural problems and mood swings. Consequently, withdrawal, rejection, desertion and vulnerability to being sexually abused is a high possibility for CSA victims in the insecure-disorganised attachment setting.

In conclusion, victims of CSA who find themselves in an insecure attachment setting may have a challenge in accepting support since they view intersectoral stakeholders as strangers. Given the betrayal of trust, confusion and disturbances in attachment, it is crucial to create a safe secure base where the experiences of traumatised children can be addressed (Sanderson, 2013).

Well-coordinated support from different intersectoral stakeholders can move CSA victims from an insecure attachment setting to a secure attachment setting which subsequently could change the victims' lives through effective relationships and trust. In this way, counsellors and therapists need to build strong, healthy relationships to enhance secure attachment to address deeper attachment complications such as fear of dependency, closeness as well as attachment loss. It is through the therapeutic intervention of trauma programmes dealing with grief and mourning that victims can be drawn into a phase of post-traumatic growth and resilience.

3.5 TRAUMA MODEL

Trauma is one of the effects of CSA which is caused by the ordeal someone goes through after experiencing or witnessing a violent incident. Trauma should be seen as a toxic condition after someone experiences or witnesses a violent act, death or serious injury resulting in feelings of terror and helplessness (Herbst & Reitsma, 2016). Studies by Willows (2009), Spies (2016), Makhija (2014), and Finkelhor and Browne (1985) agreed that the trauma model can be used to understand and deliberate on the experiences of children who are affected by sexual abuse.

Finkelhor and Browne (1985) identified four traumagenic dynamics (trauma-inducing factors) which serve as a framework for understanding the impacts of CSA. The factors are sexual traumatisation, betrayal trauma, stigmatisation, and powerlessness of the CSA victims (Makhija, 2014). These trauma-causing factors are also significant in the evaluation of victimised children and in the prediction of complications that survivors of CSA might experience in the future (Finkelhor & Browne, 1985).

3.5.1 Sexual Traumatisation

Traumatic sexualisation is described as a process whereby a child's sexual feelings and attitudes are moulded in an inappropriate way which includes interpersonal dysfunctional feelings concerning sex (Finkelhor & Browne, 1985). This dynamic is viewed when the offender unceasingly uses privileges, fondness, favours, gifts and rewards to involve the child in inappropriate sexual behaviour. The child may thus adopt the same sexual behaviour in using others for their own sexual fulfilment later in life (Makhija, 2014). Furthermore, Makhija argued that this dynamic is shaped when the child's anatomy is misrepresented, and when misapprehensions and misperceptions about inappropriate sexual behaviour and sexual principles are transmitted from the offender to the child. This is why victims of CSA display severe anxiety, depression, PTSD, somatisation, disorderly, and sexualised behaviours as well as future complications in the social environment (Blanchard-Dallaire & Hébert, 2014). An understanding of sexual traumatisation is essential in this study because it makes the sexually abused child feel guilty, encourages non-disclosure and may point intersectoral stakeholders to the nature of support required by CSA victim.

3.5.2 Betrayal Trauma Framework

The betrayal dynamic refers to the process by which children realise that a person on whom they are reliant, trust, or love has inflicted pain on them (Finkelhor & Browne, 1985). Such injury can be sexual abuse as well as manipulation, distortion and a betrayal by a non-offending caregiver, family member or trusted person who is incapable of understanding or disinclined to defend or believe them (Finkelhor & Browne, 1985; Makhija. 2014). In this regard, Cantón-Cortés et al, (2012) argued that the disappointment and harm of trust instigated by this betrayal may cause more damage in the psychological condition of a child and the victim may develop depression, anger, including the inability to trust others. The betrayal trauma framework is described as the abuse of the trust placed in someone that the child is reliant on, such as CSA by a parent or a close person to the child and this may lead to more distress associated with relational exploitation of an inmate interaction (Blanchard-Dallaire & Hébert, 2014).

Beale (2017) stipulated that victims of sexual abuse regard the ordeal as a double betrayal for being sexually abused by a trusted adult. The sexually abused child's

ability to trust people is severely limited as they associate other people such as the therapist with the offender and this is because of the betrayal that they suffered in the hands of abusive caregivers (Spies, 2016). Intersectoral stakeholders should always bear in mind that betrayal trauma could be a stumbling block to providing effective support to the CSA victims and need to work much harder to build the trust and respect relationship.

3.5.3 Stigmatisation

Stigmatisation refers to the negative damaging meanings or words such as guilt feelings or self-blame, humiliation, and the immorality that is transmitted to the children who incorporate such implications into their self-image (Finkelhor & Browne 1985; Cantón-Cortés, et al., 2012). Such undesirable meanings concerning sexual abuse may be derived directly from the abuser by blaming, humiliating the victim and sending disgraceful or shameful messages due to secrecy pressure from the offender (Cantón-Cortés et al., 2012; Finkelhor & Browne 1985; Martin, 2015). Stigmatisation may result in low self-esteem, self-harm, suicidal ideation, substance abuse, prostitution and sex with multiple partners (Cantón-Cortés et al., 2012).

Stigmatisation or censure is also encouraged by the attitudes that the sexually abused child deduces or receives from other people within the family and outside in the community (Finkelhor & Browne, 1985). This dynamic in cases of CSA would be associated with a sense of being different from other children. Victimised children may tend to circumvent social relationships which lead to feelings of social loneliness, social seclusion and unhappiness in interactions with peers (Blanchard-Dallaire & Hébert, 2014). Thus, the distress of stigmatisation and defilement of the family status mean that children may keep CSA ordeals to themselves. As a result, many cases are unreported because of the fear of being stigmatised (Mutandwa, 2012). Hence, intersectoral stakeholders should be aware of the need for confidentiality when dealing with CSA cases and ensure that the therapy to prevent the feelings of guilt and insecurities is provided as a matter of urgency.

3.5.4 Powerlessness

The powerlessness dynamic arises when the child is considered incompetent, immature and powerless before or after a sexual ordeal which disregards his or her

desires, needs, will, and sense of wellbeing especially in the event of recurring abuse without consent (Cantón-Cortés et al., 2012). Sexually abused children are denied the right to decide who and how their bodies should be touched because they lose their personal power at the hands of perpetrators (Spies, 2016). Not only survivors of CSA feel powerlessness, but non-abusive parents or caregivers who were unsuccessful in handling their children's victimisation also experience powerlessness (Kilroy, 2014). Kilroy (2014) further reported that some parents feel compelled to ignore the perpetrator despite being aware of the exploitation of the child by the perpetrator's devious, manipulative behaviours.

Powerlessness might have a harmful impact on the survivor's coping mechanism (Cantón-Cortés et al., 2012) since CSA can be regarded as the expression of power and authority by a caregiver or an adult over a vulnerable, helpless, or powerless child (Spies, 2016). Such feelings of helplessness and incapability may lead to mental suffering such as fear, anxiety, depression and sexually abuse of others (Cantón-Cortés et al., 2012). Sexually abused children as reported by Blanchard-Dallaire and Hébert (2014) suffer severe trauma effects because of feelings of disempowerment or powerlessness. The intersectoral stakeholders' support plays a major role in providing interventions that will ensure that CSA victims develop confidence, a sense of worthiness, strength, and attitudes to deal with betrayal, stigmatisation, powerlessness and feelings of traumatisation. Since the child is expected to live with the taint of sexual abuse, coping strategies are important to address trauma but most important to ensure that the CSA victim becomes resilient.

3.6 RESILIENCE THEORY

Resilience is defined as a conscious effort to move forward in a thoughtful, unified, constructive way, after a traumatic and adverse experience incident (Southwick et al., 2014). As cited in Southwick et al. (2014), the strength to move forward after trauma is one of the significant factors in resilience which recognises that people who have severe PTSD can bounce back. Walker-Williams and Fouché (2018) called this moving forward "post-traumatic growth" which can be perceived as positive psychological growth in an individual. Kent et al. (2014) noted that resilience has been regarded as a normative, adaptive response schema that permits people to successfully tolerate severe hardships.

The National Scientific Council on the Developing Child (NCDC) (2015) stressed that resilience results from a dynamic interaction between a person's interior predisposition and exterior experiences. This is also referred as the contact between biology and environment that enhances a person's abilities to survive hardships and overcome serious threats to healthy adaptation and development. Resilience is also seen as a multifaceted construct with explicit connotations for a person, family, community, society, and culture (Southwick et al., 2014). This implies that sexually abused children might be more resilient in different spheres of life and stages of development. The study considers the positive impact of resilience of CSA victims by adopting a "bouncing back" attitude and moving forward with one's life.

According to APA (2014), resilience is defined as a process of adjusting well to adversity, trauma, misfortune, financial problems, serious health or workplace challenges, threats, or significant causes of stress, including family and relationship difficulties. In addition, Southwick et al. (2014) agreed that many people view resilience as the ability to bend but not break, springing back, and developing despite adversity experienced in life. The concept of resilience is important for intersectoral stakeholders supporting sexually abused children because it addresses how CSA victims can bounce back and enables the development of effective coping mechanisms. The study, therefore, supports the notion of resilience as the ability to bounce back from difficulty, misfortune, hardship, trauma, or suffering, and to continue to survive the difficulties and pressures of life while recuperating from adversity.

In the context of CSA, resilience is perceived as a process of constructive adjustment regardless of experiencing severe adversity by involving both internal and external resources (Walker-Williams & Fouché, 2018). Resilience, therefore, develops from a combination of protective factors that produce positive results for children who suffered extensive toxic trauma (NCDC, 2015). Resilience is the most significant protective tool for recovery or adjustment for sexually abused children. Children who have supportive relationships can bounce back from distress and traumatic occurrences rather than those from unsupported relationships.

Another significant way to enhance resilience after trauma is to find individual strengths, such as natural resilience to assist those who lack natural resilience or a

virtuous community such as a balanced family (Southwick et al., 2014). In agreement with the above statement, Sudbery (2010) stressed that individual strengths such as intellect, humour, and inventiveness allow children to realise that they need to let their anger or fear go in order to move on rather than to cause lifelong injury. Sudbery added that lack of this resilience leaves the child without suitable resolution. Thus, sexually abused children with individual inner strength can recuperate from the traumatic experiences. However, it is the role of intersectoral stakeholders to support those who do not have natural resilience to move on with their lives.

Walker-Williams and Fouché (2018) argued that the resilience-enhancing factors include healing measures and resisting the damaging repercussions of the traumatic incident such as CSA, using both inward and outward assets to build emotional and psychological strength. The NCDC (2015) maintained that these factors incorporate strengths that emanate from the entire ecological system including but not limited to support that builds a healthy brain architecture. The NCDC (2015) also highlighted that once these positive factors are functioning successfully, they enrich and enhance resilience. As a result, intersectoral stakeholders should be aware of resilience-enhancing factors and the strategies to build strength which can be used to address the long-term suffering of CSA victims who have experienced a traumatic ordeal.

Southwick et al. (2014) acknowledged that protective aspects in childhood years are important for the growth of resilience. This implies that there are abundant possibilities in children's lives to experience controllable stress through the help of caring adults and manageable stress which enables growth (NCDC, 2015). Such strengths-based processes place emphasis on the individual's strengths and ways of using such strength as resources for transformation (Walker-Williams & Fouché, 2018). As a result, constructive, supportive and caring social ecologies including an individual, family, community and society are empowering elements for dealing with children's past experiences of sexual exploitation.

Kent et al. (2014) added that resilience is expressed in the interaction between intra- and interpersonal developments and are accompanied by factors that contribute to resilience. Factors related to resilience are genetic predispositions and biology, individual cognitive, emotional and behavioural traits, proximal relational

environmental settings, and distal relational environmental settings (Kent et al., 2014). Resilience is therefore essential to ensure that an individual's internal strengths and environmental settings perceived as inward and outward strengths play a major role in supporting victims of CSA.

3.7 THEORITICAL INTERGRATION

Theoretical integration involves the interconnectedness of ecological, family, attachment, trauma and resilience theories. The ecological systems theory interconnects with both family and attachment theories because they all rely on the basic framework of interconnectedness. These intersections of ecological, attachment, and family systems are theoretical frameworks that provide intersectoral stakeholders with the knowledge of understanding contributory factors of CSA, manifestation, effects, and coping strategies. Transitions within the environmental systems relate to the interactions of CSA victims from one setting to another such as family, school, community and society. This, in turn, affects how sexually abused children interact with the self as an individual which influences how they respond to the support offered by intersectoral stakeholders: either they become resilient or are consumed by PTSD which negatively affects their wellbeing.

The summary depicted in Figure 3.2 highlights the essential theories that inform the study on the experiences of intersectoral stakeholders supporting sexually abused children. The ecological system, family system, attachment, trauma and resilience theories are interconnected and together to provide insights on the nature, contributory factors, manifestation, effects and coping strategies.
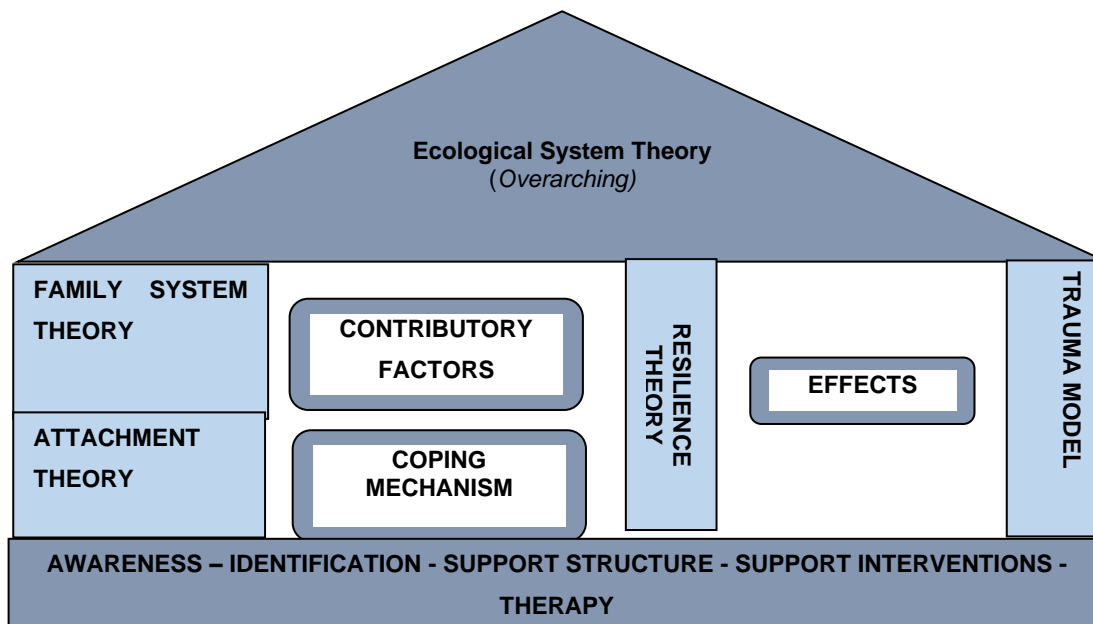
Figure 3.2: Summary of theoretical integration

3.8 CHAPTER SUMMARY

The chapter examined theories which can be used by intersectoral stakeholders working with sexually abused children. The theories were the ecological systems theory, family systems theory and attachment theory. The trauma and resilience models were also explored as they are essential when working with sexually abused children. The ecological theory took centre stage in the theoretical framework because it provides foundational knowledge and has an overarching role. The family system and attachment theories are important because families and attachment have been identified as contributory and risk factors for CSA. The trauma theory, on the other hand, is essential to understand the effects of CSA. Understanding how intersectoral stakeholders support sexually abused learners in Gauteng North Education district schools is significant especially when using the lens of the ecological theory, family systems, children's attachment settings and trauma and resilience. The next chapter outlines the research design and methodology that was employed to determine whether the factors emanating from theoretical studies are part of the experiences of intersectoral stakeholders supporting CSA victims.

CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

Chapter 4 presents the research approach followed to collect and analyse information on the experiences of intersectoral stakeholders responsible for supporting sexually abused learners in Gauteng North Education district. Chapter 4 therefore focuses on research paradigms, research design, data collection methods, sampling techniques and data analysis strategy. Furthermore, the chapter discusses ethical considerations and the limitations of the study in detail.

4.2 RESEARCH PARADIGM

The study on the experiences of intersectoral stakeholders supporting sexually abused learners in schools was located within the interpretive paradigm. As informed by Hays and Singh (2012), the interpretive paradigm is a belief advocating that there is no universal truth: the approach focuses on multiple contextual viewpoints of subjective voices or experiences that can represent the truth in a logical examination. The purpose of interpretive investigations, therefore, is to use systematic measures while maintaining that there is a manifold socially constructed truth to be recognised in understanding of data (McMillan & Schumacher, 2014). The interpretive paradigm is mostly used in qualitative studies and the truth or reality is created by the participants and understood and interpreted through the researcher's lens (Lichtman, 2014). Lichtman (2014) further argued that in social constructivism, people pursue understanding of the environment where they live and work; hence, they develop personal denotations of their experiences around things or objects.

This study is located within the interpretive paradigm because it explored the experiences of intersectoral stakeholders in supporting sexually abused learners in schools which are socially constructed within that specific context. The idea was supported by Creswell (2013) who stated that, in the interpretivism paradigm, meaning is constructed and negotiated by human actors, and it has the objective of understanding lived experiences. This implies that proponents of the interpretive paradigm believe that there is no objective knowledge, but a subjective truth which is socially experienced and emanates within an individual's mind (Grbich, 2013). The

interpretive paradigm emphasises that knowledge of the intersectoral stakeholders supporting sexually abused learners is subjective and interpreted from the participants' views. Cohen et al, (2018) posited that the interpretive paradigm is recognised by a concern for understanding the subjective or personal world of human experiences, by making attempt to get inside an individual's mind to understand the person from within.

Creswell (2013) presented three philosophical assumptions namely: ontology, epistemology and axiology in which a paradigm operates. In addition to the three assumptions, Cohen et al. (2018) highlighted a fourth philosophical assumption as methodology arising from researching and investigating the nature of reality and things.

4.2.1 Ontology

Ontology is seen as the nature of reality which displays how truth is pursued around a specific concept or procedure in qualitative research (Hays & Singh, 2012). Ontological issues relate more to the nature of reality as well as what we can know and its features (Creswell, 2013). The ontological process is the understanding of data related to broad structural and social matters that influence the claims of the truth (Grbich, 2013)

Grbich (2013) stated that ontological assumption of the interpretive paradigm is based on multiple socially constructed realities and acknowledged by different people approaching it differently. Figures from the United States show that 1 in 4 girls and 1 in 6 boys are sexually abused before the age of 18, whereas the median age for reported abuse is 9 years old (Mollamahmutoglu et al., 2014). Artz et al. (2018) reported that in SA, 1 to 3 adolescents reported being sexually abused before the ages of 15 to 17 years.

4.2.2 Epistemology

Ellingson (2009) defined epistemology as a philosophical assumption that involves the investigation of qualifying theories concerning what counts as knowledge or evidence. In qualitative research, epistemology refers to the process of knowing and the degree in which knowledge is thought to be constructed as well as the context of the researcher-participant relationship (Hays & Singh, 2012). Creswell (2013)

supported the view that the epistemological assumption in qualitative studies requires researchers to get as close as possible to the participants being studied. Subjective evidence is gathered based on a person's views, and knowledge becomes known through subjective experiences of individuals.

The above-mentioned philosophical underpinning within the interpretive paradigm as informed by the hermeneutical phenomenological view that the statistics of sexually abused learners is increasing at epidemic proportions and at a high rate which forms the essence of epistemology. It is globally acknowledged that the power dynamics of CSA and the influences of culture, ethnicity, gender and societal aspects are major contributors.

4.2.3 Axiology

Axiology is the philosophical assumption that integrates the researcher's values, ethics and expectations in qualitative research including the influence of the research questions and design (Hays & Singh, 2012). Despite that, all researchers convey values in the study and position themselves in such a way that their values become recognised in the study (Creswell, 2013). Axiology focuses on ethics and values ensuring that participants and their families are not traumatised by their involvement in a research study.

In this study, the axiological philosophical assumption within the interpretive paradigm is that traditional and family environments in which children find themselves makes them vulnerable to the belief and value system found in the exosystem of Bronfenbrenner's model. Those cultural beliefs and values are either destructive or empowering to children's development. Cultural beliefs can place children at risk of sexual abuse by demanding that they blindly obey and respect adults, who in turn use their power to perpetrate acts of sexual abuse against innocent children.

4.2.4 Methodology

Methodology is an integral part of the research practice of qualitative inquiry which is greatly influenced by other fundamental philosophies of science such as epistemology, ontology and axiology (Hays & Singh, 2012). Hays and Singh (2012) further explained that people's ideas around the establishment of truth and

knowledge in the framework of the values of participants in the research process is an indication of a well-designed qualitative study. Lichtman (2014) added that methodology asks: What counts as truth? What about the ways of knowing? How do we seek new knowledge? Creswell (2013) perceived methodology to be an inductive, emerging design moulded by the researcher's experience for accumulating and analysing data. For the purpose of this study, the qualitative methodology was selected which provides a detailed process to acquire knowledge on the experiences of intersectoral stakeholders who are supporting sexually abused learners.

4.3 THE ROLE OF THE RESEARCHER

My role as a researcher was to select and interview participants for the research study. The study was guided by Creswell (2013) who maintained that qualitative researchers identify a phenomenon to be investigated which is also the concept that participants are experiencing in the study. This includes the planning, selection of sites, process of gaining entry, making appointments, writing of field notes and the actual interview taking place. As the researcher in this study, my role was to employ a qualitative approach that aimed to generate an in-depth, comprehensive description of the phenomenon under investigation based on individuals' experiences of intersectoral stakeholders (Salmons, 2016). The main aim of this study was to strive to access the opinions and feelings of participants as it included asking participants to speak about very personal or sensitive things (Sutton & Austin, 2015). As the researcher in this study, it was my duty to ensure the confidentiality of research participants and safeguard their information as stipulated in the UNISA research ethics approval (Appendix A).

As a qualitative researcher, I interviewed participants and made sure that data about their experiences was collected, analysed and interpreted and I also developed a connection or an interaction with participants while gathering detailed, rich data. The enquiry on the experiences and understanding of intersectoral stakeholders supporting CSA victims was conducted from the participants' perspectives. I empathised with the participants by putting myself in their situation to understand their experiences or perceptions of supporting sexually abused children. As argued by Okeke and van Wyk (2015) and Cohen et al. (2018), researchers should not be perceived as outsiders, but insiders. I ensured that any preconceived thoughts or

views about the phenomenon did not cloud my judgement and opened myself up to understand the meanings expressed by the participants because a phenomenological study concentrates on understanding the respondents' voice (McMillan & Schumacher, 2014). The data collection instruments were designed from information gathered during literature review.

After collecting data from participants about their experiences in supporting learners who are sexually abused, I developed a composite picture of the essence of the phenomenon as described by Creswell (2013). My role included the transcription of interviews, analysing, interpretating and devising support and intervention strategies for intersectoral stakeholders supporting sexually abused learners.

4.4 QUALITATIVE RESEARCH APPROACH

A qualitative research approach was used in this study to investigate and describe the detailed experiences of intersectoral stakeholders in supporting sexually abused learners. A qualitative approach is a descriptive type of research which permits for a cathartic release of feelings, thoughts and views of intersectoral stakeholders supporting sexually abused learners which are not quantifiable. This approach assisted in accessing such sentiments of study participants which allowed growth in understanding the connotations that individuals assigned to their experiences (Sutton & Austin, 2015). Qualitative approach was used to obtain a thick description of the phenomenon being studied and to gain understanding of intersectoral stakeholders' experiences. It can be deduced from the above discussion that the main function of qualitative methodology in this study is to describe, discover, and determine the phenomena under investigation. Welman et al. (2012) viewed qualitative approach as the best technique to be used in this type of study because it delivers a verbal explanation of the phenomenon experienced in the social world.

According to Gravetter and Forzano (2019), qualitative research is founded on descriptions of different participants that are examined, construed, and abridged in words, writings and pictures in a narrative report. Flick (2014) added that unlike quantitative method, qualitative research focuses on subjective connotations or the social subjects or events through gathering non-standardised data. Through those subjective meanings in qualitative research, understandings of individuals'

sentiments can be reached, which might provide the foundation for a follow-up, separate qualitative study (Sutton & Austin, 2015).

This study was therefore conducted using a qualitative approach and a phenomenological research design.

4.5 PHENOMENOLOGICAL RESEARCH DESIGN

The study used phenomenology as a research design which is viewed as a process or procedure to be followed by a researcher in a study on the experiences of intersectoral stakeholders supporting sexually abused learners. A research design was defined by De Vos et al. (2011) as a process of focusing one's view on a particular study and on the end-product as well as all the efforts taken to achieve the expected results, and as a plan, strategy or a guiding schedule that a researcher follows to conduct a study. McMillan and Schumacher (2014) concurred with this definition and included aspects such as when, from whom, and under what conditions the data will be found. Phenomenology distils the shared essence of individuals' lived experiences (Lichtman, 2014; McMillan & Schumacher, 2014) and including participants' common experiences of the phenomenon (Creswell, 2013). The focus still highlighted the way in which individuals' experience their environment by empathising and understanding the participants' subjective experiences (Sutton & Austin, 2015). Neubauer et al. (2019) also stressed that the aim of phenomenology is to describe the participants' essence of the experiences focusing on what was experienced as well as how it was experienced. The reason for selecting a phenomenological design for this study was to gain insights and understanding of the intersectoral stakeholder's lived experiences as they support sexually abused children. Through the data gathered, descriptive analysis and findings, articulation, implications and recommendations were captured detailing the experiences of intersectoral stakeholders supporting CSA.

Although it was not easy to put aside personal preconceived opinions or ideas as an educational psychologist and being a part of the intersectoral stakeholders supporting sexually abused learners, as the investigator, I followed the guidelines of the phenomenological approach in terms of its ontology, epistemology, axiology, and methodology. I was able to set aside my subjectivity and use the information from

literature review to design research instruments for collecting objective data from different intersectoral stakeholders.

4.6 SELECTION OF PARTICIPANTS

Purposive sampling was used to identify intersectoral stakeholders' who are supporting sexually abused learners in Gauteng North Education district. The participants were drawn from a sample of qualified professionals who were involved in supporting learners experiencing psychosocial challenges including sexual abuse at schools. CSA falls under such psychosocial cases that are addressed by intersectoral stakeholders who are the designated participants in this study.

The sample consisted of twelve intersectoral stakeholders (i.e., four teachers who were members of the SBST, three social workers and intern educational psychologist who was a member of the DBST, two NGOs (consisting of a forensic social worker and an educational psychologist) and two clinical psychologists. In short, the sample consists of four teachers SBST, 4 social workers and four psychologists. The four teachers (SBST coordinators) from four primary schools were interviewed because they are the first stakeholders who identify and refer learners to the members of other intersectoral stakeholders. The three social workers were selected because they play a crucial role in the life of sexually abused children by ensuring that the children are safe, investigate the incidents, and support the affected child and family to recover (Jamieson et al., 2017). The two clinical psychologists from the clinic were selected to obtain representative views of clinical psychologists on sexual abuse cases. An intern educational psychologist from Gauteng North district was interviewed to bring fresh insight and the newest information on the training on therapeutic interventions. The two participants from NGOs were interviewed since they are experts in providing holistic support for sexually abused children.

Okeke and van Wyk (2015) stated that the selection of purposive sampling is grounded on the understanding that selected participants have experience and possess insights on the subject matter or the phenomenon under investigation. Hence, several investigators such as Alase (2017), Smith and Osborn (2015) and Pietkiewicz and Smith (2012) maintained that it is essential for Interpretive Phenomenological Investigation (IPA) researchers to focus on the richness and

depth as opposed to the breadth of the phenomenon. Thus, it is beneficial for the study to have a smaller sample. They further maintained that an IPA study should be planned to have between one and fifteen participants, but the most important aspect is generating a detailed, rich and interpretive account.

This study therefore selected participants from variety of intersectoral stakeholders supporting sexually abused children and ensured that information gathered was rich and provided insights into the phenomenon in order to answer the research question.

4.6.2 Description of Participants

In this study, twelve participants consisting of four teachers, three social workers, two NGOs (consisting of a forensic social worker and an educational psychologist), two clinical psychologists and one intern educational psychologist who worked with learners in the district. Therefore, four teachers, four social workers and four psychologists were selected. All twelve participants agreed to participate in the study, although there was one participant who was reluctant and kept on postponing the appointment and was eventually replaced by another teacher who was also in the SBST. All participants were interviewed individually at their chosen venues. Table 4.1 is a synopsis of the descriptions of all the participants taking part in the research study.

Table 4.1: Overview of participants

Participants	Designation	Ages	Gender	Experience	Qualifications
P1	Educational Psychologist (NGO)	65	Female	12 years	Master's degree in Educational psychology, BEd Honours in Educational Psychology BA degree, Higher diploma in Education and Certificate in Forensic Assessment of Child abuse
P2	Intern Educational Psych	31	Female	2 years	B A Psychology, Honours Degree in ED Psych, Master's degree in Educational Psychology
P3	Teacher	53	Female	27 years	Primary Teachers Diploma, BA degree, BEd in Education Management Law and Policy
P4	Teacher	52	Female	29	Diploma, BA degree Psychology and Education
P5	Social worker	32	Female	6 years	B Social work, Honours and Master's degree in Social development and Policy
P6	Social worker	42	Female	7 years	B degree in Social Work Postgraduate in education (PGC)
P7	Social Worker	27	Female	2 years	B Social Work degree, honours

Participants	Designation	Ages	Gender	Experience	Qualifications
P8	Teacher	47	Female	16 years	BEd Honours degree in Learning Support, Diploma in education ACE special needs
P9	Teacher	53	Female	25 years	BA in Psychology, University Diploma in Education, BEd honours in Educational Psychology
P10	Clinical Psychologist	33	Female	6 years	Master's degree in clinical psychology, BPsych Trauma counselling, Honours in Psychology
P11	Clinical Psychologist	35	Male	10 years	BA degree in Psychology, Honurs and Master's degree in Clinical Psychology
P12	Social worker (NGO)	47	Female	25	B social work, Honours Degree in Social work, Forensic social work certificate

4.7 CONTEXTUAL DESCRIPTION OF THE STUDY

The context of this research study was intersectoral because it involved sectors such as education, health, social development and NGOs. Each sector had its unique context where data was collected from participants. As highlighted by Smith and Osborn (2015), participants commonly feel comfortable in familiar settings. The experiences expressed by intersectoral stakeholders through individual interviews contributed to meaning and understanding of the phenomenon in diverse contexts.

4.7.1 Description of Research Site

The research study took place at four different schools for teachers; the district office for social workers and the intern psychologist; NGO offices; and hospital and clinic for the two clinical psychologists. The sites for the interviews were arranged to be convenient to the participants or according to the vicinity of the participants to save travelling expenses for them. Noon (2018) stated that it is vital to conduct interviews in the presence of only the participant and the researcher to ensure confidentiality and comfortability and to eradicate disruptions as well as contamination of data.

In line with the above statement, teachers' interviews were conducted at their schools after school hours to avoid noise and other interruptions. Other participants were also interviewed at their workplaces as per arrangement with the responsible officials. As suggested by Creswell (2013), it is important for the researcher to conduct investigations in a setting familiar to participants such as places where they live and work to better comprehend participants' meanings. Therefore, participants

were interviewed individually. The different stakeholders honoured the appointments and availed themselves to answer the research questions. Field notes were jotted down during observations at different venues.

4.7.1.1 Gauteng North Education District data collection site

The sites of the schools and district office in Gauteng North Education district were:

- Gauteng North Education district office is situated at Val de Grace in Watermeyer Street, Pretoria. Stakeholders such as social workers and psychologists were selected for this research study due to their involvement in supporting learners experiencing learning barriers in education.
- Two schools were situated in the location called Dark City in Ekangala, in the City of Tshwane Municipality Region 7.
- A farm school was situated in a plot in the eastern area of Tshwane near Baviaanspoort in the City of Tshwane Municipality Region 5.
- The second school was situated in an informal settlement in Donkerhoek area in the City of Tshwane Municipality Region 5.

Gauteng North District predominantly services schools in the rural areas. They are Public Ordinary Schools which cater for Grade R to Grade 7 learners. The language of teaching and learning is IsiNdebele or Zulu or Sepedi and English depending on the community where the school is located. The schools have functional SBSTs which are coordinated by SMT members.

4.7.1.2 Health facility data collection site

A hospital in Bronkhorstspruit in Tshwane Municipality Region 7 and a clinic in Refilwe offer specialised services of occupational therapy, social work, dietary, psychology, psychiatrist and other services. The hospital serviced the surrounding areas such as Bronkhorstspruit, Ekangala, Sokhulumi, Cullinan even areas such as Mamelodi. The clinic catered for Refilwe township, Rayton, Cullinan and sometimes received referrals from the surrounding farms in Wagendrift and Onverwacht. In short, it serviced the greater Cullinan area.

4.7.1.3 NGO data collection site

The NGOs site was a clinic situated in Johannesburg. The clinic serviced the whole of Gauteng including the furthest area such as Bronkhorstspruit and Ekangala since it is the only clinic of its type. It is equipped with trained specialists for supporting victims of CSA.

4.8 DATA COLLECTION METHODS

Data collection methods for this study included individual interviews and field notes captured in a journal. Interviews were audio-taped and transcribed verbatim while field notes were used during observations. Data gathered from intersectoral stakeholders' interviews were captured using audio recordings which were transcribed and processed through sorting and sifting of data. As advised by Sutton and Austin (2015), data which was generated from individual interviews was transcribed verbatim and analysed. Data was collected from participant (intersectoral stakeholders) using research instruments developed from information gathered during literature review.

4.8.1 Individual Interviews Schedule

An interview schedule for this study comprised of open-ended and non-directive questions that were prepared before the commencement of the interview activity (Noon, 2018). An interview schedule was established in this study to ensure that the investigator reflected on what to discuss, detect challenges that might be encountered and identify ways of addressing those difficulties. The researcher prepared a manageable set of questions on an interview schedule (Appendix O) that guided the interview so that there was direction in the line of questioning.

A set of questions was formulated beforehand for teachers, social workers and psychologists in line with each participants' responsibilities and were asked during the interview session. The questions formulated allowed the researcher to explore or probe the participants' responses to get rich, in-depth data. As suggested by Noon (2018), prompting need to be considered in advance before data is collected especially in instances where participants may struggle to express themselves at length or do not understand the questions; then prompting is used to gain insights from the responses. Yüksel and Yildirim (2015) highlighted that the researcher

probes the participants' answers to stimulate further insights and gain clarity on some areas. The interview questions were used to solicit experiences of intersectoral stakeholders who have come into contact with sexually abused children.

Smith and Osborn (2015) advised that the interview schedule does not have to be followed in the order in which it is devised as the interviewer may choose where to start questioning based on what the respondent has expressed, or questions are asked or phrased differently than they appear on the schedule. Noon (2018) agreed that it would be deemed superficial if there was no deviation from the interview schedule when an opportunity arises to collect information of greater depth and to create a knowledgeable and courteous understanding of the respondent's social world. This process allowed the respondents to express or produce more detailed rich data that was significant for the investigation.

4.8.3 Field Notes

Fieldnotes are described as observational written information that screen participants' experiences, connotations and anxieties through the researcher's perspectives (Lönngren, 2021). Hays and Singh (2012) also described field notes as written records created during observational sessions which are iteratively extended and reviewed after observation. Field notes provide a truthful and in-depth written account of field events, supplement audio-taped interviews and permit the investigator to uphold and remark upon impressions, ecological contexts, conduct, and nonverbal gestures that cannot be audio-recorded (Hays & Singh, 2012). Hence, field notes were used as a data collection method as commonly recommended in qualitative investigations for documenting required contextual data (Phillippi & Lauderdale, 2017).

I took brief notes of things that cannot be captured by audio recordings such as nonverbal responses, gestures, reflections and the environments where interviews were conducted. Demographic information was also collected and done on the record that may be provided by participants. Some information was also recorded as the participants were responding to research questions. In this study, field notes were used as a basis for obtaining information on the environment in which intersectoral stakeholders support sexually abused learners' work. After the interview session, I wrote basic field notes of all the sessions in order to give an original and deeper

sense of the observation. I also used field notes in this study as supporting data during the process of analysing and interpretation of data.

4.8.4 Positionality

Positionality in this research study refers to my stance or viewpoint as the researcher in relation to the experiences of intersectoral stakeholders supporting sexually abused learners. I concur with Hausermann and Adomako (2022) that reflection on positionality encourages better understandings of changing aspects in numerous contexts and it leads to more considerate and ethical approaches and data interpretation. Such data was collected through both primary and secondary data. Primary data was obtained from the participants using interviews and field notes whereas secondary data involves the literature review.

4.9 DATA ANALYSIS

Data collected through individual interviews was analysed and interpreted within an interpretive paradigm aiming at describing and realising participants' experiences of supporting sexually abused learners. Okeke and van Wyk (2015) maintained that an Interpretive phenomenological analysis (IPA) investigation is a procedure for analysing data that embraces description of personal experiences, familiarising with texts by reading, coding, categorisation of themes, data organisation, remarking on reflections and presentation of written narrative report. IPA was used in this study for data analysis and interpretation of intersectoral stakeholders' experiences in supporting sexually abused learners in schools. In this way, participants made sense of their experiences and understandings of working with CSA learners and the researcher was able to describe participants' experiences effectively. The researcher chose IPA because it emphasises interpretation of data and seeks to interpret the psychological processes that may underlie participants' experiences while also explaining people's accounts of their experiences in psychological terms (Howitt & Cramer, 2014).

The study focuses on IPA which aims to explore in detail how participants construct their private and social world meanings (Smith and Osborn, 2012). Although, Willig and Rogers (2017) stated that IPA is concerned with detailed examination of individual lived experiences, generally it focuses on distinguishing less and more

important data and identifying which data needs greater emphasis. IPA is largely concerned with systematically obtaining and describing people's subjective experiences of a specific phenomenon and using psychological methods to interpret the meanings that underlie these experiences (Howitt & Cramer, 2014). To sum up, the investigator has knowledge and expertise in the topic of the study which provides a substantial platform for interpreting the respondent's experiences (Sutton & Austin, 2015). IPA is about determining the depth of what a person is saying to accurately understand the world from the participant's viewpoint and not only to present an account of what respondents and their reputation (Sutton & Austin, 2015). For this study, data analysis followed the steps described by James (2014), Smith (2008), and Smith and Osborn (2012). These are the iterative stages to be followed during interpretive phenomenological data analysis.

4.9.1 Preparing and Organising

In this study, the first step followed in data analyses after transcription of interviews was the reading of transcripts as well as listening to the audio recordings and making notes in the margins. The transcripts were read and reread thoroughly several times to understand and become aware of what the participants were articulating and interpreting. This was the preliminary stage where records and notes regarding what was observed were made to enable reflections for initial interpretation. As stated by Noon (2018), it is essential to consider what participants said and how they said it as well as their experiences. This consideration is fundamental in ensuring that a deeper interpretive investigation is produced.

4.9.2 Coding to Establish Themes and Sub-themes

After the preliminary reading stage, the second step was going back to the beginning of the transcripts and starting with the coding process of identifying, categorising and recording or capturing the emerging themes in the right-hand margin. Sutton and Austin (2015) defined coding as the identification of topics, matters, similarities, and differences in the respondents' descriptions which are interpreted by the investigator. Thus, the procedure empowers the investigator to comprehend the world from each respondent's viewpoint.

The initial notes were converted into brief phrases or words to grasp the essential nuances of what was contained in the transcript. Then, the process of converting initial notes into themes was done through the entire text; themes were categorised according to headings and comparable or recurrent emerging themes were classified under the allocated theme title. Smith and Osborn (2012) recommended that psychological terminology should be used as well as terminology of high quality which is underpinned by theoretical influences but remains grounded in the particularity of the phenomenon being investigated.

4.9.3 Clustering of Themes

In this third stage, a list of themes was created in a reasonably well-organised table format and divided into sub-themes and superordinate themes where clusters of codes were identified and assigned a heading or title under a theme. Theming is defined as a process of drawing codes together from texts to present the outcomes of a qualitative study in an articulate and meaningful way (Sutton & Austin, 2015). In this IPA study, the procedure of thematic examination as a mode of discovering and understanding the respondents' sensitivities was employed.

In this stage, some themes were grouped to form clusters of ideas that shared connotations or references, although others were characterised by hierarchical associations with one another (Sutton & Austin, 2015). Some themes that were not suitable or were not rich or detailed had to be dropped (Smith & Osborn, 2012).

4.9.4 Data Analysis and Interpretation

This is the fourth stage of data analysis where a summary or master table of the identified organised themes was constructed. Connections among ordered themes which capture the quality of the participants' experiences of the phenomenon under investigation were observed. The organised themes were decoded into an interpretive account of respondents' experiences and descriptions. Smith and Osborn (2015) advised that as the researcher attempts to understand the connections among developing themes, a more investigative or theoretical ordering is required.

The agreements and disagreements amongst the interview participants and between the literature review and respondents were used to determine findings of the study

(North, 2015). Where some of the themes produced in the two previous stages were deemed to be not well-represented in the transcript or were insignificant or were irrelevant to the phenomenon, the data was left out (Sutton & Austin, 2015). Furthermore, data analysis was used in the identification of themes, thematic coding and reduction for sorting or organising of the data gathered.

4.9.5 Integration of Cases

Stage 5 is the phase where the subsequent texts and the previous process on the new case was worked on. The process includes reading and re-reading the texts, coding and establishing themes and sub-themes, clustering of themes in table form, finally producing the master table or summary of themes for all the cases not a single case. Cases were addressed individually while comparing and identifying what was new and what was different from the prior transcripts. Smith and Osborn (2012) suggested that in the integration stage, it is important for the researcher to be disciplined to determine repeating patterns as well as convergences and divergences in the data as one works through all the transcripts. The initial phase of the planned process was familiarisation which involved detailed reading and re-reading of the transcripts verbatim. Field notes were linked to transcripts to add to the understanding of the circumstances around the data investigation.

4.9.6 Presenting the Data

This is the last stage where data was presented in a description or narrative discussion. It took a form of a final table of themes where supporting extracts from the texts were cited after analysis. In this stage, themes were translated into a narrative explanation while searching for patterns across cases such as contradictions, similarities, differences and understanding meanings of themes in a qualitative investigation (James, 2014; Smith, 2012). In summary, richer themes were prioritised that were relevant to the phenomenon being investigated and excluded themes that were not appropriate.

4.10 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness in this qualitative study refers to the enquiry of whether the findings obtained through investigation could be trusted or not. Forero et al. (2018) presented the strict criteria for trustworthy qualitative research such as credibility, confirmability,

transferability and dependability as measures to warrant trustworthiness. Creswell (2014) concurred that a qualitative researcher ensures the accuracy of the findings by ensuring that the criteria for trustworthiness are met. The dependability of qualitative enquiry signifies the trustworthiness of the data clarification ensuring that the findings deliver essential conclusions gained through proper application of the research method (Yüksel & Yildirim, 2015).

4.10.1 Credibility

Credibility is described as a way of establishing confidence that the research outcomes from participants' original perspective can be regarded as correct, credible or trustworthy (Lincoln & Guba, 2011 as cited in Korstjens & Moser, 2018, p.121). Therefore, credibility concentrates or converges on establishing confidence in the findings on the experiences of intersectoral stakeholders in supporting sexually abused children. For the intensification of data credibility, triangulation from several data sources was used.

Ttriangulation of information from numerous participants was used to authenticate a person's perspectives and experiences against others to create a rich picture of the attitudes (Guba as cited in Shenton, 2004, p.6; Creswell, 2014). Contextual triangulation is the collection of data from participants at different sites or organisations and serves as a test for cross-site consistency (Lincoln & Guba as cited in Korstjens & Moser, 2018, p 121; Guba as cited in Shenton, 2004, p. 66). In this study, four sets of participants comprising of social workers, teachers (SBST members), psychologists and forensic psychologists were interviewed to obtain their viewpoints and experiences on supporting learners who were sexually abused in schools.

4.10.2 Transferability

Transferability can be achieved through a rich, thick description of participants and the study procedure which allows the reader to judge whether the findings of the study are transferable or applicable to their own situation, other settings, persons or samples (Lincoln & Guba as cited in Korstjens & Moser, 2018, p.121). Lincoln and Guba as cited in Shenton, 2004, p.69) also stated that it depends on the degree at which the results of the research can be applied to another setting. Yüksel and

Yildirim (2015) agreed that generalisability (a quantitative term) can be equated with transferability of the study outcomes to other backgrounds and situations.

Forero et al. (2018) concurred that transferability or generalisation is a demonstration that the investigation outcome can be generalised to other backgrounds. In contrast with the above, it is important to note that although qualitative research findings are mostly less generalisable to certain settings, inhabitants and time, phenomenological research aims to attain a thick in-depth description of a particular group's experiences (Yüksel & Yildirim, 2015) Therefore, the thick descriptions of the study obtained, and the findings of the investigation are limited to Gauteng North Education District as explained in Section 1.11: the delimitation of the field of study. This is supported by Sutton and Austin (2015) who clarified that it is not the purpose of qualitative research to generalise the findings of the study to a wider population, and that it is also not a limitation.

4.10.3 Dependability

Dependability of the data is ensured through a precise transcription of the interviews to evaluate the accuracy and to establish if the findings and interpretations are supported by the data. The researcher outlined how the process followed would ensure dependability. The process included drafting a research proposal and getting approval from the faculty to continue with the study. The approval was in the form of ethics clearance certificate (Appendix A). The process involved development of data collection instrument, the use of recorded interviews and transcripts and the use of data analysis to determine the findings. The research also ensured that all interview participants gave consent (Appendices L and M) and that permission from different selected sites is given (Appendices B–K). All processes followed including any changes in the research study were documented as required. The data analysis embraced identification of themes and thematic coding as well as compression, categorisation or ordering the data gathered.

4.10.4 Confirmability

Confirmability involves the principle of neutrality through which the researcher's biasness was clarified in this study. All documents including the raw data, field notes and data analysis were availed to ensure confirmability. In this way, the findings that

emerged from data collection and analyses of the participants' perceptions were captured in a transcript and all literature used was referenced. As guided by Guba as cited in Shenton (2004, p.66), and Korstjens and Moser (2018) who described confirmability as a degree of neutrality, this study was designed in such a way that neutrality was maintained by collecting data from other educational psychologists and ensuring that findings of the study were not affected by the researcher's biasness but were grounded on data.

As indicated, confirmability includes the principle of neutrality. Korstjens and Moser (2018) added that researchers should secure the inter-subjectivity of information, meaning that interpretation ought to be constructed on the participants' experiences and viewpoints of data collected. Forero et al. (2018) suggested that in evaluating the confirmability as well as credibility of the research findings, the four triangulation processes, namely, methodology, data sources, context, and theory should be considered.

4.10.5 Member checking

Member checking was used to determine the correctness of the qualitative findings of the study. Each follow-up interview was done telephonically with participants, where the major outcomes, themes, analyses, and interpretation were discussed with the participants who were asked to remark on the research outcomes. The process of taking back data, themes, interpretations, analytical sorting, and deductions to participants where data was originally attained, reinforced data for the researcher and participants to view data differently (Korstjens & Moser, 2018).

4.10.6 Reflexivity

Reflexivity is the process of critical self-reflection on the researcher's own opinions, thoughts and preferences about the world and how own experiences influence data collected and interpretations of the investigation (Attah, 2016). It is therefore important for a qualitative researcher to be self-aware and reflexive about their own role during data collection, analysis, interpretation, and includes the reflexive notes of the researcher's subjective responses and their relationship with the participants (Korstjens & Moser, 2018). Therefore, reflexivity can be seen as a researcher's

mirror, where the value and the quality of the collected data can be determined through self-reflection.

4.11 ETHICAL CONSIDERATIONS

Creswell (2014) maintained that it is essential for researchers to gain entry to the research locations by requesting permission from gatekeepers who are responsible for granting approval at the site to let the research be conducted. For this study, permission was requested from different sectors including DBE (Appendix B and D), DSD (Appendix G), DoH (Appendix H) and NGOs (Appendix J). Letters were written to principals as gatekeepers of schools to request permission to conduct research at their site. Individual participants also received letters inviting them to participate in the research study (Appendix L) as well as signing of consent letters (Appendix M) and appointments were scheduled with individual participants.

The research ethical issues were taken into consideration and all participants were regarded as important and with positive regard, honesty and respect. This was carefully done with the aim of protecting individuals who participated in the research study. As guided by Wellman et al. (2012), the general principles of ethical consideration involve taking actions that no harm should be done and individuals should participate freely. The following aspects of ethical consideration were addressed.

4.11.1 Informed Consent and Voluntary Participation

Participants were informed about the research investigation, explaining to them that participation was entirely voluntarily, and that they had the freedom to refuse or withdraw their participation from the study at any time. Furthermore, the researcher ensured that the informed consent was given by a competent person: teachers, social workers and psychologists were selected to participate since they were regarded as a mature, responsible, and competent target group for the enquiry.

4.11.2 Anonymity, Confidentiality and Privacy

Anonymity refers to hiding and obscuring the identity of the research participants in all documents so that information cannot be traced back to any individual, while confidentiality means that data provided cannot be accessed by unauthorised people

without the participants' permission (McCrann, 2017). To ensure confidentiality, the researcher explained to participants right from the beginning about confidentiality issues. This means that the information provided would remain under the control and in the possession of the researcher at all times. In this study, the researcher ensured that data as well as identity of participants was kept confidential to protect them. Anonymity in research involves avoiding mentioning identifiable information about participants (Flick, 2014). For this purpose, codes were used in this study to protect the identity of the participants. Furthermore, all data collected and identifying details from participants were kept private and were not divulged to other people.

4.11.3 Protection of Individuals Rights.

The rights and interest of the participants were protected and respected in this study. Hence, participants were informed about their rights before the commencement of the interview sessions. Participants understood the right to participate in their language of preference to express themselves with ease and without restrictions. Participants were also alerted that participation in this study was voluntary, and they had the right to pull out or refuse participation without penalties for the action.

4.11.4 Harm or Risk and Benefits

In the study, the researcher minimised the risk when collecting data by protecting research participants throughout the research enquiry. Participants were not exposed to physical harm or injuries and no discomfort was anticipated. Participants were alerted that should any distress be experienced; they should instantly notify the researcher who would organise for suitable referral such as therapy. Rule (2017) maintained that even if the study did not expose participants to any physical pain, discomfort, or injury, psychological harm might be experienced by participants because there was disclosure of sensitive data during their participation. Participants were made aware that they were free to withdraw from the study at any time when they felt uncomfortable even after signing the consent form.

Research participants were also informed about the risks and benefit of the study, although no risks were anticipated. It is always deemed important for the researcher to maintain the privacy and confidentiality of participants' information. There are expected benefits from the research study such as enhancement and clarification of

existing knowledge to teachers, social workers, psychologists, and other stakeholders working with sexually abused learners. Another benefit of this study will be improved support for sexually abused children from different stakeholders. Rule 2017) concludes by indicating that it is imperative that the predicted advantages of the study surpass any probable risks of partaking.

4.11.5 Data Storage and Management

The researcher is the manager of data in the research study and is responsible for securing and storing the electronic research information in a computer with password protected system regularly updated with an antivirus protection. The electronic data will also be backed-up in case there is damage or theft of the hardware. The manual data such as recordings and hard copies will be stored in a protected, locked filling cabinet for five years in the even that anything needs to be checked by the awarding institution, Unisa. Alase (2017) advised IPA researchers to delete video, audio-recorded data after transcription as a way of protecting of participants' data. Sutton and Austin (2015) added that field notes even if they are not formal, still need to be preserved and secured in the same way as the audio recordings and transcripts since they hold sensitive data which is pertinent to the research study.

4.12 CHAPTER SUMMARY

Chapter 4 provided an overview of the research paradigm, design, approaches, methodologies, that were used including sampling, data collection, analysis and interpretation. The other topics covered in the chapter include trustworthiness measures and ethical considerations. The discussions were centered around a qualitative approach which used interviews, field notes and literature study as primary sources of data. A phenomenological research design informed data collection, data analysis and interpretation of the interviews data, field notes and observation information gathered during the investigation process. Finally, data collected from interviews was transcribed, coded, interpreted and triangulated with observations and other researchers' views from the literature study. The findings or the outcomes from the study are presented in the next chapter.

CHAPTER 5

DATA PRESENTATION, ANALYSIS AND DISCUSSION

5.1 INTRODUCTION

Chapter 5 presents the analysis and interpretation of data collected from interview paricipants as discussed in the previous chapter. Smith and Osborn (2012) indicated that the aim of data analysis is to explore in detail how respondents construct their private and social world meanings. In this study, the analysis of the social world meaning refers to the experiences of interview participants in the environment they are working in to provide support to learners who are sexually abused. Themes and sub-themes that emerged from the semi-structured interviews explained in Chapter 4 were analysed and compared with literature review as discussed in Chapters 2 and 3. Furthermore, the chapter presents reflections contained in field notes. As indicated in Chapter 4, the method used for analysis was Interpretive Phenomenological Analysis.

5.2. FRAMEWORK FOR DISCUSSING COLLECTED DATA

In the next section, the key aspects for interpreting findings from the interviews is presented (See table 5:1). It is followed by a summary of themes and sub-themes that emerged from the study (See Table 5.2).

Table 5.1:

Abbreviations used for interpreting findings from the interviews

Abbreviations used in the data analysis
P: Participants
P1-12: Individual Participants
For example, P1 will refer to: Participant 1

5.3 THEMES EMERGING FROM THE INTERVIEWS

Table 5.2: Identified themes and sub-themes

Theme	Sub-theme
1. Extensive nature of CSA	• High incidences of sexual abuse cases • Disclosure and reporting of CSA • Exposure to sexual exploitation and explicit sexual material
2. Experiences in dealing with complexities and sensitive nature of child sexual abuse	• Dealing with incidences of false allegations • Maintaining confidentiality • Addressing intrafamilial CSA.
3. Manifestation of negative effects resulting from dealing with CSA	• Burnout for supporting sexually abused learners • Vicarious trauma (VT) • Secondary traumatisation
4. Challenges to providing effective support to CSA victims	• Cultural and language diversity barriers • Shortages of forensic specialists • Unsupportive behaviour and attitude by intersectoral stakeholders • Insufficient or unavailability of witnesses • Restrictions in scope of practice • Trial before therapy
5. Multidisciplinary strategies used to support sexually abused learners	• Psychosocial Support through therapeutic interventions • Trauma debriefing sessions • Forensic assessments and Court Preparedness • School-based Support (SBST)
6. Suggested interventions for effective support to sexually abused learners	• Strengthen the referral systems for sexually abused children • Supporting sexually abused children through therapeutic intervention • Getting positive feedback from other intersectoral stakeholders • Creating awareness campaigns of CSA • Preventative programmes for secondary traumatisation, revictimisation and building of resilience • The need to equip, develop and empower intersectoral stakeholders to effectively support sexually abused children

Using the concept of congruence and incongruence, the responses of interview participants were grouped together to form themes. According to North (2015), congruence refers to alignment or overlap of one or more components while

incongruence refers to misaligned or little overlap components. In this study, the congruent or overlapping aspects refer to interviewee responses that are similar while incongruent refer to dissimilar responses. An analysis of participants' responses with selected extracts is presented below.

5.3.1 Extensive Nature of Child Sexual Abuse

The interviewed participants remarked on the extensive nature of child sexual abuse. Their responses were centred on the high prevalence of CSA, disclosure and under-reporting, exposure to sexual exploitation and sexual grooming.

The view of extensive nature of CSA was supported by several studies that CSA incidences occur worldwide with divergent definitions and procedures followed contributing to the difficulty of obtaining global prevalence data. However, with the information from different sources such as research studies, media, and reports from different organisations, indicates that that phenomenon is not declining but growing on a daily basis. It is very important for researchers to be aware of the under-reporting matter during the deliberations on the prevalence, nature and extent of child sexual abuse.

5.3.1.1 High incidences of CSA

The first factor experienced by intersectoral stakeholders on the extensive nature of CSA is the high incidence of sexual abuse. Most of the participants mentioned that the incidences of CSA are very high. Social workers' participants stressed that it is happening every day as they encounter new CSA cases on a daily basis. While there was congruence among the nine participants on the high incidence of CSA, three participants seem to disagree and stated that the rate of CSA is not prevalent at their workplaces.

P11 said:

> "I definitely get these cases at least two or three per month when it is children but, you must just maybe specify if it is adolescence or primary school children, because the primary school kids I get very few of those cases, maybe one in two, three months. Adolescence between ages twelve,

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eighteen, I get maybe two or three in a month, and then obviously the adult cases who experienced childhood sexual abuse provides a different picture."

P1 supported the notion of high incidence of sexual abuse by saying:

"The assessments that I do, I go to the clinic once a week, and in a week, I see four to five victims for sexual abuse. Yes, it's less children and mostly adult who are mentally challenged. So, if we talk about prevalence, it's high if you include children and the mentally challenged adults."

P5 stated:

"Two months do not go by without a rape case being reported. So, it's really that serious, in fact two months is a very long time, a month, like there's always going to be a rape case which is very sad because it's not a very large community. But it happens quite a lot, we have a very high prevalence of these type of cases."

In addition, P6 said:

"I can say per month I get three to four sexual abuse cases. And some of them it's one of those suspicious, they are already reported you just have to go on with the counselling with the child and that would be it."

P12 said:

"We deal with these cases on a daily basis. Every day we receive referrals. Hence our clinic is still operating, so this year we are 33 years in operation, so we thought by this time, this clinic won't exist because we are fighting this sexual abuse. But because it's still existing, it means, we still have lot of children that are still abused."

Although most of the participants mentioned the high incidence of sexual abuse, only three participants presented incongruent views as the responses that follows indicate. P10 commented:

"I don't think I can even count the number of cases on my hand, that were presented at my office. Very few children come to my office for therapy so to my knowledge and in the line of my work it is not prevalent."

The incongruence view was also confirmed by P3 who said:

> "*Child sexual abuse does not happen often. It happens after a long time and sometimes they are playing, so it's minimal, yeah, it's not happening frequently.*"

P4 also stated:

> "*It doesn't happen that often, maybe in a year we get one or two. Those that come to our attention and they are dealt with.*"

The nature of participants' work determines the extent of their exposure to CSA. Most of the participants who noted high incidences of CSA included teachers, social workers and a clinical and educational psychologist with responsibility to identify and support CSA. In relation to the participants with incongruent views, P10 who is a clinical psychologist and had six or five years of experience said:

> "*I did not attend to open cases due to the risk of contaminating the evidence of the cases*".

P3 had more than twenty-five years of experience in teaching and indicated:

> "*I am new in the SBST coordinating role and have experienced that there were some cases that teachers are not aware of*".

The sentiment that teachers do not know about sexual abuse cases was also mentioned by P4.

The views expressed by most participants who agreed on the prevalence of CSA were supported by Bougard and Booysen (2015) (Section 2.2) who stated that South Africa is stereotypically acknowledged for high incidences of both single and gang rape cases of child sexual exploitation and thus was considered as the "rape capital of the world". The experiences of participants on the high incidence of CSA was also supported by the notion of gender-based violence which has been declared as a pandemic in South Africa with child rape as part of the classification. This means that the risk of CSA is still high for learners and intersectoral stakeholders still have a huge challenge to address in the field of CSA.

5.3.1.2 Disclosure and reporting of child sexual abuse incidences

The second factor of the extensive nature of CSA experienced by intersectoral stakeholders relates to disclosure and reporting. Burbridge-James (2018) (Section 2.4.3) maintained that disclosure is a process, not a once-off event, and it needs to be facilitated by a professional in a trusting relationship. Some of the participants interviewed commented that children do not voluntarily disclose that they have been violated and are reluctant to report that they have been sexually abused. The interview participants also highlighted late or delayed disclosure of CSA cases.

Almost all participants presented similar views about disclosure and reporting of CSA incidences. The views were mostly advanced by P1, P2, P3, P4, P5, P9 and P11. Although they agreed with the need for disclosure, they, nevertheless, advanced the incongruent views that some circumstances supported non-disclosure of CSA.

Some of the participants' views of disclosure at schools include P1 who stated*:*

> *"A child can go to any teacher to disclose, if a child likes you, whether you are a business economics teacher or any subject teacher, the child can come to you and disclose."*

P3 indicated:

> *"We encourage learners that if they are scared of their class teacher, they can go to any teacher whom they feel free to discuss their problem."*

P4 mentioned:

> *"Learners come to us as teachers with a hearsay, then we have to dig, to find the truth sometimes we find the parents not being able to disclose the matter to the school."*

Advancing the notion of late disclosure by victims, P2 said:

> *"We find much later that the child was sexually abused in grade 1, we only discover this when they are in high school, when they actually realise that this is very wrong."*

P11 added:

> *"Sometimes I do get adult cases of victims that were sexually abused when they were younger. They didn't feel comfortable to disclose to some adults or guardian when they were little."*

P5 also concurred:

> *"Then you find children especially in primary schools, can't really open up about the case, they don't want to speak about it, they are hurting that much and even when you take them to the police and you want to open a case, they don't want to disclose what really happened."*

To be gathered from this theme is that disclosure and reporting of CSA seem difficult and complex for both victims (children) and parents. Hence, parents often withhold the information for various reasons while children find it difficult to tell adults and some repress the information until they become adults. Hence, it emerged from this study that providing support becomes difficult.

Literature supports the views as expressed by participants. For instance, Pandey and Reddy (2019) (Section 2.7.4) indicated that there are many childhood cases of CSA that are not disclosed, until adulthood. They also added that late disclosure of CSA cases is not a rare thing. It is interesting to note that participants such as teachers mentioned that they had to dig for the truth about CSA despite the guidelines of their roles as stipulated in the Handbook for Managing and Reporting Sexual Abuse and Harassment in Schools which limits their role to identification and reporting. Shepherd and Linn (2015) (Section 2.5.1) as well as Mathews (2011) (Section 2.5.1) stated that it is mandatory for teachers to report CSA or suspicion and therefore, they play a major role in child protection and have legal, ethical and moral responsibilities that need to be fulfilled.

The first reason fueling the non-disclosure and reporting of CSA is the vulnerability of victims in terms of age and mental disabilities. This makes it difficult for the victims to report sexual violation as they are young and children with mental disabilities sometimes do not understand what happened. Participants who worked with this vulnerable group remarked that this is a common phenomenon. The following comments were made by participants to support the notion of age and mental capacity of the victims as a reason for not disclosing and reporting the violations.

The second reason for not disclosing sexual violation by children was power relations between victims and perpetrators. For example, if the child or even the whole family were dependent on the perpetrator for survival, disclosure was not always possible. Some of the participants stressed that the victims' mothers did not believe their children and dismissed or rejected what their children were reporting for reasons such as protection of her partner for financial dependency, fear of humiliation, fear of being alone and community sensitivities. However, they were unaware that the impact of keeping the abuse a secret was more damaging to their children.

Although other participants commented on the reason of non-disclosure of sexual violation, P9 summed up nicely by saying:

> *"If a mother is not working and has got a boyfriend or a husband who is working and is the breadwinner in the family, and when such things happen, the mother obviously is going to protect the father."*

The third reason is the competency of intersectoral stakeholders of CSA to inspire children to know about the abuse and have courage to report violations when they happen. Intersectoral stakeholders of CSA such as teachers, parents and learners even community members at times do not know what to do, where to go or how to deal with sexual abuse cases. P9 stated:

> "*We tend to focus on other things and forget to empower our learners on the issues of sexual abuse."*

The fourth reason for non-disclosure relates to fear, threats and bribes. It has been gathered from the responses of participants that fear, threats, shame, rewards and bribes are also risk factors in CSA non-disclosure. Fear of reporting incidences of

sexual abuse could be due to threats by the perpetrators or their associates. Participants' responses also revealed that learners were often threatened with hurt, harm, or even death whereas other learners were bribed or rewarded for keeping quiet or for being secretive about the sexual abuse. This view is summed up nicely by P7 who said:

> *"These people* [perpetrators] *are the manipulators, remember, they try to give learners some sweets or money to say, don't report to the people or whoever. Our role is to educate learners that reporting is very important, because if we don't report about this situation, it will continue and results into trauma also making the life of the victim difficult to cope. So, in this sense, we are educating them to report to the teachers, parents or to the people whom they know and trust."*

What is gathered from these views is that since the disclosure is hindered due to threats and fear, it implies that there are many cases which are not reported; hence, the participants were worried about the high incidences of CSA.

The above is supported by Herbst and Reitsma (2016) (Section 2.7.3) indicating that children who are sexually abused experienced intense overwhelmed fear due to inability to protect or defend themselves from sexual violation. Martin (2015) (Section 2.7.4) observed that it is not easy for sexual abuse victims to open up about the abuse; hence, most of them do not disclose because they fear rejection or disbelief. This view is supported by Spies (2016) (Section 2.4.4) who said that sexually abused children and their families did not disclose the abuse due to threats, blackmail, bribes and even fear for the victim and those close to the child into keeping quiet about the ordeal. Therefore, this contributed to the culture of silence.

5.3.1.3 Exposure to sexual exploitation and explicit sexual material

The third factor on the extensive nature of CSA relates to exposure to sexual exploitation and explicit sexual material. Some of the participants indicated that children who underwent intervention processes revealed that they were exposed to sexual exploitation of others, siblings or family members. Participants remarked that some children viewed sexual exploitation as a normal part of life to such an extent

that they played with other children using sexual games. This view was expressed by P8, P9, P2 and P11. To emphasise the point, P8 stated:

"*Even these kids do sexual activity among themselves because it's something that is done to them, so they continue with sexual exploitation of other children.*"

Participants expressed that most learners were exposed to explicit sexual material in their homes and in other places due to contextual factors such as substance abuse, overcrowding or lack of enough space and unsupervised access to technology. It also came out from their responses that those children portrayed such behaviour with other children even in their drawings, play and their speeches. The view of exposure to explicit sexual material was pointed out by P1, P4 and P9. P1 indicated that:

"*Some children are exposed to sexual activities because of the sleeping arrangements at certain places where the people stay in one shack and the children sleep on the floor.*"

P9 further supported the view by stating:

"*Some parents when under the influence of substances (alcohol and drugs) they perform sexual activities that are not supposed to be done in front of their children.*"

P9 also stated

"*The media is a very big problem especially television because it shows intimate scenes where two people performing sexual activity in front of our children.*"

The above view is supported by Mollamahmutoglu et al. (2014) (Section 1.2.1) who stated that children of all ages may suffer sexual exploitation. According to Jamieson et al. (2017) (Section 1.2). the damage of child exploitation went beyond physical damages and visible scars: it had a great impact on a child's psychological, emotional, social and cognitive wellbeing. Mabade (2013) (Section 2.2) supported this view stating that in some households, parents and children shared or slept in the same room and, as a result, children saw all the sexual activities and found it easy

and interesting to practice what they saw. In this regard, Martin (2015) and McCoy and Keen (2014) (Section 2.8.8) concurred that the internet had created more chances for sexual exploitation and the availability of sexual abuse pictures of children online.

The expansion in technology and digital electronic devices had increased exposure of children to pornography; with paedophiles enticing children to meet with them by pretending as friends in children's social links (Attah, 2016; Conte, 2014) (Section 2.8). The extensive nature of child abuse is therefore supported by the high incidences, reasons for non-disclosure and exposure to sexual exploitation and explicit sexual materials.

5.3.2 Experiences in Dealing with Complexities and Sensitive Nature of CSA

The study revealed that supporting sexually abused learners is a complex phenomenon. Participants highlighted that CSA is a difficult and sensitive topic to deal with; it is characterised by incidences of false allegations from victims; it presents situations that compromise the maintenance of confidentiality and addressing intrafamilial relationships added to the complexity. Hence, intersectoral stakeholders supporting CSA victims experienced vicarious trauma and secondary traumatisation as a form of burnout. Selected extracts to support the findings are presented below verbatim and cross-referenced to the literature.

Seven participants commented on the complexity of dealing with the sensitive nature of CSA. P9 expressed words such as

"*CSA is a very sensitive situation and difficult to deal with.*"

These words were echoed by P3, P4, P5, P7 and P8. Although P6 supported the view of CSA being sensitive, she added that victims usually do not voluntarily talk about it. This shows an instance of congruency in the seven participants relating to the complexity of dealing with CSA.

P11 who is a clinical psychologist acknowledged that the situation is difficult because the victims are hurt and sometimes are not willing to share their experience. It is the clinical psychologist's professional role to help victims voice their sexual abuse

experiences irrespective of the sensitive nature. To some degree, P11, P12 and P1 showed incongruence with the other seven participants discussed in the previous paragraph.

P11 was of the view that clinical psychologists are trained to assist victims to come to terms with the effects of CSA. This incongruent view was also expressed by P12, a forensic social worker, who said:

> "Although *it's not easy to deal with child trauma, you can't say no because you want to see the victim healing and smiling again."*

P1 who was a forensic psychologist viewed sexual abuse as a specialised area, a space of pain, confusion and guilt that was the focus of her work on daily basis.

P10 and P2 were silent on the issues of complexity and sensitive nature of CSA. P2 was an intern psychologist while P10 was a clinical psychologist who indicated that in most cases they did not attend to CSA which were still open legal cases. The responses on the complexities and sensitive nature of CSA by P3, P4, P5, P6, P7, P8, P9 are similar to a study conducted by Muridzo et al. (2018) (Section 2.4) that investigated the challenges faced by professionals who work with victims of CSA. The study found that CSA is a sensitive, specialised phenomenon with unusual medical, social, and mental impacts on the child victim and their families.

The congruence and incongruence in Theme 1 focusing on experiences in dealing with complexities and the sensitive nature of CSA is manifested in the nature of the work of the participants. Those that advanced similar views were four educators and three school-based social workers. Those that advanced incongruent views were three specialists who work with CSA victims such as the educational psychologist trained to do forensic work, the forensic social worker and the clinical psychologist. The two neutral respondents had limited experience in dealing with CSA

5.3.2.1 Dealing with incidences of false allegations

One of the factors in dealing with complexities and sensitive nature of CSA is the incidences of false allegation. Three participants commented on the incidences of false allegation.

P1 was of the view that it was difficult to arrest the perpetrator because victims of CSA sometimes changed their statements which created a contradiction, by stating:

> "*When the police officer went for the arrest* [of the perpetrator], *the child now starts crying and say, it's not the person that I've said, it's that one. So now, it's somebody else, it's within the family, it's that person.*"

P2 said that the cases they worked on drifted in the air because sometimes it is confirmed that the child who reported abuse was lying. The exact words of P2 were:

> "*In one of my cases, it turned out that the child was lying about the sexual abuse. She was never sexually abused, she actually had (consensual) sex and when the parents found out then she cried out foul by saying she was raped.*"

It was, therefore, difficult to deal with a statutory rape because the child seem to have agreed with the perpetrator which is mostly a police case. P2 said:

> "*How do you deal with rape cases where children under the age of 18 say it is consensual?*"

P6 also supported the view that children sometimes lied that they had been sexually abused. During the interview P6 said:

> "*When you probe, you realise they are lying due to the influence of their parents. … You'll find that they were influenced by their parents, you find that in a family situation there is chaos at home, and they were influenced by one parent to go and report and say they were raped, but then as time goes on you find that there was nothing like that.*"

In both the field notes and literature, it was observed that false allegations were a waste of time and resources. However, intersectoral stakeholders cannot refuse to provide services to such learners even if they are lying. Such incidences need to be handled with care and sensitivity.

The views regarding children making false allegations were supported by Cyr and Bruneau (2012) (Section 2.4.2) who investigated false allegations of CSA and found that children's personal characteristics and needs, divorce, parental influence or

allegations by parents were factors that lead to false allegations. In the same study, it was also discussed that children sometimes lied about sexual abuse for various reasons including factors such as fear, threats, rewards, attention, anger, approval, revenge, coercion, disbelief, or misunderstanding. Hence, Lubaale (2016) (Section 2.4.2) cautioned intersectoral stakeholders supporting CSA victims to bear in mind that at times child sexual abuse allegations might not be the truth even if a child victim seemed honest and trustworthy.

False allegations are a serious challenge as it is a waste of time, resources and hinders CSA intervention. In some instances, the child's lie could be a sign of needing attention or support. Intersectoral stakeholders should, therefore, be willing to provide support to CSA survivors and those who tell lies about the CSA ordeal.

5.3.2.2 Maintenance of confidentiality

The second factor in dealing with complexities and sensitive nature of CSA is the maintenance of confidentiality. The complications are caused by the ethical requirements and legal obligations to disclose the CSA information. According to Beck et al. (2016), confidentiality relates to the person's right to the safeguarding of their personal information when storing, transferring, and using that data, to avoid unlawful disclosure to third parties. This is supported by Burbridge-James (2018) (Section 2.4.3) who stressed that confidentiality is the conflict faced by doctors, psychiatrists and psychotherapists stakeholders with mandatory reporting since confidentiality is essential for patients to trust doctors with their privacy.

Most of the interview participants were in congruence that maintaining confidentiality when supporting learners who were sexually abused is important by showing awareness of the mandatory ethical aspect when dealing with CSA cases. However, four participants were incongruent by focusing on the limitation of confidentiality especially in forensic cases. They expressed their views as follows:

P5 stated:

> *"I know I should treat this with sensitivity as well and, confidentiality, you know, because not everybody has the child's best interest. This should be private to protect this child."*

In agreement with this, P6 had this to say:

> *"The first thing is just a matter of confidentiality it is very important and to let the child know that I will respect the confidentiality."*

The importance of confidentiality was also supported by P11 who said:

> *"When it's a therapeutic process, confidentiality is essential for the process because, how can you work if a person is not comfortable and free that their information will be protected."*

P9 said:

> "*First is to make sure that we keep what children told us, a secret, and we make sure that we treat them well, we do not treat them differently so that other learners can even pick up that they've been violated."*

This was supported by P8 who said:

> "*I also know how to deal with confidentiality and how to handle some of the things, not go around and say that girl over there she was raped".*

P1 also stated:

> "*Many children trust teachers. For teachers to talk about their abuse in the corridors or in front of other children is not acceptable".*

Regarding the limitation of confidentiality some participants were not in agreement and therefore were categorised as having incongruence views. For example, P2 encountered discouragement of confidentiality at a clinic as expressed in the following statement:

> "*You sit in a queue. The next thing the nurse shouts in the presence of other patients that 'oh no! I quickly need to examine this child who was sexually abused'."*

Both P11 and P12 expressed the incongruent notion on the importance of maintaining confidentiality

P11 said:

"*When you do forensic assessment with the patient for a start, there is no confidentiality. There is limited confidentiality which you need explained to the patient. You say you were referred by court; this is the purpose of our session together and this will be the outcome, and there will be a formal report sent to a lawyer or a judge or prosecutor and, and we will have a limited confidentiality.*"

P12 said:

"*In forensic cases we write the reports for the courts, we don't keep the information to ourselves. Confidentiality applies in that the report that we are writing is not given to anyone except the court. It's the court that can give to the other parties which then breaks the requirements of confidentiality.*"

What was observed from the field notes captured from observing two participants, was that the environment was not conducive to maintaining confidentiality. For example, I could see learners' portfolios left on top of the table and this indicated that learners' confidential information was not protected. Secondly, the interview was conducted after school at 15h00 when there were learners who were still playing soccer at school. When they came back, they became aware that there were people in the office, and they came and opened the door and greeted. That is another point indicating the invasion of privacy; it is an indication that during learner support sessions such a behaviour or interruptions could be happening in the school.

Noroozi et al. (2018) (Section 2.4.3) supported the congruence notion presented by participants by highlighting that confidentiality is an obligation constructed on virtue ethics similar to healthcare settings where a patient's information should be kept confidential in professional relationship. Dayal et al. (2018) (Section 2.4.3) emphasised that the upholding of private information, is done in order to protect CSA victims from conceivable injury, disgrace, and vengeance from the perpetrator. Dayal et al. (2018) (Section 2.4.3) further explained that there are complexities concerning confidentiality in the sense that breaching the child's confidentiality is unethical and not reporting CSA is unlawful.

The major contradiction or complexity of confidentiality occurs when CSA disclosure is legally required which means that the ethics of confidentiality must be breached or

broken. It becomes difficult or complicated for intersectoral stakeholders when CSA has to be disclosed especially during forensic proceedings.

The views expressed by some participants in line with Dayal et al. (2018) (Section 2.4.3) suggested that there is an ethical dilemma of protecting the sexually abused child's confidentiality and rights, but there could be a legal obligation to disclose information to a court of law. This is also complicated by the need to consider what is best for the child in deciding the limitation or breaching of confidentiality. In my view, the message coming from participants that maintaining confidentiality is important as far as it will not cause harm to the child is an acceptable standard. Whatever decision that intersectoral stakeholders take should be in the best interest of the child, unless they disclose the confidential information under duress.

5.3.2.3 Addressing intrafamilial CSA.

The third factor of dealing with complexities and sensitive nature of CSA is the intrafamilial environment. Nine participants expressed that dealing with intrafamilial CSA is a prevalent phenomenon. Participants indicated that, in most instances, the victim is violated by a perpetrator who is a family member or other person staying with the same house such as a parent, guardian, stepparent, grandparent, uncle, aunt, cousin, sibling, or any other member in the family.

One participant recollected on intrafamilial CSA relates to a raped girl as narrated by P1 that:

> "A girl who was raped from Grade 2 and the incidence was reported while she was in Grade 6. The sexual abuse was perpetrated by biological father while her mother was busy cooking in the kitchen. Sometimes the sexual abuse took place while they were watching TV with the father in the lounge, from Grade 2."

P2 supported the notion intrafamilial child sexual abuse by stating that:

> "Sexual abuse is also something that's sensitive, because remember, if this child is being sexually abused by his father, he still needs to go and live with that person."

P8 noted:

> "*The difficult part comes in when the child is not getting support from the parents, where you'd find that the abuser is the one that they depend on financially and is the provider in that home.*"

P4 shared a heart-breaking incident by saying:

> "*We had a case where the mother of the girl passed away and then the father sexually abused his daughter.*"

P9 and P12 encountered situations where stepfathers raped their stepdaughters, and the mothers protected their spouses instead of their daughters.

The view of intrafamilial sexual abuse was supported by Mutandwa (2012) (Section 2.4) who argued that most of the children were sexually abused by familiar people, such as family members, and that resulted in a culture of quietness or silence in families, which also hampered CSA disclosure in those families. Spies (2016) (Section 2.4.4) concurred with the notion of intrafamilial sexual abuse by a family member or an outsider close to the family, stating that it was a distressing and devastating incidence. Pandey and Reddy (2019) (Section 2.4.4) added that sexual abuse perpetrated by a family member is distressing and it will be difficult for sexually abused children to have trust in other people in their environment.

CSA perpetrated by family members, a familiar or trusted person is a complex and sensitive occurrence. It becomes more complicated in situations where victims of CSA are not believed by their parents, especially mothers, who at times protect their spouses. Adding to CSA complexity or sensitiveness is when the perpetrator in the family is the breadwinner, which increases the child's burden to bear the brunt of intrafamilial CSA for a longer period.

The complexities and sensitive nature of CSA experienced by intersectoral stakeholders is underpinned by false allegations, confidentiality and intrafamilial factors. The responses of participants and literature showed both congruence and incongruence on maintaining confidentiality and false allegations. These complexities and sensitivities may affect the nature of support and wellbeing of some of the intersectoral stakeholders.

5.3.3 Manifestation Negative Effects Resulting from Supporting CSA Victims

An analysis of interview participants' responses depicts some form of negative effects experienced by intersectoral stakeholders. The manifestations of negative effects of dealing with CSA determine the nature of support and affect the wellbeing of intersectoral stakeholders. There is, however, congruence and incongruence in the views of interview participants which are manifested in burnout resulting in stress, vicarious trauma and secondary traumatisation.

5.3.3.1. Burnout for supporting sexually abused learners

Reis et al. (2014) (Section 2.9.1.1) defined burnout as a syndrome among employees that is categorised by emotional tiredness or fatigue, disengagement or loss of interest from professional duties and feelings of ineffectiveness or incompetence experienced by individual in executing their duties. Maslach and Leiter (2016) (Section 2.9.1.1) added that burnout can be identified through symptoms such as stress (thoughts and feelings), sense of ineffectiveness (inefficacy) and irritability, alienation or withdrawal due to exhaustion or feelings of scepticism toward one's job.

The CSA has a negative impact on the intersectoral stakeholder who needs to adapt the support provided to the victims. These emerged from an analysis of interviews where participants cited the experience of stress, vicarious trauma and secondary traumatisation resulting from burnout. The views strongly came from P10, who is clinical psychologist, P7 who is a social worker, P8 and P4 who are teachers.

P10 stated:

> "*I'm not only a psychologist, I'm also a person. So, on a personal level, I find sexual abuse for children to be something very traumatic, so that if I had to sit and listen to someone who's being sexually abused, obviously it's going to affect me as a person but also as a psychologist.*"

P7 expressed the stressful nature of her work by saying:

> "*Imagine it was you or if you were in the situation of sexual abuse by someone you trust which is very sensitive, you will be hurt.*"

P8 said:

> "*Sometimes I feel inadequate, and I am a failure because I couldn't help the sexually abused child when she needed my help so much.*"

P4 further indicated:

> "*It's very draining emotionally, because you'd find yourself being attached to the situation and not being able to handle it in an appropriate manner. You try your level best but at times it becomes very difficult. It's something that needs to be treated with caution, with understanding and sympathy.*"

Field notes revealed that the participants empathised with the sexually abused children and their families for the traumatic experiences they went through. The body language seemed to correspond with what the participants were saying and feeling.

The notion of burnout is supported by Maslach and Leiter (2016) (Section 2.9.1.1.) who described burnout as psychological distress emanating from work demands and stated that these high work demands and overload lead to detachment and undesirable reactions by individuals towards their occupation, which would also lead to feelings of insufficiency, inadequacy, blame. and failure. Garcia et al. (2015) (Section 2.9.1.1) indicated that CSA support providers feel that their emotional energy is helpless, depleted, and worn-out due to work demand.

Intersectoral stakeholders working with sexually abused learners are exposed to many complex situations as well as being affected emotionally, physically and psychologically. Furthermore, such difficulties have a negative impact on their health and work performance. Some intersectoral stakeholders or support providers who are also parents, support CSA victims and empathise with them; hence, they also experience difficulties. From the participants' responses in the study, burnout is likely to be experienced by intersectoral stakeholders who are working with sexually abused learners. So, burnout certainly might have a negative impact in the performance of intersectoral stakeholders including the provision of CSA support.

5.3.3.2 Vicarious trauma

As intersectoral stakeholders indicated in the previous section that they themselves are affected by the incidences of sexual abuse they are busy with, this notion is referred to as vicarious traumatisation. Herbst and Reitsma (2016) (Section 2.9.1.2)

defined vicarious trauma as the manifestation of traumatic symptoms experienced by individuals who are close to sexually abused children like non-offending parents of children who are victims of sexual abuse. They suffer distress and support is needed to deal with it. The authors further stated that the supporters of the sexual abuse victim such as families, communities, and even society also are affected by the trauma. Such suffering is called vicarious trauma.

From the participants' remarks, intersectoral stakeholders supporting sexually abused learners are negatively affected of listening to the accounts of complicated, horrific or sad proceedings of sexually abused learners

For example, P3 mentioned:

> *"Sometimes dealing with horrific incidence of CSA stresses you as a teacher but since such things do happen to young children and even to adults, you have to continue supporting the victim even though you don't know how you will cope with the aftermath which is really disturbing at times."*

In the field notes, it was noted that there are intersectoral stakeholders who seriously need interventions or trauma debriefing for the negative effects experienced. It was further observed that educators are not comfortable about reporting CSA to the police due to fear of testifying in court. Hence, they become stressed and think that they cannot cope with such incidences.

The notion of vicarious traumatisation is supported by Kendrick (2020) (Section 2.9.1.2) indicating that the main symptoms of vicarious trauma reported by mental health specialists entail irritability, cynicism, anxiety, anger, alienation, phobias, dislikes and cynicism. Kilroy (2014) (Section 3.5.4) agreed that vicarious traumatisation at times affected clinicians while supporting sexually abused children due to empathy, identification and strong feelings of what the victim was going through. Kilroy (2014) added that some parents of sexually abused children showed signs of mental health disorders during the outcome of children's disclosures.

From the above discussion, it appears that some stakeholders such as parents, teachers and social workers are more affected by the horrific incidences of CSA than those that deals with trauma such as psychologists. Although trained to deal with the situation, some intersectoral stakeholders project and internalise this to their children

and it, therefore, affects them on a personal level. The participants confirmed that it is difficult to shut yourself out from the effects of the horrific incidences of child sexual horror. Therefore, vicarious trauma is seen as a phenomenon that can occur to any caring professional who has a duty of caring and supporting others and can negatively affect intersectoral stakeholders who are carrying out the duty of supporting CSA victims.

5.3.3.3 Secondary traumatisation

Linked to vicarious trauma which is a process of change resulting from empathetic engagement with trauma survivors, secondary traumatisation also emerged as an aspect that negatively affects intersectoral stakeholders. The stakeholders have to sometimes support other individuals affected by the incidences of CSA because secondary trauma happen as result of an indirect exposure to traumatised person through a first-hand account or narrative of a traumatic event.

Intersectoral stakeholders in the field of CSA are faced with trauma originating from supporting or caring for sexually abused children. Participants mentioned that trauma emanates from being exposed through identification with other individual such as colleagues, family, parents, females, counsellors, teachers, etc. P1 stated:

> *"As a parent, I guess, you are also a secondary victim if your child has been sexually abused. Similarly, if your child has offended, you are also a secondary victim, because you are a victim of that situation. I guess the pace and the pain are like that of other teachers who victims of sexual abuse are, they've got their memories as well, which they have never been addressed. When the sexual violation is being disclosed to them, they frown, it, it arouses those unpleasant memories."*

P6 mentioned:

> *"I should not find myself being emotionally attached, because with some cases I find that maybe it's something that I have experienced before, so I find it difficult to differentiate because the child will come with a similar story."*

The above views are supported by Bhaskaran and Seshadri (2016) (Section 2.9.1.3) who noted that working with CSA survivors and their families is traumatic or stressful

for all stakeholders due to feelings of uncertainty, distress, frustration, apprehension, and emotional turmoil as well as therapists' self-doubt. Muridzo et al. (2018) (Section 3.2.1.1) added that working with sexually abused children makes therapists susceptible to the detrimental and negative impacts of secondary trauma. Herbst and Reitsma (2016) (Section 2.9.1.2) concurred that secondary trauma is the normal and subsequent conduct and emotions originating from the knowledge of a traumatising incident experienced by the significant others.

What is highlighted in this study is that intersectoral stakeholders do suffer from trauma emanating from supporting sexually abused children due to empathy. When a support provider identified himself or herself with the victim of CSA will feel and think like them and experience all the sufferings they are going through. Hence, Maslach and Leiter (2016) (Section 2.9.1.3) maintained that it is advisable for intersectoral stakeholders who are working with trauma survivors to deal with their own traumatic experiences to avoid being "wounded healers" or even secondarily traumatised care providers. For this reason, it is important for intersectoral stakeholders to receive therapy in order to be in a position to support sexually abused children effectively.

5.3.4 Challenges Experienced by Intersectoral Stakeholders in Supporting Sexually Abused Learners

From the interview participants' responses, it was deduced that there were various barriers to providing effective support to victims of CSA. These barriers included cultural and language diversity, shortages of forensic social workers, unsupportive behaviour and attitude of stakeholders, insufficient or unavailability of witnesses, restrictions in scope of practice, and early intervention. Each challenge is discussed below.

5.3.4.1 Cultural and language diversity barriers

The interviewed participants revealed that cultural diversity is one of the challenges faced by intersectoral stakeholders in supporting sexually abused learners. Cultural challenges include communities' beliefs, language, and gender matters. Cultural belief was seen as the main challenge because some cultures view discussions about sexual abuse as off-limits and offensive. Participants also lamented the fact

that cultural belief makes children feel powerless and helpless in the hands of their elders such as teachers, fathers, uncles and brothers. Participants also revealed that family matters pertaining to sexual abuse are expected to stay within the family and outsiders should not know about as it will tarnish the reputation of the entire family.

The support of sexually abused learners is at times negatively affected by cultural beliefs. The literature review supports the cultural belief as a challenge for supporting learners who are sexually abused. For example, Das (2017) (Section 2.5.1) remarked that discussions about sex and sexuality are regarded as taboo matters in India. Discussions about these matters are also remarkably absent, secretive, and taboo in many African countries. Attah (2016) (Section 2.2.4) mentioned that CSA is still a crime of secrecy and privacy, and discussion of sex matters is considered culturally offensive and is not open for debates. Therefore, the majority of the children who are sexually abused by people familiar to them including family members are encouraged or forced to keep quiet which contributes to the culture of silence (Mutandwa, 2012) (Section 2.7.3).

Based on the arguments above, cultural belief might indeed be a serious barrier to supporting victims of CSA due to cultural sensitivities, if children cannot be convinced to disclose any CSA activity for it is regarded as unmentionable in their families and communities. This view gives the impression that due to the fears about family embarrassment or damaging of family reputation in the community, children will not disclose their CSA experiences. P2 summed up the culture as a challenge by stating*:*

> *"We are living in a patriarchal society where men are still dominant and men are still seen to be saints, even when they are doing something wrong like sexual abuse, they are protected by family members."*

Participants identified gender dynamics as a challenge in supporting sexually abused children. P9 stated:

> "*Gender dynamics played crucial role in the disciplinary procedures that were followed at a school concerning a case related to sexual activity. Looking back to our situation, we found that we were even questioned as to why we recommended the expulsion of the boys, not for the girl, we were not being*

fair in issuing out, the sanction because we should have expelled both the boys and the girl because they all confirmed that they committed consensual sexual activity. So, that's why I'm saying sometimes female perpetrators are protected than male learners."

P11 also highlighted on the issue of gender by saying:

"Women are often supposed to be the home makers, but specifically keep quiet, men are supposed to be the bread winners. The problem is that the child does not associate a male figure with a nurturing figure. As psychologists we provide a safe nurturing environment. So, the child is then coming in with this pre-existing believe that a male is not someone that you disclose emotional difficulties to. It's not someone that will comfort you or support you it's someone that you look to for and authority figure, someone that you ask for financial support. So, that's the first difficulty, it's establishing that relationship with a child and my role of nurturing and supporting".

Gender dynamics is also a challenge because the provision of therapeutic support is usually regarded as a female-dominated career (Rapholo, 2018) (Section 2.8.2). In his real-life experience, he observed that numerous sexually abused male victims would only feel comfortable to disclose and speak to a therapist of the same sex about the sexual abuse occurrence. Hence, Visvaranie (2011) (Section 2.8.7.3) confirmed that sexual abuse is generally connected with girl children and enquired why it is that the greatest number of CSA perpetrators are males. In responding to the above question, it is thought that abuse by male offenders is more likely to be reported than sexual abuse by female perpetrator (McCoy & Keen, 2014) (Section 2.8.6); hence, the incident rate for male perpetrators is high. The example given by P9 indicated that boy learners even when they were in the wrong were protected which also presented a challenge in a situation where girls were regarded as vulnerable.

Language was identified by participants as another challenge for disclosing and supporting children who are sexually abused. P11 stated:

"I don't speak an African language, and a lot of the children are not English speaking. So, even if they can speak English, they then speak it as a second

language. So, their ability to express their emotions and feelings are sometimes restricted by the medium that we use in English."

The view of language as a challenge is in line with the study by Rapholo (2018) (Section 2.7.4) that language was identified as a challenge during the assessments of CSA victims, particularly those who did not speak the same language as the therapist. He also stressed that it is beneficial for sexually abused learners to be supported in their home language and even more helpful if the stakeholder is from their own culture. Fontes and Tishelman (2016) (Section 2.7.4) supported the view that it is advantageous for learners to be interviewed and supported in their first language as it is more comfortable for them to discuss sensitive and possibly traumatic matters of CSA. P11 remarked that due to the difficulty of language, he made use of interpreters who were also not also trained in that skill. However, Rapholo (2018) commented that regrettably, in most communities, such trained and multilingual specialists from diverse cultures are unavailable.

5.3.4.2 Shortages of forensic specialists' professionals

Interview participants highlighted that in their work environment, there was a serious shortage of forensic social workers, which was a challenge to supporting sexually abused children. This shortage of forensic social workers resulted in conviction and counselling delays which led to cases dragging for a long time and the required support by the CSA victim was not provided timeously. As an example, P7 stated:

"In our DSD, they said, you mustn't go deeper and probe, they say you must involve the forensic social worker of which, it's a challenge because we have a few forensic social workers."

P5 added:

"You know we build resilience because we are not allowed to do counselling because apparently, we might tamper with the evidence. So, we wait until the case goes to trial. In fact, the child first has to go through the forensic social worker, which is based at the South African Police Service (SAPS). They are the ones that do the questioning to get the details regarding the case and how it might have happened."

This view is in line with the study by Muridzo et al. (2018) (Section 2.5.2) and Pamburayi (2020) (Section 2.5.2) who mentioned that there is a grave shortage of forensic social workers in the provision of children's support and that shortage may be a causal factor to delays and failure to reach targets. Joubert and van Wyk (2014) (Section 2.5.2) and Pamburayi (2020) supported the view regarding critical forensic staff shortages which is disturbing and weakening the sexual abuse victim support programmes. They added that shortages of both human and physical resources were seriously affecting forensic provision which negatively impacted the collection of evidence from sexually abused children resulting in the delay of conviction and cases dragging for a long time.

The participants noted that there was shortage of forensic social workers and the literature confirmed the shortages of forensic social workers which resulted in delays for providing therapy or counselling to CSA victims. As the child was waiting to be seen by forensic social workers, the delay made a child's mental wellbeing, ego and self-worth difficult to deal with at a later stage.

5.3.4.3 Unsupportive behaviour and attitude by intersectoral stakeholders

Unsupportive behaviour and negative attitude were mentioned by participants as a challenge in providing effective support by sexually abused children. For example, P12 stated:

> *"At times you will find that our vulnerable children do not even have means to go to police station and the police officers would not even go and fetch them to take them to court. The police are turning the children away, when they are going to court and say they can't come alone, we want your parent, instead of opening the case and assisting the child there, the parent will come after."*

P10 mentioned:

> *"I know that when older females have been raped, they will say I didn't go to the police because the police said to me, I can't remember who raped me, how must they help me."*

P2 added:

> *"Generally, people are scared of police, can you imagine if you have to go to the police station and clinic to re-tell what has happened to you. The attitude in our health systems and the police when it comes to sexual abuse, it's shocking."*

Das (2017) (Section 2.5.1) corroborated the above view, stating that children and their families decided not to report or come for support for fear of being treated insensitively and threatening talk by police officers, demeaning and painful medical examinations, and intimidation from offenders to withdraw the charges. Furthermore, Das (2017) stated that this applied also to formal care situations such as police stations and hospitals, which had the highest number of caseloads of CSA; nevertheless, the police and healthcare staff made the utmost insensitive and biased remarks towards CSA victims.

The interview participants, therefore, identified police and healthcare providers as the most unsupportive stakeholders in supporting sexually abused children. This may be due to the shortage of specialised services from these two sectors.

5.3.4.4 Insufficient and unavailability of witnesses

The interview participants revealed that in most cases of CSA, there were no witnesses: it was only the child victim and the perpetrator who knew what really happened. The participant highlighted the difficulties of not having witnesses in CSA cases as follows:

P12 stated*:*

> *"In terms of the abuse, it's something that happens, not openly, it's within the closed doors. The perpetrator makes sure that there's no one whose seeing what is happening. This makes it difficult for the children's case in court because there's no witness. It's so difficult most of the time it happened indoors."*

In agreement with above view, P6 stated*:*

> *"Sexual violations happen in the dark, those people who are the perpetrators comes out and everyone can just see them for who they are because sometimes you find that it's the trusted person in our communities. It could be*

the father or a father to someone else sexually abusing another child in the dark."

P1 also expressed the same sentiments of sadness having encountered parents regretting after their child was sexually violated by stating:

"It's sad that sexual abuse is an activity that happens in secrecy, the parent always feels like 'I wish I knew I wish I was there, I wish I didn't trust the person that has abused my child'."

Literature review supports this finding as Mutandwa (2012) (Section 2.7.3) stated that CSA happens in secret and private places. This was supported by Fouché and Le Roux (2018) (Section 2.4.1) who added that sexual abuse happens in privacy without onlookers, and in most cases the CSA victim is the only eyewitness. They also stated that in South Africa, the law and courts approach the sexually abused children testimony with caution especially where the child is the only witnesses, because in previous cases, the evidence was regarded inconsistent, hence, the need for caution. With the child being an only witness to the CSA crime, there is a conflict in the legal space of whether to put the victim's best interest or the offender's constitutional rights for a fair trial first.

The participants' responses and literature suggest that it is very difficult to detect sexual abuse due to lack of obvious signs of sexual violation. This suggests that learners who report that they have been sexually abused may not see justice because it happened in secret places and privately where there was no physical evidence and witnesses. Additionally, at times these children as only witnesses are unable to testify due to their traumatic mental state making it difficult for them to provide consistent statements when testifying in court.

5.3.4.5 Restrictions in scope of profession

Responding to the question of what are challenges you encountered in your support for CSA, interview participants mentioned that they have encountered restrictions regarding the scope of practice which includes ethical considerations, provision of counselling, area of specialisation and the role of specialists. For example, P5 stated:

"Firstly, the system of not providing counselling to sexually abused children in time due to requirement of not contaminating evidence for me it's a huge challenge because you can see that the child is hurting but there you can't do much about it."

The concern raised about contaminating evidence does not focus on the child's best interest because it is beneficial for the child to talk to someone about their distress. P10 brought the matter of ethical understanding into the picture of the scope of practice by saying:

"At the initial point when they are brought by the referring person, they will tell me that this person or the child was maybe raped. I then explain to them that I have to get parental concern as an ethical considerations requirement before I can intervene. Without a consent from the parents, guardian or court it is difficult in my profession to just intervene."

P11 indicated:

"*In terms of my area of specialisation, my role in CSA only starts once the victim enters PTSD state.* S*exual abuse is not a mental disorder, but the victim can develop a PTSD. Then my role is to offer assistance, supportive psychotherapy, sometimes some psychoeducation to the victims and the families. Mostly, support for the victim and it is usually not with active case; my role is for a mental health perspective, to make sure that a person is as supported as possible during the process and after what happened."*

HPCSA (2020) (Section 2.4.5) defined the scope of practice for profession as the actions, roles, proceedings and approaches where a professional has the skill, expertise, education and requirements to practice legally without instigating any injury to the community. Szalados (2014) (Section 2.4.5) supported the above view that the scope of the profession is limited to what is authorised by the state based on the training, experience, qualifications and competency. It emerged from this study that intersectoral stakeholders' experience limitations in their scope of practice.

From the above, it seems that some participants felt that they were denied the opportunity of supporting sexually abused learners as soon as it happened, or their support was delayed. However, forensic intervention is still recognised as the

process that needs to be conducted first in CSA cases. Therefore, intersectoral stakeholders must adhere to their ethical obligations, scope of practice or their area of specialisation in the support of sexually abused learners. Furthermore, an individual's competence to provide proper therapeutic interventions based on professional training is also paramount.

5.3.4.6 Trial before therapy as a challenge

In this study, the challenge with trial before therapy or counselling arose from the participants' descriptions of their experiences in supporting sexually abused learners. Pre-trial therapy has been described by Fouché and Fouché (2017) (Section 2.5.3) as a therapeutic intervention offered to learners who are sexually abused before the court proceedings. As highlighted by Nixon (2019), some victims of CSA are deprived the chance of receiving counselling prior to the court proceedings due to the fear of pre-trial counselling contaminating the evidence of CSA victims and risking a not-guilty verdict at the trial. The participants in this study expressed the following comments on pre-trial counselling:

P10 indicated:

> "*Because it's a legal case, most of the time it's still an open legal case. We are not allowed to interfere because we are likely to contaminate the evidence of the case. Our consent form states we are not allowed to do forensic work as it is outside the scope of our profession. And then there is a document that we have amongst the psychologists in the district that says that if there is an open case, we are not allowed to intervene in terms of running the risk of contaminating the case.*"

In addition to this view, P5 stated:

> "*We don't offer counselling to a child, we just help the child to cope better with the situation, you know we build resilience because we are not allowed to do counselling cause apparently it tampers with the evidence. So, we wait until the case goes to trial. We attended a training called CANE, about Child Abuse and Neglect Cases and we were told that if we talk to a child about the sexual abuse incident that has happened, the perpetrator's legal representatives will usually say the child has been coached and the evidence has been*

contaminated. When the case gets to court, it feels as if we've tampered with the evidence. In some instances, the child has already healed or come to terms with the ordeal, and she has probably forgotten about the incident"

P7 concurring with the above participant said:

"I don't remember or seen the policy that says we should not provide therapy before the case goes to court. You know, they just say during our training that, we mustn't probe or go deeper. What we have to do is to give the support and going to the child's home to support the family."

Contrary to the above view, P6 emphasised:

"Counselling starts immediately after the first day the child discloses because that's when you build relationship. That is mostly my focus I provide counselling on, depending on how long the child takes but I provide counselling for the learners at school"

Four participants (P5, P6, P7 and P10) expressed congruent and incongruent views that CSA victims were denied therapy support before the trial due to contamination of evidence. Participants agreed that the welfare of the child victim is of paramount but considering the child's best interest first might impact the verdict at the trial. The incongruent views were noted in the contradiction between school social workers because some indicated that they did not provide counselling while P6 indicated that she provided counselling for CSA learners. On that note, P5 clearly described that they counsel learners, empower them and provide family support. Two school social workers added that during training, they were told not to probe or go deeper asking what happened. They also stressed that their role was to contain (calm) CSA victims, provide support and go to the homes to support the family. The crux of the matter is that while we talk about contamination, no probing, and not going deeper, the child who was sexually abused is hurting, traumatised, and sad due to the CSA occurrence and they need therapeutic support.

Moreover, it was cited in Nixon (2019) that therapy prior to the court proceedings had led to positive results with regard to CSA victims' traumatic experiences and it reduced their anguish during the court process. However, some experts are of the view that providing pre-trial counselling to sexually abused learners should not be

allowed as it will interfere with the integrity of the child's testimony and it could jeopardise the outcome of the trial (Jenkins & Nixon, 2020). Hence, a qualitative study on pre-trial therapy for child witnesses in cases of sexual abuse by Fouché and Fouché (2017) found that in South Africa, legal professionals frequently advised social workers as well as parents of sexually abused children to delay pre-trial therapy until after the testimony of the child had been given, due to fear of contaminating the child's version of what happened, which could eventually acquit the perpetrator.

Responding to the issue of delaying pre-trial therapy, P5 raised a concern about pre-trial therapy causing unnecessary lengthy court process while the child was in pain and wishes that it has to be done as quickly as possible by saying:

> "*I wish it could be like done as soon as possible so that the child can you know, move on with their lives, get the proper counselling that they need. But unfortunately, it depends on when and how the courts decide to say when the date for the trial is, and the child still needs to go and see the forensic social worker, so it's quite a lengthy process which is for me quite unnecessary, bearing in mind that this child is hurting. I don't like this judicial system because it just drags forever. I wish the conviction should be hurried up so that the child can get the necessary counselling, the necessary support that they deserve.*

In support of the view of not providing pre-trial therapy, Fouché and Fouché (2017) explained that globally, sexually abused children were expected to testify in court proceedings, and counselling and pre-therapy was delayed until after the testimony of the child to avoid contamination of the child's version of the incident.

It was noted that sexually abused children were expected to testify in court proceedings, while CSA therapy was deferred until after the child's testimony in court to protect contamination of the child's evidence. In CSA cases, the court processes need to be put in place immediately so that the child can receive therapy and be assisted to cope with the ordeal. On the other hand, providing pre-trial therapy can also be an option, although intersectoral stakeholders need to deliberate the requirements on how pre-trial therapy can be conducted.

Fouché and Le Roux (2014) further elaborated on this view stating that therapy is crucial; nevertheless, the timing of that therapy is debatable, due to the potential problem of contaminating the CSA victim's evidence and, therefore, in South Africa there were no directives concerning pre-trial counselling. This left stakeholders in a dilemma as to whether to put the wellbeing of the child victim first by providing pre-trial therapy or protecting the credibility of victim's evidence for court proceedings (Nixon, 2019). This dilemma was also articulated by Bond and Mitchels (2015) saying that the provision of pre-trial therapy as an indication that the best interests of sexually abused learners was of paramount importance and no law could prevent a child from seeking pre-trial counselling.

The matter of evidence contamination leaves social workers' hands tied since they cannot provide pre-trial therapy although their main obligation is to defend the "best interests of the child" in all matters (Fouché & Le Roux, 2018). This gives rise to an ethical dilemma of preventing the contamination of the child's testimony, while depriving the child of therapy to recover from distress. Meanwhile, the court procedure might take years to be resolved (Fouché & Le Roux, 2018).

With the high number of CSA cases and the justice system's slow pace in the conviction process, the above findings suggest that the provision of pre-trial therapy should be allowed and all role players, especially those who are rendering therapeutic intervention in CSA cases, be trained on the forensic intervention process. In that way, contamination of evidence will be avoided.

5.3.5 Multidisciplinary Strategies Used to Support Sexually Abused Learners

A multidisciplinary approach to support sexually abused learners is crucial and each intersectoral stakeholder has a role and obligation to fulfil in this instance. Interview participants believed that a multidisciplinary approach was the most effective way to support sexually abused learners. Participants also acknowledged their roles and duties as well as their interaction with other intersectoral stakeholders, as expressed in the views below.

P7 indicated*:*

> *"I'm trying to interact or liaise with other stakeholders like the psychologist, whoever person that can support the learner. You can't work alone if a child is*

being abused there's the intervention whereby the different teams need to involve the police, health practitioners and any other relevant stakeholders."

The collaborative view is supported by P12 who said:

"People have trust in the work that we are doing, different stakeholders such as the health practitioners, the Department of Justice, the education departments, when there are incidents they would phone and say please come and assist and also working with the police."

P6 also supported the view by stating:

"I believe that it must be multidisciplinary intervention. If the psychologist is needed, if it's a doctor that is needed, the police like everyone, the family, because sometimes we exclude the family, that's another mistake that we make".

P10 also raised her concerns by stating:

"I would refer to social development, to the social workers to intervene. But I do not know whether everyone knows where to refer to. One thing that I'm worried about is, in terms of support, I know in Jo'burg, we have the Teddy Bear Clinic. I know at Steve Biko Hospital there was a place that worked with rape cases. I think one should not look at this in isolation. I think it needs a multisectoral holistic approach".

P8 responded:

"We use other stakeholders such as social workers, police child protection unit and counsellors from our district, and from our community social development, our community welfare".

The view is supported by Tooher et al. (2017) (Section 2.6) highlighting that intersectoral collaboration is very significant in the support of sexually abused children who count on effective partnerships among sectors or departments for the provision of support. In addition, Jamieson et al. (2017) (Section 2.5) emphasised that there is a dire need for intersectoral partnerships in dealing with CSA at the micro and macro levels. Hence, Mathews and Gould (2017) (Section 2.6) suggested

that preventing CSA required that all stakeholders from different sectors or departments such as both government and non-government, public society, academia as well as academics should cooperate in planning support interventions for children throughout their development.

A multidisciplinary strategy is, therefore, the most effective approach in the cases of CSA. In short, a holistic support or intervention will benefit the child's healing and enhance the child's development to continue with life. Under this theme, a variety of strategies such as psychosocial support consisting of individual, family and group therapy, trauma debriefing, and forensic assessment and court preparations are discussed below.

5.3.5.1 Psychosocial support through therapeutic interventions

Therapeutic intervention is one of the key multidisciplinary strategies in supporting sexually abused learners. The participants highlighted that in most cases the CSA victim is referred for therapy without parents or guardians being referred for counselling. Participants remarked that the support for sexually abused children must be done consistently or continuously and must include the CSA victim, parents, or affected family members. The therapeutic interventions consist of individual, family, and group therapy and trauma briefing.

The first therapeutic interventions as part of multidisciplinary support to sexually abused children, is individual therapy. Participant highlighted play therapy and projective tests as key intervention for sexually abused children. Participants stressed that therapy with sexually abused children was not a once-off session: it must be consistent, and rapport has to be established with the learner. Individual therapy should therefore be consistent to make the support for CSA effective. P5 indicated:

> "It is important for the CSA victim to first receive counselling by a professional or attend individual therapy sessions with one practitioner to build trust."

P12 stated:

"Individual counselling sessions are not provided to both the victim and the perpetrator as well as parents and their families. We only provide a one-on-one therapy with children."

P11 indicated*:*

"Individual therapy is helpful because the first step is to provide a safe environment for the child where the child feels that it's not their fault, to minimise the guilt, on the psyche of the child."

P7 stated:

"Sitting one-on-one with the learner is very helpful because I can be able to probe, and able to counsel the learner, give the support but continuous support".

Establishment of rapport is very important for specialists dealing with cases of CSA. Stakeholders cannot just open a 'can of worms' and leave the CSA victim alone. A hit-and-run approach does not work with victims of CSA; indeed, continuous therapy sessions are more effective in ensuring that the child heals faster.

The second therapeutic intervention for sexually abused children is play therapy. Responses from two participants revealed that play therapy with sexually abused learners had proven to be effective with most children or learners. Such ideas were expressed by both the psychologist and the social worker as indicated below:

P2 stated:

"Play therapy with children, as an intervention or a therapeutic intervention, is proven to work. Through play therapy, you combine creative arts such as using puppets and clay. These arts are very soothing because of sensational aspects that stimulate certain senses and nerves in the body and the brain. It makes connection, it is also culturally acceptable. Sand tray seems to be a very nice therapeutic intervention as it creates a very calm environment for the child, it's very difficult, it's very easy for them to play out their lives without realising that they actually projecting how they are feeling about their lives".

P5 expressed some level of uncertainty by stating:

"Using play therapy is important but you should have a certain skill for using play therapy especially with primary school children."

The above account is supported by Parker and Turner (2014) (2.5.3) that through play therapy younger children can talk about their unconscious conflicts or occurrences, which gives the therapist an understanding of children's unconscious battles including fears or anxieties, frustrations or worries and defences. However, one participant expressed the difficulty experienced with play therapy. P5 further indicated:

"Skill is very vital, and remember we don't have that, not all of us are trained to be play therapists so it becomes very difficult for you to get the child to open up, to give you the exact details."

Play therapy is perceived as an essential means for younger children to express their unconscious encounters. Therefore, it is understood that training of intersectoral stakeholders in play therapy skills would provide effective support to sexually abused learners.

The use of projective tests in individual therapy with CSA victims is another component of psychosocial support. This type of intervention is supported by participants. P2 stated

"The use of "Draw a Person (DAP) as a projective test assist in understating the state of mind of the CSA victim. Another means of understanding is when the child is given incomplete sentences to complete by adding information or tell a story."

In addition, P11 also explained:

"Sometimes if the child has aggression because of what happened, I use Draw a Person (DAP) and the Draw a Tree (DAT) gives me an understanding of what is happening and where the child needs support."

From the interview responses, participants indicated that they had experience of using projective tests such as incomplete sentences, DAP, sketches, DAT and other resources to support sexually abused learners. The technique alone is not enough in the support of CSA victims. Spies (2016) (Section 2.9.3) pointed out that

intersectoral stakeholders supporting CSA victims realised that they needed assistance to express their anger safely and to be told that being angry was normal but being violent was unacceptable. Therefore, the use of different techniques to support these learners seems to be highly effective. Hence, specialists in CSA interventions must be tailored for each case and cannot be uniform.

P12 and P5 spoke about the importance of group counselling where sexually abused learners who shared the same experiences are identified to support each other: P5 stated:

> *"Child Line also helps with group counselling by identifying children that went through similar experiences of sexual abuse and support by facilitating group therapy. If there are more than five cases that have been identified, a group therapy helps children to talk freely about their experience."*

As presented above, both offenders and victims need support. It is essential for both to get therapy and be supported especially with offenders who are minors and still at school because they can be saved and rehabilitated. Supporting sexually abused children is a way of normalising the emotional experience for the child as a part of the healing process.

5.3.5.2 Trauma debriefing sessions

Herbst and Reitsma (2016) (Section 3.5) described trauma debriefing as an intentional talk with an aim of determining the client's thoughts, feelings and actions about the incident that caused the trauma. The interview participants had awareness of trauma debriefing as indicated by P 11, P12 and P2 who highlighted that sexually abused children and their parents needed trauma debriefing sessions as CSA trauma was an abnormal thing to cope with. P11 stated:

> *"It is usually a day or two after the sexual abuse event and then it is too soon to start a debriefing session, psychological intervention. And then, those are often the cases that psychologist say that there is a possibility that you might contaminate the case. Because the recollection and the processing of your emotional event is still happening and it's still replaying in the mind so the symptoms that the patient experience it is not necessarily traumatic yet. It is still in the process phase of making sense of what happened and it is usually*

not advisable to see someone so soon after a traumatic event or a sexual abuse".

Trauma debriefing sessions were more about containing the learner (ensuring that the learner is calm and emotionally stable) and should take place within 72 hours of the trauma incidence. Jamieson et al. (2017) (Section 2.6) stated that it is essential to note that there are children who are not receiving therapeutic support and they continued to show signs of trauma, worry, depression and PTSD, resulting in revictimisation and perpetration.

5.3.5.3 Forensic assessments and court preparedness

From the interviews conducted, it was confirmed that both social workers and psychologists provided forensic intervention for sexually abused learners. Psychologists assessed the mental capacity of the child and reported on this to assist the court with convictions, while the social workers also assessed and provided counselling including preparation for court proceedings. However, such forensic support services were not readily available to all sexually abused learners because of insufficient resources. Hence, one participant (P11) indicated that at times, psychologists are fearful to explain that they are not forensic psychologists or investigators and that they cannot assist with CSA cases. Sexually abused learners receive forensic support in the form of assessment, counselling and court preparedness. Although trained forensic professionals provide assessment and counselling for sexually abused children, professionals such as social workers and psychologists indicated that they have the capability to provide support to victims of CSA. However, it is not advisable for intersectoral stakeholders who have not been trained on forensic intervention to provide such services to the client. This could mean that such professionals will not be in a position to provide effective, relevant and appropriate support to sexually abused learners.

5.3.5.4 Intervention of school-based support team

The South African government has made efforts to create a legislative framework for dealing with sexual abuse and harassment in schools which affect learners, educators and school staff. The school has a huge responsibility to learners and parents when it comes to cases of CSA.

P3, P8 and P9 stated that support for CSA provided at school comes from life orientation teachers who most of the time identify learners who might be experiencing problems. Such school-based support team include the Soul Buddy team, presentation of sexually assault topics in assemblies and establishment of the SBST committee. P9 indicated:

> "*In their school, a disciplinary hearing was held, and the sexual assault perpetrator were expelled from school". Although this was an extreme measure as the aim is not to punish the perpetrators of CSA, some cases require removing the perpetrator from the victim's presence such as in the same classroom or school.*"

This viewpoint is aligned with the DBE (2014) SIAS Policy (Section 2.5.1) which states that teachers must assume the role of a case manager in screening, identifying, involving parents and addressing barriers to learning and participation. This mean that a teacher identifies, assesses and supports learners with relevant interventions, also referring cases to intersectoral stakeholders. The school plays a vital role in supporting sexually abused children since they are the first intersectoral stakeholders to identify that the learner is experiencing learning barriers including signs and symptoms of sexual abuse. Hence, teachers are regarded as case managers in supporting learners who are sexually abused since they are the ones who equip learners with prevention strategies and provide parental guidance at school level.

5.3.6 Suggested Interventions for Effective Support to CSA Victims

To ensure that interventions of supporting sexually abused children are effective and achieve the success required, some form of measurement is required although participants indicated that it is difficult to measure successes of intervention for supporting sexually abused children. They highlighted their successes as including referral systems, proper therapeutic intervention, placement to a place of safety, positive feedback, and perpetrator conviction. P11 stressed:

> "*It's difficult to measure the success rate because how do you know that the person is fine. We try to look for positive symptoms, positive changes like a*

growing self-esteem, the victim being more talkative. Children are more open and often more friendly and comfortable, and playful."

5.3.6.1 Strengthen the referral systems for sexually abused children

While the interview participants showed awareness of the referral systems for sexually abused children, there were other elements of the protocol for managing and reporting sexual abuse and harassment which were not indicated by participants.

P4 indicated:

"*As a teacher in my school, who identify a suspicion that a learner is abused, my role is to take the matter up with the social worker for investigating the matter.*"

The response provided by P4, a teacher showed that the protocol is not followed. This is incongruent with the protocol which requires that the suspicion to be reported to the principal or School Management Team.

P6 who is a psychologist showed congruence with the protocol by stating:

"*The cases are directly reported to me, either by the principal, or SBST coordinator as the person whose working with the learners who have social challenges, including sexual abuse.*"

The notion of referrals as an effective process for supporting sexually abused children as mentioned by Naseriasl et al, (2015) (Section 2.5.1) who described it as transferring an obligation of caring for a client or patient from one professional to another professional. It includes referring back to a client or patient at a suitable time. Molini-Avejonas et al, (2015) (Section 2.5.1) noted that the achievement of external referrals might be associated with the availability and accessibility of services to be provided to clients.

A strong referral system should be established which entails that CSA cases are identified in a school following the prescribed protocols then reported or referred to relevant intersectoral stakeholders. In order to ensure high-quality support, referral procedures and communications among stakeholders is essential. It is also

important for stakeholders to follow up and keep in touch with the professional who is taking care of the client.

5.3.6.2 Supporting sexually abused children through therapeutic intervention

When asked about effective interventions for supporting sexually abused children, P1, P3, P5, P6, P7, P8, P11 and P12 mentioned that it is difficult to measure success when dealing with CSA cases. The participants' responses show that it is mostly through therapeutic intervention that effective support for sexually abused children can be achieved. Therapeutic intervention assists in identifying symptoms, emotional resilience, adjustment and confidence of the child.

For example, the use of therapy as an effective support measure for sexually abused children was mentioned by P11 who said:

> *"Just like any other traumatic event, therapeutic intervention helps the traumatised person with emotional resilience and to maintain the right ego state. It also builds the victim confidence and ability to deal with what happened."*

P12 indicated:

> *"Therapy brings improvement and build little hope for traumatised children. Sometimes you see the child coming to the clinic unable to even lift the head, because of the trauma, when she's able to lift the head, and able to tell you then respect the power of therapy. Some children are withdrawn, not wanting to talk, when they start intervention but after some time you see the child smiling then you know that the support was effective".*

Supporting sexually abused children through therapeutic intervention is essential as advocated by Cluxton-Keller and Bruce (2018) (Section 2.5.3) that appropriate therapeutic intervention reduces depressive symptoms and improves family support and healing. Mesquita and Carvalho (2014) (Section 2.5.3) highlighted that therapeutic provision is beneficial for the wellbeing of patients, as it provides guidance for health specialists or for providers to reflect on the clinical practice of such interventions. Numerous therapeutic interventions have proven to be successful in treating the psychological condition of CSA, resulting in a decrease in

an inclusive range of symptoms such as PTSD, depression, anxiety, behavioural challenges, family and relationship difficulties (Murray et al, 2014) (Section 2.5.3)

The notion of therapeutic intervention as an effective support for CSA is supported by Ntwampe (2013) (Section 2.5.2) who stated that since the child's safety is of paramount importance, providers should therefore render statutory interventions which could mean the removal of the child from the environment or the removal of the perpetrator. Devine (2015) (Section 2.6) agreed with the aspect of children's safety and argued that because of family complications, most coercive statutory care and protection services are final interventions of removing children from their families or placement in substitute care.

This study, therefore, emphasises the importance of intersectoral stakeholders to offer effective support to sexually abused children to make sure that the victim or traumatised person is safe. The study further argues that provision of therapeutic support without ensuring that sexually abused learners are safe is seen as a futile exercise and waste of resources because a learner goes back to relive the same experience after a therapy session.

5.3.6.3 Getting positive feedback from other intersectoral stakeholders.

Feedback on academic performance is important for CSA victims who have been traumatised as their academic performance is often compromised. After the provision of support to the CSA victim, the learner's academic performance needs to be continuously monitored. Positive feedback on academic performance from educators would indicate effectiveness of the intervention.

This was highlighted by participants who indicated that they were certain that the intervention provided to CSA was effective when they received feedback that the child was doing well at school. For example, P12 stated:

> "*Getting feedback of whether the victim is coping at school, able to concentrate and is sleeping well, is a good indicator that the support provided was effective.*"

P6 also indicated:

> *"Even if you ask the educators how the child is doing at school, they can say that the child is fine. For me that means, in as much as we cannot see what is going on inside a person, but we are able to restore that little bit of hope that it can still be something that the child is able to talk to you and tell you that no, I'm doing well in this subject and all of that."*

P7 and P3 indicated that they constantly enquired about the academic progress of sexually abused learners. For example, P7 said:

> *"Asking how the child is doing, academically is essential, to see if the child is coping., The performance of the learner in the classroom indicates that at least, there's an improvement, through the academic activities like the classwork, the homework, the tests, you know".*

P3 stated*:*

> *"I check how is the progress of the learner whether the child is enjoying schooling, coping with the schoolwork and whether everything is fine".*

Trauma experienced during and after sexual abuse has negative impact on the academic performance of victims. From the participants' responses, it can be concluded that getting positive feedback is an indicator that the support provided to CSA victims is effective. Intersectoral stakeholders working with sexually abused children should ensure that the academic performance of the CSA victims is constantly checked.

It was also gathered from the participants that feedback on the convictions of perpetrators gives victims and their families relief that the person received punishment for his wrongdoing. It also restores trust in the law that justice has been served. Participants responded that feedback on the status of the case was important, in particular when a sexual abuse perpetrator was convicted. Feedback on the conviction of the sexual abuse perpetrator strengthened the effectiveness of the intervention provided. It also provided relief for the victim, family and stakeholders supporting the CSA victims. For example, P1 stated*:*

> *"When I get feedback from the police official that the person who violated the child has been sentenced, I get strength to support the victim."*

P12 said:

> *"You know, to see the perpetrators go to jail for what they have done is an achievement because you really want the suffering of the abused child to end."*

Getting feedback on the conviction of the CSA perpetrator is an important indicator that the intervention is effective. Intersectoral stakeholders should therefore strive to request feedback from the investigating police officers on the progress of the case.

5.3.6.4 Creating awareness campaigns of CSA

The protocol for managing and reporting sexual abuse and harassment at schools requires the education district offices to facilitate campaigns raising awareness of sexual abuse and harassment and the importance of reporting. From participants interviewed, none of them raised what the protocol for managing and reporting sexual abuse and harassment at schools as a guide as it does indicate that sexual abuse campaigns should be facilitated to raise awareness. However, it was evident from the participants' responses that CSA can be addressed through awareness campaigns, talks and presentations to all the people in the communities.

For example, P11 stated:

"*The government through police and other departments and entities tasked with the responsibility of addressing* CSA *at schools should have a school talk about sexual abuse, creating awareness for the children at an appropriate level for the education. Children should know that people are not allowed to touch their private parts inappropriately and that their body is sacred. I think the more we create awareness at schools, in communities and to parents, the sexual abuse will be reported when it happened but most importantly the child can know what to do when they are being violated. Seeing billboards on the roads and building makes people aware of what is happening with sexual abuse.*"

P4 stated*:*

"*The Department of Education should have a mechanism to raise awareness to the public. Like in our community we are aware that these children are exposed to sex. If the Department of Education or the government as a whole alert the public to stop having sexual intercourse in the presence of the children as this will harm them.*"

P4 further responded:

"*The first step would be to communicate with the School Governing Bodies to have someone raise awareness at parents meeting and maybe raising an awareness can educate even those whose minds are twisted to say this is wrong*".

P12 expressed her view as follows:

"*Awareness must also go to communities, churches everywhere there are gatherings to address of the problem of child abuse. ... the news is helpful in raising awareness because people that have not experienced sexual abuse know that it can happen to their children at any time. Even if it didn't happen to them, they just reading it from the newspaper, it makes them wonder whether their child has ever experienced abuse and take extra careful measures to observe and talk to the child.*"

P7 said:

"In my view, we need to go to schools, interact with other stakeholders, to do preventions talks about sexual abuse. I think awareness campaign is very important to educate people that need to get information about the sexual abuse."

P2 also stressed:

"*There should be a continuation of awareness and campaigns to educate people about sexual abuse, People should know what sexual abuse is, how to identify it, and most importantly where to find help."*

The participants' responses on awareness campaigns were supported by Das (2017) (Section 2.5.1) who focused on the prevention and intervention of CSA and highlighted that more emphasis should be put on raising awareness about sexually abused learners' innate status, class, cultural and gender prejudices. Tooher et al. (2017) (Section 2.6) concurred with the notion of creating CSA awareness interventions which required the involvement of all stakeholders from different sectors, emphasising that appropriate networks and effective intersectoral collaboration were vital in providing support to sexually abused learners. This was supported by Mathews and Collin-Vézina (2016) (Section 2.5.1) who stated that awareness of CSA was a necessity for prevention and responsiveness required for individual, schools, communities, and society at large. Rudolph et al. (2018) (Section 2.5.1) highlighted that CSA prevention relied mostly on a child-focused educational approach, with involvement of parents and the public as an additional strategy in supporting sexually abused learners.

Awareness messages can be sent through mass media campaign together with social media e.g., television and radio programmes, social media e.g., Facebook, Twitter, Instagram; public events, e.g., the 16 Days of Activism campaign and National Child Protection Week, print materials, e.g., billboards, bumper stickers or posters. Decker et al. (2015) (Section 2.5.4) added that although billboards are seen as distractive to road users, they can convey visual messages to the public, especially the active billboards as they are digital and change frequently.

An analysis of the participants' responses indicates that awareness campaigns were a requirement as laid down in the protocol for managing and reporting sexual abuse and harassment at school. The view that raising awareness needs a variety of approaches to make the society aware of what is happening around their communities and schools was clearly articulated by participants and literature, indicating its importance. It is therefore important for intersectoral stakeholders to note that the use of media and billboards as a CSA awareness strategy is a vital way of getting more people involved. The information can be spread or distributed to the public through speaking and writing texts in the magazines, newspapers, Facebooks, twitter and on billboards. Social media is regarded as a news-spreader as it is quick, can cover a vast area and can reach many groups simultaneously.

5.3.6.5 Preventing secondary traumatisation and re-victimisation to building of resilience

Prevention of secondary traumatisation, re-victimisation and building resilience for children who are sexually abused is another critical intervention that should be adopted by intersectoral stakeholders. Interviewed participants expressed the view that CSA can be effectively supported by avoiding re-victimisation and secondary trauma. This view was expressed by participants as indicated below. P6 indicated:

> *"There is double victimisation when someone asks a child about her experience during a sexual abuse incident. This makes a child to relive the traumatic experience, and this is a double victimisation. As a social worker, I guard against re-victimisation of the child by asking the same questions asked by the principal of SBST practitioner, parents or police."*

P1 stated:

> "*I provide some guidance with regards to the safe keeping of the child, so that the child must not be revictimised. There have been some girl-child support programmes and yet there haven't been boy child support programmes. So, we are empowering girls and disempowering boys. That is why we find ourselves in this spiral of victimisation of girls, because girls are now assertive and when they are assertive, they intimidate the boys who subsequently become aggressive resulting in re-victimisation of the girl who might have*

received therapy … We provide services for, offenders and victims. It is a general rule that when a booking is done for the victims, we provide the diversion programmes that helps the young offenders, most of them referred by the court after it was determined that they have been abused as well".

P1 added*:*

"Affected children come to the clinic for a diversion programme which introduces them to sexual etiquette, the social skills and respect for other's body and they learn about the law and what are they are supposed to do what are they not supposed to do as youngsters."

P6 highlighted:

"Let us focus on how to rebuild this lost hope with the kids. The most important thing is that it has happened, now we are moving forward. how do we make this child to believe in themselves again? By just being there, supporting and listening without making them experience the trauma of sexual abuse, will build their resilience."

The view of avoiding re-victimisation and secondary traumatisation of the affected children is articulated by Jamieson et al. (2017) (Section 2.6) argued that children are getting incoherent services that are more harmful to their continuing physical and mental wellbeing leading to secondary trauma and re-victimisation. Rudolph et al. (2018) (Section 2.5.1) indicated that programmes needed to be made available to assist parents with advanced and innovative techniques for childrearing that increased parents' protective practices against CSA and alleviated the behaviours that may intensify learners' risk of CSA exposure. The view was also supported by both Willows (2009) (Section 3.4) and Sudbery (2010) (Section 3.6) who expressed their sentiments that in case of distress or painful experiences, securely attached learners were resilient and able to 'bounce back' and enjoy their lives again.

There is congruency between the participants' responses and literature that programmes for preventing secondary traumatisation, re-victimisation and building resilience of the CSA victims and young offenders are essential. It is therefore important for the intersectoral stakeholders to adopt support programmes for sexually abused children to help them deal with the situation without triggering re-

victimisation and secondary traumatisation. This will, therefore, help to build their resilience and improve their wellbeing and mental health.

5.4.6.6 Empowerment of intersectoral stakeholders for effective support.

An analysis of the responses by interviewed participants revealed that intersectoral stakeholders for dealing with sexually abused children including learners, teachers and parents should be empowered, as a way of effectively supporting victims and young offenders of sexually abuse.

This view of empowering intersectoral stakeholders was mentioned by P11 who said*:*

"It's not a generalisation but it does happen that you discuss with learners telling them that their body is private and that they have a right to say no as a way to empower the child and to build their self-esteem."

P5 stated:

"More training for us as social workers to handle CSA because at times there are changes and different dynamics where the known strategies do not work. Learning from each other, I mean teachers, psychologists, police and other specialists dealing with CSA will empower us a great deal."

This was supported by P1 who said*:*

"In my view, training has to be provided to all teachers, so that they must know where to report, how to report, and how to handle the confidentiality of sexual abuse victims and offenders."

P4 brought another dimension by clearly articulating the following:

"We once had a workshop which was called Cain. If each educator can get a little bit of education about this, most sexual abuse cases will be identified there, maybe there can be a change. But I would prefer if maybe even, the Department of Education can stretch the wheels, in as far as sexual abuse is concerned by equipping all the educators in the Department of Education on a programme like CANE."

P8 openly shared their need for professional development to close their missing gap on sexual abuse by stating that:

> "I for one feel, I should get training on how to deal with these issues because you end up being affected as well. And you end up feeling that you are a failure because you couldn't help. Training is vitally important, so we know how to deal with the difficult situation of sexual abuse."

P9 indicated:

"As teachers we are not very well equipped to deal with such sexual abuse situations but, we know what the learner should get help from relevant specialists."

P2 revealed some ignorance about sexual abuse by stating:

> "I think for me personally, it's more an attitude problem for stakeholders dealing with sexual abuse as they should maintain a good attitude towards supportive attitude and create a very safe environment for the learner."

While this is important in supporting sexually abused children, different intersectoral stakeholders have specific expertise such as identifying, therapy, investigating, and court preparations. This is itself shows that the need to empower the stakeholders does not merely require a change in attitude but depends on the nature of stakeholders' work.

The view of empowering intersectoral stakeholders is supported by Rudolph et al. (2018) (Section 2.5.1) who maintained that CSA programmes where children are taught early in their lower grades on how to identify, avoid and disclose sexual exploitation were essential. Such programmes should involve parents, teachers, and any other stakeholders with the aim of preventing CSA, protecting children, and educating them on CSA risks. Mathews and Collin-Vézina (2016) (Section 2.5.1) supported this view by articulating that it was necessary for supervisors and leaders of organisations to raise awareness by developing staff and creating clear policies about CSA prevention and responses to the general public at the institutional and societal levels. Furthermore, Spies (2016) (Section 2.4) stressed that intersectoral stakeholders need to have knowledge of dealing with the process of sexual abuse,

as well as its challenges, to provide effective support to sexually abused children throughout their healing journey.

Based on some of the intersectoral stakeholders' attitude and behaviour, this study concurs with Bhaskaran and Seshadri's (2016) suggestion (Section 2.9.1.3) that it is essential to allocate a primary caseworker to accompany a sexually abused child. They added that a case worker should be there for the child during all referral processes and investigations in order to create a less intimidating process for learners as well as their families. In line with the view of pre-trial therapy, Fouché and Le Roux (2014) (Section 2.5.3), recommended that various ways should be explored for therapists to offer pre-trial counselling for sexually abused children that would not contaminate the integrity of a legal case against a perpetrator.

5.4 CHAPTER SUMMARY

While the participants interviewed agreed that intersectoral stakeholders should be empowered to deal with sexual abuse, it is startling that participants did not mention that there is a Protocol for Managing and Reporting Sexual Abuse and Harassment in Schools. Although it was launched by the Director General of Basic Education in 2017 and it is available on the website, the document seems not to have reached most of the areas where interviewed participants work. The protocol required raising sexual abuse awareness as part of lessons for learners and that educators should be empowered to identify sexual abuse.

Chapter 6 offers a detailed summary of the study, implications, recommendations and conclusion of the study.

CHAPTER 6

SUMMARY, IMPLICATIONS AND RECOMMENDATIONS OF THE STUDY

6.1 INTRODUCTION

The aim of the study was to explore experiences of intersectoral stakeholders responsible for supporting sexually abused children. Chapter 6 provides a summary of the key findings, implications, limitations, conclusions and recommendations and areas for further study. The statement of the problem was thoroughly discussed in Chapter 1; literature was reviewed in Chapter 2 which looked at what had been found about the nature and extent of CSA globally and nationally; Chapter 3 presented the theoretical frameworks underpinning the study. In Chapter 4, the research design was presented including a description of the data collection instruments, how the data would be analysed, measures to ensure trustworthiness and ethical considerations. Chapter 5 presented a discussion of the experiences of intersectoral stakeholders from the Gauteng North Education district.

6.2 RESEARCH QUESTIONS ANSWERED IN THE STUDY

The main research question as stated in Chapter 1 was as follows:

What are the experiences of intersectoral stakeholders supporting sexually abused learners in Gauteng North Education district?

The sub-questions discussed below were used to address the main research question:

6.2.1 What Is the Nature and Extent of CSA in Gauteng North Education District Schools?

In terms of the nature and extent of CSA, both the literature review and participants' interviews indicated that CSA is extensive and massive in nature considering cases that are both reported and not disclosed. As a global problem, CSA is increasingly being identified in schools by educators and educational psychologists. The manifestation of CSA in schools has implications for under-resourced and unequipped educators in identifying and supporting sexually abused learners. In addition to the above findings, it was also found that CSA is a sensitive and complex

issue to deal with. The complexity and sensitivity of the matter is seen in incidences such as false allegations of sexual abuse, maintenance of confidentiality, and intrafamilial CSA. Interpretation and analysis of data collected from interview participants revealed that there was congruency of intersectoral stakeholders serving schools within Gauteng North education districts.

6.2.2 How Do the Intersectoral Stakeholders Collaborate in Supporting Sexually Abused Learners?

In terms of how intersectoral stakeholders provide support to sexually abused children, it was found that several intersectoral stakeholders consisting of knowledgeable educators, psychologists, social workers, well-trained police officers, and community members need to work together to tackle the CSA problem. The intersectoral stakeholders, however, experienced negative effects on their wellbeing which manifested as burnout, stress, and vicarious and secondary traumatisation. The intersectoral stakeholders also experienced numerous challenges while providing support to sexually abused children.

6.2.3 What Challenges and Successes were Experienced by Intersectoral Stakeholders in Supporting Sexually Abused Learners?

The challenges experienced by intersectoral stakeholders as reported in Chapter 5 and extensively discussed in Chapter 2, pertain to legal and professional requirements of different fields of intersectoral stakeholders. These challenges include cultural and language diversity, shortages of forensic social workers, unsupportive behaviour and negative attitudes of intersectoral stakeholders, insufficient or unavailability of witnesses, restrictions in scope of practice and early intervention.

One example of intersectoral stakeholders' challenges for supporting CSA is the issue of contaminating evidence if the sexually abused child is provided support before going to court. Another example of challenges experienced by intersectoral stakeholders supporting sexually abused children is providing therapy to the victim who then goes back to the environment where the perpetrator is exercising authority. Within the school environment, sexually abused learners are provided with support

as victims. However, perpetrators in the communities are not provided with therapy to deal with the root causes of their behaviour.

6.2.4 How can the Intersectoral Stakeholders' Experiences be Used to Make Contributions and Recommendations for Effective Support of Sexually Abused Learners?

In terms of how the intersectoral stakeholders' experiences can be used to propose interventions for supporting sexually abused learners in the Gauteng North Education District schools, both the literature review and interview responses revealed that there are effective interventions proposed and implemented by intersectoral stakeholders. These effective interventions can be used as recommendations to inform future interventions for intersectoral stakeholders who are supporting sexually abused learners.

The biggest challenge for the study was getting to the end of the exploration and determining whether the question asked at the beginning of the study had been answered. In order to clearly understand what came out of the study through the literature review and interviews with intersectoral stakeholders, the data collection, analysis, interpretations and findings were grouped into a number of themes categorised as follows:

Six major themes that emerged from the study to answer the research questions were centred around four areas.

Firstly, the study elucidated that the extensive nature of CSA involves high incidences reported, disclosures and under-reporting, exposure to sexual exploitation and sexual grooming.

Secondly, the study indicated that experiences in dealing with complexities and sensitive nature of CSA focused the sensitivity and complexities surrounding incidences of false allegations by victims, maintenance of confidentiality and addressing intrafamilial sexual abuse.

Thirdly, the impact of CSA included negative effects on learners and intersectoral stakeholders resulting from dealing with CSA regulated by the nature of support and

environment of intersectoral stakeholders. It can be understood from the views of interview participants that intersectoral stakeholders experience burnout, resulting in stress, secondary and vicarious traumatisation. Sexually abused children experience psychological, emotional, physical and social negative impacts which affect the educational performance and their wellbeing.

Fourthly, barriers to providing effective support to CSA victims include cultural and language diversity, shortages of forensic social workers, unsupportive behaviour and attitude of stakeholders, insufficient or unavailability of witnesses, restrictions in scope of practice, and early intervention.

Fifthly, the need for multidisciplinary strategies to support sexually abused learners. Such strategies include a multidisciplinary approach, provision of psychosocial support with individuals, group and parents, trauma debriefing sessions, court preparedness, and SBST support.

Sixthly, effective interventions for providing support to sexually abused children should be adopted and used regularly.

These themes were used to determine whether there was agreement or disagreement (congruence or incongruence) between the responses of interviewed intersectoral stakeholders and the literature review.

The intersectoral stakeholders consistently mentioned the relationship and challenges of working with police and health officials. Also, due to ethical restrictions, data was not collected from learners and parents whose children were affected by sexual abuse.

6.3 THE IMPLICATIONS OF THE STUDY

This section discusses the implications of the study. These implications are informed by themes that emerged from the study. The implications are directed to each intersectoral stakeholder supporting sexually abused children.

Taking into consideration Bronfenbrenner's ecological systems theory, the findings of the study have implications for multidisciplinary teams supporting sexually abused learners. Such implications are not limited to the school system, family system or the community but have implications for other intersectoral stakeholders within the circle of CSA support systems. The implications are far-reaching informed by different levels of the environmental system as outlined by Bronfenbrenner.

As seen in the findings, the intersectoral stakeholders supporting sexually abused learners often display symptoms of burnout which result in stress, vicarious trauma and secondary traumatisation. This means that intersectoral stakeholders experience reflection and flashback of events when supporting traumatised CSA victims because client's trauma also affects them as such traumatic events remain in their minds. Hence, they are said to be negatively affected by the support of sexually abused learners giving rise to symptoms such as exhaustion, sadness, empathy fatigue, alienation, or isolation. Most intersectoral stakeholders who experienced such traumatic stories in the line of their work do not receive trauma intervention support or debriefing sessions to deal with their burnout.

The implications are that authorities should take cognisance of the negative effects experienced by intersectoral stakeholders dealing with CSA. Based on the awareness of undesirable effects suffered by intersectoral stakeholders, authorities should bear in mind that when providers of support are in pain, the support of CSA victims will not be effective. Therefore, intervention programmes that could be provided to intersectoral stakeholders could benefit both the support provider and the learner. Such authorities consist of the DBE, DoH, and DSD and NGOs. In additional two intersectoral stakeholders – the Department of Justice and the South African Police Services – should be added as their role was highlighted in the findings of the study, even though there were not interviewed.

6.3.1 Implications for Families of CSA Victims

It emerged from the study that parental support for CSA plays a vital role as children spend most of their time with their families. Although the family intersectoral stakeholders were not interviewed in this study, the findings of the study showed that they are regarded as a primary ecosystem in which learners form relationships and interact with the immediate environment. As indicated in Chapter 3 (Section 3.3),

parents are the most important stakeholders in the support of sexually abused children. However, the study found that some children are at risk of being sexually abused within their families (Section 2.8.6). Such sexually abused children have been violated by their parents, siblings or other family members. Intrafamilial CSA is one of the complexities exacerbating the sensitive nature of CSA. Once the CSA incidence has been identified, the implication is that families involved should be included in the CSA intervention strategies because this would enable parents and other family members to process the abuse ordeal and deal with unpleasant feelings such as anxiety, shock, self-blame, guilt, and disbelief as well as learning survival mechanisms.

Parental therapy intervention such as family therapy, parental coaching, and guidance to parents can be a functional support structure for their children. The provision of psychoeducation to parents of sexually abused children could enrich parents with knowledge, insight and awareness on the experiences of sexually abused children and they would be able to impart that to other family members as well as educating the community.

Family dynamics play a role in the false allegations of CSA reported by children in cases of divorce or separation. As reported by the participants in the study, some children tend to lie or are forced to intentionally make false allegations of being sexually abused by custodial parents. Such fabricated reports in the family are very destructive and have a negative impact on the lives of many children. This is also very disturbing for innocent people as they could be convicted for crimes, they did not commit due to false accusations of CSA fabricated by one of the parents or other people.

Parents are encouraged to always know and be prepared to carry out their responsibilities in maintaining their children's wellbeing as they are understood to be the most important structure of support to sexually abused children. This implies that parental support plays a vital role in children's lives and they should always provide emotional support for their children. This can be done by being there for their children, showing them love, spending quality time with their children as well as providing shelter and ensuring that their children are safe. This means that it is very important for parent to build a strong, healthy bond with their children to enable

children to feel free and open to discuss with their parents about life and their relationship with their friends and other significant people in their lives. In this way parents need to be more cautious, watchful, and observant for any sign of susceptibility or abuse. Some participants warned parents to be vigilant about trusting or leaving their children alone without supervision or in the hands of other people as CSA perpetrators identify vulnerable children as their target.

6.3.2 Implications for the South African Education System

Teachers are regarded as a vital part of the intersectoral stakeholders because of their role as per the SIAS policy of identifying and supporting learners who are experiencing barriers to learning. This study indicated that the support for CSA provided at schools comes from SBSTs who most often identify learners who are presenting with learning barriers. SBSTs also arrange activities performed by the Soul Buddy team such as presentations of topics on sexual assault in the school assembly. Teachers play an active role in supporting sexually abused children as they are in a position of being the first intersectoral stakeholders given their role of identification of sexually abused learners.

The DBE in South Africa must be vigilant about CSA. It was found in this study that there is a need to empower the intersectoral stakeholders, especially teachers. As there are programmes already in place in SA, DBE should be responsible for strengthening such programmes. As indicated in Chapter 5, staff development and drafting of CSA clear policies on prevention and responses to schools, communities, society, and the inclusive public need to be seriously reinforced. This imply that SBSTs in schools require suitable professional development for them to be able to understand the complexity and sensitive nature of the social context of CSA and conform to their obligated duties of reporting child abuse or suspected cases. The professional development of all teachers in identifying learners that may be affected by CSA is necessary as it was found that only a few teachers received CSA training. Supporting the views of (Mathews, 2011), training of teachers on accomplishing their mandated pastoral care duties in this special context could empower all teachers and benefit learners who are victims of CSA. The training could also assist teachers to cope with their role in CSA cases, shield schools from legal challenges, and empower communities to deal with CSA.

It emerged from the interview responses that some CSA cases happened on school premises among learners. Disciplinary hearings were held, and the perpetrators in CSA cases were expelled from school. In some cases, removal of the perpetrator from the victim's presence is required such as removal from the same classroom or school. As a result, the schools are portrayed as a violent environment for some children. It further emerged from the findings that support programmes are provided for the protection of girl learners to avoid re-victimisation but not for the boy learners who are perpetrators. Because only girl learners are empowered, boys feel intimidated and become aggressive, resulting in an unsafe, violent environment for girls. The risk of violence has been seen in the psychosocial cases referred and attended to by district psychologists, social workers and other intersectoral stakeholders in the school circle of support. Such referred cases include sexual abuse, bullying, use of illegal weapons, substance abuse and other violent behaviours displayed at schools. In some cases, these behaviours result in sexual abuse of other learners. Hence, there is a call to ensure that safety measures are enhanced in the school environment so that schools become safe learning environments for children. Findings indicated that the school also needs to institute intervention strategies for addressing the phases of sexual exploitations, because institutional sexual abuse incidents also happen within the school atmosphere. By following the CSA protocols, this risk can be minimised. Apart from the school being responsible for developing and empowering educators, it was also found that educators play a role in empowering learners through integrating lessons on how to deal with sexual abuse. Educators also could organise other stakeholders to brief parents during SGB general meetings.

6.3.3 Implications for the South African Health System

A shortage of personnel was also one of the findings of the study. Even though there some psychiatric and forensic nurses and social workers, it is necessary to capacitate other healthcare personnel working with children who are sexually abused to improve their ability to identify, manage and refer learners for further support. The DoH needs to include topics concerning identification, management and counselling of sexually abused learners in the training of healthcare workers if such topics are not in their training schedule or strengthen them if are already part their programmes.

The healthcare professional should strengthen all protocols concerning sexual abuse, support and respect as well as confidentiality of patients. As indicated in the findings of this study, in some cases, nurse discloses the sexual abuse status of their patients in the presence of other patients and their colleagues. Hence, their training should also improve with regard to maintaining confidentiality, therapeutic skills and forensic interventions to empower all healthcare stakeholders to provide effective care. Intersectoral stakeholder training on the preventative programmes should be developed, especially for nurses, and awareness campaigns and advocacy should be disseminated to society at large.

It is important for healthcare providers to be aware that, in many cases, substance abuse can be a contributory factor or a result of CSA. This implies that young people are at a higher risk of being sexually abused when they are under the influence of alcohol or drugs. In addition, young people can also be CSA perpetrators due to the loss of judgement emanating from intoxication. Such children or young people who experienced traumatic CSA may resort to drugs and alcohol as a mechanism to deal with their suffering. Their trauma can be worsened by such behaviour because it puts them in a more compromising situation where they could be re-victimised.

As indicated in this study, it is imported for intersectoral stakeholders to note that CSA matters should be treated as urgent and as emergencies to provide appropriate, timeous support for traumatised learners. It was observed that victims of sexual abuse do not get immediate medical attention at clinics and hospitals, and they are required to wait in long queues to get service in such medical facilities. This is another form of re-traumatisation for the learner. Then, this suggests that the healthcare stakeholders need professional empowerment on the treatment and examination of sexually abused children.

6.3.4 Implications for the South African Department of Social Development

Social workers who participated in the study were some of the intersectoral stakeholders who felt that dealing with CSA is a very sensitive and complex matter which results in their suffering from burnout. A foremost challenge with sexual abuse cases is that they are sensitive, complex and traumatic in nature. Therefore, social workers who are supporting sexually abused learners' have difficulties in coping without adequate debriefing support. Social workers, as frontline stakeholders in

CSA cases, appeared to have a heavy burden of accountability in the protection of children. It seemed the other intersectoral stakeholders did not have a full understanding of their role and responsibility regarding CSA support. Hence, there is a diffusion of responsibility among intersectoral stakeholders with social workers saying the cases should go to other intersectoral stakeholders who in turn thought it was the social worker's responsibility.

It is very important to note that even though the social workers are at the forefront of CSA cases, other intersectoral stakeholders should carry out their responsibilities and obligated duties. This takes us to what was discussed above on multisectoral or multidisciplinary team collaboration. Social workers need to collaborate with different departments or professionals, working together to support sexually abused learners in schools. For example, a multidisciplinary intervention by social workers, psychologists and other professionals in support of sexually abused children is more beneficial as it provides a strengths-based support from different stakeholders. This implies that all CSA victims should be able to receive adequate support and knowledge using the expertise of all intersectoral stakeholders who are attending to CSA cases as a team with clearly defined roles. The multidisciplinary team can help ease the heavy burden on social workers and be an enabler for CSA victims to be offered all-inclusive support to address their traumatic incidents.

The need to collaborate in a multidisciplinary team has resourcing, training and development implications for the DSD. As emerged in the findings, there is a need to source and train more forensic social workers to address a serious shortage of forensic social workers identified by participants in the study. The department will also need to develop the existing social workers to work in a multidisciplinary team environment. The DSD will assist in ensuring that the forensic expertise of social workers is enhanced to address the shortcomings which often resulted in cases of CSA being withdrawn or led to delays in the conviction or arrest of perpetrators.

6.3.5 Implications for Non-Governmental Organisation

As indicated in the interview with participants that the non-governmental organisations (NGOs) also have a role to play in the support of sexually abused children. Their role includes increasing the awareness and advocacy on the supervision and protection of children against all social ills. In that case NGOs, such

as TBC, Lifeline, TTCs and others play a critical role in South Africa in providing a child-friendly counselling atmosphere. The participants from one NGO that were interviewed highlighted that full support, starting from reporting phase until the follow-up phase, was provided to learners. This meant that the child was supported holistically be it in terms of assessment, therapy, or court preparedness. The child was not left alone and was supported and accompanied by a counsellor to all the relevant places, such as the clinic and the police station, until the last phase when the learner was referred to a psychologist for counselling.

The findings of the study also highlighted that the NGOs provided support to CSA victims and their families by providing individual, family and group therapy to help them deal with the traumatic occurrence or cope with the effects of CSA. It was further clarified in the findings that support is also provided to the child perpetrator and family. By better understanding the effects and experiences of CSA, learners get relief and can cope better with the suffering and challenges, knowing that the family is on board. Through the intervention of NGOs, learners can be empowered and learn more personal skills to be used in their healing and recovery journey of being sexually abused. In campaigning against sexual abuse, the victims, perpetrators, families, and communities are enlightened about CSA. NGOs further promote CSA prevention programmes in the schools, families, communities, and in the society.

Some NGOs also provide a safe haven for children who are removed from their parents who may have abused them or allowed the sexual abuse to happen. This environment is therefore crucial and staff working in these environments should be thoroughly equipped to deal with the sensitive nature of CSA. This implies that the safe haven should have direct access to educational psychologists, social workers, health professionals, police services, and judicial services

6.3.6 Implications for the South African Policing System

Although these intersectoral stakeholders were not interviewed in the study, the SAPS is also part of the intersectoral stakeholders who play a vital role in addressing CSA. It was revealed in the findings of the study that unsupportive behaviour and negative attitude of police officers made it difficult for victims of CSA to seek assistance because of fear of being re-traumatised by police insensitivity and threatening talk. Such negative attitudes as were mentioned by participants in this

study is a barrier in the provision of the actual support to sexually abused children. Police intervention in CSA is critical in the protection of children although some challenges including lack of resources were highlighted by interview respondents as reasons for slow response times.

This implies that SAPS protective services are essential in CSA cases as they are part of the multidisciplinary intervention as mentioned by participants in this study. Therefore, it is imperative that SAPS as part of intersectoral stakeholder collaborate in fulfilling their roles and obligations in the cases of CSA. It is through the SAPS' efforts that perpetrators can be brought to answer for their unpleasant deeds. In this way, it brings relief to CSA victims when the perpetrator is arrested and convicted for the offence. This calls for a committed and dedicated police service that is passionate about their work or career to protect the dignity, rights and safety of children. As some participants in the study highlighted, children are scared of talking or giving statements to the police which may have a negative impact on the credibility of the victim's account. Hence, it is the responsibility of the police stakeholders to ensure that they check the credibility of the child's account against the offender's account, generally giving the child the benefit of the doubt.

As one of the intersectoral stakeholders, police should be developed and empowered to deal with the CSA cases and also collaborate with other intersectoral stakeholders in awareness campaigns, education and training.

6.3.7 Implication for the South African Justice System

It also emerged from the findings that there is a challenge with trials before therapy or counselling which came from the participants' descriptions of their experiences in supporting sexually abused learners. The justice system was not included in the sample of participants, but it is discussed in this section because it was mentioned in the findings of the study. It is acknowledged that the justice system plays a crucial role of in the South African courts as well as the prosecution of CSA cases. Participants in the study have raised concerns about court process for some cases that are prolonged before being resolved while the victims are traumatised and not getting therapy. As a result of lengthy court processes taking place at the expense of the CSA victims, children continue to suffer. In some instances, those children end up not being able to recollect clear details of the occurrence. Additionally, the court is

not a child-friendly atmosphere and even the judicial process could be frightening, intimidating and very complex in a child's life experience. Furthermore, these CSA victims are anticipated to testify in court proceedings which may be very intimidating. Therapy or counselling for sexually abused children is delayed and it only takes place after the court proceedings to prevent tampering with the child's account of the occurrence.

In this study, the participants commented that it is legally advisable for professionals as well as parents of CSA victims to suspend therapy or counselling until after the conclusion of the court case in order to avoid jeopardising the verdict. Therefore, it is important for the child to be prepared for the court processes; and the police should communicate the court date with the social worker or other professional assisting the child with preparation for court proceedings. Failure to prepare the CSA victim for testifying in court might result in poor evidence being provided by the victims which could lead to the CSA cases being dismissed or struck off the roll. Most CSA cases that have been withdrawn or struck off the role because of a lack of evidence.

With the increased number of cases involving children who are sexually abused and the slow pace of the justice system in the conviction of perpetrators, some participants' comments from this study indicated that they had lost faith in the justice system, while other participants from the study highlighted the conviction of perpetrators as a success in the management of CSA cases.

Another disappointing factor for participants with the justice system was when perpetrators are not convicted, or were granted bail, even when the relevant stakeholders motivated and requested that the perpetrator should not be granted bail as they were a danger to the sexually abused child. The denial of bail should be done for the safety of the CSA victim to avoid re-victimisation and threatening of the victim. This is an indication that getting the perpetrator to be convicted is very difficult, and that justice is seldom served. The collaboration of the justice service with police services and health services will go a long way to prevent cases being withdrawn, and victims being re-victimised and threatened. Professional development is needed for all intersectoral stakeholders who are rendering a service to ensure that CSA perpetrators are convicted, and the victims are protected.

Additionally, the CSA victims are enabled to supply relevant evidence as this is essential in the forensic investigation to prevent contamination of evidence.

6.4 CONTRIBUTIONS OF THE STUDY

6.4.1 Multidisciplinary Support Centre for Supporting Sexually Abused Children

Generally, in dealing with child sexual abuse, there is no unanimous or common ground on which each member of the intersectoral stakeholders approaches CSA support and interventions offered to learners. Many a time, there are conflicting views on how to address CSA as each person of the intersectoral stakeholders seem interested in their own way of addressing their narrow role of CSA and often miss the purpose of supporting learners and at times result in conflicts or blame-games. A multidisciplinary support centre can address such conflict and blame-games and can clearly articulate each stakeholders' role through a memorandum of agreement. At times CSA victims' support is affected by the diffusion of responsibility among intersectoral stakeholders. For the purpose of strengthening the referral and reporting system, a practice to be followed in cases of CSA is suggested below.

6.4.2 Stages for Supporting Sexually Abused Children

As part of the contribution, the study suggests stages for intersectoral stakeholders supporting sexually abused children can intervene in CSA cases. The first stage is ensuring the safety of the sexually abused learner. The second stage is seeking medical attention (tests for pregnancy, treatment of STIs and injuries) and legal intervention (police investigation, forensic assessment, court proceedings and conviction). The next step is the psychosocial support for the learner and parents or caregivers who are taking care of the learner. The learner should be provided with therapeutic support to address the trauma, while the parents should be empowered on how to respond or deal with CSA. The learner should receive individual therapy sessions for trauma debriefing and parents will be developed on how to support a sexually abused learner.

6.4.3 Proposed Virtual Multidisciplinary Strategy for Supporting Sexually Abused Children

There is no unanimous or common ground in which each member of the Intersectoral stakeholders approaches the support and interventions offered to children affected by sexual abuse. Each intersectoral stakeholders follow sector specific processes, policies and systems to support CSA and at times, there are conflicting views on how to address CSA. Each stakeholder seems to be more interested in playing their own narrow role of supporting CSA and often miss the opportunity of providing integrated support to affected learners. Sometimes these narrow roles result into conflicts or blame games. Therefore, the support for CSA victims is mostly affected by the diffusion of responsibility among intersectoral stakeholder. It is for these reasons that a virtual multidisciplinary support centre can address such conflicts, blaming games and can clearly articulate each stakeholders' role through a memorandum of agreement. Also, for strengthening the referral and reporting system, this study propose a practice to be followed as an integrated and mulridisciplinary strategy to supporting sexually abused children.

The figure below (Figure 6.1) suggests how intersectoral stakeholder supporting sexually abused children can intervene in CSA cases.

Child Sexual Abuse Intervention Practice

Legal intervention

Psychosocial Intervention

Medical Intervention

learners

parents

Police investigations

Forensic assessment

Therapeutic support

Empowerment responding to CSA

Examination pregnancy Treatment of STI's and injuries

Court proceedings

Individual therapy

Understanding & Providing support

Conviction

Trauma debriefing

Encouraging disclosure

179

Family therapy
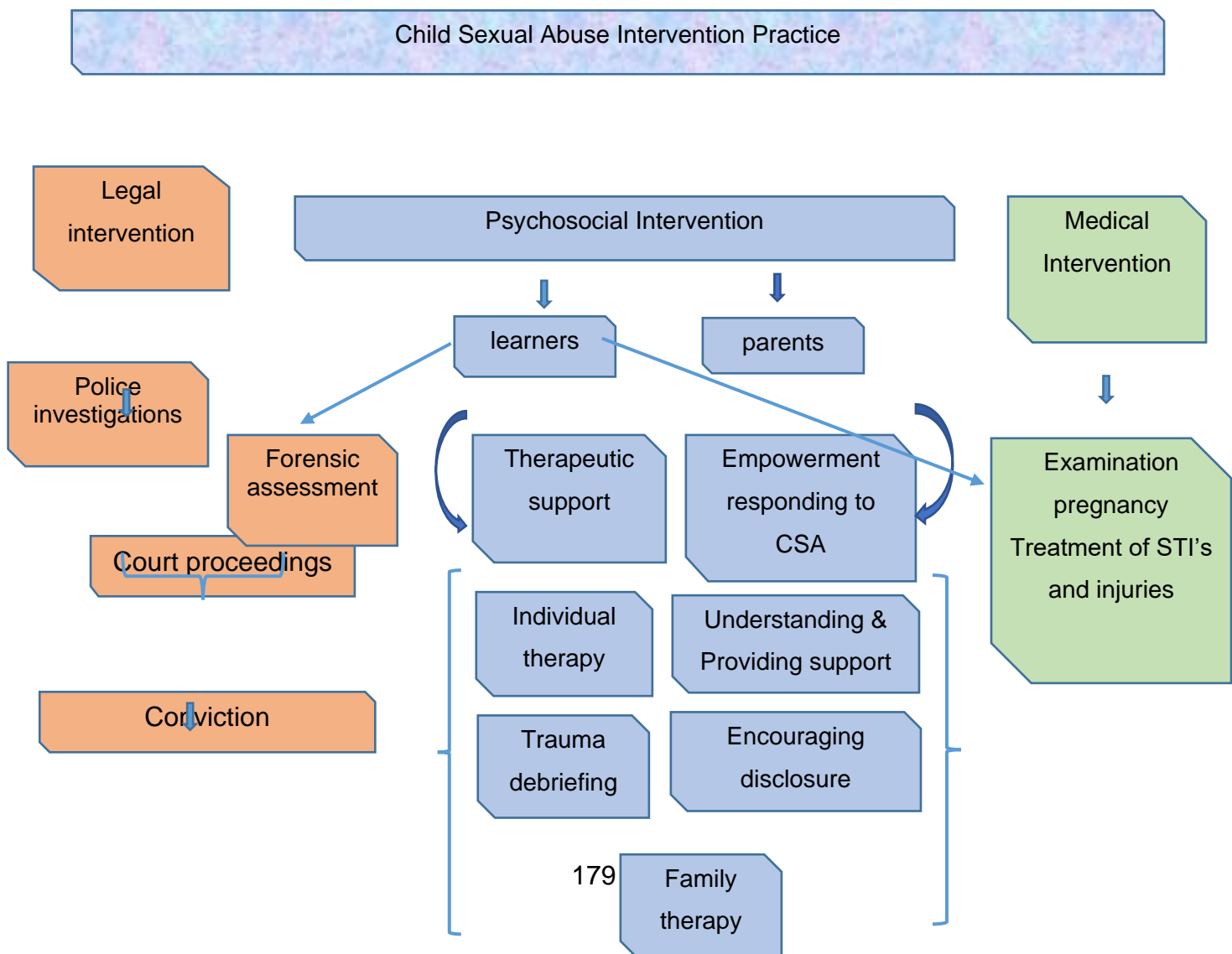
Figure 6.1 CSA intervention

The proposed above indicates a proposed strategy for supporting sexually abused children. The framework suggests that criminal justice CSA support services, CSA health support services, CSA social support services and educational CSA support services should have a memorandum of agreement governing screening, identification, referrals and support of the CSA victims. The support will be virtual as there will not be a centre but an understanding that if there is a case each sector service will be activated to help the CSA victim.

6.5 LIMITATIONS OF THE STUDY

As indicated in Chapter 1 (1.11), data collection was limited to a few intersectoral stakeholders and excluded other departments such as SAPS, other NGOs working with CSA, justice and prosecution officials, legal experts and nurses working with sexual abuse cases. The sampled schools did not accommodate all races in the district and therefore were not representative of all races in Gauteng North Education District. The study used a small sample, as the intention was not to generalise the findings to other stakeholders outside Gauteng North Education District. The aim of the study was to explore and understand the essence of intersectoral stakeholders supporting and working with victims of CSA from the participants' viewpoints. Additionally, limitations emanated from the Covid-19 pandemic which impacted the study negatively. During that time, it was difficult to focus on the study due to the fear of dying and the pain of losing loved ones, friends and colleagues. I was also emotionally stressed by the abnormality of life occasioned by the Covid-19 pandemic. As a result, Covid-19 interrupted the study and timeframes had to be delayed. Covid 19 pandemic did not impact on the collection of because it was done before covid 19 pandemic months. There was no need to adhere to covid 19 regulations and protocols.

6.6 RECOMMENDATIONS ON SUPPORTING SEXUALLY ABUSED CHILDREN

The critical question that remains in this study is "What is the significance of the research undertaken in Gauteng North Education District?" Several

recommendations emanating from the study both from literature review and interviews with intersectoral stakeholders suggest that a multidisciplinary approach should be adopted. It is, therefore, recommended that:

A collaborative approach should be adopted since it appeared that stakeholders still work in silos, to avoid providing same services to same group of people. It is better for intersectoral stakeholders to work together. For example, different awareness activities could be planned together and conducted at the same day, place and time. This means that intersectoral stakeholders would draft the management plan collectively as a team and execute such activities according to their plan.

- Different sectors could address the shortage of professionals and experts to deal with CSA cases such as forensic expertise in health, police, education and social development services.

- Authorities responsible for employing intersectoral stakeholders could provide them with training, development and empowerment so that they can be in a position to support CSA victims speedily and effectively. The authorities employing intersectoral stakeholders could make it a standard practice to provide trauma debriefing and therapy to those that are supporting CSA victims with traumatic encounters.

- Multisectoral stakeholders involving Education, Health, Social Development, the National Prosecuting Authority, SAPS, and Family Protective Services sectors could come together to develop a guideline for CSA pre-trial therapy so as to avoid delays, to prevent cases being withdrawn and to address the concerns about contaminating or tampering with evidence.

- Awareness could be created among all intersectoral stakeholders feeding into court proceedings to ensure that their work and inputs are of high quality which leads to fast-tracking of perpetrators' convictions.

- Awareness of the rules about sexual abuse disclosures could be raised among learners by employing a variety of measures such as disclosure boxes and enforcing of the legislation that makes it mandatory for all professionals and other people working with children to report suspected or identified CSA cases.

- Schools could introduce a variety of measures for raising the awareness of CSA and equipping learners with knowledge and skills that would enable them to

handle a sexual abuse situation. Such measures could include but are not limited to:

- Inclusion of CSA as part of the curriculum in classrooms and part of educators training.

- Schools could administer confidential questionnaires to assess risks associated with CSA and to encourage disclosure to be managed by officials with accreditation for administering psychometric tests.

- Encourage the companion (buddy) approach as a measure to enable friends, peers and confidantes to talk openly about their circumstances which in turn could result in disclosures.

- Constantly ensure that the Life Skills programme includes a talk session where learners are given the opportunity to talk about sexual abuse.

- Learners could be empowered with CSA programmes to minimise the risks of being sexually abused.

6.7 AREAS NEEDING FURTHER RESEARCH

A study should be conducted on the concerns raised by some of the participants in this research about therapy before court proceedings which is regarded as contamination of the child's evidence. The capability of the traumatised child to testify in court proceedings also needs to be addressed.

As part of the intersectoral stakeholders, parents affected by CSA were not interviewed and it is recommended as an area for further study, in particular, their experiences and perceptions of the role that schools, health practitioners, the police and other services and stakeholders are expected to play.

- The study did not involve the justice system or the police service in the sample. Therefore, a study to obtain first-hand experience of police service and justice service stakeholders on the experiences of working with CSA victims would be beneficial to the literature.

The following points emanating from the study are stated as part of the summary:

- CSA is a massive and extensive problem in South Africa and globally and it needs urgent attention.

- CSA is a complex and sensitive issue as it is characterised by a variety of dynamics including cultural beliefs, the notion of false allegations, and legal challenges, among other things.

- The effects of CSA are not only felt by the sexual abuse victims, parents, and educators. Professionals such as nurses, therapists, social workers and psychologists are negatively affected through relieving the victim's trauma or experiencing work overload and burnout.

- There are various intersectoral stakeholders who find themselves working with the same victim of sexual abuse, such as educators, police officials, health practitioners, judicial officials and social workers. A collaborative and multidisciplinary approach could be adopted to support the child.

- Training, professional development and empowerment of intersectoral stakeholders are essentials in providing effective support for CSA.

- Awareness campaigns to encourage identification of CSA cases, disclosures and safeguarding of important CSA evidence is non-negotiable.

6.8 SUMMARY FOR THE STUDY

The aim of the study was to explore the experiences of intersectoral stakeholders supporting sexually abused learners in Gauteng North Education District. This chapter discussed the summary, findings, implications, limitations, recommendations of the study as well as the areas of further study. Although Chapter 6 signals the end of the research journey, it is important to recall Mervin Gordon who stated that "no research is ever quite complete. It is the glory of a good bit of work that it opens the way for something still better, and this repeatedly leads to its own eclipse" (Rutten, 2020). Coming to the end of this study on experiences of intersectoral stakeholders supporting CSA victims, a critical question that opens the way of something better is whether the proposed multidisciplinary support centre for CSA will achieve the set aims. Comforted by the notion that interventions grounded in scientific evidence are destined to achieve intended goals, the multidisciplinary support centre will succeed in addressing challenges stated in the study (University of Washington, 2021).

However, this should not be a guarantee as interventions and evidence-based practices that are poorly implemented or not implemented at all do not produce expected benefits. Even when effectively implemented, interventions and practice

may still not produce expected benefits if effectiveness is lost during implementation, or if the intervention or practice was not grounded in research.

The next step is to ensure implementation of the proposed collaborative and multidisciplinary support initiative for CSA which could be done together with the authorities employing each of the intersectoral stakeholders.

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APPENDIX A: ETHICAL CLEARANCE

UNISA | university of south africa

UNISA COLLEGE OF EDUCATION ETHICS REVIEW COMMITTEE

Date: 2019/02/13

Ref: **2019/02/13/31225586/37/MC**

Name: Ms ME Rambau

Student: 31225586

Dear Ms Rambau

Decision: Ethics Approval from
2019/02/13 to 2024/02/13

Researcher(s): Name: Ms ME Rambau
E-mail address: merambau@webmail.co.za
Telephone: +27 82 432 0694

Supervisor(s): Name: Dr MF Mavuso
E-mail address: mavusmf@unisa.ac.za
Telephone: 012 429 8635

Title of research:

Intersectoral stakeholders' experiences of supporting sexually abused learners in Gauteng North schools

Qualification: D. Ed in Psychology of Education

Thank you for the application for research ethics clearance by the UNISA College of Education Ethics Review Committee for the above mentioned research. Ethics approval is granted for the period 2019/02/13 to 2024/02/13.

The **medium risk** application was reviewed by the Ethics Review Committee on 2019/02/13 in compliance with the UNISA Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone +27 12 429 3111 Facsimile +27 12 429 4150

4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.

6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data requires additional ethics clearance.

7. No field work activities may continue after the expiry date **2020/12/15**. Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number **2017/02/15/90167759/37/MC** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Kind regards,

Prof AT Motlhabane
CHAIRPERSON: CEDU RERC
motlhat@unisa.ac.za

Prof V McKay
EXECUTIVE DEAN
Mckayvi@unisa.ac.za

Approved - decision template – updated 16 Feb 2017

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APPENDIX B: REQUEST TO GAUTENG DEPARTMENT OF EDUCATION FOR PERMISSION TO CONDUCT RESEARCH WITH TEACHERS AND DISTRICT OFFICIALS IN GAUTENG NORTH DISTRICT

Title of the research: **INTERSECTORAL STAKEHOLDERS' EXPERIENCES OF SUPPORTING SEXUALLY ABUSED LEARNERS IN GAUTENG NORTH SCHOOLS**

The Head of Department

Gauteng Department of Education

Contact details of the person (tel and email address)

Dear _____

I, Rambau M.E am doing research under supervision of Dr Mavuso, in the Department of Psychology of Education towards a doctoral degree of Education (DEd) at the University of South Africa. Dr Mavuso can be contacted at 012 429 8635 or mavusmf@unisa.ac.za. The aim of the study is to investigate the experiences of intersectoral stakeholders in supporting sexually abused learners. The Gauteng Department of Education (GDE) has been selected because there are professionals who are directly involved in supporting learners who are sexually abused. Invited participants are members of the intersectoral stakeholders that meet on a monthly basis.

Participants will be invited to participate in the study on a voluntary basis. They will include teachers and intern psychologist in the Department of Education. Other participants will include social workers employed by the Department of Social Development and Non-Government Organisations.

Data will be collected through individual interviews from, teachers, social workers, psychologists or counsellors. The benefit of this study is that it will shed insight in to the phenomenon on CSA and how affected children are supported by intersectoral stakeholders.

There are no risks anticipated in this study. Participation will be voluntary, and participants will be informed that they can withdraw from the study without any penalty. The participant's names including the names of their schools or organisation will not be used to ensure confidentiality and anonymity.

There will be no reimbursement or any incentives for participation in the research as the participation is voluntarily and it has been clearly articulated in the consent letter. Feedback procedure entails that the research findings will be first be discussed with participants as part of feedback, published as a thesis, could be published as book chapter, research article and could be presented in seminars and conferences. Upon completion of the study, the Gauteng Department of Education will be informed about the approved thesis in a form of a report.

Yours sincerely

_____

Rambau ME
(Researcher)
Email: merambau@webmail.co.za

APPENDIX C: APPROVAL FROM GAUTENG DEPARTMENT OF EDUCATION

GAUTENG PROVINCE
Department: Education
REPUBLIC OF SOUTH AFRICA

	8/4/4/1/2

GDE RESEARCH APPROVAL LETTER

Date:	27 March 2019
Validity of Research Approval:	04 February 2019 – 30 September 2019 2018/439
Name of Researcher:	Rambau M.E
Address of Researcher:	214 Enkeldoorn
	0182
Telephone Number:	012 8463 722 / 082 432 0694
Email address:	merambau@webmail.co.za / Eunice.Rambau@gauteng.gov.za
Research Topic:	Intersectoral stakeholders' experience of supporting sexually abused learners in Gauteng North District Schools.
Type of qualification	PhD
Number and type of schools:	Four Primary Schools
District/s/HO	Gauteng North

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

04/01/2019   1

Making education a societal priority

Office of the Director: Education Research and Knowledge Management
7th Floor, 17 Simmonds Street, Johannesburg, 2001
Tel: (011) 355 0488
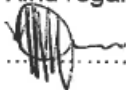Email: Faith.Tshabalala@gauteng.gov.za
Website: www.education.gpg.gov.za

above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

1. The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.
2. The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.
3. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.
4. A letter / document that outline the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.
5. The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.
6. Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.
7. Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.
8. Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.
9. It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.
10. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
11. The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.
12. On completion of the study the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.
13. The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.
14. Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards

Mr Gumani Enos Mukatuni
Acting CES: Education Research and Knowledge Management

DATE: 01 04 2019

2

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APPENDIX D: REQUEST TO THE DISTRICT DIRECTOR FOR PERMISSION TO CONDUCT RESEARCH WITH TEACHERS AND DISTRICT OFFICIALS IN GAUTENG NORTH DISTRICT

UNISA | college of education

Title of the research: **Exploring the experiences of intersectoral stakeholders in supporting Sexually Abused Learners in Schools**

The District Director

Gauteng North

Contact details of the person (tel and email address)

I, Rambau M.E am doing research under supervision of Dr Mavuso, in the Department of Psychology of Education towards a doctoral degree of Education (DEd) at the University of South Africa. Dr Mavuso can be contacted at 012 429 8635 or mavusmf@unisa.ac.za. The aim of the study is to investigate the experiences of intersectoral stakeholders in supporting sexually abused learners. The district has been selected because there are professionals who are directly involved in supporting learners who are sexually abused.

Participants will be invited to participate in the study on a voluntary basis. They will include teachers who are employed by the Department of Education, intern educational psychologist, social workers employed by the Department of Social Development, clinical psychologists employed by the Department of Health, and psychologist or counsellor from Teddy Bear Clinic Non-Government Organisations.

Data will be collected through individual interviews from, teachers, social workers, psychologists or counsellors. The benefit of this study is that it will shed insight into the phenomenon on CSA and how affected children are supported by intersectoral stakeholders.

There are no risks anticipated in this study. Participation will be voluntary, and participants will be informed that they can withdraw from the study without any

penalty. The participant's names including the names of their schools or organisation will not be used to ensure confidentiality and anonymity.

There will be no reimbursement or any incentives for participation in the research as the participation is voluntarily and it has been clearly articulated in the consent letter. Feedback procedure entails that the research findings will be first be discussed with participants as part of feedback, published as a thesis, could be published as book chapter, research article and could be presented in seminars and conferences. Upon completion of the study, the district will be informed about the approved thesis in a form of a report.

Yours sincerely

_____

Rambau ME

Rambau ME
(Researcher)
Email: merambau@webmail.co.za

UNISA | college of education

Title of the research: **Intersectoral stakeholders' experiences in supporting Sexually Abused Learners in Gauteng North Schools.**

The Principal and SGB

Gauteng North Schools

Contact details of the person (tel and email address)

I, Rambau M.E am doing research under supervision of Dr Mavuso, in the Department of Psychology of Education towards a doctoral degree of Education (DEd) at the University of South Africa. Dr Mavuso can be contacted at 012 429 8635 or mavusmf@unisa.ac.za. The aim of the study is to investigate the experiences of inter-sectoral stakeholders in supporting sexually abused learners. The School has been selected because there are teachers (SBST) who are directly involved in supporting learners who are sexually abused.

Participants will be invited to participate in the study on a voluntary basis. They will include teachers, who are employed by the department of education. Other participants will include intern educational psychologist, social workers employed by the Department of Social Development, clinical psychologists employed by the Department of Health, and psychologists Non-Government Organizations.

Data will be collected through individual interviews from, teachers, social workers and psychologists. The benefit of this study is that it will shed insight into the phenomenon on child sexual abuse and how affected children are supported by intersectoral stakeholders.

There are no risks anticipated in this study. Participation will be voluntary, and participants will be informed that they can withdraw from the study without any

penalty. The participant's names including the names of their schools or organization will not be used to ensure confidentiality and anonymity.

There will be no reimbursement or any incentives for participation in the research as the participation is voluntarily and it has been clearly articulated in the consent letter. Feedback procedure entails that the research findings will be first be discussed with participants as part of feedback, published as a thesis, could be published as book chapter, research article and could be presented in seminars and conferences. Upon completion of the study, the school will be informed about the approved thesis in a form of a report.

Yours sincerely

_____

Rambau ME
(Researcher)
Email: merambau@webmail.co.za

APPENDIX F: REQUEST TO GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT FOR PERMISSION TO CONDUCT RESEARCH WITH SCHOOL SOCIAL WORKERS BASED IN GAUTENG NORTH DISTRICT

UNISA | college of education

Title of the research: **Intersectoral stakeholders' experiences in supporting Sexually Abused Learners in Gauteng North Schools**

The Head of Department

Gauteng Department of Social Development

Contact details of the person (tel and email address)

Dear _____

I, Rambau M.E am doing research under supervision of Dr Mavuso, in the Department of Psychology of Education towards a doctoral degree of Education (DEd) at the University of South Africa. Dr Mavuso can be contacted at 012 429 8635 or mavusmf@unisa.ac.za. The aim of the study is to investigate the experiences of intersectoral stakeholders in supporting sexually abused learners. The Gauteng Department of Social Development (GDE) has been selected because there are professionals who are directly involved in supporting learners who are sexually abused. Invited participants are members of the intersectoral stakeholders that meet on a monthly basis.

Participants will be invited to participate in the study on a voluntary basis. They will include social workers who are employed by the Department of Social Development. Other participants will include teachers, intern educational psychologist in the Department of Education, clinical psychologists employed by the Department of Health, and psychologists or counsellors from Teddy Bear Clinic and Childline Non-Government Organisations.

Data will be collected through individual interviews from, teachers, social workers, psychologists or counsellors. The benefit of this study is that it will shed insight in to

the phenomenon on CSA and how affected children are supported by intersectoral stakeholders.

There are no risks anticipated in this study. Participation will be voluntary, and participants will be informed that they can withdraw from the study without any penalty. The participant's names including the names of their schools or organisation will not be used to ensure confidentiality and anonymity.

There will be no reimbursement or any incentives for participation in the research as the participation is voluntarily and it has been clearly articulated in the consent letter. Feedback procedure entails that the research findings will be first be discussed with participants as part of feedback, published as a thesis, could be published as book chapter, research article and could be presented in seminars and conferences. Upon completion of the study, the Gauteng Department of Social Development will be informed about the approved thesis in a form of a report.

Yours sincerely

_____

Rambau ME
(Researcher)
Email: merambau@webmail.co.za

APPENDIX G: PERMISSION FROM GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Dr. Sello Mokoena
Tel: 082 331 0788
File no.: 2/04/19

Dear Ms. Eunice Rambau

RE: APPLICATION TO CONDUCT RESEARCH IN THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

Thank you for your application to conduct research within the Gauteng Department of Social Development.

Your application on the research on *"Intersectorial Stakeholders Experiences of Supporting Sexually Abused Children in Gauteng North District"* has been considered and approved for support by the Department as it was found to be beneficial to the Department's vision and mission. The approval is subject to the Department's terms and conditions as endorsed on the 16th April 2019.

May I take this opportunity to wish you well on the journey you are about to embark on.

We look forward to a value adding research and a fruitful co-operation.

With thanks

Ms Amanda Hartmann
Deputy Director General: Support Services
Date: 24/04/2019

APPENDIX H: REQUEST TO GAUTENG DEPARTMENT OF HEALTH FOR PERMISSION TO CONDUCT RESEARCH WITH CLINICAL PSYCHOLOGISTS BASED IN GAUTENG NORTH DISTRICT COMMUNITIES

UNISA | college of education

Title of the research: **Intersectoral stakeholders' experiences in supporting Sexually Abused Learners in Gauteng North Schools.**

The Head of Department

Gauteng Department of Health

Contact details of the person (tel and email address)

Dear _____

I, Rambau M.E am doing research under supervision of Dr Mavuso, in the Department of Psychology of Education towards a doctoral degree of Education (DEd) at the University of South Africa. Dr Mavuso can be contacted at 012 429 8635 or mavusmf@unisa.ac.za. The aim of the study is to investigate the experiences of intersectoral stakeholders in supporting sexually abused learners. The Gauteng Ddepartment of Health (Bronkhorstspruit and Rethabiseng clinics) has been selected because there are professionals who are directly involved in supporting learners who are sexually abused in schools.

Participants will be invited to participate in the study on a voluntary basis. They will include, clinical psychologists employed by the Department of Health. Other participants will include teachers, intern psychologist in the Department of Education, social workers who are employed by the Department of Social Development, psychologists or counsellors from Teddy Bear Clinic and Childline Non-Government Organisations.

Data will be collected through individual interviews from, teachers, social workers, psychologists or counsellors. The benefit of this study is that it will shed insight in to the phenomenon on CSA and how affected children are supported by intersectoral stakeholders.

There are no risks anticipated in this study. Participation will be voluntary, and participants will be informed that they can withdraw from the study without any penalty. The participant's names including the names of their schools or organisation will not be used to ensure confidentiality and anonymity.

There will be no reimbursement or any incentives for participation in the research as the participation is voluntarily and it has been clearly articulated in the consent letter. Feedback procedure entails that the research findings will be first be discussed with participants as part of feedback, published as a thesis, could be published as book chapter, research article and could be presented in seminars and conferences. Upon completion of the study, the Gauteng Department of Health will be informed about the approved thesis in a form of a report.

Yours sincerely

_____

Rambau ME
(Researcher)
Email: merambau@webmail.co.za

APPENDIX I: PERMISSION FROM GAUTENG DEPARTMENT OF HEALTH

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Enquiries: Mpho Moshime-Shabagu
Tel: +27 12 451 9036
E-mail: Mpho.Moshime@gauteng.gov.za

TSHWANE RESEARCH COMMITTEE: CLEARANCE CERTIFICATE

DATE ISSUED: 07/06/2019
PROJECT NUMBER: 34/2019
NHRD REFERENCE NUMBER: GP_201904_034

TOPIC: Intersectoral stakeholders' experiences in supporting sexually abused learners in Gauteng North schools.

Name of the Researcher:	Ms. Mushinyana Eunice Rambau
Name of the Supervisor:	Dr. MF Mavuso
Facility:	Refilwe Clinic Bronkhorstspruit Hospital
Name of the Department:	UNISA.

NB: THIS OFFICE REQUEST A FULL REPORT ON THE OUTCOME OF THE RESEARCH DONE AND

NOTE THAT RESUBMISSION OF THE PROTOCOL BY RESEARCHER(S) IS REQUIRED IF THERE IS DEPARTURE FROM THE PROTOCOL PROCEDURES AS APPROVED BY THE COMMITTEE.

DECISION OF THE COMMITTEE: **APPROVED**

....   Date.....7/6/19.....
Mr. Peter Silwimba
Deputy Chairperson: Tshwane Research Committee

....   Date: 2019.06.10
Mr. Mothomone Pitsi
Chief Director: Tshwane District Health

APPENDIX J: REQUEST FOR PERMISSION TO CONDUCT RESEARCH WITH NGO COUNSELLORS OR PSYCHOLOGISTS

UNISA | college of education

Title of the research: I**ntersectoral stakeholders experiences in supporting Sexually Abused Learners in Gauteng North Schools.**

The CEO

NGO

Contact details of the person (tel and email address)

I, Rambau M.E am doing research under supervision of Dr Mavuso, in the Department of Psychology of Education towards a doctoral degree of Education (DEd) at the University of South Africa. Dr Mavuso can be contacted at 012 429 8635 or mavusmf@unisa.ac.za. The aim of the study is to investigate the experiences of intersectoral stakeholders in supporting sexually abused learners. The NGO Teddy Bear Clinic has been selected because there are professionals who are directly involved in supporting learners who are sexually abused.

Participants will be invited to participate in the study on a voluntary basis. They will include psychologists and counsellors who are employed by your NGO. Other participants will include teachers and psychologist in the Department of Education, clinical psychologists employed by the Department of Health, and psychologist or counsellor from other Non-Government Organisations.

Data will be collected through individual interviews from, teachers, social workers, psychologists or counsellors. The benefit of this study is that it will shed insight in to the phenomenon on CSA and how affected children are supported by intersectoral stakeholders.

There are no risks anticipated in this study. Participation will be voluntary, and participants will be informed that they can withdraw from the study without any penalty. The participant's names including the names of their schools or organisation will not be used to ensure confidentiality and anonymity.

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There will be no reimbursement or any incentives for participation in the research as the participation is voluntarily and it has been clearly articulated in the consent letter. Feedback procedure entails that the research findings will be first be discussed with participants as part of feedback, published as a thesis, could be published as book chapter, research article and could be presented in seminars and conferences. Upon completion of the study, your NGO will be informed about the approved thesis in a form of a report.

Yours sincerely

_____

Rambau ME

Rambau ME
(Researcher)
Email: merambau@webmail.co.za

APPENDIX K: PERMISSION FROM NGO

26 June 2019

Eunice Rambau
Email: Eunice.Rambau@gauteng.gov.za

Dear Eunice

I, _____ will welcome and give permission to Eunice Rambau to come in as a volunteer to complete her research and compile her thesis as a Psychologist on the following topic: Investigating the experience of inter-sectoral stakeholders in supporting sexually abused learners at our clinic.

We also will give her permission to get information, speak to our Social Workers, Psychologists and Branch Managers.

Yours sincerely

APPENDIX L: INFORMED CONSENT LETTER TO PARTICIPANTS

UNISA | college of education

Title of the research: **Intersectoral stakeholders' experiences in supporting Sexually Abused Learners in Gauteng North Schools.**

Dear _____

This letter is an invitation to consider participating in a study. I, Rambau ME, am conducting as part of my research as a doctoral student entitled: Exploring the experiences of intersectoral stakeholders in supporting Sexually Abused Learners in Schools at the University of South Africa. Permission for the study has been given by Department of Education and the Ethics Committee of the College of Education, UNISA. I have purposefully identified you as a possible participant because of your valuable experience and expertise related to my research topic.

I would like to provide you with more information about this project and what your involvement would entail if you should agree to take part. The importance of the study is to explore and to enhance the intervention and support that sexually abused learners are entitled to. As we know that Childhood Sexual Abuse may be one of the most traumatic events children experience in our society and such children are entitled to treatment and support for the trauma they have suffered. In this interview I would like to have your views and opinions on this topic. This information can be used to improve the support provided to sexually abused children.

Your participation in this study is voluntary. It will involve an individual interview of approximately 30 to 60 minutes in length to take place in a mutually agreed upon location at a time convenient to you. You may decline to answer any of the interview questions if you so wish. Furthermore, you may decide to withdraw from this study at any time without any negative consequences.

In case of emotional discomfort, you should immediately notify the researcher who will inform her supervisor and appropriate intervention will be provided. You will be referred to professionals who will provide counselling depending on your choice and affordability.

With your kind permission, the interview will be audio-recorded to facilitate collection of accurate information and later transcribed for analysis. Shortly after the transcription has been completed, I will send you a copy of the transcript to give you an opportunity to confirm the accuracy of our conversation and to add or to clarify any points. All information you provide is considered completely confidential. Your name will not appear in any publication resulting from this study and any identifying information will be omitted from the report. However, with your permission, anonymous quotations may be used. Data collected during this study will be retained on a password protected computer for 5 years in my locked office.

The benefits of this study are that you gain more knowledge on how to support and assist sexually abused children and there are no known or anticipated risks to you as a participant in this study. You will not be reimbursed or receive any incentives for your participation in the research.

If you would like to be informed of the final research findings, please contact Rambau ME on 0824320694 or email merambau@webmail.co.za. The findings are accessible for one to two years after the completion of the research study.

If you have any questions regarding this study or would like additional information to assist you in reaching a decision about participation, please contact me at 0824320694 or by email at merambau@webmail.co.za.

I look forward to speaking to you and thank you in advance for your assistance in this project. If you accept my invitation to participate, I will request you to sign the consent form.

Yours sincerely

Rambau ME_____ _____

Researcher's name (print) Researcher's signature: Date:

Contacts: 0824320694

Email: merambau@webmail.co.za

APPENDIX M: CONSENT FORM FOR INDIVIDUAL INTERVIEW PARTICIPANTS

UNISA | college of education

CONSENT FORM FOR INDIVIDUAL INTERVIEW PARTICIPANTS

I have read the information presented in the information letter about the study in education. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and add any additional details I wanted. I am aware that I have the option of allowing my interview to be audio-recorded to ensure an accurate recording of my responses. I am also aware that excerpts from the interview may be included in publications to come from this research, with the understanding that the quotations will be anonymous. I was informed that I may withdraw my consent at any time without penalty by advising the researcher. With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

Participant's Name (Please print):_____

Participant Signature : _____

Researcher Name: (Please print) _____

Researcher Signature: _____

Date: _____

APPENDIX N: TEMPLATE FOR PARTICIPANTS' EDUCATIONAL AND EMPLOYMENT BACKGROUND

Each participant to complete the form below:

Participant	Designation	Age	Gender	Experience	Qualification

APPENDIX o INTERVIEW QUESTIONS

The interview questions below, will be used to explore the experiences of teachers in supporting sexually abused learners:

INTERVIEW SCHEDULE FOR TEACHERS	
1. What is it like to deal with child sexual abuse?	
2. As a teacher, what is your role in the cases of child sexual abuse?	
3. How prevalent is sexual abuse in your school?	
4. What are some of the specific strategies you use to support CSA?	
5. What challenges do you experience in dealing with the child sexual abuse?	
6. What success have you encountered in handling child sexual abuse?	
7. In your view, how should Child sexual abuse be addressed?	
8. What are some of the specific strategies you use to support CSA?	

The following interview questions will be used to examine experiences of social workers, psychologists:

INTERVIEW SCHEDULE FOR SOCIAL WORKERS AND PSYCHOLOGISTS	
1. As a social worker / psychologist/ counsellor what is your role in the cases of child sexual abuse (CSA)?	
2. How is it like to deal with sexual abuse?	
3. How prevalent is child sexual abuse in your area of specialisation?	
4. What forms of intervention or support are helpful to sexually abuse children?	
5. What are some of the specific strategies you use to support CSA?	

6. What guidance is available to identify, refer and support sexually abused learners?	
7. What challenges do you experience in dealing with the child sexual abuse?	
8. What success have you encountered in handling child sexual abuse?	
9. In your view, how should Child sexual abuse be addressed?	

APPENDIX P: EXAMPLE OF INDIVIDUAL INTERVIEW TRANSCRIPT

PARTICIPANT 11 (Psychologist)

N.B. This is the selected part of individual interview transcripts of one psychologist, one social worker and one teacher. Selected responses are highlighted in blue colour.

Researcher: As a psychologist, what is your role in the cases of child sexual abuse?

Participant 11: Okay, so let me start by maybe saying I'm a clinical psychologist and I'm working for Department of Health in the Pretoria area, Tshwane Area. So uh, our role in mental health, our role in mental health from a clinical perspective and a clinic level, is usually to give treatment and systems for, while the community in a whole, but specifically with cases of child sexual abuse, these cases are often referred from schools or when the parents notice that there's signs and symptoms from the child that is change is behaviour. So, the, the referrals come from one referral, but usually from schools or the community themselves. And uh, then my role is to offer assistance, supportive psychotherapy, sometimes some psycho education to the victims and their families, and mostly support for the victim.

Researcher: Okay. Let's move to the next question. How is it like to deal with sexual abuse?

Participant 11: Well, it's difficult because the victims are emotionally hurt and I am a male, so in a lot of these cases perpetrators are males.

Researcher: Can you tell me more about the difficulty of being a male therapist as you indicated that most of the victims, are females.

Participant 11: Yes. So, a lot of the communities I work, as well as all of the communities I work, are very small. So, a lot of the culture in the communities sometimes can be best described as conservative I suppose. So, what that means is that there are definite roles allocated to specific people. For example, Women are often supposed to be the home makers, but specifically keep quiet, men are supposed to be the bread winners. The problem is that the child does not associate a male figure with a nurturing figure. As psychologists we provide a safe nurturing environment. So, the child is then coming in with this pre-existing believe that a male

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is not someone that you disclose emotional difficulties to. It's not someone that will comfort you or support you it's someone that you look to for and authority figure, someone that you ask for financial support. So, that's the first difficulty, it's establishing that relationship with a child and my role of nurturing and supporting. Not in the same sense obviously as women but its emotional support. Another challenge is that: I don't speak an African language, and a lot of the children are not English speaking. So, even if they can speak English, they then speak it as a second language. So, their ability to express their emotions and feelings are sometimes restricted by the medium that we use in English. And then we would have to make use of a translator or an interpreter which in a small community sometimes difficult because there is not a lot of people equipped, I mean, just because you can speak two languages doesn't mean you're an interpreter.

Researcher: How prevalent is child sexual abuse in your area of specialization?

Participant 11: Okay, my area of specialization as a clinical psychologist, covers broadly speaking all psychiatric conditions. So, sexual abuse forms part of that, in a lot of the, the diagnosis and the presentations, sexual abuse has played an influence in a lot of these cases. "In terms of my area of specialisation, my role in CSA only starts once the victim enters PTSD state. Sexual abuse is not a mental disorder, but the victim can develop a PTSD. Then my role is to offer assistance, supportive psychotherapy, sometimes some psychoeducation to the victims and the families. Mostly, support for the victim and it is usually not with active case; my role is for a mental health perspective, to make sure that a person is as supported as possible during the process and after what happened."

Researcher: For clarity, how often do you get cases of child sexual abuse?

Participant 11: Well, I definitely get these cases at least two or three per month when it is children but, you must just maybe specify if it is adolescence or primary school children, because the primary school kids I get very few of those cases, maybe one in two, three months. Adolescence between ages twelve, eighteen, I get maybe two or three in a month, and then obviously the adult cases who experienced childhood sexual abuse provides a different picture. Sometimes I do get adult cases of victims that were sexually abused when they were younger. They didn't feel comfortable to disclose to some adults or guardian when they were little. But I should then maybe

also mention sometimes there are cases that are referred by the police, but those we have minimised because when those cases are active, and they are referred from the police. It is usually a day or two after the sexual abuse event and then it is too soon to start a debriefing session, psychological intervention. And then, those are often the cases that psychologist say that there is a possibility that you might contaminate the case. Because the recollection and the processing of your emotional event is still happening and it's still replaying in the mind so the symptoms that the patient experience it is not necessarily traumatic yet. It is still in the process phase of making sense of what happened and it is usually not advisable to see someone so soon after a traumatic event, or a sexual abuse.

Researcher: What forms of intervention, or support are helpful to sexually abused children?

Participant 11: So, the intervention, on the support side, it's to support, provide a safe environment for the child, where the child feels that it's not their fault, that's the first important message that I feel on the support side, is to tell the child it's not your fault, it's not because of anything that the child was doing or wearing or activity that the child was participating in. So, it is an attempt to maximise guilt, on the psyche of the child, and then to also normalise a conversation about what happened, to make the child speak freely about the incident. Individual therapy is helpful because the first step is to provide a safe environment for the child where the child feels that it's not their fault, to minimise the guilt, on the psyche of the child. Then on terms of intervention, I usually use sand trays, kinetic family drawing, drawing of a person, drawing of a tree, sometimes I would use, use the TAT or CAT, Climatic Apperception Test, both versions of them, because those are projective techniques that are non-threatening and opens a conversation for the child to project their feelings, thoughts, and whatever else might come up. Sometimes if the child has aggression because of what happened, I use Draw a Person (DAP) and the Draw a Tree (DAT) gives me an understanding of what is happening and where the child needs support.

Researcher: Okay, our next question. What are the challenges that you experience in dealing with child sexual abuse?

Participant 11: Okay, like I said before, sometimes establishing a rapport, the barrier of language, with the cases referred from the police, one of the challenges is that they expect reports, even if it's requested informally, it's still part of the challenge because it's a deal role, it's a lot of forensic investigation. And I think when you get a case like that from my experience in working with adults, psychologists are often fearful to say oh, my role is not a forensic psychologist, I'm not an investigator, I can't assist, I'm not qualified as a specialized forensic sexual abuse you know psychologist, so I don't really do these cases. And because court ruling is so final and so important. Psychologists often realise the importance of the contribution they make, whether positive or negative. So, if you are mindful of that space, then you might, you know first rule of medicine is do no harm and then do good you know the ethics. When you do forensic assessment with the patient, for a start, there is no confidentiality. There is limited confidentiality which you need explained to the patient. You say you were referred by court; this is the purpose of our session together and this will be the outcome, and there will be a formal report sent to a lawyer or a judge or prosecutor and, and we will have a limited confidentiality." An assessment process and a therapeutic process are very different. When it's a therapeutic process, confidentiality is essential for the process because, how can you work if a person is not comfortable and free that their information will be protected.

Researcher: Okay, thank you. What are the successes that you have encountered in handling child sexual abuse?

Participant 11: I've had, in psychology it's difficult to measure the success rate because of how do you know that the person is fine. It's difficult to measure the success rate because how do you know that the person is fine. We try to look for positive symptoms, positive changes like a growing self-esteem, the victim being more talkative. Children are more open and often more friendly and comfortable, and playful. Just like any other traumatic event, therapeutic intervention helps the traumatized person with emotional resilience and to maintain the right ego state. It also builds the victim confidence and ability to deal with what happened. "It's not a generalisation but it does happen that you discuss with learners telling them that their body is private and that they have a right to say no as a way to empower the child and to build their self-esteem."

Researcher: In your own view, how should child sexual abuse be addressed?

Participant 11: Obviously, we want to stop the child sexual abuse, so, when it occurs, people should be comfortable to speak about it, speak about it openly for example like we've seen with the HIV & ADS campaigns. It's been, almost normalised, the stigma has been removed, people are talking about it and it's everywhere, on billboards it's, it's open, people are aware that it's happening. So, that would be the first thing that I think how we can address is that there should be greater awareness of the prevalence of sexual abuse, so that people know when it happens to you, you are not alone, you can speak about it and there is support and help for you. It's not a secret you should not keep it a secret, a message like that for example. The government through police and other departments and entities tasked with the responsibility of addressing CSA at schools should have a school talk about sexual abuse, creating awareness for the children at an appropriate level for the education. Children should know that people are not allowed to touch their private parts inappropriately and that their body is sacred. I think the more we create awareness at schools, in communities and to parents, the sexual abuse will be reported when it happened but most importantly the child can know what to do when they are being violated. Seeing billboards on the roads and building makes people aware of what is happening with sexual abuse.

PARTICIPANT 5 (Social worker)

Researcher: Let's start with our first question. As a social worker, what is your role in the cases of child sexual abuse?

Participant 5: Okay, I am a school based social worker. So, basically the cases get to be reported by the schools. We have teachers called the School Based Support Team. They actually refer the cases to us, after the cases have been identified by them. So then, what I come and do in this instance is to make sure that the case has been reported to the police, that's the first thing that I do when I encounter a sexual abuse case. We don't offer counselling right there and then to a child, we just help the child to cope better with the situation. "You know we build resilience because we are not allowed to do counselling because apparently, we might tamper with the evidence. So, we wait until the case goes to trial. In fact, the child first has to go through the forensic social worker, which is based at the South African Police

Service (SAPS). They are the ones that do the questioning to get the details regarding the case and how it might have happened. As social workers, we make sure that the child is able to cope at school and I mean that this also remain confidential because we don't want a child being exposed to, like you know people knowing and then next thing she gets bullied or certain things are done to her. So, we try to minimize that and help her try to cope while she's still in school as well. So, that's our major role, while the case is still, you know being investigated. "

Researcher: You said you are not allowed to do counselling, because you'll be tampering with evidence. Tell me more about that.

Participant 5: Yes. We don't offer counselling to a child, we just help the child to cope better with the situation, you know we build resilience because we are not allowed to do counselling cause apparently it tampers with the evidence. So, we wait until the case goes to trial. We attended a training called CANE, about Child Abuse and Neglect Cases and we were told that if we talk to a child about the sexual abuse incident that has happened, the perpetrator's legal representatives will usually say the child has been coached and the evidence has been contaminated. When the case gets to court, it feels as if we've tampered with the evidence. In some instances, the child has already healed or come to terms with the ordeal, and she has probably forgotten about the incident We just help them cope, because I mean you can't ignore the fact that she was abused and say no I'm not going to help you with this it's not relevant, it's relevant, the child is in pain, they are hurting, so we really need to help them contain that situation at that point in time. But, ensuring that I don't go into detail about what really happened with the case and how did it happen. So I just try to build resilience to say Nana, I acknowledge the fact that you went through this and I'm not saying it's not important, and I'm going to help you to try and cope with it. But bear in mind that you still have to go through the court system and that needs to happen.

Researcher: When is the right time for a learner to receive counselling?

Participant 5: It is not really clear at the moment because of these new laws as to we shouldn't attend to but for me honestly, it breaks my heart that we can't really

intervene in that sense like there and then because you can see that some children can't cope you know. They will break down and you can see the dropping of academic performance, start withdrawing from playing with other kids and that they really need the counselling you know, right there and then but now, it depends on how long the court system will take for the conviction to happen. Then for me it's really problematic, I wish it could be like done as soon as possible so that the child can you know, move on with their lives, get the proper counselling that they need. But unfortunately, it depends on when and how the courts decide to say when the date for the trial is, and the child still needs to go and see the forensic social worker, so it's quite a lengthy process which is for me quite unnecessary, bearing in mind that this child is hurting. I don't like this judicial system because it just drags forever. I wish the conviction should be hurried up so that the child can get the necessary counselling, the necessary support that they deserve. So, maybe the system is really such an inconvenience to the children, and it should be really looked.

Researcher: Thank you for that, the next question. How is it like to deal with child sexual abuse?

Participant 5: It's really, I could say traumatic for you as a professional as well because I mean you realise that, of course children are vulnerable ne, and, but having them, having somebody take advantage of them like that is, is even more traumatising to an adult as well because I mean, like it's, I don't know man, it's really just traumatic for me to, because you know that you can't even take it back, their innocence has been taken away and there's little that you can do to say you are going to make the situation okay, you know, you can't reverse this whole thing

Researcher: How prevalent is child sexual abuse in your area of specialization?

Participant 5: I would, I would really like in the area that we work in; Two months do not go by without a rape case being reported. So, it's really that serious, in fact two months is a very long time, a month, like there's always going to be a rape case which is very sad because it's not a very large community. But it happens quite a lot, we have a very high prevalence of these type of cases.

Researcher: The next question. What forms of intervention or support are helpful to sexually abused learners?

Participant 5: Consistent therapy with one professional for me, you know because remember that it's not easy to open up to different people. It is important for the CSA victim to first receive counselling by a professional or attend individual therapy sessions with one practitioner to build trust. Consistent therapy for me is the best way to go. And supporting the family to adjust as it affects the entire family. So, we cannot block them out, and we have to help them understand where the child is at, also making sure that the family is on board and the child also receives support from home, is very important. Family preservation as CSA affects the whole family therefore, family preservation and consistent therapy for me are the two major things that would probably help.

Researcher: Okay, what are some of the specific strategies you use to support child sexual abuse?

Participant 5: Okay, like I mentioned before, because remember we don't dwell that much into counselling. So, as soon as I'm told about it, at least I can empower the person whose closest to the child, whether be it the mother or whoever to at least be strong enough to say I'm going to be there for this person and be supportive and be able to go through the process with the child. The fact that we cannot give counselling to them limits us in a sense, it really does limit us. Then also remember the school, I have to make sure that when the child goes back to school, the teacher is also aware, empowered enough to say, especially the teacher who the child disclose to, I know I should treat this with sensitivity as well and, confidentiality, you know, because not everybody has the child's best interest. This should be private to protect this child. In order to protect this child, we have to wait for guidance from the forensic social worker, like we have to be able to make follow ups to say, was the therapy done, and whether the child is even coping after that, with the therapy that was done. So, there has to be and interaction with me and the forensic social worker to know who is going to provide the counselling, after the child has given the information to the forensic social worker. Sometimes we have organisations such as Teddy Bear Clinic, Love Life, Child Line also helps with group counselling by identifying children that went through similar experiences of sexual abuse and support by facilitating group therapy. If there are more than five cases that have been identified, a group therapy helps children to talk freely about their experience.

Researcher: What guidance is available to identify, to refer and support sexually abused learners?

Participant 5: Okay, obviously we use, we work from a Children's Act point of view. So, everything that we do is based on the Children's Act, for us. Then obviously we have to follow that protocol, we also have to fill in your Form 22s that's very important for us. And then recently because now we've undergone the CAIN Training, that's helping us a lot you know in identifying child and abuse cases, it's, I don't know if you know about it, okay, maybe not. There's a specific tool that was developed by the Department of Education. That was now rolled out to some of the schools to assist teachers to identify child abuse cases you know, can be sexual, emotional, you know neglect and exploitation, but that specific tool gives them guidelines as to what are the warning signs that they need to look out for and when is it necessary for them to report to us.

Researcher: What are the challenges that you experience in dealing with child sexual abuse?

Participant 5: Firstly, the system of not providing counselling to sexually abused children in time due to requirement of not contaminating evidence for me it's a huge challenge because you can see that the child is hurting but you can't do much about it. Then you find children especially in primary schools, can't really open up about the case, they don't want to speak about it, they are hurting that much and even when you take them to the police and you want to open a case, they don't want to disclose what really happened. Meaning that Using play therapy is important but one should have a certain skill for using play therapy especially with primary school children. This skill is very vital, and remember we don't have that, not all of us are trained to be play therapists so it becomes very difficult for you to get the child to open up, to give you the exact details and it's so difficult to open a case even because the police want specifics.

Researcher: What successes have you encountered in handling child sexual abuse? The achievements

Participant 5: Like the achievements. Honestly, the way the conviction rate is so low, hardly even finding any successes, it's just that sad, guys it's, like I wouldn't even

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say this was a success, and why would I even, why would I define it as a success, I just feel like I said before when you ask me about, how is it like to deal with this, I feel like something valuable has been taken away from a child that can't be ever replaced you know. So, I don't know whether saying that okay the child is coping better now is a success for me, I'm not so sure, maybe I sound pessimistic in this whole point, but I really, I am struggling to find a success in all of this.

Researcher: The last question. In your own view, how should child sexual abuse be addressed?

Participant 5: I wish it could be like done as soon as possible so that the children can you move on with their lives, get the proper counselling that they need. But unfortunately, it depends on when and how the courts decide to say when the date for the trial is, and the child still needs to go and see the forensic social worker, so it's quite a lengthy process which is for me quite unnecessary, bearing in mind that this child is hurting. I don't like this judicial system because it just drags forever. More training for us as social workers to handle CSA because at times there are changes and different dynamics where the known strategies do not work. Learning from each other, I mean teachers, psychologists, police and other specialists dealing with CSA will empower us a great deal. I don't know like, that's just do more empowering to these children so, maybe we should also empower families, like I said previously ensure that the families know how to cope with this whole situation in order for them to support the children fully.

PARTICIPANT 8 (Teacher)

Researcher: what is it like to deal with child sexual abuse?

Participant 8: It's one of very sensitive issues to deal with. It's very draining emotionally, because you'd find yourself being attached to the situation and not being able to handle it in an appropriate manner. You try your level best but at times it becomes very difficult. It's something that needs to be treated with caution, with understanding and sympathy. Taking note of the victim, how can I put it, making sure that you a.re sensitive enough around the victim when dealing with the situation. Sometimes I feel inadequate, and I am a failure because I couldn't help the sexually abused child when she needed my help so much.

Researcher: Okay. You indicated that it makes it difficult to deal with child sexual abuse, can you clarify the difficult part?

Participant 8: The difficult part comes in when the child is not getting support from the parents, where you'd find that the abuser is the one that they depend on financially and is the provider in that home. The other parent will feel that it should be something that should be kept quiet, you know not deal with it, not expose it to the community or not let anyone know about it, and just keep a secret at home where else at the end it is damaging the victim at that point it is a child who cannot voice out, who cannot fight back, who doesn't have any support to fight back and get justice.

Researcher: Thank you. Let's go to the next question, as a teacher, what is your role in the cases of child sexual abuse?

Participant 8: My role is to support, any child that has been abused, be it emotionally, and trying as much as I can to get her to be in a safe place, where she would be allowed to be a child and feel safe in that particular place knowing that there isn't anyone who might try and abuse him or her in any way. Most importantly is to keep the child's private information safe and not to disclose it to other learners and teachers. I also know how to deal with confidentiality and how to handle some of the things, not go around and say that girl over there she was raped.

Researcher: Okay

Participant 8: Not only supporting the child, as well, also supporting the parents of those kids, cause some of the parents they don't even know how to handle such situations, so they'll also need your support as a teacher on how to handle the situation.

Researcher: It's fine. How prevalent is sexual abuse in your school?

Participant 8: It's something that happens almost, I won't say every, it's something that happens every day but not all cases are reported. And the main problem is, even if you know about some of the cases, it becomes so difficult to get that full information cause a child has fears as well to voice out some of the things that are happening to him or her. So, it's something that happens every day, but, we do not

have enough evidence, we do not have enough power to fight and, and to help those learners that are going through sexual abuse

Researcher: Okay, you are saying that it's prevalent, it happens frequently and the challenge is the learners are not capable enough to talk about it, or to report?

Participant 8: Yes. These cases most of them are not reported, most of them are here says, and when you go deeper and you dig, you find that some of the parents are very reluctant about it, they don't want to talk about it, it's a taboo for them to, to hang out what they would describe as their dirty laundry or something. Cause most of the time it would be a step father who is abusing a child, where else the family is depending on the stepfather. So, for them to come forward and say this is what is happening, they thinking of, what they would lose, they won't have a home, maybe they will go hungry, so in, they just keep it under wraps carpet and never talk about it

Researcher: To make follow up on the cases as you are indicated that it is happening and sometimes it's so difficult because you can't get enough information. Can you mention or give me a clue about the types of cases that you are handling?

Participant 8: Mostly it's cases of stepfathers abusing their step children, neighbours as well, some, someone that a child trusts and think is an uncle or, or you know, an aunt that they can rely on, but it would be someone who will turn against them and, and be the one who is abusing. And the other thing is through the community that we serve, there's a high rate of unemployment.

So, poverty plays a major part in their lives, cause the perpetrator would maybe promise "*umtwana*" and say I'll give you this, I'll buy you food, I'll buy you bread, I'll buy you whatever you want, so you can keep quiet about it. That's how some of the cases never surface, we never learn about them, never know anything about them cause the child is, she's thinking, if I don't do this with this man, if I don't do this with this woman then I won't get food, I'll go hungry. It's not only girls who get sexually abused, even boys as well. Even these kids do sexual activity among themselves because it's something that is done to them, so they continue with sexual exploitation of other children. We have had cases like this here at school. I'd say those are the main factors. And this myth that most of the people have, that if you have sex with a child who's still a virgin, especially people who are HIV positive,

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you'll be healed from your disease. So, most of them still have that mentality, but poverty and alcohol are the main

Researcher: Thank you, then our next question; What are some of the specific strategies you use to support child sexual abuse?

Participant 8: As I've mentioned before, we normally ask for assistance of counselling from our District. We use other stakeholders such as social workers, police child protection unit and counsellors from our district, and from our community social development, our community welfare. There is community welfare around our area. We normally ask for counselling, continuous counselling for both the child who has been abused and the parents as well. One of the strategies is, as we all know in the curriculum, we do have topics that deal with sexual abuse. Life skill teachers and life orientation teachers in the foundation phase, they do have topics where they teach learners on how to take care of themselves, when to say yes, when to say no.

Researcher: Okay. So, in short, you mean that you involve different stakeholders to come and support the school?

Participant 8: We definitely do, we invite our stakeholders that are around us who are more, some of them are more informed, and they know how to deal with some of the situations that we cannot handle. Unfortunately, we are not that close with our nearby health facility. I don't know whether it's because, "na bo" they are, maybe they are over worked, they have too much to handle so they never get time to come and address some of the issues. But we will try again and request them to come and address some of the issues for us

Researcher: What guidance is available for you to identify, refer and support sexually abused learners?

Participant 8: So, they know this, how to identify and what to do, which steps to take. There was a training that took about four days, so we do have people who are equipped on handling these cases

Researcher: Let's go to the next question. What challenges do you experience in dealing with child sexual abuse?

Participant 8: My challenge is that cases never gets solved, they are left hanging where else the child has been hurting. So, there is no way forward, there's no healing, you never know whether counselling helped, or the perpetrator was arrested, we never get to the finish line. I still have a case of a child who was being molested for over five years. She got pregnant. She had to be taken to hospital for termination of pregnancy. But nothing really happened. So basically, she went back, and we don't know whether she was counselled enough to deal with the situation, will it happen again, is the perpetrator still around. So, most of the cases they are just left hanging, they are never solved.

Researcher: Okay, our next question. What success or achievement have you encountered in handling child sexual abuse?

Participant 8: I'd say about the case of that child who was taken into a safe home. That's the only case ever since I came to this school that was solved that had, I would say a happy ending, where a child was taken into a place where she would be allowed to be a child. I would say that's, that's the only case so far, either than that, we still trying, and we are hoping for the best

Researcher: Tell me more about the cases whereby you were not successful with support.

Participant 8: Hmm. This one of this child who got pregnant, I feel we didn't give her enough support, we tried but, we didn't see the end product. We only dealt with initial stages, but going deep and, making sure that she's in a safe place and out of danger, we were unable to do that, and that is frustrating. Oh! there is a recent one as well. We still handling it, we don't know the end product yet. She is going through counselling and It is something that happened at home as well she was abducted, and it has disturbed her tremendously. We haven't seen the performance yet but, it might drop. She was one of the bright students in her class.

Researcher: Okay, the last question. In your own view, how should child sexual abuse be addressed?

Participant 8: As I said previously it's a very sensitive issue. And if the child is not getting enough support, from the people around her, it becomes difficult for her or for him to even report on the issues that she's going through. I for one feel, I should get

training on how to deal with these issues because you end up being affected as well. And you end up feeling that you are a failure because you couldn't help. Training is vitally important, so we know how to deal with the difficult situation of sexual abuse. Many people, I think we should make people be more aware of what is happening around. Some of them maybe they are not aware, or they pretend not to know what is going on. So, awareness is most important which will include other stakeholders as well, and making sure that people in the community are aware of what is going on.

APPENDIX Q: FIELD NOTES TEMPLATE

FIELD NOTES
Interviewee: ……………………. Date: ………………...   Designation: ……………………… Time: …………………
First impression   General observation   Final comment

APPENDIX R: FIELD NOTES EXTRACT

FIELD NOTES

Interviewee: Participant 2   Date: 07/05/2019

Designation: Intern ED Psychologist   Time: 15h00

First impression

On the day of the interview I went to the office of the principal as the entry point of the school. The principal gave me a warm welcome and I was taken to the SBST coordinator. The appointment for the interview session was made telephonically with the SBST coordinator who volunteered to be a participant in the study. On arrival at the teacher's office, I could see that the SBST coordinator is not an organised person. She knew that I was coming to 15h00 but I had to shift some of the things on the table to make a space for my self and my resources.

General observation

Environment not conducive for confidentiality, learner profiles, files, books, textbooks and other...were put on the tables in the office. No locked cabinets and drawers - learner's confidential information . Interrupted by learners from sports field playing soccer, opening the door checking their teacher, greeting her and the place became noisy as the group of boys were passing through the corridor going home . Generally the participant seemed to be a quiet, active, positive person. Although she seemed restless, uncomfortable at first, but she relaxed Slow response to questions, seemed discouraged by the parents and school community for the sexual exposure, learners seemed to have little knowledge about CSA. Participant worried about CSA being viewed as a lifestyle. Participant suspect that some parents do not care about girls learners in the community. Awareness and development of learners viewed as, crucial

Final comment

Participant initial stance seems to be the issue of interacting and guidance with parental stakeholders on educating and awareness programmes or discussion.

APPENDIX S: TURNITIN REPORT

INTERSECTORAL STAKEHOLDERS' EXPERIENCES OF SUPPORTING SEXUALLY ABUSED LEARNERS IN GAUTENG NORTH SCHOOLS

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INTERSECTORAL STAKEHOLDERS' EXPERIENCES OF SUPPORTING SEXUALLY ABUSED LEARNERS IN GAUTENG NORTH SCHOOLS

By

MUTSHINYANI EUNICE RAMBAU

I declare that I have edited and proofread this thesis. My involvement was restricted to language usage and spelling, completeness and consistency and referencing style. I did no structural re-writing of the content.

I am qualified to have done such editing, being in possession of a Bachelor's degree with a major in English, having taught English to matriculation, and having a Certificate in Copy Editing from the University of Cape Town. I have edited more than 300 Masters and Doctoral theses, as well as articles, books and reports.

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