SCHOOL-BASED CARE AND SUPPORT FOR INTELLECTUALLY DISABLED LEARNERS WITH A HISTORY OF SEXUAL ABUSE

by

ANDILE ALFRED MDIKANA

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Supervisor: Prof TN Phasha

Co-supervisor: Dr S. Ntshangase

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Student Number: 47165782

DECLARATION

I, Andile Alfred Mdikana declare that the thesis entitled SCHOOL-BASED CARE AND SUPPORT FOR INTELLECTUALLY DISABLED LEARNERS WITH A HISTORY OF SEXUAL ABUSE" is my own work, and that all sources I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I have not previously submitted this work, or part of it, for examination at UNISA for another qualification or at any other higher education institution.

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A.A. Mdikana

21 January 2019

DEDICATION

This dissertation is dedicated to my late parents (David and Nowinile Mdikana). Thank you for being the pillars of my strength. You taught me the values of hard work and diligence. Sadly, you are no longer here to witness the fruits of the values you instilled in me.

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ABSTRACT

Sexual abuse of individuals with intellectual disabilities is a worldwide problem. To date, care and support services for learners with intellectual disabilities in South Africa are still a challenge despite robust legislative and policy frameworks that promote their rights, and the availability of agencies charged with responsibility for ensuring quality in-service provision, such as mental health societies. Generally, the nature of school based care and support for sexually abused persons with disabilities is unknown in South Africa due to the scarcity of research covering the problem. South African literature reveals a focus on psychological issues without broadening the research scope to include the quality of care for intellectually disabled learners with a history of sexual abuse.

This study investigates the nature and quality of care and support for children with intellectual disabilities who have a history of sexual abuse. A legislative and policy framework that is relevant to people with intellectual disabilities was reviewed, followed by extensive review of local and international literature. A qualitative research approach was adopted to investigate the problem posed. Data were collected by means of focus group discussions. The key informants were 28 teachers who were members of School Based Support Teams (SBST), a custodian of care and support within the school context. The focus groups enabled the participants to relate their experiences without fear regarding the quality of care and support and the challenges that were encountered in the process of care and support provision. The thematic method of data analysis was employed. Findings revealed various challenges regarding the quality of care and support for children with intellectual disabilities who have been sexually abused and discussed the strategies for improvement. Incest and pornography emerged as prominent challenges with regard to child sexual abuse. Most schools in South Africa are supported by School Based Support Teams, Non-Governmental Organisations and School Management Teams, with the first of these expected to facilitate primary intervention in addressing barriers to learning such as child sexual abuse. Lastly, guidelines for supporting children with intellectual disabilities who have experienced sexual abuse are discussed.

I-ABSTRACT

Ukuphathwa gadalala ngokwesini kwabantu abakhubazeke ngengqondo yingxaki yehlabathi jikelele. Ukuza kuthi ga ngoku, iinkonzo zenkathalo kunye nenkxaso zabafundi abakhubazeke ngengqondo apha eMzantsi Afrika zisengumngeni nangona imigaqo-nkqubo kunye nomgaqo-nkqubo ophuhlisa amalungelo abo, kunye nokufumaneka kweearhente ezinikwe uxanduva lokuqinisekisa ukubonelelwa ngenkonzo esemgangathweni, njengokusebenza kwengqondo uluntu. Ngokubanzi, uhlobo lokhathalelo olusekwe esikolweni kunye nenkxaso yokuxhatshazwa ngokwesondo ayaziwa apha eMzantsi Afrika ngenxa yokunqongophala kophando olugubungela ingxaki. Uhlalutyo loncwadi olusekwe ngoku eMzantsi Afrika kwiinkonzo zabantu abahlukunyezwe ngokwesini abakhubazeke ngengqondo zibonisa ukugxila kwimiba yezengqondo ngaphandle kokwenza uluhlu lokuphanda lubandakanye nomgangatho wokukhathalela eli qela. Olu phando luphanda ubunjani kunye nomgangatho wokhathalelo kunye nenkxaso yabantwana abakhubazeke ngengqondo abanembali yokuxhatshazwa ngokwesondo. Isakhelo somthetho kunye nomgaqo-nkqubo ofanelekileyo kubantu abakhubazeke ngengqondo saphononongwa, saze salandelwa ngovavanyo olubanzi loncwadi lwasekhaya nolwehlabathi. Kwalandelwa inkqubo esemgangathweni kunye nokuqokelelwa kweenkcukacha kusetyenziswa iingxoxo zeqela. Abafundisi-ntsapho abaphambili babengamashumi amabini anesibhozo (28) ootitshala ababengamalungu eeKomiti zeeNkxaso zeZikolo zabo 'ezikolweni, umntu ogcina ezononophelo nenkxaso kwimeko yezikolo.

Amaqela ekugxilwe kuwo enza ukuba abathathi-nxaxheba babalise amava abo ngaphandle koloyiko ngokubhekisele kumgangatho wokhathalelo kunye nenkxaso kunye nemiceli mngeni abahlangane nayo kwinkqubo yokhathalelo kunye nolungiselelo lwenkxaso. Indlela esetyenziswayo yohlalutyo lwedatha yasetyenziswa. Iziphumo ziveze imiceli mngeni emininzi malunga nomgangatho wokhathalelo kunye nenkxaso yabantwana abakhubazeke ngengqondo abaye baxhatshazwa ngokwesondo kwaye baxoxa ngeendlela zokuphucula. Isondo phakathi kwezalamane kunye nemibukiso yamanyala i ziye zavela njengemiceli mingeni ephambili ngokubhekisele kugwenxa lwabantwana ngokwesondo. Uninzi lwezikolo apha eMzantsi Afrika zixhaswe ziiQela zeNkxaso eziSekwe eZikolweni, iiMibutho engekho phantsi kukaRhulumente kunye namaQela oLawulo lweSikolo, eyokuqala kwezi kulindeleke ukuba iququzelele ungenelelo oluphambili ekusombululeni imiqobo ekufundeni efana nokuxhatshazwa kwabantwana ngokwesondo. Okokugqibela, izikhokelo zokuxhasa abantwana abakhubazeke ngokwengqondo abanamava okuxhatshazwa ngokwesondo kuyaxoxwa.

NKATSAKANYO WA NDZAVISIOSO

Ku xanisiwa hi swa masangu eka vanhu lava nga Na vutsoniwa I xiphiqo emisaveni hinkawayo. Ku fika sweswi, hlayiso kunwe ni migingriko yo seketela vana lava kumekaka va ri ni vutsoniwa bya miehleketo e Afrika – Dzonga swa ha ri swiphiqo swinene hambi leswi ku nga ni milawo leyi kombetaka nkoka wo xixima timfanelo ,xikan'we ni mitlawa leyi bumabumelaka nkoka wa seketelo eka vanhu lava nga ku tikeriwa emihleketweni.Ntlawa lowu wu katsa hlayiso wa rihanyo ra miehleketo. Maendlele yo hlayisa no seketela ku suka e ka xikolo vana lava nga na vutsoniwa lava xanisiweke hi ti mhaka ta masango e Afrika Dzonga a ya kumeki hi kwalaho kau kala ka ndzavisiso. Vuhleri bya mtsalwa e Afrika Dzonga eka vanhu lava xanisiweke hi timhaka ta masangu ya komba nkoka wa miehleketo ku nga ri hava ku anamisa ndzavisio lowu katsaka nkoka wa mi ntlawa yo hlayisa.Ntsalwa leri ri lavisa maendlele na nkoka wo hlayisa no seketela vana lava nga na vutsoniwa bya mi ehleketo lava nga ni matimu yo xanisiwa hi timhaka ta masangu. Nawu na swinawana leswi hlamuselaka vanhu langa vutsoniwa by miehleketo yi langutisisiwile, laha ku nga tlhela ku langutiwa hi ku kongoma matsalwa ya misava naya laha tikweni. Maendlelo ya ndzavisiso ku kuma vuxokoxoko ku tirhisiwe ku burisana lswi nga katsa mintla way o hambana.Makumembirhi nhungu wa vanhu va nghenelerile eka ndzavisiso lowu .A vahuma eka swiyenge swo hambana leswi katsaka Ntlawa wo seketela ku suka exikolweni.Ntlawa wa va hlayisi lava seketelaka vana ku suka exikolweni.Burisana ku ya hi mintlawa wu pfunetile leswaku lava nga nghenelela eka ndzavisiso lowu va humesela erivaleni ku titwa ka vona mayela na ni mahlayisele ya vana lava. Vuhleri ku twisisia vuxokoxoko ku suka eka ndzavisiso ku tirhisiwa maemdleo lawa ya vuriwaka thematic. Mbuyelo wa ndzavisiso wu komba leswaku kun a swiphiqo mayelana na mahlayisele ya vana lava ngana vu tsoniwa emiehleketweni lava xanisiweke hi timhaka ta masangu ku yisa emahlweni maendlele lawa ya nga pfunaka ya hlamusewirile hi vuenti.Timhaka ta masangu eka vana na vanhu lavakulu kumbe maxaka xikanwe vanakulobye swa onha swinene.Ku nyiketela ku vona timhaka ta masangu eka mavona kule,tibuku kumebe swiya ni moya swa onha swinene eka vana.Swikolo swa ku tala laha Afrika Dzonga swi seketeriwa hi ntlawa wo seketela ku suka eswikolweni,Mintlwa lyi ngariki ya mfumo, Vafambisi va swikolo, laha swi languteriwile leswkau va fanele ku pfuna ku sivelea ku xanasiwe eka va vana hi timhaka ta masangu.Xa ku hetele, Swinawana ku pfuneta ku hlayisiwa vana lavanga vutsoniwa emihleketweni xi kane swi fanele ku vakona leswa swi hunguta ku xanisiwa ka vana.

LIST OF ABBREVIATIONS AND ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
CSA	Child sexual abuse
CRC	Civil Rights Commission
CRPD	Convention on the Rights of Persons with Disabilities
CST	Child sex tourism
CWD:	Children with disabilities
DBE	Department of Basic Education
DBST	District-based support team
DSD	Department of Social Development
ID:	Intellectual disability
NGO	Non-governmental organisation
PTSD	Post-traumatic stress disorder
SBST	School based support team
SEN	Special educational needs
SEND	Special educational needs and disabilities
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disability
UNICEF	United Nations International Children's Emergency Fund
WP6	White Paper 6

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CHAPTER 1

BACKGROUND

1.1 INTRODUCTION

Care and support for learners who have barriers to learning have long been areas of educational concern, particularly in South Africa during the apartheid era when provision was subject to discrimination. After 1994, a new educational dispensation gave hope to all learners with barriers to learning, with the White Paper 6 (Department of Education, 2001) presenting guidelines on support. However, segregation along disability lines remains a barrier to inclusive education. The role of newly established school-based support teams (SBSTs) and district-based support teams (DBSTs) included identification of barriers to learning and how to support learners experiencing them. The DBSTs are usually made up of highly skilled professionals whose main role is to support the SBSTs and provide psycho-educational support and assessment. Whilst progress has been made in providing access to support for the majority of learners, there is growing evidence of sexual abuse of children (Mathews, Hendricks & Abrahams, 2016), particularly among learners with intellectual disability (Phasha, 2009). Whilst Phasha and Nyokangi (2012) and Nyokangi and Phasha (2016) highlighted the extent of school-based sexual violence among female learners with mild intellectual disability, they did not focus on the issue of care and support for the victims.

Internationally there is also a dearth of research on the topic, However, Reiter, Bryen and Sharchar's (2007) investigation in Israel of the frequency and type of abuse of a selected group of learners who were intellectually disabled, found that they suffered from abuse more than their non-disabled counterparts, but did not look at care and support. Similarly, studies in the United Kingdom (UK) by Euser, Alink, Tharner, Ijzendoorn and Bakermans-Kranenburg (2015), and Balogh et al (2001), found that intellectually disabled children were more likely to be sexually victimised than their non-disabled peers, and such abuse was carried out by people who were close to them, but none of the authors focussed on provision of support.

1.2 PROBLEM STATEMENT

Although sexual abuse involving children has been recognised as a worldwide problem; in South Africa, the problem has been thought to be most prevalent, even though Ward, Artz, Leoschut, Kassanjee and Burton (2018) caution that estimates tend to vary depending on the methods and locations of the studies. They further pointed to the implications of sexual abuse on mental health and substance-misuse. Physical and psychological implications were reported by renowned authors in the field, such as Steven Collings (2005), Rachel Jewkes, Silverstar Madu, and Linda Richter. In the same vein, Phasha (2007) detailed how psychological effects interferes with the school functioning. These revelation spurred a number of initiatives aiming at curbing the problem and providing care and support to the victimised individuals. However, such initiatives tend to be skewed towards typically developing learners as if learners with other forms of disabilities, such as intellectual disability do not fall victims of sexual abuse and as if care and support does not matter to them.

Sexual abuse is a major concern amongst learners with intellectual disability, given negative conceptions around disability and their sexuality (Phasha & Myaka, 2013); it flourishes in schools (Shakeshatf, 2018); and it affect school performance negatively. For these reasons, the role of school in providing care and support is imperative, if we are to improve the education the educational attainment of all learners as per the country's policy on inclusive education.

1.3 RATIONALE AND MOTIVATION

My motivation for the study stemmed from my concern about the quality of care and children with disabled children who have been sexually abused. As an teacher in a school for intellectually disabled children for several years, and later Deputy Education Chief Specialist (a member of the DBST) responsible for providing assessment and psychotherapeutic services in mainstream and special schools, I found teachers were not

empowered to identify or support learners who had been sexually abused. They received little or no support from outside the district office and as a member of the DBST I discovered that the problem persisted. Teachers were unaware of the steps required when they encountered cases of learner sexual abuse and were unhappy with the quality of care they were providing. The DBST could not provide adequate support to all the special schools that needed it and the DBST were not empowered to handle CSA cases, often relying instead on nongovernmental organisations (NGOs).

Care and support is an aspect of inclusion and learners who are sexually abused should considered as experiencing barriers to learning. They suffer from psychological hurt and may contract sexually transmitted diseases such as HIV/AIDS (Wissink et al, 2015). The school can provide learning support and the DBST psychological support, but the family may require extra support to cope with the emotional and psychological demands of an intellectually disabled child who has been sexually abused.

1.4 AIMS OF THE STUDY

This study aimed to investigate the nature of school-based care and quality of support for children with intellectual disabilities who have a history of sexual abuse in the Gauteng Province.

1.4.1 Objectives of the study

Specifically, this study attempted to achieve the following objectives:

- To identify and describe the nature of care and support services for intellectually disabled learners with a history of sexual abuse
- To identify and explain the challenges of care and support
- To develop strategies for improved care and support.

1.4.2 Research questions

The broad research question formulated to respond to the research problem is phrased as follows:

> **What is the nature of care and support for intellectually disabled learners with a history of sexual abuse in the Gauteng Province?**

Following the four research objectives outlined above, the study was guided by the following research sub-questions:

1. What is the nature of care and support services for intellectually disabled learners with a history of sexual abuse in the Gauteng Province?
2. What is the quality of the current care and support for intellectually disabled learners with a history of sexual abuse in the Gauteng Province?
3. What are the challenges of care and support for intellectually disabled learners with a history of sexual abuse in the Gauteng Province?
4. What strategies can be used to improved care and support for intellectually disabled learners with a history of sexual abuse in the Gauteng Province?

1.5 THEORETICAL FRAMEWORK

This study is informed or guided by a human rights framework, with emphasis on the rights of marginalised communities, including those who face discrimination and social exclusion due to disabilities and whose rights are relegated to the periphery of societal and political concerns (Katsui & Kumpuvuori, 2008). The theories that inform this framework are discussed in depth in chapter 3.

1.6 RESEARCH APPROACH

This study adopted a qualitative approach as this addresses meaning-making and seeks a deeper understanding of the research phenomenon. Qualitative approaches have widely been used in descriptive, explorative and contextual studies (Chandra, 2013), and are preferred in educational research (Jackson, 2009). They allow the participants to express themselves and to elaborate on their responses. The current study made use of focus group discussions to examine the problem in depth and the participants were allowed to express themselves freely through the moderation of the researcher.

1.7 RESEARCH DESIGN

Given the nature of this study, a qualitative, grounded theory approach was used as it is recommended for developing theories relevant to existing occurrences and experiences, rather than relying on previously developed theories (Creswell, 2002). In this case, it was used to understand the lived experiences of SBST members regarding the nature of school-based care and support and to generate findings within the identified settings of the focus group discussions (Creswell, 2002).

1.8 ETHICAL CONSIDERATIONS

This study formed part of a larger study on care and support for intellectually disabled children who had experienced sexual abuse. Permission to conduct the research was obtained from the provincial Department of Education and ethical clearance was also obtained from the relevant tertiary institution where I was initially registered then another university to which I transferred. Participants were invited to take part in the study and informed consent was obtained. It was explained to them that participation was voluntary and unpaid and that they could withdraw at any time if they wish to do so without recrimination. Confidentiality and anonymity were assured and trustworthiness of findings was improved by sharing the analysis with them.

1.9 RESEARCH SITES

To address credibility, I decided to conduct four group discussions in four special schools in one of the education districts in the Gauteng Province, rather than just one. The district had five special schools, the fifth was not selected as it focussed on specific learning difficulties rather than on learners with intellectual disabilities who had a history of sexual abuse. These schools were geographically located in the east of Gauteng Province, three of which catered for learners with severe intellectual disabilities and one for learners with moderate intellectual disabilities. Two of the four schools were located in middle class areas and the other two in low socio-economic areas.

1.10 POPULATION AND SAMPLING

The population for the study was all SBST members from the four identified schools, ranging in number between six and eight. A purposive sampling procedure was considered relevant and appropriate, regarded by Given (2008) as almost synonymous with qualitative research. Non probability sampling design was considered appropriate for this study. Non-probability sampling focuses on sampling techniques where the units that are investigated are based on the judgement of the researcher .The four schools that participated in the study were deliberately identified because they were frequently the sites of cases reported to the district office in which I was employed as district official responsible for the provision of care and support services. One to two incidences of CSA were reported each month. The schools were purposely chosen because they catered for children with intellectual disabilities. SBST members were targeted because they were the custodians of care and support within the school system.

1.11 DATA COLLECTION

After informed discussion with my research supervisor, and the read literature review and in view of the qualitative nature of the study and the sensitivity of the topic, focus group interviews were preferred. They are employed by social researchers and education researchers to assess the views of communities of interest (Berg, 2009), one of the identified advantages being that they allow for individual opinions and attitudes to be expressed in a non-threatening manner (Goodwin, 2003). The data collection tools will be discussed in greater detail in chapter Four.

1.12 DATA ANALYIS

A thematic method of data analysis was employed, one of the most commonly used methods in qualitative research (Vaismoradi, 2013). Creswell's (2002) model of data analysis was used to categorise and formulate themes. As I collected the data I took some notes and jotted down my observations in terms of the language used and the body language demonstrated. This process was followed by listening to audio tapes several times to identify preliminary themes that featured prominently (Given, 2008), then comparing them to and establishing relationships between them. This was followed by transcription which produced about 60 single spaced pages. Following data familiarization, the researcher coded the data, applying brief verbal descriptions to small chunks of data of two or three lines. At each stage of the analysis, I made alterations and modifications in light of experience of myself as the researcher and that of the participants and as ideas developed. I adjusted earlier coding in the light of the full picture of the data to get as close a fit as possible, without having a plethora of idiosyncratic codes. On the basis of this, I then identified themes, which integrated substantial sets and whereby a trial-and-error process in which change and adjustment were regular features.

1.13 LIMITATIONS OF THE STUDY

Limitations of the study are:

- Although the participants were able to share their lived experiences about the quality of care and support, the fact that sexual abuse is a sensitive topic and taboo might have limited some of the responses.

- The study was conducted in one district in the Gauteng Province in South Africa, whereas Gauteng is divided into 15 districts, meaning the findings cannot be generalised to the rest of the province or country, albeit they may be regarded as a significant point of reference

- The researcher was once a DBST member in the district in which the study was conducted but if a neutral person conducted the research in the same district, perhaps the findings might have been different. Although the participants gave their consent it was not possible to know if they were giving their honest opinions

- Anticipated limited literature about care and support with regards to learners with intellectual disabilities might have put the researcher at a disadvantage with regards to designing a methodology for this study.

- As part of the findings for this study, only four themes were identified from over 60 pages of transcriptions. The researcher felt that more themes could have been identified from a rich data of this study.

1.14 DEFINITION OF KEY TERMS

The word ‘care' means to look after, an aspect of human nature that may be a result of socialisation. As a widespread and traditional concept, it is driven by the need to help others, supported and based on the principles of ‘Ubuntu’, or ‘humanity’ (Mukwambo, Ngcoza, & Chikunda, 2014). Caregiving normally takes place within the family, school and community context (Banks & Gallagher, 2009). Sexually abused children need people who are kind and caring and who adopt a non-judgmental approach.

The concepts of ‘care’ and ‘support’ usually go together, with the latter meaning to give assistance. More than caring it involves providing services to those under care (Sperry & Widom, 2013), though It is unusual to find someone who is caring but not supportive. Support can be psychosocial, emotional, or tangible.

The term ‘sexuality education’ relates to a holistic approach to human development and sexuality (Allen, 2011), aimed at equipping young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality, physically and emotionally, individually and in relationships (Schroerder, & Kuriansky, 2009). Information alone is not enough but rather it should be supplemented with psycho-education. Young people need to be given the opportunity to acquire essential life skills such as decision-making and assertiveness and develop positive attitudes and values (Gilbert, Sawyer & McNeill, 2011). Psycho-education and life skills would need to be adapted for learners with intellectual disabilities.

‘Child sexual abuse’ occurs when a minor is forced or persuaded to take part in sexual activities. Sometimes he or she will not understand that what is happening is abuse and may not even understand that it is wrong. CSA can leave the child with everlasting physical and psychological scars (Eklit, 2015).

‘Intellectual disability’ usually refers to a situation in which a learner is low functioning, and can be mild, moderate or severe. Children with severe intellectual disability usually require high levels of care and are more vulnerable to sexual abuse (Engelbrecht & Green, 2007).

A ‘special school’ is one that caters for learners with special educational needs, offering ‘special education’ or ‘special needs education’. In South Africa, special schools are organised in terms of specific impairments which include intellectual, learning, physical, and hearing impairments.

‘Inclusive education’ (IE) is a theory, philosophy and practice of addressing the diverse needs of all learners by reducing barriers to and within learning (Engelbrecht & Green, 2007). Care and support are considered as important aspects of IE, whilst in South Africa, school-based care and support are advanced through the SBSTs and DBSTs.

The ‘school based support team’ (SBST), sometimes called an ‘institutional level support team,’ is the hub of the process of identification, assessment and planning for learners with individual needs. It is usually made up of members of the management team, support service professionals such as social workers, occupational therapists, nurses and physiotherapists, psychologists, learning support specialists, and some teachers. An institutional level support team is an `internal’ support team within institutions, such as early childhood centres, schools, colleges, adult learning centres and higher education institutions (Weinberg and Gould, 2011). In each one this team will ultimately be responsible for liaising with the DBST and other relevant support providers on identifying and meeting their own institution’s needs. The core purpose of the DBST is to foster the development of effective teaching and learning, primarily through identifying and addressing barriers to learning on all levels of the system. (Department of Education, 2005).

1.15 OVERVIEW OF THE STUDY

Chapter One has provided an overview of the study, briefly stating the problem and purpose, and elaborating upon the reasoning behind it. It orientated the reader to the preferred research methodology.

Chapter Two begins with a conceptualisation of the study then critically reviews both international and South African literature on care and support for intellectually disabled children who have experienced sexual abuse.

Chapter Three expands on the theoretical framework that informs the study.

Chapter Four outlines the research methodology and ethical issues.

Chapter Five focuses on the findings of the study.

Chapter Six present the research findings in relation to the relevant literature.

Chapter Seven makes recommendations, draws conclusions and outlines aspects for further research.

1.16 CHAPTER SUMMARY

This chapter presented the research-based background to the study, reflecting on the dearth of school-based care and support research. It stated the problem, rationale and motivation as well as the theoretical framework. The research methodology and ethical considerations were also highlighted.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter begins by reviewing literature on inclusive education at international and national level as developments inform its evolvement. The problem of CSA is then discussed as it has been researched internationally, continentally and in South Africa, followed by a discussion of the link between sexual abuse and intellectual disability. A brief overview of education support services in South Africa is presented before concluding with a review of how the literature can frame current research into care and support provision for children with intellectual disabilities who have been sexually abused.

2.2 CONCEPTUALISATION OF INCLUSIVE EDUCATION

This section examines important developments in the conceptualisation of inclusive education at international, continental and national level.

2.2.1 Salamanca Statement and Framework of Action

Care and support is at the centre of inclusive education and relates to 'Education for all,' first given effect in Salamanca, Spain, in 1994 at a conference attended by 300 delegates and 35 international organisations. It was then that the 'Salamanca Statement on Principles, Policy and Practice in Special Needs Education' and a 'Framework of Action' were adopted, paving the way for schools through inclusivity, support learning, care and support and the celebration of individual differences. It should be noted that the right to education for every individual was reaffirmed and in the 1948 Universal Declaration of Rights, upholding the principle that education is a human right that should be enjoyed by every living being (Anusha and Raval, 2016). The enthusiasm displayed by the participating governments, communities, parents and organisations of people with disabilities reflected its significance.

One of the fundamental principles of the Salamanca Statement and the Framework for Action was that learning is not a privilege but a right that should be enjoyed by all children. acknowledging that they are all unique by nature. Interventions aimed at helping them should therefore recognise their diversity and facilitate appropriate care and support Anusha and Raval (2016). The educational programmes should be designed in such a way that they meet the needs of these children in order to build an inclusive society. Mainstream schools should be empowered to recognise the concept of education for all by dealing with negative attitudes and fighting discriminatory practices so that the learners can feel cared for and supported. In order to achieve this objective the education systems need to be transformed and, for this to happen, a political will is required. Inclusivity in education is a dynamic and challenging concept and those countries that are not experienced in its implementation should learn from those that are experienced.

The Salamanca Statement prioritises the right to inclusive education of disabled people with care and support being central. According to Anusha and Raval (2016), this should advance human dignity, the Salamanca Statement advocates educational inclusion, it is not silent on access to support services for disabled learners. Parents are teachers in their own right and education begins at home as parents are the first ones to recognise that their child might have a disability. Although the learners spend the whole day with the teachers they have to return to their parents, so parental involvement is critical in advancing the concept of 'education for all.' Also important is community involvement, summed up by the traditional African adage that 'it takes a community to raise a child,' and in line with Ubuntu (humanity) (Mukwambo et al, 2014). The community can instil community values such as respect, love, care and understanding (Mukwambo et al, 2014). Organisations of people with disabilities can offer training programmes to schools and the community and can be instrumental in organising awareness campaigns.

Mukwambo et al (2014) argue that universal education increasingly forms an integral part of informed education discourse, and is most effective when it is learner-centred rather an isolated. Inclusive education requires attention from in educational, political and educational forums and good teacher training includes preparation for it. Tertiary institutions are encouraged to develop theoretical and practical inclusive education

programmes and education authorities prioritise education for all by injecting more funds in the development and implementation of inclusive education (Forlin, 2006).

The guiding principle of the Framework for Action is that schools should accommodate all learners, irrespective of their disability or socio-economic status, including children who might have been sexually abused and who need care and (Gyimah, Sugden & Pearson, 2009). This means that schools should be challenged in becoming inclusive (Forlin, 2006). All children can learn if their unique needs are considered and they are given an equal opportunity to learn. Inclusive education enables them to learn together, regardless of intellectual, physical, learning differences or socio-economic backgrounds (Strieker, Logan & Kuhel, 2012). It is responsive to the diverse needs of the learners and in an inclusive educational learning environment those learners with special educational needs would receive extra support.

Forlin (2006) argues that the proclamations of the Salamanca Statement are conceptually sound but it was not anticipated how its programme of action would be implemented and interpreted. He further notes that in India, for instance, most schools have undertaken to implement inclusive education but at a superficial level. Even though India has taken some steps towards the successful implementation of inclusive education more deliberations with management and teachers need to be undertaken. The architects of the Salamanca Statement could not foresee that these kind of challenges would be required, rather it was anticipated that implementation would be a smooth process.

Central to the Salamanca Statement is the rights and ethics discourse (Forlin, 2006), by which every child has a right to education and it is the right thing to do. This means all countries have a moral obligation to provide education and training for all their children. Denmark passed the 'Inclusion Law' in 2012, so that, by 2015, 96% of the entire learner body in Danish public school system were to receive their education within the mainstream classrooms (Gyimah, Sugden & Pearson, 2009). It further stated that referrals to segregated special education were to be reduced radically.

According to Gyimah, et al 2009, the Salamanca Statement did not anticipate challenges to classroom teachers who had to meet the learning needs of learners with or without special educational needs (SEN). The implementation of inclusive education means the successful meeting of these needs by the teachers which include care and support. They further assert that teachers' readiness and willingness to accommodate the learning needs of learners with SEN is determined by their training. On the issue of where to teach children with special educational needs, these authors point out that the Salamanca Statement was not specific but rather it was left to the participating countries to decide. Inclusive education may thus be subject to varying local and national interpretations, and progress varies in pace between countries. Made explicit in the Salamanca Statement is that inclusion of learners with special educational needs is a human rights issue and should be understood within the broader political contexts of the 21st century. The human rights culture that should be experienced at school should mirror that of the society at large, and part of the mission and vision of the school. Multiple dimensions of the school's inclusive culture include both implicit and explicit assumptions, values and beliefs that are shown to be central to the ways staff interact with one another and with learners (Gyimah, et al 2009).

One of the strengths of the Salamanca Statement is that it advocates for systemic change (Forlin, 2006), more importantly radically transforming existing exclusive systems. Teaching and learning, decision-making, planning and training have to be inclusive in nature, with the teachers and learners having a voice in terms of their learning and teaching. More specifically, for teachers, continuing professional development is critical for teachers in order to meet the ever-changing needs of the learners (Strieker, Logan & Kuhel, 2012).

2.2.2 United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (UNCRC) was adopted and opened for discussion and accession by the UN General Assembly through resolution 44/25 on November 20, 1989 and came into force on September 2, 1990. As stated in Article 1, a child is defined as any human being under the age of 18. The UNCRC is made up of 54 articles and two optional protocols on the involvement of children in armed conflict, the sale of children, child prostitution and child pornography. On 19 December 2011, a third

optional protocol on a communications procedure was approved, allowing for individual children to submit complaints regarding specific violations of their rights under the CRC and its first two optional protocols. The Convention provides a guideline for the international communities as well as individual governments to develop permanent structures or mechanisms to promote the coordination, monitoring and evaluation of activities throughout all sectors (McCafferty, 2017). Its implementation helps governments ensure the visibility of children and their needs in policy development processes; in particular, through strategies such as child impact assessments and through analysis of government spending and the proportion of public funds spent on them. It created a framework which has come to provide the inspiration for an increasing child-centred focus in relevant fields, including child wellbeing and human and social development (Lundy, 2012).

The Convention on the Rights of the Child was the first legally binding international instrument to incorporate the full range of human rights, namely, civil, cultural, economic, political and social. This selection of rights is founded on respect for the dignity and worth of each individual, regardless of race, colour, gender, language, religion, opinions, origins, wealth, birth status or ability, and therefore applies to every human being in the world (McCafferty (2017). It specifies the basic human rights that are held by children everywhere to survival, to optimal development, to protection from harmful influences, abuse and exploitation, and to full participation in family, cultural and social life (McCafferty (2017).

From a negative perspective, the UNCRC, has met with challenges in terms of its implementation. McCafferty (2017) argues that implementation of Article 12 in particular has proved to be problematic due to theoretical, practical and ethical obstacles. This has complicated decision-making when rendering social work service to children, requiring the article to be strengthened so that its implementation can be more beneficial.

At children's social policy level, the CRC has made a significant impact worldwide in terms of advancing the welfare of the child (Chinawa et al, 2014), however, despite becoming the unilateral framework for interpreting child wellbeing its inherent complexities and persistent deprivations experienced by children in developing countries calls for alternate approaches. In developing countries this is complicated by various factors such as poverty

and various forms of child abuse McCafferty (2017), asserts that political, social and economic transformation needs to take place.

Article 24 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) contains the first legal enshrinement of the right to inclusive education for people with disabilities (Chinawa et al 2014). It maintains that children with special educational needs and disabilities (SEND) have a basic human right to be educated in mainstream schools. Hyatt (2017) applauds the UNCRPD for advancing inclusive education for people with special needs and disabilities which includes intellectual, hearing, learning and hearing impairments, but argues that it does not take into account their moral right to receive the education most appropriate to their needs. Zermatten (2010), further asserts that Article 24 may not be in the best interest of all children with SEND, a principle introduced by the UNCRC to serve as one of the Convention's four general principles. Zermatten (2010) asserts that despite limited historical references to this idea in the late 19th and early 20th centuries, this is a distinctly a contemporary legal concept which therefore still requires systematic review and application with regards to its application in various socio-economic contexts.

The CRC is a transformative document which has already improved the lives of millions of young people worldwide (Murray, 2010). Although the treaty focusses on the rights of individuals under 18 years of age, the rights described in the treaty are often seen as more important for younger children than for adolescents (Murray, 2010). The relevance of this document with regards to adolescents thus needs to be reviewed and examined, given that adolescence is a critical stage of human development.

Although the child's right to participation and protection are included in several provisions of the CRC (Ghirotto & Mazzoni, 2013; Murray, 2010), there are problems that were not foreseen in its drafting. Child participation poses a significant challenge in practice for various reasons, notably, age discrimination, denial of opportunities and irrelevant participatory efforts (McConkey & Collins, 2010). The role and right of child participation reflect rhetoric rather than practice in relation to the historical priority of child protection in most development and humanitarian efforts concerning children (Libal, Mapp, Ihrig & Ron, 2011; Mamuti, 2017).

One of the strengths of the CRC is its capacity to accommodate largely diverse contexts (Mamuti, 2017) and its emergence has seen the widespread extension of law reform internationally. The challenges appear to be of practical nature and these include the persistence of poverty and other root causes of many child rights problems. There are difficulties in having them permeate the private sector, including domestic and corporate-spheres, in which a considerable number of child rights violations occur but which are still hardly covered explicitly by international human rights laws. Nonetheless, issues persist concerning the availability of data and resources (Mamuti, 2017).

That the CRC places emphasis on monitoring is significant in two ways, namely, reinforcing accountability and responsibility (Essary & Theisner, 2013), and international legal obligation on countries to write periodic reports with general comments to guide governments in better understanding and monitoring the implementation of the Convention in their countries (Vaghri, Arkadas, Kruse & Hertzman, 2011). The CRC therefore provides an international standard and yardstick for the fulfilment of children's rights through its monitoring mechanism.

The CRC has made a contribution in terms of children's rights. According to Manful and McCrystal (2010), the twentieth century began with children having virtually no universally accepted rights. However, Manful and McCrystal (2010) are doubtful whether the concept of children's rights is interpreted to protect their interests or choices. Little empirical evidence on how children's rights are conceptualised makes it difficult for the child care workers to effectively implement these rights (Manful & McCrystal, 2010).

2.2.3 African Charter on the Rights and Welfare of the Child

The African Charter on the Rights and Welfare of the Child (ACRWC) was adopted by the African member states in 1999 and its aim was to protect the rights and welfare of African children. In particular, such factors as exposure to violence, lack of education and learning opportunities, poor socio-economic conditions and unjust traditional and cultural practices that make the inclusion of learners with special educational needs difficult to achieve were catered for.

Article 4 of this chapter states that everything should be done in the best interest of the child; including care and support provision. In an inclusive educational environment the child is prioritised and given primary consideration. The child's views are heard with participation in the classroom and promotion of active learning. The Charter is a progressive human rights instrument by international human rights standards in terms of advancing what is in the best interest of the child, however, reporting and monitoring practice by state parties fall well short of such obligations and mandates (Shumba, 2003).

Inclusive education is about education for all, and in line with Article 11 of the Charter, and which stipulates that education is the right of every child who also has a responsibility to respect the human rights of others. It is a human rights issue that seeks to achieve equal learning and development opportunities for all learners, in a learning and training environment that instils certain values. According to this Charter, inclusive education should be provided at all levels of the system and that the member states should encourage the provision of free and compulsory basic education (Shumba, 2003) .

Article 13 addresses the protection and welfare of children with disabilities, whom research indicates are subjected to various types of victimisation, most notably CSA (Westcott & Jones, 1999; Wissink et al, 2015). The rights and dignity of these children should be protected to promote reliance, dignity and active participation in the community. According to the Charter, member states should provide resources for the care and support of these children for them to move freely and improve access and mobility. It stresses the importance of access to health services and article 14 states that every child shall enjoy the best attainable state of physical, mental and spiritual help or wellbeing. Care and support services include the provision of health services (Gifford, et al, 2010). The government and private sector would work together in the provision of such services and a healthy child is more likely to benefit from the teaching and learning activities; whereas, an unhealthy one is more likely to miss out at school due to absenteeism.

Olowu (2002) argues that the Charter is weak on health in two respects; firstly, by not providing for the right of children to an adequate standard of living for physical, mental, spiritual, moral and social development, and secondly, by not providing for the right of parents to social security and social insurance that would be necessary for maintaining the

child's right to an adequate standard of living. Although it is weak on health in two respects, the Charter is the first instrument that requires resource allocation in respect of health. It also anticipates the involvement of the people themselves in the planning and management of basic health service programmes for children (Olowu, 2002).

The contribution the Charter has made includes several provisions that have not been articulated in previous human rights instruments, apart from making several improvements on the CRC (Chirwa, 2002). The ACRWC has set a precedent for children's rights to be respected and implemented across the African continent (A. L. Pillay, 2012; J. Pillay, 2014), however, it is not without weaknesses, having omitted several provisions that would be relevant for the better promotion and protection of children's rights (Chirwa, 2002: Sullivan & Knutson, 2000). Nyarko and Ekefre (2016) maintain that goals and objectives of the ACRWC have been achieved in most African countries, despite its decisions of having lacked a gender-sensitive approach and it not explicitly indicating that those affected by human rights abuses are mostly female children. As a study conducted in Australia showed, girls are generally more likely to be abused than boys, and more attention is therefore paid to girls (Goldson, 2001; Mathews, Bromfield, Walsh, Cheng & Norman, 2017), making them a vulnerable sector whose human rights need to be especially protected.

The African human rights system is often considered and quoted as being the least developed or effective and the most controversial of all the regional systems. Lloyd (2002) holds a different view, arguing that such an opinion is misguided and misinformed. In his view African human rights system was the first to adopt a treaty specifically dealing with children's rights and issues, providing for the promotion, protection and monitoring of welfare. Furthermore, it implicitly provides for the performance of duties on the part of parents/guardians and children. Whilst Lloyd (2004) maintained that the ACRWC was a perfect document, Chirwa (2003) believed it did not expressly include "disability" as a ground for discrimination, although it made provision for special measures of their protection. This was a serious omission of children with disabilities, who need to be protected from all forms of discrimination.

In line with ACRWC, the teaching, promotion and implementation of human rights instruments should be advanced in Africa (Camara, 2014);, notably teachers, lecturers, parents, NGOs, state officials and lawyers, who also promote human rights of children and research aimed at resurrecting African human rights traditions. A multidisciplinary approach with children involved in the process would recognise them not only as people in need of protection but also as autonomous beings, this approach was recommended by Camara (2014). Through this approach is the right of children to be given an opportunity for the child's views to be heard either directly or through an impartial representative in all judicial or administrative proceedings affecting them, and those views must be taken into consideration.

2.2.4 White Paper 6: Building an Inclusive Education and Training System

Inclusive education has been a particularly topical issue in South Africa since the adoption of White Paper 6 (2001), the discourse shifted from the medical deficit model to recognising that all learners have a potential to learn if they are given adequate support. Central to the WP6 is a realisation of the right to education for children with disabilities, especially at the basic education level. The implementation of inclusive education is still problematic in most African countries. According to Murungi (2015), this narrow understanding is replicated in South African law, policy and practice of education.

WP6 has opened many opportunities for public and independent schools to practice inclusive education, which has been adopted by many schools across the country. Some South African independent schools have successfully implemented valuable forms of inclusion and the principals have been instrumental in this regard (Gous, Eloff & Moen, 2014). The principals are important in the implementation of inclusive education as they have to lead and manage the process and ensure that there is provision of the available resources. Inclusive education is about taking action and valuing humanity, whilst taking into account emotions and attitudes. Principals are also critical in the management of cases involving sexual abuse as they support the activities of the School-Based Support Team (SBST) members.

South Africa has taken steps towards the implementation of inclusive education, guided by the universal principles of human rights, and with WP6 based on human rights principles as enshrined in the Salamanca Statement and the CRC to address the diverse learning needs of all learners. There have been several government initiatives aimed at restructuring and strengthening the general curriculum and care and support services, including the introduction of a new curriculum to accommodate a diverse range of system and learner needs (Lomofsky & Lazarus, 2001). In terms of implementation, the country has allocated resources and put in place systems and implemented training and development initiatives.

It is important that any education system should secure the provision of quality education to a diverse learner population and development of WP6 reflects the government's commitment to the development of an inclusive education and training system that would enable all learners to realise their potential (Hay, Smit & Paulsen, 2001; Nel & Grosser, 2016). It is important that inclusive education in South Africa has not been promoted as only one more option for education, but rather as an educational strategy that can contribute to a democratic society. After apartheid the new democratic government committed itself to the transformation of education, with key policy documents and legislation stressing the principle of education as a basic human right as enshrined in the Constitution.

2.2.5 South African Constitution (1996): Bill of Rights

Regionally, South African Constitution is among few to include justifiable socio-economic rights in its constitution (Lomofsky & Lazarus, 2001). One of the controversies surrounding judicial enforcement of such rights is the extent to which it is appropriate for courts to engage in policy choices in relation to the use of state resources. It is also notable for its identification of human dignity as an underlying value and the explicit duty placed on the courts to interpret the rights protected under the Bill of Rights in conformity with this value. The Bill of Rights encourages children's public participation, and, as Gwandure and Mayekiso (2011) argue, they cannot realise this right on their own but rather need to be empowered in order for them to assist children to achieve public participation. This

includes advocacy campaigns, which are aimed at protecting children against sexual abuse, and should include the establishment of care and support services.

The framework of post-apartheid legislation embodies South Africa's commitment to the principles of the 'Education for All' declaration and the right to basic education enshrined in its Constitution's Bill of Rights (Motala, 2011). The right to education has an established legacy in international agreements and debates; but has nonetheless, proved difficult to achieve internationally (Young, 2010; Young, Heath, Ashbaker & Smith, 2008). In a country in which human rights feature prominently in the discourse, as well as in the constitutional and legal framework, many wrongs continue to be done to children. One category is abuse, but it is not the only one. Poverty, patriarchy and gender violence, as well as the socialised obedience, dependency and silence of women and children, create conditions in which abuse can occur, often with few consequences (Motala, 2011). South Africa has extremely high rates of sexual abuse of children (Phasha & Myaka, 2014) despite progressive, rights-based legislation existing to protect them. Child abuse and neglect will not be significantly reduced without simultaneous improvements in social and economic conditions in which large numbers of children live.

2.2.6 Children's Act

The Children's Act (South African Government, 2005) aimed to support a developmental approach by legally empowering social workers and caregivers to provide a wider range of services than those governed by the Child Care Act number 74/1983 (The Republic of South Africa, 1983). For example, provision was made for state-funded prevention services. The role of the children's courts has also been extended in that they were accorded a supplementary power to mandate services essential to specific children. Although the children's courts can still order compulsory removals of children in most serious cases in terms of sexual abuse this will only be a last resort rather than almost the entire preoccupation of children's courts as it was under the Child Care Act (South African Government, 2005). The children's courts have thus been transformed into authoritative organs for making important service delivery decisions about which children are most in need of precious welfare resources. The Act requires social workers operating in conjunction with children's courts to provide developmental services because they are

strongly oriented towards assisting families or communities to care for vulnerable children (South African Government, 2005).

Although the Children's Act strengthens entitlement to a wide range of care services for vulnerable children, there are some important omissions in its coverage. A fundamental deficiency is that the role of local government has not been specified on its importance as part of a community-care approach. Local government is critical in the rendering of services as it has the ability to provide the infrastructure and resources required for children's care and support services (Matthias, 2005; Richter, Manegold & Pather, 2004). As argued by Patel (2003), overcoming the duplication and fragmentation of services that findings from pervasively poor co-ordination between government departments is a major challenge in democratic South Africa. An important recommendation by the Law Commission was that mechanisms be included in the new children's legislation to require the relevant government departments (Education, Justice, Health and Social Development) to work more closely together on behalf of children in need of care and support (South African Law Commission, 2002). In 2003 the Department of Social Development (DSD) deleted the commission's proposed wording (Proudlock & Rosa, 2003) and by September (2006) inadequate articulation between government sectors had continued to severely hampering services to children and families. The now greatly extended role of the children's courts means that the Justice Department and the DSD, in particular, will need to work more closely together.

2.3 CHILD SEXUAL ABUSE: AN INTERNATIONAL PICTURE

CSA is an international phenomenon that affects both girls and boys, though more girls, and it occurs across cultures and economic backgrounds. I*t* tends to be perpetrated by friends, trusted members of the family and strangers, including rape, incest and any unwarranted sexual advance. In some circumstances, the victim may not be aware of victimisation, particularly so for young and innocent children including those with intellectual disabilities (Ansermet, Lespinasse, Gimelli, Béna & Paoloni-Giacobino, 2010; O'Callaghan & Murphy, 2007).

CSA has devastating long and short-term consequences, possibly resulting in children not believing themselves (Barth, Bermetz, Heim, Trelte & Tonia 2013). The victims may contract sexually transmitted diseases such as HIV/AIDS, the consequences of which are made worse by underreporting, albeit the researchers are trying to fill this gap (Katzenstein & Fontes, 2017). For many years child abuse has not received the attention it deserves due to the attention paid to other health and social problems, such as nutrition and infectious diseases (Barth et al, 2013). A study conducted in Australia showed that girls are more likely to be abused than boys and that more attention is paid to girls (Mathews et al, 2017), and that boys are not immune, though there is a lack of awareness and sensitisation to boys' experiences. The conclusion was that there is thus a need for a balanced public and awareness activities for this problem to be tackled. Both girls and boys should be conscientised early in life about the dangers of child abuse and how to prevent it. The public and all the relevant stakeholders should be involved as child sexual abuse should be considered not only as a school problem, but a societal problem. Schools should drive and lead the process as the child spends most of his or her time at school,

Another Australian study focussing on ethnic minorities in Australia that are poor and underdeveloped revealed a knowledge gap in understanding CSA in society (Sawrikar & Katz, 2017), They had no access to public awareness activities, and as sexual abuse tends to take place in poor communities with lack of knowledge, where ignorance prevails. The recommendation was that awareness campaigns were therefore needed in Australia or children would continue to be the victims of sexual abuse.

Moore, et al 2010) investigation of the existence of childhood sexual abuse and adolescent unwanted sexual contact among boys and girls living in Victoria, Australia found it to be significantly higher among girls than boys. This finding is similar with that in a study conducted by Mathews et al (2017). Mathews et al (2017) recommended that early interventions and targeted education programmes are required. The family, school, community, government and NGOs need to work together to deal with this problem. The programmes envisaged should be directed to all the children.

Spain is one of the countries that has experienced CSA on a large scale, prompting researchers to investigate the existence of CSA among the adolescents. Pereda, Abad and Guilera (2016) found that it was more prevalent among girls than boys and that the perpetrators were more likely to be friends, neighbours or school mates. They then concluded that this was a disturbing result as CSA may, generally, be assumed to be perpetrated by strangers. They then recommended that education about CSA should start at home and the school should share this responsibility with the family. Children should be taught to differentiate between acceptable and non-acceptable physical contact and be encouraged to report suspected CSA advances to their parents or to the school.

According to a study conducted by Oaksford and Frude (2001) among female university learners in the UK, a significant number of the respondents had been sexually abused in childhood. The study revealed that they were coping well at university, showing that some victims of CSA can be resilient. However, the study did not reveal whether or not they had received psychological help. CSA has been found to have more devastating effects on the psychological wellbeing of the victims in Denmark (Eklit, 2015), where 78% of participants were found to have been experiencing post-traumatic stress disorder (PTSD). This result is important in that it helps understand the psychological damage caused by CSA, with victims needing prioritised care and support so that they can live healthy lives. In dealing with the effects of CSA, the help of psychologists is required and to manage the psychological effects as these can have lifelong psychological scars as some victims may need to be hospitalised and receive psychiatric treatment. It appears to be occurring in boarding schools, the main perpetrators being the teachers and mainly directed at boys (Braw, 2014). The low of sexual abuse existence in state schools may be because the roles of teachers and parents in sexuality are emphasised (Walker & Milton, 2006).

Canada has seen a decline in the cases of CSA (Shields, Tonmyr & Hovestad, 2016), an encouraging result since it has devastating physical and psychological effects. From this study, the decline is a result of concerted efforts by both government and NGOs. Canada has been embarking on aggressive educational and awareness campaigns with families and schools actively involved.

Having one of the largest populations in the world, India and is affected by CSA (CSA). Much research has been conducted on the incidence and existence of CSA in that country (Chouliara & Narang, 2017), with Chouliara and Narang (2017) noting that although it did not look at the incidence and existence of CSA, relational approaches to treatment and service delivery emphasised the need for psychosocial support for facilitating personally meaningful recovery within the community.

Pineda, Trujilo-Hernandez, Millan-Guerrero and Vasquez (2009) investigated the existence of childhood sexual abuse among adolescents in Mexico. They found that CSA was more prevalent among girls than boys. This is an international trend and consistent with studies reviewed above. It revealed that the CSA was more of a physical contact as participants indicated that they needed psychological counselling. That they saw the need for psychological counselling confirms that CSA affects the emotional wellbeing of the affected individual.

In Japan, less is known about the epidemiology of CSA (Tanaka, Suzuki, Aoyama, Takaoka, & MacMillan, 2017). (2017). because Japan has taken steps to develop prevention strategies and the government has strict laws in place against those who abuse women and children. On the other hand, Croatia has a low incidence rate of CSA, with Ajdukovic, Susac and Rajter (2013) finding 10.8% of children had experienced some form of sexual abuse. Still more girls are affected by CSA than boys, part of an international trend and consistent with findings. In Cyprus, CSA is perceived to be a major health problem (Karayianni, Fanti, Diakidoy, Hadjicharalambous & Katsimicha, 2017), supporting previous findings in Europe that one in five children may experience it. It was also found that CSA tends to co-occur with other forms of abuse, such as physical and psychological. Care and support should be comprehensive in nature with a multidisciplinary approach adopted. One lesson that can be learnt from these studies is that the both girls and boys need to be protected and that both girls and boys need to be empowered in terms of CSA prevention.

CSA is also a major problem in Germany and child sex tourism (CST) is a major problem because of paedophilic interest and hyper-sexuality, as indicated by a study conducted by Koops, Turner, Neutze and Briken (2017). Again, the girl child seems to be more affected than the boy child and the abuse is mainly perpetuated by men. This study is a first step in Germany to gain insight into the existence of CST. Literature reveals that the subject is under-researched and efforts need to be undertaken to intensify research in this area (e.g. Research on care and support).

In a study that focuses on children with disabilities, it emerged that Deaf children, in Norway are two to three times at greater risk of sexual abuse than their hearing counterparts (Kvam, 2000), due in part to their limited communication skills. The perpetrators found them to be easy targets because of difficulty in reporting abuse. When the perpetrators were brought to court, they were often released because of the poor quality of evidence advanced by the victims. Courts would need more competent interpreters for successful prosecution of the perpetrators, a problem not confined to Norway but an international phenomenon (Eljaay & Bakarman, 2015). Deaf children also need to be empowered to prevent sexual abuse.

This study is on school-based care and support for intellectually disabled children who have experienced sexual abuse. CSA is not unique to South Africa but rather it is an international phenomenon and little is known about its scope and nature of prevention efforts in government school systems internationally (Walsh, et al 2013). Rife in Australia, the government has embarked on public awareness programmes, resulting in sexuality education being infused into the curriculum and increased learning opportunities.

In China, CSA is increasing at an alarming rate and schools do not appear to be prepared to deal with the problem (Liu & Su, 2014). That little is known about it (JingQi, Dunne & Ping, 2004) has led to attempts by institutions of higher learning, such as the Beijing Normal University, to launch a programme of education for children aimed at training teachers and parents on sexuality education. Because of this initiative, sexuality education in schools is gaining increased attention and help from many sectors of the Chinese society.

Another country confronted by the problem of CSA, is in Saudi Arabia where attempts are being made to involve parents in the prevention and care of children who have been sexually abused (Eljaay & Bakarman, 2015). In most cases, it occurs in the community and parents are the first people who have to deal with the trauma. The effects become evident in the teaching and learning process, which means that schools and parents are expected to work together, and that parents become involved in school-based CSA programmes.

CSA in Liberian schools was found to be more prevalent among female learners (Postmas,et al 2015), as considered easy targets because of the role they play in society. Liberia is an underdeveloped country with a high poverty rate made worse by high rates of unemployment. Schools that are located in the most undeveloped areas are more likely to be more affected. Limited resources make it difficult for such schools to respond accordingly and appropriately.

2.4 CHILD SEXUAL ABUSE: AN AFRICAN PICTURE

CSA affects each and every country and has serious education and health implications (Matthews & Collin-Vezina, 2016). Some of the noted consequences of CSA include poor academic performance, low concentration, lack of interest in education and high dropout rate (Amunga, Maiyoa, Achokaa & Ashioya, 2009). Pillay (2016) also found that CSA has negative implications for the education of these learners as it affects their literacy achievement. The school functioning of these learners is also severely affected (Phasha, 2008), whilst health consequences include unwanted pregnancies, sexually transmitted diseases and psychological problems such as depression (Matthews & Collin-Vezina, 2016). It should be noted that CSA mostly affects the girl child.

A study conducted in Kenya found that most females suffered sexual abuse (Amunga, et al, 2009), whilst in Tanzania it was found that three in ten females and one in ten males were experiencing some form of CSA (Vagi et al, 2016). It was found that CSA has serious health concerns, a finding similar to that of the study by Amunga et al (2009). The health implications of CSA make it imperative for the health authorities to respond more appropriately, notably working closely with the police, schools and relevant social welfare

departments. This multidisciplinary approach should ensure care and support for children who have been sexually abused.

Zimbabwe considers CSA as a public health concern, prevalent in poor resource areas (Mantula & Saloojee, 2016) characterised by poverty, high rates of unemployment and poor health facilities which make it difficult to prevent and manage the epidemic. Mantula and Salooje (2016) recommend that a policy and practice framework should be put in place to provide quality care and support, thus ensuring that the state and institutions of civil society respond to the problem of CSA accordingly.

In Malawi, the number of children presenting for suspected sexual abuse has been increasing at an alarming rate (Mason & Kennedy, 2014), of great concern as the country is regarded as having high HIV/AIDS infection rates. On a positive note, disclosure has been increasing, attributed to increasing awareness, availability of services and the fear of HIV. That disclosure tends to be made to parents which reduces the likelihood of further victimisation and psychological distress, and effective awareness programmes are aimed at helping the sexually abused children be aware of alternative resources they can use to disclose (Motala, 2011).

CSA produces psychosocial scars, and from Wondie, Zamene, Tafesse, Reschke and Schroder's (2011) investigation of the psychosocial consequences of CSA in Ethiopia it was found that children who had been sexually abused showed a lower degree of self-worth than their non-sexually abused counterparts. It was further found that these children present lower degrees of social support and empowerment, as well as a higher degree of guilt and increased likelihood of viewing the world as dangerous. Care and support programmes should therefore aim to address the psychological consequences of CSA through effective psychotherapeutic interventions. According to Mekuria, Nigussie and Abera (2015), little had been explored about the pattern of CSA in the context of high school learners in Ethiopia in general, despite high levels amongst them. According to Postmas, et al 2015), the girl child remains the main target.

2.5 CHILD SEXUAL ABUSE IN SOUTH AFRICA

Despite being one of the most developed countries on the continent, South Africa is one of the most severely affected by CSA. In a study by Phasha and Nyokangi (2012) of school-based sexual violence among female learners with mild intellectual disability, it was found that learners with intellectual disability were not immune from school-based violence, but rather CSA is endemic, driven by high levels of gender-based violence and underscored by structural and social factors (Mathews et al, 2016). CSA in South African schools is rife and teachers have been found to be the main culprits (Centre for Applied Legal Studies, 2014). Phasha and Nyokangi (2012) also reported that CSA is widespread, however, the actual existence of CSA is difficult to determine because of underreporting. In his research article, Prinsloo (2006) noted that sexual violence against the girl child is perpetrated not only by teachers but also by some boys.

In 2001, Human Rights Watch (HRW) released, "Scared at school," an extensive report that examined sexual violence committed against girls in South African schools. It found that many were subjected to some form of violence, for instance, rape, abuse, harassment and assault, and that this was "an inevitable part of the school environment." The study further revealed that the female victims felt hopeless and helpless and so opted to dropping out of school. Again, teachers and boys were found to be the main perpetrators

According to Bhana (2015), sexual violence tends to occur in schools that are located in extremely poor areas with limited resources. Turbulent social conditions and material struggles beyond the school limit teachers' potential to safeguard the needs of girls. Victims of school-based violence need more than caring, according to Bhana (2015), notably prevention and targeted intervention programmes. Here the role of the government and institutions of civil society becomes critical, with an integrated and comprehensive approach necessary. Bhana (2015) also found that girls are not safe from sexual violence in and out of school, and as such it is a societal issue. Schools alone cannot address this contravention of the principles of Ubuntu, namely, care, support and positive regard for others. Since sexual violence tends to occur to the girl child, community based efforts should be advanced to protect her. Conversely, the development of programmes targeted at males should be initiated to educate them about the evils of sexual abuse.

CSA affects the child not only emotionally, psychologically and physically, but also academically. This was revealed in a study by Pillay (2016) into CSA and literacy achievement among South African primary school children that found learners who were sexually abused scoring significantly lower in literacy tests.

2.6 SEXUAL ABUSE AND INTELLECTUAL DISABILITY

Children with disabilities are three to four times more likely to be abused or neglected than their typically developing peers (Murphy, 2011). It has been established internationally, that CSA is increasing at an alarming rate among children with intellectual disabilities (Euser et al, 2015). Research indicates that they are subjected to various types of victimisation, most notably, CSA (Westcott & Jones, 1999). Intellectually disabled children are a vulnerable group and as a result they become easy targets with trouble in expressing their feelings and emotions. Their limited communication skills mean they have to rely on other people for care and support (Kim, 2010).

Several studies have established an increased risk of abuse among children with intellectual disabilities, for example, as revealed by research conducted in Spain that found it to be much more prevalent compared to their counterparts without disabilities (Verdugo, Bermejo & Fuertes, 1995). In terms of the research group, comprising 445 children, the overall child abuse experience was 12% among the intellectually disabled children compared to 2% of the others.

Sullivan and Knutson (2000) investigated the link between CSA and intellectual disability and found it prevalent with rates of 10.1% for children with intellectual disability, compared to 2.6% for those without. Reiter et al's study (2007) also showed a high percentage (40%) of intellectually disabled children having been sexually abused in comparison 16% of with children without intellectual disabilities. In addition, a study conducted in Turkey revealed that 50% of children with intellectual disabilities were sexually abused as compared to 15% of children without intellectual disabilities.

A study conducted in Taiwan by Shu-Man (2007) revealed a link between sexual abuse and intellectual disability; however, with only a low existence of 5.4%. This was because these children lived in supported living settings and were therefore excluded from the community. According to Shu-Man, Taiwan still needs to develop effective service programmes and strategies to deal with sexual victimisation of children with intellectual disabilities.

As indicated by Phasha and Nyokangi (2012), in South Africa it is difficult to obtain statistical information of intellectually disabled children who have been sexually abused, but a UNICEF report of 2005 was useful in estimating that the incident in developing countries are 1.7 times more numerous than those committed against children without disabilities. South Africa has characteristics of both a developing and developed country so in order to deal with this problem it needs to develop a community approach

Of the many reasons children with intellectual disabilities are more likely to be sexually abused is inability to differentiate between care and abuse, perhaps due to developmental and cognitive delays (Martinello, 2014). They may be unable to identify abuse behaviours because of their limited cognitive capacities, whilst according to Martinello, 2014 , they are more likely to be sexually abused before the age of 18 and by people they know, including care and support givers.

Victimisation of children with intellectual disabilities is compounded by their not ordinarily being exposed to sexuality education at an early age (Rohleder & Swartz, 2009), whilst those with severe cognitive abilities may not benefit greatly from sexuality education. According to Rohleder and Swartz (2009) these children should therefore be in the care of trained personnel and families should be empowered to look after and care for them. Community awareness programmes based on sexual abuse prevention and the principles of Ubuntu should accompany these initiatives.

Under-reporting has also been found to be a contributory factor (Phasha, 2013), limiting the ability of the police, school personnel and care and support professionals to respond accordingly and appropriately. Under-reporting is due to a number of factors, such as teenagers' understanding and communication, familes' fear of stigma attached to disability

and professionals' lack of expertise. Children with intellectual disabilities are known to take time to think and understand what is happening to them and they are also known to have communication difficulties that make difficult the reporting of sexual abuse (Martinello, 2014). The stigma attached to disability is a reality in African communities and can be dealt with by introducing community awareness programmes. There is an urgent need to train personnel to work with children with intellectual disabilities in prevention and early identification, as it is challenging to work with children with intellectual disabilities who have been sexually abused (Nijnatten & Heestermans, 2010).

Programmes targeted at these children should therefore be developmentally appropriate and designed systematically (Firth et al, 2001; Gougeon, 2009), so schools and residential care facilities need to have mandatory policies and programmes for sexuality education (Gougeon, 2009). This would teach them about prevention, reporting and disclosure, and how to differentiate between appropriate or healthy behaviour and abusive behaviour. The children cannot do this alone as they are dependent on others for care and support; so they should be in the presence of kind and caring people who put the children's interest first. People who are tasked with the responsibility of caring and supporting these children are not generally vetted in South Africa, leaving the latter at potential risk (Nijnatten & Heestermans, 2010).

Conceptions about the sexuality of people with intellectual disabilities increase the likelihood of this group being sexually molested. Phasha and Myaka's (2014) investigation of community conceptions of teenagers with intellectual disabilities found they were thought to have a high sex drive, implying that they invited abuse and were willing partners. This puts them more at risk as their limited cognitive abilities render them unable to make informed decisions, a misconception that overlook a number of reasons some people decide to victimise people with intellectual disabilities; for instance low self-esteem and a perception that people with intellectual disabilities are 'easy targets.'

The close and extended family are supposed to provide primary care and support for the child, who in turn tends to trust them and feels safe in their presence. Balogh et al (2001) found that 50% of children and adolescents who participated in their study had been sexually abused by a member of their close or extended family, similar to the finding of

Phasha (2009) that the family is no longer a safe haven for children with intellectual disabilities. These disturbing findings indicate that these children are unsafe where they are supposed to be safe and secure, and that the abuse has occurred without being reported or disclosed. It is also possible that these children perceived the abuse as normal.

There is research evidence that sexual abuse of children with intellectual disabilities is also perpetuated by other children. For instance, Bladon, Vizard, French and Tranah (2005) found that perpetrators were under 18 years of age and 2% were under the age of seven. It is possible that these children had themselves been sexually abused and there is research evidence that suggests that children who have been sexually abused are more likely to abuse other children. They might have psychological scars that impact negatively on their development to adulthood. The perpetrators appear mainly to be male children and adolescents.

2.7 HISTORICAL DEVELOPMENT OF EDUCATION SUPPORT SERVICES IN SOUTH AFRICA

Prior to 1994, educational support services in South Africa were segregated along racial lines, reasonably well developed in departments serving Whites, Coloureds and Indians but grossly underdeveloped in those serving black children (Naicker, 2005). This manifested itself in various ways, resulting in highly specialised and costly provision of specialised education and support services for a limited number of learners (Lomofsky & Lazarus, 2001). This left the majority of learners in need of support services marginalised. South Africa's new democratic dispensation ushered in a new era of educational reform with equal education promised for all learners.

The first move to inclusivity in education was in 1997, in line with an international paradigm shift. The Constitution of the National Commission on Special Education Needs and Training (NCSNET) and the National Committee on Education Support Services (NCESS) at the end of 1997 could be considered a breakthrough in advancing inclusive education in South Africa (Lomofsky & Lazurus, 2001). These policy developments advocated for equal access to quality education to learners experiencing barriers to learning including CSA (Naicker, 2001). As a result of the findings of the Commission, inclusive education was

conceptualised. One of the significant recommendations was development of community-based support to strengthen the capacity of the schooling system. According to Lomofsky and Lazarus (2005), school is part of the community system, particularly relevant to this study as some school related problems emanate from dysfunctional communities. Functional and effective communities are able to support schools and can help in prevention and interventions relating to CSA. The relationship between the school and the community is therefore critical, with community-based organisations including churches, NGOs, health services, traditional leaders and healers, and the police.

The NCSNET and NCESS helped a great deal in the conceptualisation of inclusive education in South Africa. Education White Paper 6 (WP6): Building an Inclusive Education and Training System (2001), on the other hand, made inclusive education a reality. In terms of WP6, inclusive education in South Africa is therefore envisaged to provide co-ordinated professional support to all learners in all education institutions. It considers some of the special schools being converted into resource centres and some of the ordinary schools into full service schools. Resource schools are meant to provide a wide range of support services, to support other schools and to make their resources available to them. Full-service schools are primarily mainstream education institutions that provide quality education to all learners by supplying the full range of learning needs in an equitable manner. Learners with special educational needs should strive to achieve access, equity, quality and social justice in education.

2.8 CARE AND SUPPORT PROVISION FOR CHILDREN WITH INTELLECTUAL DISABILITIES WHO HAVE BEEN SEXUALLY ABUSED

Care and support for people with intellectual disabilities who have experienced sexual abuse is problematic and as a result it is difficult to understand its nature (Webber et al, 2017). This section examines various aspects of the phenomenon.

2.8.1 Care and support for children with intellectual disabilities

Care and support of children with intellectual disabilities takes place in homes and community-based facilities. A library search reveals a dearth of literature covering the topic therefore literature on people with intellectual disabilities with a history of sexual abuse is scarce. Care and support for learners with intellectual disability is best advanced in inclusive educational settings and most countries are moving towards implementation of inclusive care and support services at a slow pace (Dessemontet, et al 2012). In Switzerland, in particular, children with special needs still attend special schools and classes, although there is a gradual move towards inclusive education. Dessemontet, et al (2012) found that inclusive education has a positive effect on the academic achievement and adaptive behaviour of children with intellectual disabilities. This finding is significant in that it shows children with intellectual disabilities are best supported and cared for in inclusive educational settings.

Current educational systems offer limited opportunities for children with intellectual disabilities with regards to care and support (Lim, Downs, Li, Bao & Leonard, 2013), as a worldwide phenomenon that is gradually changing. The alternative is to advance inclusivity in education. Care and support is central to inclusive education, which makes provision for all learners and is aimed at enhancing the quality of life and education. South Africa can be regarded as one of the countries that has prioritised inclusive education, having established full service schools which are inclusive in nature, and resource centres whose function is to support ordinary schools to becoming inclusive Naicker, 2001).

The inclusive educational settings do not have sole responsibility for caring and supporting learners with intellectual disabilities. Countries such as Sweden have explored alternative way of caring and supporting such children, by making use of external personal assistants paid for by the state and responsible for the personal wellbeing of these children. They are able to establish the support needs because external personal assistants have a profound effect on the children as the families are relieved from the responsibility of supporting and caring for them (Axeisson, 2015). The Convention on the Rights of People with Disabilities puts the role of the external personal assistants at the forefront (Motala, 2011).

The external personal assistants work in inclusive educational settings. Their key role is to support inclusive education teachers. In order for them to undertake this responsibility, they have to undergo training. They are encouraged to work families of the learners who need care and support (Jansen, van der Putten & Vlaskamp, 2012), this is important because parents know their children better and can provide valuable input in terms of how they can be supported. It is important that the external personal involved in the support and care of these children becomes aware of the parents' thinking implies that the foundation for cooperation should be laid. In caring and supporting children with intellectual disabilities, partnership between the family, external personal assistants and other care and support professionals is not enough. Broader social awareness, acceptance and access to resources are also critical in advancing support for these children (Anusha, & Raval, 2016). Awareness programmes or campaigns would conscientise the community about the needs and the rights of the intellectually disabled child.This also helps counter the stigma attached to intellectual disability so that they can be accepted members of the community. The intellectually disabled children are prone to sexual abuse and abuse in general so the state and NGOs should set aside community-based resources to care and support them. School personnel also need to be capacitated through training and development to achieve a caring and supportive learning environment (Anusha, & Raval, 2016).

The role of parents should be considered in the care and support provision of children with disabilities and their voice should count (Nieboer, Cramm, van der Meij & Huijsman, 2011). Children with intellectual disabilities are limited in their capacity to express themselves in terms of their care and support needs but parents know their children better and can provide valuable information to care and support professions. The role of family-centred professionals who support children with intellectual disabilities is receiving attention in research (Jansen, van Putten & Vlaskamp (2013), incorporating the values of sensitivity and respect. In caring and supporting children with intellectual disabilities, the needs of the family should be considered and the care and support professionals should be sensitive to these needs. It should be treated with respect. Family-centeredness is not only concerned with the needs of the family but is also about being sensitive to the needs of the

intellectually disabled child who should be treated with respect and dignity (Douglas, Redley & Ottman, 2016) .

According to McKenzie, McConkey and Adams (2013), the care and support provision of children with intellectual disabilities needs to address the issues affecting them, perhaps including social exclusion, sexual victimisation, lack of access to education (including sexuality education), health social welfare services and, in the African context, poverty. Social exclusion may could be a situation in which the intellectually disabled child is marginalised and not accepted as a fully-fledged member of the community. Sexual victimisation could refer to sexual abuse and sexual harassment when the child is violated sexually, leading to unwanted pregnancies and sexually transmitted diseases (STDs). Lack of access to education may be a situation in which the child is kept at home due to limited education and training opportunities. Children with intellectual disabilities who have been sexually abused should have access to health care services and psychosocial support services and often in most African countries health and social services agencies are not ready to offer quality care and support (Olowu, 2002).

Caring and supporting children with intellectual disabilities can be expensive for the parent, state and decision-makers as they want to know the economic consequences of their decisions (Lemmi, Knapp & Brown, 2016). Schools, for instance, require trained personnel who are knowledgeable about children with intellectual disabilities. Teachers also need to be trained on curriculum adaptation and differentiation and that psychosocial support should be provided for the learners professionals such as social workers and psychologists. However, South Africa in particular has a severe shortage of such professionals (Pillay, 2012).

Douglas, Redley and Ottman (2016) see caring and supporting for children with intellectual disability as a major responsibility that includes a need for assistance with dressing, eating, washing and hygiene. Nonetheless parents can feel stressed and tend to neglect their children, often feeling disempowered, at which time the role of the school and social services becomes critical. The schools can help in educating the parents about their children in order for them to understand the disability better and empower them with life skills. At school level, the learners can be taught life skills and sexuality education, whilst

at the level of the social services, parents can be empowered with skills of care and support of these children.

In addition, caring and supporting children with intellectual disabilities requires quality time and effort (Tadema & Vlaskamp, 2009). Effective care and support involves establishing the needs of the parents in terms of what support is needed and how to affect it. Raising children with intellectual disabilities is a significant step and parents can fell hopeless and helpless (Tadema & Vlaskamp, 2009). The parent needs to attend to the basic needs, such as eating, drinking, helping the child to wear clothes and making sure that he or she is not involved in self-destructive behaviours. The wellbeing of parents should also be taken into consideration. Caring for the child with intellectual disabilities can be demanding and stressful to the parent, which is why psychosocial support is also needed for the parents (Yang, Byrne & Chiu, 2015).

Furthermore, Soltau, Biedermann, Hennicke and Fydrich's (2015) investigation of the mental health needs and availability of mental health care for children and adolescents with intellectual disability in Berlin, Germany found they were at increased risk, and that parents could play an important role in its prevention and management. It is of paramount significance that parents need to be prepared and counselled before they can intervene accordingly. Children with intellectual disabilities would also need child mental health care, which explains why a multidisciplinary approach that includes parents is required.

Caring and supporting children with intellectual disabilities should comprise a coordinated and integrated approach to meet their sexual health needs, because their sexual rights are recognised worldwide. They are part of communities and usually form relationships with people who can take advantage of them (Servais, 2006). They face problems of unwanted pregnancies and contract STDs, and have limited opportunities to learn about safe sexual behaviour because they have limited access to information and some difficulties in retaining new information (Servais, 2006). .

Notably programmes for care and support of children with intellectual disabilities need to be individualised, be carefully planned and should be person-centred and systematic in assessing the needs, setting goals and conducting evaluation within the context of service

provision (Herps, Buntix & Curfs, 2013). This would enhance the quality of life of people with intellectual disabilities, developed in consultation with the family. The planning process involves documenting the activities and interventions undertaken, with focus on capabilities rather than disabilities, such an approach is empowering.

As a way of empowering them, children with intellectual disabilities should be encouraged to participate in community-based activities (Zakrajsek, et al 2013), ensuring that they are in control of their lives and able to make informed choices. Community participation enables the disabled person to participate meaningfully in society and be regarded as a valuable member of the community, bringing about a sense of belonging. In order for effective participation to take place, people with disabilities need to be embraced and for that to happen attitude change is required. Effective participation is achieved through the support received (Zakrajsek, Hammel & Scazzero, 2013).

Community participation may sound simple in theory but its implementation is difficult to achieve. The community needs to accept it and, more importantly, the role of care and support staff is critical in promoting the social inclusion of children with intellectual disabilities (Zakrajsek, et al 2013). The support staff are normally made up of people who are knowledgeable about the intellectually disabled child and are trained in advocacy and awareness campaigns. They should also have enough credibility to work with community leaders such as priests, traditional leaders and personnel from the other institutions of civil society, such as NGOs.

In countries such as China, community participation appears to be difficult to achieve, as there is still much stigma attached to intellectual disability (Pan & Ye, 2015). In some sections of the Chinese community, intellectual disability is perceived as a result of demonic power or magic. According to the interpretations of Buddhist doctrines, human beings often suffer disability for sins committed in a previous life. Intellectual disability is considered a punishment for parental disobedience of Confucian teachings disability (Pan & Ye, 2015), which renders the quality of care and support difficult to achieve.

2.8.2 Care and support for sexually abused children, generally

Care and support of children involves many aspects, for example, psychological and physical, and includes the role that should be played by the health and legal services. Children are often abused in the context of the family and some in care and support facilities (Zakrajsek, Hammel & Scazzero, 2013). Those who are tasked with the responsibility of taking care of them often find themselves in helpless and hopeless situations and so need to be empowered with the necessary skills before they can support them (Pan & Ye, 2015). They need the necessary skills and expertise to cope with the demanding task of caring and supporting.

Educational facilities have been cited as the environments in which children are sexually abused (Bode & Goldman, 2012), which is disturbing as schools are expected to be the centres of care, support and learning. This affects the children's education in a negative way and limits their opportunities as they miss schooling, as they have to undergo psychological counselling and health care. Some may even fear going to school and the impact on education is severe, so schools need to be proactive in their approach to dealing with the prevalence of CSA.

CSA leads to psychological scars and in turn to conditions such as Posttraumatic Stress Disorder (PTSD); then, a need for psychotherapeutic care becomes necessary (Weber, Landolt, Maier, Mohler-Kuo, Schnyder & Jud, 2017). According to Weber et.al. (2017), little is known about the decision to refer and this often happens at institutional level, informed by the availability and accessibility of services. Care and support providers need to be aware that the sexually victimised children need care and support as a matter of urgency, and to be empowered with the necessary referral skills and expertise to identify their psychotherapeutic needs.

People who sexually abuse children, commonly labelled paedophiles, are found in schools, communities and even in care and support facilities. To prevent CSA in child care, de Jong, Kupper, de Ruiter and Broerse (2017) examined the notion of paedophile scan, an important innovation as it would be able to detect people with paedophilic tendencies. This was piloted in the USA and the European Union (EU), and was a ground-breaking

development as the chances of those who are more likely to abuse children were limited in terms of working, caring and supporting children. South Africa is in the process of vetting all those who would be working with children (Weber et.al. 2017), .

Sexually abused children need support from their families and families themselves need to be supported (Han & Kim, 2016). This support is often provided by social workers and psychologists. The study by Han and Kim found that there is a need for emotional support, psychoeducation and family therapy for parents. Emotional support would entail the parents "getting in touch with" their feelings and emotions regarding the abuse. Psychoeducation on CSA, prevention and effects with family therapy would be an intervention aimed at treating them psychologically.

The support received by families determines the quality of care and support and the parents are them able to support the sexually abused children (Godbout, Briere, Sabourin & Lussier, 2014). Children who come from supportive families are more likely to experience fewer psychological problems after they have been sexually abused, which means that the intervention to be effected should involve the family (Godbout et al, 2014). One of the advantages of including the family in the intervention process is that the child feels safer and can see that the parents relate to his or her situation.

One of the significant aspects of care and support is disclosure (Anderson, 2016), and children who have been sexually abused either disclose voluntarily or with the help of the care and support-givers. The aim of the disclosure from the side of the victim is to prevent further abuse, to seek help, and to bring the perpetrator to justice. More importantly, it is to address emotional trauma. CSA disclosure needs to be managed by a well-qualified care and support professional to prevent further psychological damage and would also help to provide the necessary care and support.

The effects of CSA can be managed and with proper treatment the victims can recover. The psychological damage can be treated by providing psychological support, and as Chouliara and Narang (2017) argue, the CSA is a community or societal problem and the role of the community is of paramount significance. The process of recovery would be possible if there were availability and accessibility of care and support facilities with trained professionals.

One of the reasons children are abused is that they lack personal safety skills (Miller, Pavlik, Kim & Rogers, 2017) that keep children away from potentially sexual abusive situations. Those who are empowered with personal safety skills are able to say 'No' to inappropriate touching and to tell the potential perpetrator to go away. They are a quick to tell other people, such as the helpers, if they suspect something. Personal safety skills should be taught at home and at school and should form an integral part of the school's life skills/life orientation programme. However, the effectiveness of these programmes remains under question in South Africa as children continue to be sexually abused even though most of the schools should have Life Orientation (LO) programmes in place (Chouliara & Narang, 2017).

One of the neglected aspects of supporting and care-giving is the psychological impact of CSA on caregivers. Zimba, Menon, Thankian and Mwaba (2016) found that CSA causes psychological distress among the primary caregivers, including anxiety, fear, depression, anger, insomnia and functional impairment. This state of affairs would render the caregivers hopeless and helpless as they would not be able to care or support children who had been sexually abused. They thus need psychotherapeutic intervention to help them to contain the psychological distress they are experiencing.

Caregivers act as a sounding board for children who have been sexually abused, as the latter disclose to them and the disclosure might affect them psychologically (van Toledo & Seymour, 2013). Dealing with disclosure in such a situation may make it difficult for the sexually abused child to recover as they depend on the caregiver. The caregivers thus require support and, as already indicated, they themselves require psychosocial support or intervention. Caregivers play an important role in the management and recovery of these children. The work of the caregiver is not easy as some victims may find it difficult to disclose to them. Mathews et al (2016) found that nearly half of the children who participated in their study failed to disclose to the caregivers, fearing their reactions. Disclosure is not easy but rather involves an element of trust and an appropriate approach. It can be managed by trained professional caregivers who understand the child.

Malloy and Lyon (2006) assert that caregiver support is especially important when it comes to the child's disclosure and if the caregiver is psychologically disturbed upon disclosure, the chances are that he or she might not receive the support required. The support needs of the caregiver need to be taken into consideration if it is to be effective. The solution to this can be debriefing sessions for caregivers on a regular basis. Working with children who are sexually abused is demanding and has seen a number of caregivers leaving their posts (Hatfield, 2014). Reasons include lack of organisational support, training and personal improvement. Organisations that employ people to work with children who have been sexually abused should invest in human resources and need to have support programmes in place. Those who are well trained and supported are more likely to remain in their posts and so improve service delivery to children who have been sexually abused.

One of the issues that is critical in the care and support of children who have been sexually abused is the issue of HIV testing and the role that needs to be played by social workers in the process (Hatfield, 2014). The child might not be aware of the counselling options but the social worker's role is to counsel the child before and after an incident. It is also to make sure that the child if referred to the relevant care and support professions and the social worker might have to involve the family as critical in the care and support of the child.

2.8.3 CARE AND SUPPORT OF INTELLECTUALLY DISABLED CHILDREN, GENERALLY

Supporting children with intellectual disabilities involves meeting needs of the parents who are supporting them and meeting their needs. It has been established that caregiving and support is mainly provided in families, as there are not many community resources available in most African countries. This calls for interventions to promote social and parenting skills in parents with an intellectual disability (Wilson, McKenzie, Quayle & Murray, 2014). If parents were empowered they would be able to provide better support and the parenting social and parenting skills they would have acquired could assist in the prevention of the victimisation of their children. Meaning, many cases of child sexual abuse could be prevented.

Nkhosi and Menon (2015) assert that empowering parents with social and parenting skills is not enough so there is a need to understand their perceptions of the social and emotional needs of their children. Nkhosi and Menon's (2015) study of the perceptions of mothers of children with intellectual disabilities found they had similar social and emotional needs to those of other people, indicating that care and support should adapt so that they do not experience social and emotional difficulties. Measures should however be put in place where these children can be encouraged to interact with their peers to prevent social and emotional isolation.

Caring and supporting children with intellectual disabilities is a demanding task and, as indicated above, this task is taken on by the parents most of the time. In order for parents to undertake this responsibility they need to find out what is important in the support of a child with an intellectual disability. A working relationship between parents and professionals has been found to be of paramount significance, coupled with respectful and supportive care (Jansen, et al2013). Parents appear to be aware that they cannot undertake this responsibility alone but rather need a partnership.

Parenting a child with an intellectual disability can be stressful so parents need help as this task becomes more difficult when he or she also presents behavioural problems (John & Zapata, 2017). The parents may need counselling and psychotherapy and to be referred to the relevant source of assistance, notably government and NGOs. South African schools are increasingly able to support families through School-Based Support Teams (SBSTs), made up of more suitably qualified professional staff and backed up by the district education office. The NGOs are also much more involved in care and support initiatives (Carron & Brawley, 2000; Gill, 2012).

As indicated above, care and support in most societies, especially those struggling economically, takes place within the context of the family and may result in social exclusion or social disadvantage (Collins, Llewellyn & Grace, 2017). Social exclusion affects the child's social development as he or she needs to play with peers and needs to be aware of what is expected in society. In these circumstances, a solution is social and educational inclusion, as parents should see their children being socially capable and, when the situation allows, being encouraged to go to school. Social inclusion is possible through transformational and

societal mind-sets and attitudes. Schools would have to be encouraged to advance inclusion, as in South Africa which has prioritised inclusive education.

Caring and supporting the child with intellectual disability affects the quality of family life (Meral, Cavkaytar, Turnbull & Mian, 2013) and much time and effort is invested in this. There may however also be a financial strain and parents need to plan their caring and supporting activities very well, perhaps with the support of a social worker, who can empower them with the planning of activities while providing counselling. In the case of South Africa the social worker would be in the position to refer or assist the child to apply for a disability grant (Collins, Llewellyn & Grace, 2017).

Parents of children with intellectual disabilities find it difficult to cope and may often find themselves presenting psychiatric and psychological problems (Fairthorne, Klerk & Leonard, 2016), perhaps because they are thinking too much about their children's future and what would happen to them when they are no longer around. This could also be because of the demanding task of caring and supporting their children. The psychiatric and psychological problems could be because of financial problems, so care and support initiatives should not only be directed at children but should also include intervention on the level of the parents.

The presence of the intellectually disabled child brings new challenges to the family so parents would require a high degree of resilience (Kaur, 2015). The family has to change its lifestyle to accommodate the child as caring and supporting requires patience and understanding, not a one-time event. Resilience requires the family to be strong and united and perceive the child as a special being. An intellectually disabled child has feelings and emotions and is aware if the parents are welcoming and warm. Children with intellectual disabilities are usually warm and happy and expect the same of the people who are relating to them (Kaur, 2015).

The care and support of children with intellectual disabilities need time management as children with intellectual disabilities struggle with self-care activities most of the time. Mothers of children with intellectual disabilities spend more time on care and supervision than mothers of typically developing children (Luijkx, Putten & Vlaskamp, 2017), which has

resulted in many quitting their jobs whilst those who continue working have found themselves being unproductive because their minds are on their children. Mothers of children with intellectual disabilities need assistance with time management and through such skills they can manage their time more effectively.

As indicated above, collaboration between parents and professionals is critical (Jansen, van der Putten et al 2017) as often support personnel do not communicate effectively with parents and believe they have all the knowledge and expertise to undertake the responsibility of supporting the child alone. Parents are perceived as less knowledgeable about the disability, which is problematic as it does not take into consideration that the information from them is critical for any care and support interventions. Support personnel, thus, need to be trained to fulfil their role and to recognise parents as partners.

One of the key factors that prevents effective care and support is support within the family (Cohen, Holloway, Dominguez-Pareto & Kuppermann, 2014). Within the household, caring and supporting the child should not only be the responsibility of the mother but rather, when possible, both partners should be involved, as well as siblings. This brings a sense of responsibility to everyone in the family and the intellectually disabled child can see that all members care, which brings in the concept of Ubuntu (humanity). If all family members were socialised into caring and supporting the child, he or she would feel valued rather than hopeless and helpless. This would reduce parenting stress, which leads to the development of behavioural problems among children with intellectual disabilities (Meppelder, Hodes, Kef & Schuengel, 2015). If parents were stress-free they would be able to care and support their children. Teachers at school would therefore focus on learning and teaching instead of on behavioural problems, so parents should be encouraged to seek help if they have trouble in caring for and supporting the intellectually disabled child.

Another important point to consider is the availability of public support for children with intellectual disabilities. According to Xue, Byrne and Chiu (2016), public support is insufficient, which poses a problem as the child lives in the community and needs to feel to be a valued member of it. Society has to have a positive attitude towards these children and should be in the position to accept them as full members, which requires advocacy and awareness campaigns to conscientise people. An enlightened society is more likely to be

supportive and should result in recognition of the rights and welfare of children with intellectual disabilities.

The intellectually disabled child is not a passive recipient of care and support, but rather has a voice and should be treated as a human being (Buell & Chadwick, 2017). He or she is conscious of the surroundings and is able to distinguish between quality care and support and may even be aware of his or her with human rights. A consequence of neglecting this voice could be the violation of human rights and some people thinking it is acceptable to sexually abuse the child. The need to be heard and express feelings and emotions is paramount (Shogren, et al 2017), and entails the provision of quality care and support from the family and support personnel. An holistic approach to quality care and support helps the child live a balanced life so support personnel need to be trained in this approach with institutions of higher learning playing a critical role in the training of the support personnel.

Evidence of formal support training for parents is lacking (Kleefman, Reijneveld & Jansen, 2015); and they are not empowered to meet all the support needs of the children. Such training could be facilitated by the support personnel. If the parents are trained they would be able to provide quality care and support and would know where they could get help if they had any difficulties.

Parenting an intellectually disabled child has a stigma attached to it (Cantwell, Muldoon & Gallagher, 2015), in some cultures they are regarded as social outcasts. It should also be noted that the stigma has an effect on the self-esteem of the child so the family has to undergo counselling and psychotherapy in order for them to be more resilient and to face the societal challenges. Attending therapeutic interventions can lead the family and the child to move away from self-blame and to look at life more positively.

The role of spirituality is one of the neglected areas in the social support of mothers with children who have intellectual disabilities and there is a relationship between the two (Rathore & Mathur, 2015). The more spiritual the family, the more members are able to support their child. An intellectually disabled child may be regarded as a “gift from God” and therefore needs to be accepted as a full and equal member of the family. In addition,

support is more likely to come from the members of a religious group who are a source of support and counter to feelings of isolation.

The child and family wellbeing are critical in the process of caring and supporting the child and it is therefore important that they are promoted for effective quality care and support (Crnic, Neece, Mclntyre, Blacher & Baker, 2017). Interventions should be aimed at the child and family and empowering them with skills on how to cope emotionally under stressful conditions. This requires a wellness approach in which the emotional, physical and spiritual needs of the child and family are addressed. Raising a child with an intellectual disability is challenging, as it is affecting the quality of life of the family as much time and energy is spent on caring and support. Family relationships and community interaction contribute positively to the family's quality of life (Schmidt, Schmidt & Brown, 2017); so, the family has to work together as a unit and work closely with the community.

2.8.4 School- based support for children with intellectual disability

Children with intellectual disabilities experience a whole range of challenges, ranging from learning difficulties, communication, sexual abuse and self-care. To address the needs of these challenges, the Department of Basic Education (DBE) in South Africa has established Institutional Level Support Teams (ILSTs), also known as School-Based Support Teams (SBSTs), the establishment of which is enshrined in Education White Paper 6 which advocates the development of an inclusive education and training system. The ILST is made up of teachers from the school and it may co-opt the members of the community who have some expertise on the needs of teachers and learners if necessary. Membership can be extended to the DBSTs, including institutions of higher learning.

One of the reasons for children with intellectual disabilities being vulnerable is that they lack effective social skills (Plavnick, Kaid & MacFarland, 2015) which enable them to interact well with members of the community and may be useful in helping them to distinguish between appropriate and inappropriate social contacts or advances. Social skills enable them to relate well with their peers at school and to engage with the learning process more effectively. Social skills do not come automatically but need to be inculcated

into the children's mind; hence the role of the inclusive education practitioner is critical he is knowledgeable about the field of inclusive education. The curriculum would need to be differentiated to include social skills instruction and the school would have to work closely with the family (Kavale & Forness, 1996; Gresham, 2002). Curriculum differentiation enables all learners irrespective of their disabilities to access teaching and learning opportunities.

Intellectual disability affects various aspects of the child's wellbeing and inter-professional or multidisciplinary teams are often involved in the care and support (Salm, 2017). Sexually abused children would, for instance, need the support of the medical doctor, psychologist, social worker and the justice system. This collaboration would ensure that all the needs of the child are met and inclusive education practitioners would ensure that the learner feels included in the classroom by applying inclusive education competencies. Their attitudes would thus need to be transformed and their teaching skills sharpened, such that a balanced approach is needed in the care and support of the intellectually disabled child within the school context.

One of the key aspects in the care and support of children with intellectual disabilities at school is health promotion. Hubbard, Bandini, Folta, Wansink and Must (2014) note with concern the absence of health promotion programmes for children with intellectual disabilities. They argue that there is a need for evidence-based health promotion programmes for these learners, and for research in this area. Scholars who work in the intellectual disability field should start paying attention to evidence-based health promotion programmes. Evidence-based health promotion programmes would ensure that the health needs of these children are met and that their mental and physical wellbeing are taken care of.

McPherson, Ware, Carrington and Lennox (2017) also see a lack of health promotion in schools as concerning. They assert that this needs to be addressed as a matter of urgency. In addressing the status quo, they propose that teachers should be empowered with advocacy skills consisting of classroom-based health education, talks by healthcare professionals and helping children with intellectual disabilities to be empowered with life-

skills for personal hygiene and self-care. The NGOs can play a supportive role in this regards as they have the expertise and resources to advance health promotion.

Learners with intellectual disabilities also want to be successful at school and as such they need to be encouraged (Gustavsson, Kittelsaa & Tossebro, 2017). Taking care of a child's learning and development needs would ensure that he or she has a bright future. They need teachers who are patient and have passion for teaching and learning. Placing them in inclusive classrooms would encourage them to work harder to improve themselves without comparing themselves to their more able peers (Aronson, Wilson & Akert, 2007). The role of the teacher is critical in mediating learning for these children. In South Africa, inclusive education practitioners make use of the Individualised learning support plans and programmes.

2.8.5 School-Based Support for Sexually Abused Children with Intellectual Disability

Sexual abuse in schools is a physical and mental health issue with implications for teaching and learning and school-based support for sexually abused children needs to be strengthened (Lanning & Massey-Stokes, 2006). A literature search reveals that there is a dearth of research covering school-based support for the sexually abused children with intellectual disability and though there is support for the general learner population it is mainly academic. Children who have been sexually abused need care and support to deal with the physical and psychological issues resulting from CSA.

There are several attempts that have been advanced in the process of care and support and these include psychological assessment and psychotherapy. Of note is one of the assessment techniques known as 'kinetic family drawings.' This assessment approach enables the support person to look at the family as a whole and its dynamics. Through the assessment approach, the support person is able to identify the kind of support available to the child, then communicable to the family and school. This has been used successfully with children who have been sexually abused (Lanning & Massey-Stokes, 2006).

Care and support provision may be undertaken through prevention programmes within the school context (Lynas & Hawkins, 2017), including psycho-education and life skills training infused into the curriculum. Informed children are more likely to be aware of the dangers of sexual abuse and would be able to report any suspected child abuse advances. This explains why schools have to take the introduction of prevention programmes seriously. The SBST can play a leading role in making sure that these programmes become a reality. The DBST, which has more advanced professional and curricular expertise, would be available to assist.

The implementation of sexual abuse programmes is not simple but rather it is a process that entails the development of knowledge and skills of sexual abuse prevention (Jin, Chen & Yu, 2016). As indicated, the SBST and DBST play a critical role whilst NGOs as well as institutions of higher learning would also be required. They train teachers who are expected to be competent in curriculum differentiation. The perceived prevention programmes should be inclusive in nature, involving parents (Xie, Qiao & Wang, 2016). Education starts at home and it has been established that sexual abuse can take place within the family context. The family has to be educated about it and how to prevent it, along with being made aware of the available resources in the community. In addition, the family would be able to support the child and be in a position to locate help if there is need to do so. Since sexual abuse is a health and psychological issue in which the rights of the child's body are violated, this makes it a difficult challenge. The family should be encouraged to work with the relevant support personnel.

The psycho-education and life-skills programmes should be school-based and include sexual health education, (Sani, Abraham, Denford & Ball, 2016), as this is preventative in nature and helps the child to know how to react in the case of sexual assault. Sexual abuse victims need medical care, and sexual health education can help them to seek help without delay to prevent sexually transmitted infections (STIs). Nurses are usually competent in sexual health education. The psycho-educational school-based CSA prevention programme should be introduced in a systematic way (Cecen & Hasirci, 2013), having been properly planned, organised and implemented accordingly. In this way, it would be much more effective and can have the desired effects. The teachers can be consulted on the process,

leading to the development of such a programme. The experience shows that if it is inclusive the teachers are more likely to own the programme.

One of the major difficulties in CSA is disclosure (Fieldman & Crespi, 2002). The child might feel threatened or may not know what has happened to her or him is wrong. A discussion on disclosure should be a key component of a programme aimed at preventing CSA at school. The children can be made aware of the benefits of disclosing. Disclosure has to be handled in a sensitive manner by a trained support person. It might take time for the child to disclose, but the support person would need to exercise patience.

School-based care and support can involve the introduction of support groups for children who have been sexually abused (Wassef, Mason, Collins, VanHaalen & Ingham, 1998). They comprise people who have similar experiences who are encouraged to share their experiences with the members of the group in a non-threatening way. These groups have to be facilitated by a trained support person who would be able to contain those who find it difficult to cope and to share their experiences.

Mentoring has been found to be one of the effective ways of dealing and preventing CSA (Simoes & Alarcao, 2014), for example, involving a senior learner who has been proven to be disciplined. A school with a mentorship programme would encourage the learners to communicate with their mentors on a continuous basis. The mentees can share their problems and receive help. The mentors are normally trained in basic counselling and referral skills, able to assess the problem and know when to refer. They can tell if there is a change in the mentees behaviour and are in a position to refer.

Support in schools is more likely to be rendered by social workers and nurses in the case of a sexually abused child (Gifford et al, 2010). The nurse takes care of the health needs of the child and is able to refer the child to a doctor for treatment. The social worker on the other hand is able to provide basic counselling and may recommend putting the child in a place of safety, especially if the perpetrator is within the household. The social workers are able to report the matter to the police and work closely with psychologists who provide advanced psychological assessment and therapeutic intervention.

2.8.6 The Challenges of Care and Support

Around the world, care and support for children with intellectual disabilities takes place within the household, provided by women, wives, sisters, brothers and members of the extended family (Stromsness, 1993; Cordier, 2014). Under such circumstances it is difficult as these family members often do not have the knowledge or resources to assume such a responsibility. They suffer stress and experience a sense of hopelessness and helplessness, and eventually see the caring and supporting of these children as a burden. The practice of caring for and supporting children with intellectual disabilities is, for example, prevalent in poor rural areas of Cambodia and where care and support is provided it is often of poor quality (Lumley & Miltenberger, 1997; Cordier, 2014).

The burden of caring and supporting children with intellectual disabilities is made worse by the stigma of intellectual disability (Chiu, Yang, Wong, Li & Li, 2013). Families of children with intellectual disabilities not only face the economic and caring burden, but also have to deal with stigma and are often subjected to discrimination. The stigma has devastating psychological effects and may lead to withdrawal. When the family does not seek community support it may lead to a loss of self-worth by the family and the affected child,

Depending on the severity of the intellectual disability, the child may require significant personal care and monitoring (Lunenborg, Nakken, van der Meulen & Ruijssenaars, 2011). Parents have to maintain a balance between household responsibilities and caring for the intellectually disabled child. This may cause stress which may affect his or her mental and physical wellbeing and has a tendency to compromise the parents' relationship and quality of care they should be providing. Research reveals that, despite increased stress, some parents are able to manage under such difficult circumstances (Lunenborg et al, 2011).

According to Meppelder et al (2015), parents who experience stress as result of caring for children with intellectual disabilities tend to have authoritarian and negative parenting style with less stimulation. Children also tend to suffer from insecure attachments that is often associated with abuse and neglect. Those growing under such circumstances cannot be expected to thrive well in life and may experience self-esteem problems, developing behavioural problems that may need additional support (Lunenborg et al, 2011). The high

level of stress found in parents of children with intellectual disabilities is associated with financial hardship (Meppelder et al, 2015).

Caring for a child with intellectual disability can often be stressful and influence inter- and intra-familial relationships of all family members throughout the child's lifetime (Killic, Gencdogan, Bag & Arican, 2013. In some circumstances, this has led to divorce when parents have tended to blame each other (Hill & Rose, 2009), explaining why these children are brought up by single parents, usually; but not always mothers. This makes the care and support of the child much more difficult as the child ideally requires the support of two caring parents. It must be noted that parents who have to care for these children are often poor and unemployed and may be socially excluded, which makes it difficult for them to receive community support.

If mothers take care of the children it is largely because of the way in which society is organised. Economic circumstances also force these mothers to work as they find it difficult to balance care and work (Chou, Fu, Pu & Chang, 2012), so the children are left in the care of neighbours or members of the extended family. This may lead to abuse.

Caring and supporting children with intellectual disabilities is not stressful to the family only. It is also challenging to the care and support workers as they have to engage with challenging behaviours associated with intellectual disability (Zijlmans, Embregts, Gerits, Bosman & Derksen, 2014). They can become emotionally and psychologically drained. In ideal situations, they require regular debriefing and continuous support. An emotionally unstable care and support staff member cannot be expected to provide quality care and support and can do more harm than good therefore attempts should be made by the management to take care of the psychological wellbeing of the care and support staff (Zijlmans, Embregts, Gerits, Bosman & Derksen, 2014).

The preceding discussion demonstrates the nature of challenges faced in the care and support for children with intellectual disabilities. The literature search shows that these challenges are widespread and that caring for and supporting children with intellectual disabilities is a challenging task that can lead to psychological problems. Efforts to deal with care and support are often compounded by the stigma attached to intellectual disability.

Nonetheless here is a dearth of research covering the care and support for children with intellectual disabilities who have experienced sexual abuse.

2.9 CONCLUSION

CSA is a major health and educational problem facing the world today. It occurs in schools, families and communities. It is evident that the quality of care and support can be compromised by the stigma attached to sexual abuse, the failure to disclose and underreporting. Families continue to struggle to provide quality care and support, as they feel disempowered and less knowledgeable about how to manage the occurrence of CSA. It is also evident that a community-based approach that is multidisciplinary in nature is required to respond more appropriately to the challenge of CSA.

CHAPTER THREE

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

This study was informed and guided by the human rights approach. Human rights approach was preferred because of its emphasis on the rights of marginalised groups. People with disabilities are generally considered to be a marginalised community, including those who face discrimination and social exclusion. Disability is considered a human rights issue and people with disabilities often find their rights relegated to the periphery of societal and political concern (Katsui & Kumpuvuori, 2008). Children with intellectual disabilities often find themselves being the victims of abuse, and this is the violation of their human rights.

The human rights approach seeks to empower people with disabilities and make them respected and able to fight for their rights themselves (Bollard, 2009). This approach calls on all those responsible for enforcing these rights to do so in a manner that reinforces accountability and responsibility in respecting, safeguarding and realising them (Venkatapuram, 2014). Civil society should help in initiating empowerment support programmes for the disabled, which would enable them to participate meaningfully in decisions that affect their lives. This can inform policies that affect the disabled persons.

It is important to note that sexual abuse of intellectually disabled children is a human rights issue and this explains why theories such as Bronfenbrenner's bio-ecological model and others were not preferred for this study. Bronfenbrenner's work is important in understanding a systematic approach to human and social development and provides links to why children develop differently and what aspects of development are in their control. It looks into not only the biological aspect of development, but also the ecology behind it and the environment. Nevertheless, his model is a human development theory and is silent on human rights issues (Katsui & Kumpuvuori, 2008).

3.2 HUMAN RIGHTS APPROACH PRINCIPLES

The human rights approach is guided by principles of participation, accountability, non-discrimination and equality, empowerment and legality. Participation means being free to engage in the activities that affect the life of the person (Bollard, 2009), and being free to decide what rights are to be enjoyed. It also involves the concept of accessibility to health care and social services, education and training opportunities, housing and the criminal justice system, as well as the freedom of expression (Bollard, 2009). People with disabilities often find themselves excluded from community-based activities due to a lack of active participation. In relation to care, people with disabilities need to have a say in the care and support they are receiving (Venkatapuram, 2014).

For the second principle, accountability, to be effective one needs laws, policies and institutions and mechanisms for redress (Bollard, 2009), the role of which should be to enforce the respect, protection and realisation of rights. In South Africa, for instance, the rights of disabled persons are enshrined in the Constitution with section 29 outlining institutions that are there to promote and protect them. Some companies have moved in the right direction as they have policies in place that seek to attract more disabled people in the workplace (Nkhosi, 2015).

The third principle, non-discrimination and equality seeks to eliminate all forms of discrimination (Bollard, 2009), with equality before the law irrespective of race, gender, colour and disability, whilst the fourth principle is the empowerment of rights recipients. Often people are not aware of their rights but a human rights based approach means that individuals and communities should be. It also means that they should be fully supported to participate in the development of policy and practices which affect their lives and to claim rights where necessary (Bollard, 2009). In South Africa, people seem to be aware of their rights, including people with disabilities for whom organisations aim to protect and promote their rights. A democratic atmosphere was created in 1996 with the adoption of the South African constitution (Motala, 2011).

The fifth principle is legality, and a human rights based approach requires the recognition of rights as legally enforceable entitlements. It is linked to national and international human rights law, enshrined in the Universal Declaration of Human Rights, adopted by the UN General Assembly in 1948. This prioritised the rights of all human beings, including those of people with disabilities, backed up by the United Nations (2006) which aimed to protect and promote those rights.

3.3 THE UNIVERSAL DECLARATION OF HUMAN RIGHTS

The human rights approach is in line with the Universal Declaration of Human Rights, adopted by the UN General Assembly in 1948, which sought to protect the universal rights of all, freedom, justice and peace in the world. This part therefore well placed to be part of the theoretical framework. This section will focus on those rights that are relevant to the study with reference to people with intellectual disabilities.

Article 1

This article reads: “All human beings are born free and equal in dignity and rights,” which when applied to people with intellectual disabilities means that they should be treated equally and be free from any form of discrimination. In addition, they should be treated in a dignified way with their rights recognised. No one, including people with intellectual disabilities should be abused, rather they should be respected and enjoy all human rights.

Article 3

This article reads: “Everyone has the right to life, liberty and security of person.” When an intellectually disabled child is sexually abused his or her life is endangered. The child might die from sexually transmitted infections such as HIV/AIDS. This article seeks to protect this right. It also implies that an intellectually disabled child should grow up in a safe environment.

Article 5

This article reads: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.” This study examines school-based care and support for intellectually disabled children who have experienced sexual abuse, which is cruel, inhuman and degrading.

Article 6

This article reads: “Everyone has the right to recognition everywhere as a person before the law.” Children with intellectual disabilities face challenges in the criminal justice system, especially in cases involving sexual abuse. Their evidence is often not recognised due to their ability to express what has actually happened to them. Children with intellectual abilities have limited cognitive abilities.

Article 25

This article reads: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services…” The government, family and NGOs can play a crucial role in making sure that this right is fulfilled.

3.4 UN Convention on the Rights of Persons with Disabilities

Again this forms part of the theoretical framework as the study is based on care and support for learners with intellectual disabilities. The connectin of this section with this study is that it focuses on the rights of people with disabilities that get violated when sexual abuse takes place. The UN Convention on the Rights of Persons with Disabilities (United Nations, 2006) was aimed at the promotion and protection of rights of people with disabilities.

Article 5: Equality and non-discrimination

This right should be guaranteed by all countries, free of discriminatory practices, including against people with disabilities. Disability affects the lives of hundreds of millions across the world and people with disabilities often experience discrimination and unequal treatment. Sometimes the mere categorization of people into groups, for instance, 'healthy' vs. 'disabled,' triggers discriminatory behaviour. Previous studies show that in general disabilities depress political participation (Mikko & Achillefs, 2017). However, the effect of disability-based discrimination on participation has received limited scholarly attention.

Article 6: Women with disabilities

Women with disabilities suffer the most, they are discriminated in terms of gender and disability. There is a need to give recognition for the rights of women with disabilities

In general, women with disabilities are more discriminated against and disadvantaged than their male counterparts. In industrialised countries there are consistent, although not necessarily large, gender differences in income, employment and education for people with disabilities. Poverty and deprivation magnify these inequalities, and can determine access to food, care and social inclusion, and even threaten survival. Women with disabilities are also at greater risk of physical, mental and sexual abuse (Purvis & Ward, 2005). There are more barriers to access and participation for women than for men, and mothers and caregivers in particular face enormous challenges when raising children with disabilities or chronic illnesses, especially within the context of women-headed households and early pregnancy (Mikko & Achillefs, 2017). .

Article 7: Children with disabilities

Discrimination against children with disabilities should not be tolerated. They should be treated equally with their able peers.

Children with disabilities mostly face challenges such as discrimination from their colleagues, teachers, and non-teaching staff in the school (Mantey, 2017). For example, in India they are subject to multiple deprivations and limited opportunities in several

dimensions of their lives (Bhattashali, Ostrosky & Monda-Amaya, 2018). Their families and caregivers also suffer stress and challenges in having a person with disability at home which ultimately leads to grave discriminatory practices towards these children

Article 8: Awareness-raising

Countries should take a leading role in raising awareness with regards to the rights of the disabled persons. This means that they need to have aggressive awareness programmes in place, and in so doing they can work with the institutions of civil society.

Stigma attached to having a disability has negative implications for social identities and inclusion; therefore, raising awareness is critical. Global discourse about human rights, education for all, and inclusive education has altered social norms relating to dis/ability and schooling (Powell, Eldestein & Blanck, 2016).

Article 9: Accessibility

People with disabilities have a right to access health and social services and information (Powell, Eldestein & Blanck, 2016). Exclusion and a lack of access to disability support perpetuates the poverty of people with disabilities and their families, resulting in isolation, increased vulnerability, and limited opportunity for people with disabilities to participate and be valued as full citizens, whether in early learning and child care, in school, communities, in training or employment (Chinn & Homeyard, 2017).

Article 10: Right to life

No one has the right to take the life of people with disabilities. They need to be protected and their right to life guaranteed. Their right to life should be the same as that of others.Disabled people's right to life is understood in different national contexts and the ways in which they are or are not afforded protection under the law, emphasising the social, cultural and historical forces which have promoted their right to life or legitimated its violation (Chinn & Homeyard, 2017).

Article 11: Situations of risk and humanitarian emergencies

People with disabilities are more at risk because of their condition, which means that in cases of emergencies they need to be prioritised. Risk planning related to people with intellectual disability needs to consider that (1) they experience disproportionate risk in disaster situations; (2) they are often excluded from relief processes and are disadvantaged in risk support situations; (3) they may need specialized disability-related supports; (4) they often have needs for assistive technology and special rehabilitative services; (5) family and community networks are important supports in disaster situations; and (6) during recovery, rebuilding should be inclusive and include disability needs. Thus, people with intellectual disabilities are more likely to need (i) additional assistance during evacuation, (ii) experience more tangible losses during disaster, (iii) require more intensive support in the recovery phase following disaster. Enabling access to mainstream systems and services, improving human resource capacity, and providing adequate funding for recovery and disaster mitigation are strategies to increase disaster resilience for individuals with intellectual disabilities (Bollard, 2009).

Article 12: Equal recognition before the law

People with disabilities have to be recognised as equal citizens before the law and should have the same rights as the other people. People with disabilities often face challenges in the criminal justice system, especially in cases that involve sexual abuse. Individuals with disabilities, in particular those with complex communication needs, have an increased risk of falling victim to crimes such as abuse and violence. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) highlights the human rights that all persons should enjoy and recognizes the importance of communication, not only as a basic human right that is essential to ensure one's protection and participation in all spheres of life, but also as an essential human need through which opinions, thoughts, emotions, and points of view can be shared (Bhana, 2015).

Article 13: Access to justice

People with disabilities, especially those with intellectual disabilities, often find it difficult to access the justice system. This is due to their limited cognitive abilities. Cases involving

them are often dismissed by the court due to insufficient evidence. Judicial officers need to be trained to understand the people with intellectual disabilities better (Banks & Gallagher, 2009).

Article 14: Liberty and security of person

Article 14 states that people with disabilities should enjoy all the rights and freedoms enjoyed by their able peers and their security should be prioritised. This includes the right to vote, which represents, arguably, the most important right and responsibility of a citizen in a democracy. Nevertheless, few adults with an intellectual or developmental disability exercise it, and few are provided with systematic instruction on voting or how to participate in the political process (Agran & Hughes, 2013).

Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment

People with intellectual disabilities are often the victims of cruel, inhuman and degrading treatment. This should be prevented as they are human beings and need to be treated with the respect they deserve. A common understanding of the term 'hate crime' involves opportunistic street crime and physical assault. The perpetrators do not usually have a relationship with their victims, although they may be known to live within the same neighbourhood. There are similarities between these types of targeted attacks against disabled people and people in other identity groups (Tapesana, Chirundu, Shambira, Juru & Mufuta, 2017).

Article 16: Freedom from exploitation, violence and abuse

This right should be guaranteed and people with disabilities need to be free from exploitation, violence and abuse as they are vulnerable and often victims of abuse and violence. Sexual abuse, for instance, has been found to be more prevalent (Phasha, 2009), with rates higher than those of non-disabled persons. There are several major categories of abusive behaviour, both through typical forms of violence and those that target one's disability. The violence or perpetrators of abuse are intimate partners, family members and personal assistants. The victims are most commonly disabled women (Shu-Man, 2007).

Article 17: Protecting the integrity of the person

Article 17 states that the integrity of people with disabilities should be protected at all times. Other human beings should learn to respect them and treat them in a dignified way. People with disabilities are equal citizens and the law should show respect for them as full equals. To do so, it must not also provide them with equal entitlements to medical care, housing, and other economic needs but also go further in providing equal access to education, even when that is costly and involves considerable change in current methods of instruction (Nussbaum, 2009).

Article 18: Liberty of movement and nationality

People with disabilities need to have a sense of belonging in a particular country and this involves the freedom of movement.

The immigration policies of countries point to a view of disabled people as being incapable of contributing to a host country, in either a restrictive economic sense or socially and culturally (Burns, 2013). This findings in the adoption of stringent laws and policies in the context of migration that are unaccommodating and discriminatory. Article 18 of the CRPD guarantees the equality of persons with disabilities in the enjoyment of the freedom of movement and nationality by identifying the circumstances in which they, including children, are most discriminated against.

Article 19: Living independently and being included in the community

In some communities, people with disabilities are not encouraged to live independently but have to rely on others. In some communities they are treated as social outcasts and are excluded from activities, especially in rural areas (Nicholson, 2013). Research suggests that social exclusion is a problem both for people with disabilities and those in rural areas (Nicholson, 2013), possibly giving rise to a double disadvantage. Conversely, aspects of rural life, such as community spirit, Ubuntu, and social support, may protect against social exclusion in this population.

Article 20: Personal mobility

Attempts by the governments should be made to improve personal mobility of people with disabilities. This includes access to modern technology in order to improve communication with people without disabilities. People with physical disabilities generally experience challenges with mobility, such as access to buildings and particular areas in which there is no specialised provision for them (Kruger & Smith, 2016). In order to move they have to use orthopaedic aids which are often clumsy and difficult to put on and take off. For example, splints to prevent feet from dropping when they are lifted to move forward or leg braces to stabilise joints (Kruger & Smith, 2016).

Article 21: Freedom of expression and opinion, and access to information

This is a fundamental right even for people with intellectual disabilities. Many rationales for freedom of opinion and freedom of expression tend to style them as 'super-freedoms' with respect to the enablement of other fundamental rights. Despite the importance of the rights to freedom of expression and opinion, persons with disabilities face numerous barriers to their full enjoyment. Article 21 of the CRPD explicitly recognizes rights to freedom of opinion and expression by tailoring these established rights to circumstances and abilities particular to persons with disabilities.

Article 22: Respect for privacy

People with disabilities often find themselves in a situation in which they have to be helped or supported by others. There are usually people around them so their privacy is compromised. Attempts should be made to respect their privacy (Kruger & Smith, 2016).

Article 23: Respect for home and the family

People with intellectual disabilities have a right to a home and family and to raise children, if necessary with the necessary support. Most are cared for by members of the family so in order to execute this responsibility family members require the support of the professional people in care and support services. It is a fact that family members are also the caregivers.

Article 24: Education

People with disabilities require access to education and training opportunities and to be provided with good quality inclusive education. The literature on disability has suggested that an educated individual with a disability is more likely to cope better with her/his disability than one without education. However, few published studies explore whether the relationship between education and ability to cope with a disability is anything more than an association (Camara, 2014).

Article 25: Health

People with disabilities have the right to quality healthcare and support but global research suggests that they face barriers when accessing these. Information regarding the nature of these barriers, especially in low- and middle-income countries is limited as rural contexts may present greater barriers than urban, with little is known about access . There is a paucity of research into South Africa's "triple vulnerability," that is, poverty, disability and rurality (Vergusnt et al, 2017).

Article 27: Work and employment

People with intellectual disabilities need to have some form of income and this requires them to find employment. Companies should try and have policies where they can diversify their staff to include them. The right to work and employment is indispensable for social integration of persons with disabilities (Nardodkar, Pathare, Ventriglio, Castaldelli, Javate, Torales & Bhugra, 2016)

Article 28: Adequate standard of living and social protection

The standard of living of people with disabilities has to be improved and they need social protection through access to social services. Disability is shown to be both a cause and a consequence of poverty (Hoang et al, 2015), however, relatively little research has investigated the economic cost of living with a disability.

Article 29: Participation in political and public life

This right should be respected and people with intellectual disabilities allowed to be involved in political activities like any other citizen as they are more likely to experience numerous political and social disadvantages (Memari & Hafizi, 2015). Significantly, in the last few decades, efforts to enhance conditions of people with disability have focused on the social rather than the medical model of disability. Nonetheless, however, the case was different for less developed countries (LDCs). Cultural differences could undermine efforts to promote social inclusion in less developed societies

Article 30: Participation in cultural life, recreation, leisure and sport

Most disabled persons are able to participate in cultural life, recreation and leisure, areas in which inclusion in the community is required (Duvdevany, 2002). With regards to sport, many experience challenges to participating in organized sport, despite its known benefits (Weiss, Riosa, Robinson, Ryan, Tint, Viecili, MacMullin & Shine, 2016).

Article 31: Statistics and data collection

Statistics and data collection can assist in better understanding the problems faced by disabled people.

3.5 CONCLUSION

This chapter has demonstrated why the human rights approach is relevant for this study. The researcher concludes that the sexual abuse of people with disabilities is a human rights issue and one that involves the violation of basic human rights such as the right to be free from abuse which includes sexual abuse. Human development theories, such as Bronfenbrenner's bio ecological approach, have been found to be inapplicable to this study as they are silent on human rights issue. The sexual abuse of children with intellectual disabilities is a societal problem which requires the active response of all institutions of the civil society.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

The purpose of this chapter is to give a description of the research process and methods, detailing the paradigm that underpins the process. A discussion of ethical issues and field preparation is also pursued, followed by a description of the methods of data collection and analysis. Challenges in the field are presented before concluding with a discussion on how trustworthiness was enhanced in the research undertaking.

The study was qualitative in nature and it investigated the nature of care and support services within the special schools context for learners living with intellectual disabilities who have a history of sexual abuse, with the ultimate goal of developing guidelines for improving quality care and support. The research design for this study was descriptive in nature, descriptive research being qualitative in nature (Jackson, 2009). Descriptive studies have an important role in educational research (Henning, van Rensburg and Smit, 2004), and can be used to describe what problems or challenges schools face as they are concerned with the 'what' question. According to the National Research Council,(2001), descriptive studies have greatly increased knowledge about what happens in schools and provide a basis for decision-making and new insights. It is for this reason that I chose descriptive research. Descriptive research aims to accurately and systematically describe a population, situation or phenomenon. It can answer what, when, where, when and how questions, but not why questions.

4.2 RESEARCH PARADIGM AND PHILOSOPHY

Patton (1990) defines a paradigm as a world view, a general perspective, and a way of breaking down the complexity of the real world. The research paradigm is an important part of research methodology behind collecting data in an effective and appropriate

manner. According to Johnson and Christensen (2014), it is a perspective based on the set of shared assumptions, values, concepts and practices used, and can be defined as a function of how the researcher thinks about the development of knowledge. A combination of two ideas that are related to the nature of the world and function of researcher, it helps the researcher to conduct the study in an effective manner, including the research methods and philosophies (Sekaran, 2006). This combination helps in developing an understanding and knowledge of the topic of research.

This study was guided by the interpretive paradigm, which ontologically suggests that reality is multidimensional, each being intertwined with others, and that it is context-specific. The primary goal of investigation is to search human experience, and therefore, the emphasis is on subjectivity (Cody & Kenny, 2006) and because of the complexity of humanity, multiple ways of knowing are valued and utilised for knowledge generation. Unlike other paradigms, the interpretive paradigm subscribes to a relativistic ontology that assumes reality is constructed inter-subjectively through meanings and understandings developed socially and experientially (Denzin & Lincoln, 2011; Johnson & Christensen 2014).

Epistemologically, the interpretive paradigm considers interviews as subjective, value-relative, or value-mediated (Weaver & Olson, 2006; Fawcett & Garity, 2009 As with critical theory, truth is developed through dialogue, thus, researchers working from within this paradigm seek to engage with the research participants in order to create a shared understanding of experiences, meanings, and contexts.

Methodologically, the interpretive paradigm seeks to generate theory which is then used to explain the data, such as grounded theory and phenomenology. The usefulness of this paradigm is found in its potential for developing theory when little is known about a phenomenon of interest, and, in doing so, relationships between concepts can also be developed (Monti & Tingen, 1999). However, in qualitative research, the goal is seldom prediction, but rather exploration and understanding of individuals' experiences and related subjective meanings.

4.3 RESEARCH APPROACH

This study is adopted qualitative research approach, seeking reasons behind various aspects of behaviour, and is explorative, descriptive and contextual in nature (Henning et al., 2004; Chandra, 2013; Wagner & Okeke, 2009). Qualitative research employs methods of inquiry in many different academic disciplines, traditionally in the social sciences but also in other contexts (Jackson, 2009). Qualitative researchers aim to gather an in-depth understanding of human behaviour and the reasons that govern it, investigating the *why* and *how* of decision-making, not just *what*, *where*, *when*. The research aim, objectives and questions for this study also determine the approach to be adopted.

The strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue. In terms of the current, study it created an opportunity for the participants to express themselves in terms of how they viewed the quality of care and support for learners who were intellectually challenged and who had a history of sexual abuse. Such reviews seek views about the "human" side of an issue, that is, the often contradictory behaviours, beliefs, opinions, emotions, and relationships of individuals. A disadvantage of this type of research is that assumptions cannot be made outside the scope of the sample, only from the relatively small group selected and a safe assumption of the rest of the population would not be feasible. The following section discusses the research design that is aligned to the research approach discussed above.

4.4 PREPARATION FOR THE FIELD

A number of preparations were made for the field.

4.4.1 Pilot focus group interviews

Pilot studies refer to feasibility or small-scale versions of studies conducted in preparation for the main study and presentation of a particular research instrument (Berg, 2009). Good pilot studies increase the likelihood of success in the main study and should warn of possible project failures, deviations from protocols, or problems with proposed methods

or instruments. It was hoped they would uncover problems that might affect the research (Patton, 2002). According to Franklin (2012), pilot investigations are aimed at achieving the following:

• Developing and testing adequacy of research instruments

• Assessing feasibility of (full-scale) study

• Designing research protocol

• Assessing whether research protocol is realistic and workable

• Establishing whether sampling frame and technique are effective

• Identifying possible logistical problems in using proposed methods

• Collecting preliminary data

• Determining resources needed for study

• Assessing proposed data analysis techniques to uncover potential problems

• Training researcher(s) in elements of the research process

The pilot group interview was conducted in a school that was not going to take part in the study and eighteen members of the SBST participated.. The pseudonym for the school Nompumelelo .The school is for children with intellectual disabilities and that is why the researcher chose it. Furthermore, the school offers learning opportunities for the different race groups. The decision to pilot the instrument in this school was taken in line with the aims as outlined by Franklin (2012) above. The pilot research instrument was designed with research aims and research questions in mind, aimed at answering the following questions regarding the instrument:

- Are all questions understood? Are all the words understood?
- Do all participants interpret the questions the same way?
- Approximately how long does it take to complete the interview?
- Does the instrument collect the information aimed at achieving the purpose of the study?

- Does it help to gather information to help to answer the research question?
- How sensitive is the research topic?

The instrument developed after the pilot interviews covered the following areas:

- Incidents of sexual abuse involving learners.
- What forms of sexual abuse are reported?
- Care and support steps followed when the child encounters sexual abuse forms of support available at the school
- Quality of care and support at the school
- What is good? What is bad about the quality of care you are providing?
- Role of School Management Team in providing quality of care and support
- Support rendered by the District Support Team
- Recommendations and suggestions for the quality of care and support

Permission to conduct the pilot interviews was obtained from the school principal and informed consent obtained from the participants. The group was made up of six participants and the school was informed clearly of the intention of the pilot investigation and ethical issues, such as briefing the participants about the intention of the exercise undertaken, with informed consent to be interviewed and audio-taped. They were reminded that this was a pilot study and that the findings of the study would be used to improve the developed instrument of my planned doctoral study.

I began by asking simple questions, such as:

“Tell me, how often do you receive incidents of sexual abuse involving learners? How often do you encounter cases of CSA at your school?”

I found the initial question allowed the participants to express themselves freely and they did not hesitate to answer. It allowed me to gather as many opinions as possible, with my

role being to moderate the discussion and make sure that any views could be expressed and respected.

I observed that the participants did not find these or subsequent questions difficult to comprehend nor did I have to repeat them, showing that the language used in the focus group interview schedule was accessible. A lesson I learnt from the piloting process is that the issue of sexual violence amongst intellectually disabled learners is indeed a reality and a sensitive issue. It needed to be approached with absolute care and sensitivity. Two participants became emotionally touched during the interview, breaking down as a question appeared to evoke the traumatic experiences they had witnessed regarding CSA at their school. It became difficult for them to share their experiences or ideas and at this stage I used my psychological counselling skills to contain them. I also gave them a list of venues offering further psycho-social counselling.

One of the reasons this exercise was undertaken was to strengthen the research instrument in terms of identifying its strengths and weaknesses. With the language used in the instrument the participants did not have difficulties and were able to follow the English language used to ask questions. The problem arose when some had to respond in English, an important finding as it appeared that the language used in the instrument is not complicated and that the participants could easily relate to it. Furthermore, it was significant that although the participants had English communication difficulties they did not seem to be confused abused the questions, interpreting them in the same way. The problem lay in the expressive language.

I found out that the time taken to complete the piloting of focus group interview was as expected by Morgan and Krueger (1998), of between 90 minutes and two hours. At 90 minutes my pilot study sought to establish whether the instrument was able to collect the necessary information to answer the research questions. I was satisfied that the instrument appeared to have gathered appropriate and relevant information, demonstrated in the findings. The findings of this exercise showed that the quality of care support was an issue and there were challenges associated with it. No incident appeared to have taken place at the school in the past two years and forms of violence such as rape and sexual harassment featured more frequently. More support and care structures and

systems needed to be put in place with clear guidelines. In the light of these findings it was felt that the research methods and questions were appropriate and did not need further adjustment. I could then embark on the actual study and it appeared feasible to do so with no further resources required.

According to Franklin (2012), full reports of pilot studies are relatively rare and often only justify the research methods and/or research tool used. However, the processes and outcomes from pilot studies might be very useful to others embarking on projects using similar methods or instruments. Researchers have an ethical obligation to make the best use of their research experience by reporting issues arising from all parts of a study, including the pilot phase;, therefore, I had an obligation to report on my experiences of this process and also touched on the issues that emanated from it such as the quality of care, forms of sexual abuse and the challenges faced by the teachers in dealing with child sexual abuse.

4.4.2 Description of research sites

The current study was conducted in four special schools in one of the education districts in the Gauteng Province. The district has five special schools. The fifth was not selected as it focused on specific learning difficulties rather than on learners with intellectual disabilities. The schools are geographically located in the east of Gauteng, three were catering for learners with severe intellectual disabilities and the fourth for learners with moderate intellectual disabilities. A brief description of each of the schools that formed the research sites so as to give the context within which data was collected. Fictitious names were used to protect the identity of the participating schools. The participating schools were given pseudonyms, Khanya, Dingi, Lwanele and Enkosi and the focus group from Khanya is also referred to as Group A, Dingi as Group B, Lwanele as Group C and Enkosi is Group D.

Research site 1: Khanya

This school is surrounded by Reconstruction and Development Programme (RDP) houses, a densely populated area which was predominantly black and characterised by a high rate

of unemployment. The school has no boarding facilities and some learners are able to walk to the school, use public transport or school buses. The school was not far from a newly constructed shopping mall. It caters for learners with severe intellectual disabilities, with 700 learners, and with a staff compliment of 35. The school population is predominantly black. Some classes had classroom assistants and a professional nurse took care of health-related problems and some sometimes had to play the role of the social worker and school counsellor The School Based Support Team (SBST) was reportedly well functioning.

Research site 2: Dingi

This school is situated in a predominantly black middle class area, also and has a population black both learners and staff. The school attracts children from a poverty stricken areas in informal settlements. It had no boarding facilities and some learners were able to walk to the school, or use public transport or school buses. It caters for children with severe intellectual disabilities, with a population of 650 learners and staff compliment of 32. Some classes had voluntary classroom assistants and a professional nurse took care of health-related problems, but sometimes played the role of social worker and school counsellor

Research site 3: Lwanele

With a learner population of about 640 and a staff compliment of about 40 teachers, including classroom assistants, this school catered for children with severe intellectual disabilities. It was mixed in terms of race and socio-economic status, although white learners were in the majority. Located in a predominantly white middle class suburb, It had a residential facility though the majority of the learners used either public transport or school buses to commute. Adequate support services (for example, physiotherapy, occupational therapy, remedial / learning support) and a doctor and an optometrist who visited the school regularly. It did not rely on the limited resources of the government but rather had fundraising activities. Parental involvement was strong and the school had scheduled SBST meetings with the principal in regular attendance.

Research site 4: Enkosi

This school was also located in the east of the Gauteng province, about two minutes of driving from the local town named Springs in a busy environment with retail shops, liquor stores, car dealers and factories. It caters for moderately intellectually disabled learners and was widely mixed in terms of learner population and staff establishment. It offers a range of skills training development programmes, such as carpentry, boiler making, mechanics and welding. It had a matriculation endorsement programme. However, for care and support services, the school depended largely on the DBST and occasionally used NGOs such as Lifeline, Love Life and SANCA to provide care and support services for the learners. With a population of approximately 500 learners and a staff establishment of about 30 teachers. Parental involvement did not seem to be a major problem.

4.4.3 Recruitment procedure of the main study

The recruitment process was undertaken shortly after the pilot investigations were conducted and its findings analysed. This involved making appointments with the respective principals to introduce the research project, The recruitment process was not a difficult task for me as I had earlier worked in the district as an official . Although they knew me, I had to introduce myself now as a doctoral candidate and assure them that the identity of their schools would be concealed. Having agreed to allow me to conduct my study, they arranged for me to meet the prospective participants, including the SBST co-ordinators. In these meetings, as will be indicated in the section on ethical issues of this report, informed consent was obtained from the study after the proposed research was introduced to them. They willingly participated as they indicated that they wished to make a difference in the children's lives. Focus group interview dates and times were set and agreed upon. It was indicated to them that they would be given fictitious names.

4.4.4 Sampling procedure

A purposive sampling procedure was considered relevant and appropriate, regarded by Given (2008) as virtually relevant to qualitative research. As a researcher I had a specific group of schools and participants in mind, and the four schools were deliberately identified because cases of sexual violence had frequently been reported to the district office in

which I was employed as a district official responsible for the provision of care and support services. Several cases of CSA were reported each month, and the schools were purposely chosen because they catered for children with intellectual disabilities. SBSTs were targeted because they were the custodians of care and support within the school system. Cases of sexual violence are normally reported or referred to the SBST, who are responsible for the care and support of learners. SBSTs were deliberately targeted for these specific reasons, and they have to ensure that children with intellectual disabilities who have a history of sexual abuse are identified, supported and referred to the relevant agencies. They also ensured that sexually abused children have access to the criminal justice, social development and health systems. It was thought that they would be in a good position to provide an informed and appropriate insight as they had personal experiences of incidents of sexual violence. Berg (2009) asserts that this procedure allows the researcher to handpick the cases to be included in the sample on the basis of judgement of their typicality and relevance, which involves selecting individuals who are knowledgeable about the topic or subject. The small sample is the ideal for qualitative research.

4.4.5 Description of participants

The study was conducted among the SBSTs of four special schools. I did not go native in the relationship and lost touch with my role. I allowed the participants to freely express themselves. SBSTs are formal structures of the schools headed by a coordinator who ensures that meetings are held regularly and that problems are dealt with and followed through. This structure is supposed to be multi-disciplinary in nature and its members supposed to be carefully selected in terms of the contribution they can make. It is usually compulsory for the principal to be a member of this team and it is normally comprised of six to ten members of the school teachers as the norm. In cases in which schools have support and care services, such as nursing, social work, speech therapy, occupational therapy, school counselling / psychology or life orientation, SBST membership is made compulsory. It should be noted that classroom teachers are also represented and therefore a total of 28 SBST members from the four identified schools participated in this study. Each

SBST was made up of between six to eight members, each participating school having formed a focus group.

4.5 METHOD OF DATA COLLECTION

Data was collected using focus group discussions. The sample was small comprising of four focus group discussions with a total number of twenty eight teachers. A focus group interview schedule was developed and used to collect the data.

Focus group interviews

After an informed discussion with my research supervisor and review of the literature, and in view of the qualitative nature of the study and sensitivity of the topic, focus group interviews were preferred. Focus group discussions are preferred by social and education researchers wishing to assess the views of communities of interest (Berg, 2009). This study was concerned with the views of the SBSTs as a community of interest in relation to the quality of care and support for the intellectually disabled learners. One of the advantages of focus groups is that they allow individual opinions and attitudes to be expressed in a non-threatening manner (Patton, 2002). The interviews were collectivist in nature rather than individualistic data collection methods and, according to Franklin (2012), focus groups bring freedom of expression of participants' experiences so as to increase a better understanding of the studied phenomenon. In the context of this study, I created an enabling environment, facilitating free discussion and the participants were encouraged to give one another a chance to talk and listen to each another. I moderated the conversations in such a way that no participant has been left out and I used verbal minimal encouragers to allow them to feel free to talk. The participants engaged with each other, thus reducing researcher-participant interaction, an approach that gave more room to the voices of the latter and decreased the influence of the former on the process. The participants were able to challenge and confront each other's thinking, which helped them feel valued members of the group. These interviews took between 45 to 90 minutes and all the participating schools managed to organise adequate space for the interviews to take place, without interruption, either in the principal's office or nursing sister's consultation room.

It is significant at this stage to acknowledge the disadvantage of focus groups, which compared to individual interviews are not as efficient in maximising depth on a particular issue. To ensure participation In used probing and circular questions. The members may not express their honest personal opinions about the topic at hand or may be hesitant, especially when they oppose those of another participant (Patton, 2002). I tried to overcome this shortcoming by laying down ground rules. For instance, one of the ground rules was that every person had a right to express his or her views so as to protect those felt threatened when doing so. I encouraged them to be honest and those who were hesitant were encouraged to participate. I even used circular questions to elicit responses, for instance, asking "What do you think about what Apelele has just said?" I also used probing and did not subject those who did not want to talk to undue pressure.

The focus group discussion focused on the incidences of sexual violence at the school, the nature of the quality of care, challenges encountered, the roles of the School Management Team and DBST, and suggestions for improved quality of care and support (See Appendix F). The questions were developed in line with the research aims and research questions. Any contradictory or incomplete sentences uttered by the participants were checked and followed up immediately, mainly through the process of probing, in which the participants' stories were listened to and they were encouraged to respond at their own pace. I repeated some of the questions to make sure that they understood them before they responded. Towards the end of the interviews the participants were afforded an opportunity to ask questions and reflect on the process, also to use the opportunity to allow them to add any information they thought might be relevant to the study. Those SCHOOL A used this opportunity to express their unhappiness about the quality and experience of employees in the district office, an issue to be elaborated upon in the presentation of the findings (Chapter four). The participants were thanked for their participation.

4.6 DATA ANALYSIS

The thematic method of data analysis was employed as one of the most commonly used methods of qualitative research (Vaismoradi, et al 2013). However, as a method of data analysis it has received minimal attention by the education researchers. Not as dependent on specialised theory as some other qualitative techniques, such as discourse analysis (Ciclitira, 2012). It is more accessible to novices unfamiliar with the relevant in-depth theory. The task of the researcher is to identify a number of themes which adequately reflect their textual data. As with all qualitative analysis it is vitally important that the researcher be extremely familiar with the data if the analysis is to be expedited and insightful. Thus, data familiarization is a key to thematic analysis as it is for other qualitative methods and often recommended for researchers who carry out their data collection themselves (Ciclitira, 2012). For example, the researcher conducted the focus group interviews myself and was involved in the data transcription.

Because data collected from a qualitative study can be difficult to comprehend, it needs to be organised and managed well. This sentiment is echoed by Franklin (2012), who advises that the researcher should give thought to efficient data management. During data collection, the researcher took notes on the observed body language demonstrated. Data was transcribed and then the researcher coded the data and applying brief verbal descriptions to small chunks of data. In the process, the researcher coded two or three lines, making alterations and modifications in the light of experience and as ideas developed. I adjusted earlier coding to obtain as close a fit to the data as possible without having a plethora of idiosyncratic coding. On the basis of the coding, the researcher then identified themes to integrate substantial sets of the coding. This was a trial-and-error process in which change and adjustment was a regular feature.

Making sense of the transcribed data helped gain an understanding of how the participants related their experiences in relation to school-based support and care for intellectually disabled learners with a history of sexual abuse. The following themes were identified: (a) Forms of sexual violence; (b) Forms of support, nature of the quality of care; (c) Steps taken to provide care and support; (d) Challenges of care and support; (e) Participants'

recommendations in terms of rectifying the challenges. These were the overarching themes.

The following section presents the challenges experienced by the researcher in the field.

4.7 CHALLENGES EXPERIENCED IN THE FIELD

It is worth noting that there were some challenges with regards to undertaking the interviews. Challenges in the field included the Principal of one of the schools forgetting the interview date, although I had reminded him and the SBST coordinator two days in advance. I went to the school only to discover that the principal was not there and only to find out that the school was not prepared for me as they had an extra-mural activity on that day. I returned empty handed but managed to call for another interview meeting, which was well attended. Another challenge was that the interview sessions began late in the day and the participants took their own time to arrive at the interview rooms. To address this challenge I had to negotiate with the participants for extra time and negotiate with the principal to give us more time. This happened in two schools, namely SCHOOL B & SCHOOL D.

4.8 ENHANCING TRUSTWORTHINESS

The aim of trustworthiness in a qualitative inquiry is to support the argument that the inquiry's findings are worth paying attention to, Franklin (2012). This is different from the conventional experimental precedent of attempting to show validity, soundness, and significance. In any qualitative research project, four components of trustworthiness demand attention, namely, credibility, transferability, dependability, and confirmability Pope & Mays, 2000). Credibility is an evaluation of whether or not the research findings represent a credible conceptual interpretation of the data drawn from the participants' original data (Franklin, 2012), whilst transferability is the degree to which the findings of the inquiry can apply or transfer beyond its bounds. Dependability is an assessment of the quality of the integrated processes of data collection, data analysis, and theory generation,

whilst confirmability is a measure of how well the inquiry's findings are supported by the data collected. (Lincoln & Guba, 1985; Chandra, 2013). In this inquiry, trustworthiness was enhanced through the strategies detailed below.

4.8.1 Credibility

To address credibility I decided to conduct four group interviews in different school contexts rather than one. The reasoning behind this was to obtain rich data. Instead of having few questions it was decided to have 11 questions so as to obtain as much information as possible and have a deeper in-depth understanding of the problem. I then submitted the instrument to my supervisor for further comments and suggestions, after which I was in the position to conduct a pilot study, which highlighted the strengths and weaknesses of the instrument used for data collection and the possible challenges that could be encountered.

As soon as the preliminary findings were available they were shared with the participants to establish if they reflected their contributions. Issues of concern and clarification were dealt with, on the basis of which the final findings were then drafted.

4.8.2 Transferability

Transferability refers to the degree to which the findings of qualitative research can be generalized or transferred to other contexts or settings. From a qualitative perspective transferability is primarily the responsibility of the one doing the generalizing. Transferability is difficult to achieve in qualitative studies as the findings are usually based on the participants' subjective experiences. In terms of this study transferability was enhanced by describing the research context in detail. The methodology employed in this study has been documented in detail and other researchers can find them valuable for further studies. The person who wishes to "transfer" the findings to a different context is then responsible for making a judgment on how sensible the transfer is.

4.8.3 Dependability and confirmability

Dependability is the quality of being able to be trusted and being very likely to do what people expect. Confirmability is the last criterion of Trustworthiness that a qualitative researcher must establish. This criterion has to do with the level of confidence that the research study's findings are based on the participants' narratives and words rather than potential researcher biases. Confirmability is there to verify that the findings are shaped by participants more so than they are shaped by a qualitative researcher. .The data collection method employed and the method of data analysis are in line with the aims of the study. The process, consisting of the original transcripts, data analysis documents and the instrument used in this study, will be made available to other researchers on request. The research undertaken does not show the degree or significance of researcher influence. Finally, the findings of this study can be compared with other studies.

4.9 ETHICAL ISSUES

Research Integrity embodies a range of good research practice and conduct, which includes intellectual honesty, accuracy, fairness, intellectual property, and protection of human and animal subjects involved in the conduct of research (Berg, 2009). Research integrity in the context of the study undertaken relates to the protection of human subjects that were involved in this study. Research integrity was particularly important for this study as it dealt with a sensitive issue of sexual violence among vulnerable intellectually disabled learners.

This study formed part of a larger study on care and support for intellectually disabled children who have experienced sexual abuse. Permission to conduct the study was obtained from the Department of Basic Education in the Gauteng Province. Ethical clearance was also obtained from the University of South Africa. The participants were invited to take part in the study following informed consent being obtained. It was explained to them that participation was voluntary and non-remunerative and that they could withdraw at any time if they wished, without recrimination.

Sexual abuse and intellectual disability are sensitive topics and ethical issues such as disclosure should be handled with care. During the focus group discussions, the participants were asked not to disclose the names of the affected learners. Since CSA is an emotive issue that also affects the participants, the researcher spent some time counselling them before the start of the focus group discussions. Another issue was that of trust, which was addressed by indicating to the participants that a non-judgmental approach would be adopted by the researcher. Confidentiality was assured. All participants including focus group participants had to sign individual confidentiality forms in addition to consent forms. Confidentiality was emphasised to all group members and why it was important for all involved to respect confidentiality. I found that providing a detailed explanation to participants and reasons for not disclosing what is discussed outside the focus group worked well.

4.10 SUMMARY

This chapter has described the research design and methodology behind the thesis. The research approach and philosophical paradigms were also discussed. The discussion also included the sampling design preferred. Finally, the ethical issues were also addressed. The next chapter presents the research findings.

CHAPTER 5

RESEARCH FINDINGS

5.1 INTRODUCTION

In this chapter the findings of the study are presented, having been organised into a number of themes identifiable as common forms of sexual abuse, care and support available at school, its quality and challenges, suggestions for improvements and quality evaluation by the participants. Direct quotations are provided to substantiate or reinforce the identified themes. Quotations are presented per participants and not per schools. Participants' home language was not English but to maintain originality, no alterations were made to the language spoken. As indicated in the previous chapter, three participating special schools catered for children with severe intellectual disabilities and the 4th one with mild and moderate intellectual disabilities. The findings are presented in sections based on the themes that emerged from the data, followed by a discussion on the existence of sexual abuse.

5.2 EXISTENCE OF CHILD SEXUAL ABUSE

Any form of sexual violence is unacceptable and it is even more disturbing when this is directed at a vulnerable group such as children with intellectual disabilities, often perceived as easy targets as they tend to have poor communication skills which are complicated by their limited cognitive abilities. Participants in all **schools** indicated that learners with intellectual disabilities were vulnerable to sexual abuse, mainly perpetrated by trusted members of society, including the family. The frequency of CSA amongst these children is reflected in the following quotes:

Florence (47 years): *Four to six cases per year and there could be more*.

Luthando (40 years): Maybe once a term – yes, maybe once or twice a term.

Lwanele (55 years): *Very frequently, round about four times per month*.

Thando (36 years): *And then sometimes it's, it's like frequently*.

Apelele (30 years): *After the school holidays*.

Willem (57 years): *Three to five cases a year and most of these happen outside the school either during school holidays or at home*.

5.3 COMMON FORMS OF CHILD SEXUAL ABUSE

5.3.1 Incest

The findings from most schools indicated incidences of mothers who sexually abused their boy children as well as cases of girls with intellectual abilities who were sexually abused by brothers and/or their father. The frustration, caused a sense of hopelessness and emotional pain expressed by the participants which is evident in the following statements:

Nozibele (40 years): *In case of incest, yes, you end up crying on that side he has raped his own child, then the very same time will go back to that parent and the child is raped over again.*

Karabo (38 years): *We had a case in – where a boy reported that with the sleeping space where they are also sleeping in one room, where the brothers are abusing the little ones now, the elder brothers are abusing the other brothers.*

Willem (57 years): *Yes, she forced her son to sleep with her when her son was with her.*

5.3.2 Rape (Committed by the members of the community)

Participants in all schools reported that rape or sexual assault is a major problem in their respective schools. This is captured in the following statements:

Luthando (40 years): *Yes, we only become aware when these cases (rape) are reported to us.*

Nonhlanhla (44 years): *It is mainly rape and we have so far not experienced any reported cases of any other forms of sexual abuse so far and most of these cases happen outside of the school environment. There have been one or two cases where the abuser has been one of the learners.*

Butomelo (34 years): *Yes, outside the school, we've had two cases where a girl was raped, and the one even fell pregnant because of that.*

Pieter (55 years): *It's mainly rape, that gets reported here and there was a case of incest that was reported at the beginning of this year.*

The participants reported that rape or sexual assault is especially traumatic for children and adolescents as often they do not fully understand acceptable forms of sexual activity. Also, from the above statements, it appears that there are many cases of rape that go unreported, of which schools tend to become aware only when they are either reported by concerned community members, family members or peers. It was also mentioned that rape usually happens outside the school environment, according to the respondents, and the victims were usually a girl child, a trend reflecting wider society. Sexually assaulted children usually present behavioural problems that can be difficult to manage by ordinary school teachers, and that can affect teaching and learning if not managed effectively. The effect of CSA is reflected in the following remark by one of the participants:

Pieter (55 years): *And then what happened with this case, the child was the child became very rebellious, if you look at the child now, at one glance you will see that she is a very disturbed child.*

In terms of this study, rape tends to affect children and adolescents females who are black and female.

5.3.3 Sexual harassment

Participants identified sexual harassment as one of the major sexual abuse activities confronting their schools. They also regarded sexual harassment as unwelcome sexual advances, and requests for sexual favours that involves either verbal or physical conduct of a sexual nature. It is mainly directed at the girl child. Most participants said sexual harassment is not tolerated and that this appears to be perpetuated by fellow learners who are also intellectually challenged:

Lwanele (55 years): *We had a case of sexual harassment by one of the boys at some point at the school – that was some time ago.*

Lwanele (55 years): *Yes, sexual harassment, yes. We had the kid kicked out.*

Yvonne (48 years): *There have been some instances where cases of sexual harassment have been reported. We have children here who are not supposed to be at school, children who are twenty one years old. They tend to be the ones that sexually harass female learners.*

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5.3.4 Pornography

Pornography emerged as one of the sexual abuse problems in the schools that participated in this study. A participant from a school which catered for children with mild and moderate difficulties that had a significant number of over-age learners explained that pornographic material was disseminated mainly by mobile telephones:

Willem (57 years): *Yes, we facilitate cases against parents, you know we are talking about many forms – I might think that in your doctorate you would indicate only a few –*

Meneer when I download, I sit here with my 'phone, I download on my Facebook, Meneer is, so I can – now if his 'phone is on – what is it? So I sit here and I've got porn here.

They further said it was concerning that children as young as 12 were exposed to pornographic material and evidently learners tended to access it by their telephones and e-mails from other learners. The boy and the girl child were reportedly affected by this form, as reflected in the following assertions:

Willem (57 years): *Meneer, I had a twelve- year old I caught him the other day with porn. What happens is that I can send you something with SMS, but there's another form of sending something, what do you call it? E-mail and there's another way of sending it, Bluetooth.*

Pieter (55 years): *So that is sexual abuse, the learners are receiving this on their 'phones from learners.*

Willem (57 years): *And that is a form of – they will call it 'cyber bullying' and I say that it is a form of porn, it's a form of – this youngster was twelve years old, it's a serious case where the mother feels you know, "my child was abused".*

5.3.5 Child prostitution

In terms of the present study and as reported by one of the participants, child prostitution appeared to be another problem that was confronting schools. The participants reported that some parents were willing to risk the health and lives of their children by making them sex slaves for their own financial benefit. The girl child was reportedly the most likely recipient of this form of abuse:

Willem (57 years): *Where a parent might take a daughter to a bar, you sit with your legs wide open, and this is a very…*

Willem (57 years): *But going to the bar and sitting with her legs wide open, the child will tell you, "Meneer I feel penetrated."*

Angela (43 years): *And a mother who forced her daughter to sleep with a man and then she became pregnant*…

In summary, the above quotes show that the child felt violated and psychologically traumatised and that they were used as commodities.

5.3.6 Mother having sexual intercourse in front of her boy child

One of the participants reported that the most disturbing form of sexual violence and psychological trauma was a mother having sexual intercourse in front of her boy child. This participant said:

Angela (43 years): *We've got this little boy; he stays with his mother and then comes visitors, yes, he sits in the corner there – the mother and the visitors have sex.*

5.4 FORMS OF SUPPORT AVAILABLE AT SCHOOL

In this section, I present the findings with regards to the forms of support that are available at the school in relation to the provision of quality of care and support of children with a history of sexual abuse.

5.4.1 SBST support

Having presented findings on the existence and forms of sexual abuse I now report on support services or structures available at the schools. This information is critical because it reports on what is available and provides an indication of what is required. All groups reported that their schools had a functioning SBST, although only two were fully functioning. All but one school had a registered nursing sister who also provided counselling for the victims of sexual abuse.

5.4.2 DBST support

The participants reported that the District Based Support Team was able to provide the required support for some schools, though some believed that the district office did not provide sufficient support. All participants felt that the DBST was letting them down and

claimed that the support it provided was inadequate, with some even doubting the credentials of the district officials. The SBST (participants) and the DBST (district officials) were supposed to work together but the DBST was supposed to be supporting and empowering the SBST to provide quality care and support. In this section I present the issues raised by the participants who were concerned that the DBST rarely visited schools:

Nosiphiwo (42 years): *Visiting the school, to visit and look to see what we are doing and getting or finding the information from the nursing sister, find the information from the OT, from the teachers.*

Thando (36 years): *Sometimes we get support from them but we hardly ever see them, they come to issue LSEN numbers and that's all.*

Lwanele (55 years): *I think I'm the one who is always in contact with the DBST, because the two of us always go to the meetings. At this stage I feel we've got more knowledge, because we always see where we can get resources, so I experience that if they get a problem they refer or contact us to ask us, "what will you do?" or refer it back to us. It always ended up on my – or on our lap, it's not that I mind because I think I've got the knowledge, but I don't think the support of the DBST is always enough. We don't really refer these matters to them because we solve them ourselves most of the time – we handle them and we refer the parents and we try and do our best, so none of our cases have really ended up with the DBST, but there are some of them that did and then they just came back to us because they are understaffed, I mean there are three or four psychologists for the whole district, so we understand as they are actually just solving problems.*

Lack of school visits or support from by the DBST office was prominently reported and was said to be casting doubt on credentials or knowledge base of the district officials. The participants said members of the DBST were expected to have superior knowledge and greater understanding than the schools they were supporting.

Zoleka (44 years): *They don't understand our situation as a 'special school.'*

Nonkanyiso (35 years): *To add a little bit on that, if our kids – because we know the type of kids that we have, if that was better, the type of learners that we have, even if*

maybe say the lawyer says, "school help us with the report of this child," what are we going to say, if the child was not properly assessed?

Zoleka (44 years): *And also, I tend to wonder that if ever people who are being employed in the District, do they know about the intellectually disabled children?*

The following statements show that some have lost hope in the DBST:

Rumbi (38 years): *About this sexual abuse.*

Lisa (40 years): *They're letting us down concerning that.*

Sinazo (50 years): *Are they going to help us?*

Nonkanyiso (35 years): *So before you ask us a question, is the Department really concerned about these children? The Department of Education, there is no communication between us and the Department of Education.*

On top of being accused of not visiting schools, having their credentials doubted and some of the participants having lost hope in them, the DBST was reported to be biased against schools for special needs, as reflected in the following quotes:

Florence (47 years): *Exactly, you are just there to fill up an attendance register that, that will show maybe the upper structures that the DBST maybe have done their work, but all to find that you have just filled in that attendance register, but there is nothing that you have benefited from that. And the last time I attended an HIV – and there the activities that were explained there, they focused only on mainstream. So now you ask yourself, why was I invited? Whereas all of the discussions we were doing were focused only on mainstream, you become frustrated. And remember, being a special school teacher, it doesn't mean it's the end of the world. Maybe I can be promoted to a mainstream, and then you find that when I'm there, I'm not empowered enough. So we are marginalised.*

Pieter (55 years): *They don't seem interested, and this is with principals meetings, whereby with therapists and assistants and nurses in, they will have meeting there, have meetings and talk – but for special schools Meneer we are – we feel left behind.*

Finally, I note with concern that one of the participants was keen to receive training that appeared not to be forthcoming:

Dingi (36 years): *We want enough training from the district.*

5.4.3 NGO support

Participants from one of the schools indicated that they had a social worker who had been placed by an NGO at their school on a temporary basis. It was also interesting to note that participants from this particular school indicated that they had tried to obtain help from the relevant NGOS to supplement school-based support:

Willem (57 years): *This is one of the best support we can give Meneer, from the quality of support. The quality of support from the NGOs, the understanding so far Meneer is indescribable, I'm talking as a principal from the staff that I get. We in actual fact give concessions in terms of academic work, and now Meneer can tell me where I can only say and vouch for them –, is there another school in South Africa that does what we do?*

5.4.4 School Management Team (SMT) support

Although participants expressed disappointment about the role of the DBST in supporting schools to advance quality care and support, participants were unanimous in echoing the sentiment that SMTs in their respective schools were supportive in helping the victims of sexual abuse or any other issue that affected teaching and learning. The SMTs were able to provide leadership, time and resources, which led to the participants expressing the following positive sentiments:

Masiki (43 years): *They are very much involved.*

Nosiphiwo (42 years): *They will be there to advise us what you can do? They provide transport; they even sit with you with the parents.*

Lisa (40 years): *Why I think so is because, if we report a case they will check what happened to the child and maybe they will call the parents also.*

Lesedi (31 years): *The school gives the transport, the three of us form the SMT and we are the people that normally make the final decision as to where you are going to take the child, or if there is a problem with transport we organise alternative transport or whatever.*

Lwanele (55 years): *What also is important you know, if I for instance was a teacher and I reported something, my Head of Department will sit in on the meeting, the teacher and that teacher's Head of Department will be on the meeting as well as the two deputy principals, as well as the principal and as well as the therapist there for the child and the Head of Department, so everybody – it's not a matter of one person saying, "Oh, I understand this happened and that happened," everybody sits in, everybody is present and everybody gives their input during the meeting and the parents can also address any one of the members present, and ask for help or ask to clarify again.*

Lesedi (31 years): *Nothing happens without the SMTs involvement, nothing, nothing.*

Willem (57 years): *Most of the time there will be a direct form of report that this learner is – Madam is underperforming progressively, something is wrong – some form of reporting, learners will come to us and say, "this child, you know there's a problem with this child," the teacher will come – "there's a problem with this child, the learners spoke to me," and when you get the staff together and talk and then will we only hear – and then the SMT and SBST become involved – he will give us exactly of what he knows and it will be reported on the learners profile and all incidents – accidents will be reported on the learners – if I had – a new staffroom you can go to the file and read, but at least it's an open session where we talk in the mornings.*

5.5 QUALITY OF CARE AND SUPPORT BY THE SCHOOL

Quality of care and support offered by the school was highlighted by the following sub-themes.

5.5.1 School being the second home

To obtain information about the nature and quality of care and support provided by the school, the following question was considered appropriate for gaining relevant insights:

"The school is the second home for children and they are known to go an extra mile to ensure that the child feels safe and recover quickly. Can you share more about this?"

The responses were generally positive, as reflected in the following quotes:

Dingi (36 years): *But I think then to add on that, you make that child to feel special, so that the child can trust you. You make that child to understand you and you make that child to confide in you easily.*

Lisa (40 years): *Exactly, and try to bring back the child's confidence and through the discussion with the child, to motivate that child, it's not her fault in that that she finds herself in that situation.*

Lwanele (55 years): *It is including that yes, so if a learner has got – maybe the child suddenly starts displaying poor behaviour in class, so the teacher will report that or in the hostel, the child suddenly starts wetting their bed, I will assign a team to report that, then we have, then we have a learner discussion on a Thursday and then from there we as SBST then see, you know, what will be the route further, what we should do. So I think if we start in the classroom already, the teachers are quite alert to notice the difference in a child's behaviour and they will come and report it to me.*

Rowena (45 years): *And I think all – they've got the empathy and they know how to handle the kids – I've got kids in my class that don't want to – if it's holiday time they say, "ah!" they don't want the holidays because they feel safe at school.*

Yvonne (48 years): *They feel safe at school, they feel that here they can just 'relax' and be themselves. At home they experience so much 'abuse' –*

Karabo (38 years): *That actually they want to be at school and they don't want to go home.*

Christine (53 years): *We've got a girl and every Friday there's so much trouble because she does not want to go home. And every Friday she wants to cut her wrists –*

Angela (43 years): *We sit hours with her, because at the end the problem is that she doesn't want to go home to her relatives, and*

Luthando (40 years): *We go on weekends, school holidays, if the child phones me now and says, "My father is beating me now," you know, you don't*.

5.5.2 The nature of care and support

Quality of care and support involves taking practical steps to ensure that the child receives help and doing what is in his or her best interest. The findings on school interventions reveal that there are no clear steps in terms of what needs to be done when there is a sexual abuse incident or case, especially for the intellectually disabled child, and as a result schools appear to be left to themselves to deal with it. I could detect some uniformity in terms of support, steps or protocol that need to be taken.

5.5.2.1 Support given to victimised children

The following statements show that the participants rely on external help and support as well when needing to support the the victimised children. It is evident that their role is limited to containment and referral:

Florence (47 years): *We organise and coordinate so that we can call a meeting.*

Rumbi (38 years): *We then try to contain the child through counselling, especially by the school nursing sister and refer the child to the Kids' Clinic.*

Florence (47 years): *The Kids' Clinic has trained counsellors and they normally organize for medical examinations and provide some counselling as well and they work closely with the local hospital. They also report the incident to the police for further investigation*.

5.5.2.2 Parental involvement

It appears that the nature of care and support given to children is also given to their parents. It appears that the family and the school systems appear to work well together:

Zoleka(44 years): We first call the parents.

Nwabisa (37 years): Most of the time, others they call us, like – we then take them to Kids' Clinic

Nwabisa (37 years): *They do counselling with the minor, who have been raped.*

Nosiphiwo (42 years): *Kids' Clinic does the counselling and they work closely with the police.*

5.5.3 Quality of care and support

5.5.3.1 Frequency

According to the participants the frequency of support depended on the nature and severity of the CSA case. The most important point to consider is that the supported are referred to the relevant structure and that parents are frequently consulted throughout the process. The quality of care and support is reflected in the following quote:

Lwanele (55 years): *Yes, of reporting, listening to the child, taking it further and trying to assist, not only the child but the parents and to give the parents guidance to tell the parents where to go and what to do, so there is a process, they also to come to our nursing department – they've got the reports with the documents, so we follow them up.*

5.5.3.2 Duration and intensity of support

The findings do not reveal the exact duration of support, but it is important to indicate that it was an involved process:

Apelele (30 years): *We compile a report.*

Apelele (30 years): *Write everything making certain that it was reported to the Kids Clinic or KwaThema Clinic.*

Lwanele (55 years): *Hospital for a – if it was case – it there's a case number we can refer it to the hospital, because they need a case number, otherwise, we use the KwaThema Clinic or the Kids' Clinic to refer…*

Butomelo (34 years): *I think we've got a very good procedure*.

Lwanele (55 years): *Yes, of reporting, listening to the child, taking it further and trying to assist, not only the child but the parents and to give the parents guidance to tell the parents where to go and what to do, so there is a process, they also to come to our nursing department – they've got the reports with the documents, so we follow them up …*

Lwanele (55 years): *Well we have a parents' interview because that's the way he wants to handle it, we can't just refer the child or – the parent must come in and then we normally – we'll refer the child out with the parents, because we aren't supposed to take the child to the hospital or wherever, then normally we will phone for an appointment, we won't leave them in the dark.*

Yvonne (48 years): *The case is normally recorded in the incidence book, the district office is officially informed. The district office through the DBST makes sure that the child is supported and also making sure that the case is reported to the school with the assistance of the parent and the school.*

Barbara (58 years): *Depending on the nature of the case, sometimes we have to rush the child to the hospital or doctor for medical examination and the inform report the case to the police and district afterwards.*

5.5.3.3 Sensitivity

The findings show that the issue of sexual abuse is handled with great care and sensitivity:

Lindiwe (43 years): *If the abuse involves learners from the school, alleged abuser or abusers are also called in.*

Dingi (36 years): *They are called together, but then they are going to be interviewed on different things.*

The remarks above are encouraging in the sense that it appears that the victimised children were in safe hands and the participants knew what they are doing. The victims and the perpetrators were handled separately in a sensitive manner.

5.5.3.4 The effectiveness in strengthening resilience

CSA affects the child emotionally and he or she needs to be strong under difficult circumstances. According to the following participant, learner discussion can make a significant difference in terms of enhancing or strengthening resilience. This requires that the teachers work as a team to do what is in the best interest of the child.

Lwanele (55 years): *It is including that yes, so if a learner has got – maybe the child suddenly starts displaying poor behaviour in class, so the teacher will report that or in the hostel, the child suddenly starts wetting their bed, I will assign a team to report that, then we have, then we have a learner discussion on a Thursday and then from there we as SBST then see, you know, what will be the route further, what we should do. So I think if we start in the classroom already, the teachers are quite alert to notice the difference in a child's behaviour and they will come and report it to me.*

The effectiveness in strengthening resilience among learners with intellectual disabilities can be enhanced if the SBST and the SMST work consultatively and collaboratively, as expressed by the following participant:

Willem (57 years): *Most of the time there will be a direct form of report that this learner is – Madam is underperforming progressively, something is wrong – some form of reporting, learners will come to us and say, "this child, you know there's a problem with this child," the teacher will come – "there's a problem with this child, the learners spoke to me," and when you get the staff together and talk and then will we only hear – and then the SMT and SBST become involved – he will give us exactly of what he knows and it will be reported on the learners profile and all incidents – accidents will be reported on the learners – if I had – a new staffroom you can go to the file and read, but at least it's an open session where we talk in the mornings.*

5.5.3.5 Prompt reporting

The following statement shows that this school had a system in place with a structured way of reporting sexual abuse incidences. This usually occurs in the SBST meetings that can be called at any time, as reflected in the following statement:

Lwanele (55 years): *What also is important you know, if I for instance was a teacher and I reported something, my Head of Department will sit in on the meeting, the teacher and that teacher's Head of Department will be on the meeting as well as the two deputy principals, as well as the principal and as well as the therapist there for the child and the Head of Department, so everybody – it's not a matter of one person saying, "oh, I understand this happened and that happened," everybody sits in, everybody is present and everybody gives their input during the meeting and the parents can also address anyone of the members present, and ask for help or ask to clarify again.*

Quality care and support entails involving other stakeholders, such as the police. If there is a case of sexual abuse such an incident is promptly reported to the police and the school works with them until the matter reaches the court of law:

Willem (57 years): *Yes, you see the other route that you can follow is to get the police on board, which we don't want to always do – go to court and get a court order against the*

child for his rehab and he must finish it, because now it's a court order – and then what then happens the court only signs the child back to the parents with a description.

5.6 CHALLENGES OF QUALITY OF CARE

The research findings in terms of the quality of care reveal that participants are trying their best to provide quality care, however they encountered a number of challenges in the process that impacted negatively on the quality of care they were providing. In this section I present and discuss these challenges.

5.6.1 Lack of teacher knowledge of the intellectually disabled child: Ignorance

Participants in two of the schools displayed a lack of understanding of the intellectually disabled child, an issue that did not arise in the other two schools. The following statements does not only lack of understanding of the reasoning abilities of the intellectually disabled child but also a lack of understanding of sexual violence as a societal problem. According to the participants the assumption was that victims of sexual abuse 'invited' it and that such an assumption had a potential to harm the victim, especially when voiced by people who are supposed to provide quality care and support.

Luthando (40 years): *Okay, I think in a way she's not being 'forced,' but she goes there 'willingly.'*

Nonkanyiso (35 years): *Yes, I think it's the 'consensual sex,' – not but you'll sleep with all the people for days?*

Apelele (30 years): *Maybe they do enjoy it …*

The comments above come from participants who teach at schools for children who have intellectual disabilities.

Luthando (40 years): *It does, because sometimes you think that some other people are taking advantage of them [group in agreement].*

Apelele (30 years): *I think also due to their intellectual disability, they don't realise when they are at risk.*

5.6.2 Police ignorance or incompetence

During the course of focus group interviews, participants in two schools expressed strong views on the role of the police in the provision of quality care and support. The participants in these groups were generally critical of the role played by the police. It appears that the participant's interaction with the police in terms of the management and dealing with sexual offences relating to children with intellectual disabilities had been a frustrating experience. This frustration was evident in the expression of this participant:

Luthando (40 years): *And that's not only that, you know, I think our learners are being treated unfairly – one example is the – now the police take a statement from a minor you know, you will find that they will discredit our learners and the case will be thrown out, it was left for too long, they throw it out – always ask for things that we cannot provide.*

It was also evident from the statement below that the police did not seem to be educated about the intellectually disabled child.

Sinazo (50 years): *They forget, I mean if ever they go to court, if they say, "change your statement," then they comply and these kids they are not able to remember, unfortunately, they can't remember the things that happened three months ago, so it is injustice.*

The following quote demonstrates the need for the police to be educated in terms of understanding intellectually disabled children as this is critical when taking their statements to advance criminal justice. It appears that the law is applied uncritically and rigidly. For example, an 18-year old learner might behave and think like a four-year old:

Nwabisa (37 years): *And you say, "eighteen" – and we say, "we are from the special school," and our learners – she might be eighteen physically but mentally she's not, and they will say that, according to the Child Protection Act she's an adult, that's where.*

All participants in one of the schools expressed the same frustration and they expressed anger and disappointment towards the police. The issue of understanding the difference between the mental and chronological age arose. The following quote also shows how cases were dropped and not heard in court, based on poor judgement and lack of understanding of children with intellectual disabilities. Lack of understanding of the child with intellectual disabilities by police is further reflected in the following statement. The participant appears to be highly knowledgeable about the child with intellectual disabilities and he shows compassion:

Willem (57 years): *And to more similar abuse and I said to the boy, "I can put you in a place where you can –" – refereeing to our meeting this morning, I spoke to learners who are staying here at the squatter camps – often that is one of the unfair part of our learners. Another unfair part Meneer is when – Remember age no longer counts, I have a learner, before you I'm going to say something – we have learners at the age of 25, these learners are school learners Meneer, they are still under my care, and they are still at school, when you bring the social or the welfare on board, they will say to you, "but this learner is 17," and I'm not taking in cognisance that "but this learner is still a child" these in themselves, it doesn't matter their age, age doesn't count now, and those are the learners who are 'bullied.' If they go to court they are told, "just agree that you agreed," that I – I had a case in Kwa Thema where this happened, where the case went to court, we went to the police and they said, "Meneer, we –" – [initially?] the girl was asked to say whether she was raped or not – the school child gave permission to say, "but I agreed to the sex," and because of the age the court said that it is fine, "go home," we know, so the 'unfairness' of the question is that there are certain loopholes there, people out there are aware of , and the court falls for it Meneer.*

5.6.3 Inadequate or uniformed policies

The point of inadequate or uninformed policies was only expressed by School B. Even though the other three groups did not express this sentiment; I thought it would be vital to highlight it as it has the capacity to affect the provision of quality care and support.

Furthermore, even though this sentiment was expressed by one person in this group, the participants were generally in agreement with her. This indicated that this is an issue for them.

Sinazo (50 years): *The people that are busy drafting the policies have no idea of what kids that we are dealing with, because they think about me and you, the people that can reason, but what about those who are disadvantaged.*

5.6.4 Peer pressure

Children with intellectual disabilities are social beings capable of making friendships. They are generally friendly, kind, loving and have a sense of humour, loving innocently and so in the process become victims of abuse, including sexual violence. The concern regarding peer influence was raised by participants in School C, which to them had the ability to compromise or affect care and support they should be providing.:

Butomelo (34 years): *But I think the reason being, I think during school holidays and after hours is for their friends, because they attend the normal schools and their bigger friends, and the friends have a very big influence on them.*

Butomelo (34 years): Guiding them in the wrong direction and exposing them to activities that they wouldn't do out of their own, and because …

Celeste (27 years): *Because it's very important for them to fit in, they've got the concept of what's 'cool' – a little bit of 'cool,' and they think that if they're associated with those kids that they're 'cool' and then they end up being the one, the there and there, if you can put it like that – just to be the one with the them, they don't actually realise that they have been used and misused, they just want to be part of it and they just want to fit in.*

It is evident from the above statements that the participants were concerned about the children, feeling the need for them to be protected from peer pressure for fear of being taken advantage of.

5.6.5 Conditions of service

It is significant that this issue was only reported by one school and that the participants in this study were regarded as equally important as they are all involved in the provision of care and support. According to the participants employees who were aggrieved and felt that their conditions of service do not provide them with space to provide care and support could be effective or productive, leaving the children to suffer. It is important to note that the participants in this group were all in agreement, for instance:

Masiki (43 years): *And if we can work under these conditions, I'm not sure we're going to be positive for very long, but though we love our communities and our children, we want to make some difference.*

5.6.6 SBST role not taken seriously

The key informants of this research undertaking were members of a School Based Support Team (SBST), which in South Africa are tasked with the responsibility of supporting learners in class in terms of assessing, supporting and caring for learners with difficulties, including psychosocial ones associated with child sexual violence. This is a critical structure in the provision of quality care and support. Problems encountered have the potential to compromise the quality of care, but being side-lined or not taken seriously was not a general problem across groups, except for one school. They felt that their role ended after referral and did not get regular updates from the clinic to which they referred, and have to ask parents for updates. This is problematic as institutions of civil society that work with children should be working closely, collaboratively and consultatively:

Researcher: *So after the learner has been referred, you are not involved – you are not informed.*

Nonkanyiso (35 years): *No, we cannot, because now we'd be considered as invading the privacy of the child.*

Researcher: *Oh, okay, confidentiality.*

Nozibele (40 years): *But sometimes we ask their parents.*

5.7 SUGGESTIONS REPORTED BY TEACHERS FOR IMPROVED QUALITY OF CARE AND SUPPORT

What follows is a presentation of findings with regard to the participants' suggestions for improved quality of care and support.

5.7.1 SBST Training and development and DBST involvement

Training and development was expressed as an area of great concern by the following participants. The expression of the need to be developed should be applauded as it demonstrates the need to grow and to develop with the ultimate aim of caring and supporting learners with intellectual challenges who have a history of sexual abuse. The cry for help is directed to the DBST, as reflected in the following statements:

Masiki (43 years): *I would workshop the SBST and get the DBST more involved in supporting our school.*

Nonhlanhla (44 years): *I would also highly recommend that the district office provide us with ongoing training in aspects such as early identification of sexual abuse symptoms and on how to conduct basic counselling.*

The following statement by one of the participants showed that the DBST was not prioritising special schools for the intellectually challenged children:

Rumbi (38 years): *If we had our way we would really like to see the DBST and the District Office taking the special schools such as ours very seriously.*

5.7.2 Awareness campaigns or programmes on intellectual disability

The following participants feel that awareness campaigns are critical and they feel that they can make a significant difference. The implication of this statement is that if people

are aware of the needs and aspirations of children with intellectual disabilities who have been sexually abused, more sexual abuse incidents could be prevented. This will enhance a sense of collective responsibility.

Zoleka (44 years): *Health-wise talk about mentally challenged child, because they don't know…*

Nwabisa (37 years): *And also we need to make people aware of the condition of intellectual disability.*

5.7.3 School-based support services

There was a general feeling among the participants that school-based support services needed to be considered, perhaps adding value to the quality of care and support:

Florence (47 years): *I would recommend that we have school-based personnel such as psychologists and social workers or if not to have psychologists and social workers visiting the schools at least once a week.*

Yvonne (48 years): *Psychologists and therapists that are stationed at the schools, like it used to be in the olden days …*

5.7.4 Parental involvement

Parents can play and important part in teaching and learning support processes and they, therefore, need to be included at all stages.

Lisa (40 years): *I also think we need to find ways to get the parents and the community more involved as the problems we have come from the community. The SBST really need to sit down and come up with a strategy.*

Barbara (58 years): The parents, and get them involved, if we could do it all over again, I *would advise those people so that they can go visit homes, go there, there is sexual abuse,*

you send the police – I spoke to a parent in front of the gates and the parent said to me – or make all special schools like our school with hostels. If we can start all over again – so we can look after them twenty four – seven …

Pieter (55 years): *If the District Office can come in and speak to the parents as well.*

5.7.5 Recruitment of DBST officials who have experience of children with intellectual disabilities

Teachers are caring individuals who spend much of their time with children and know what it takes to be passionate about children with intellectual disabilities. They know what skills and attitudes such people should possess:

Rumbi (38 years): *I would also love teachers that maybe have the same experience – do part of this official business – of this official, because they will become handy when maybe you've maybe, and enquiring for this and this and this, only to find that some of these officials don't have any knowledge of the SMH school.*

Celeste (27 years): *I think one of the first things is that we must try and, so I'm currently doing some of that work now, and I think if you can bring somebody that can do that work, that's got that specific knowledge, that will be make a difference.*

5.7.6 Visiting health and psycho-social professionals

Some participants accepted that it might be difficult to have school-based support services and believed that visiting health and psychosocial professionals appeared to be a viable option. School-based support services could be an expensive exercise, hence the following participants suggest that schools should at least have visiting health and psycho-social professionals. This sentiment is expressed in the following statements:

Butomelo (34 years): *Yes, and on the other hand is that I always think somebody like a doctor or something will be visiting the school can always help us with rendering services*

you know, if you've got a doctor that can do like a medical examination so that you don't have to transport the child to the Benoni or Boksburg area, and you can just phone the doctor and say, "listen we've got a rape case or sexual " and he can come in and do the examination on the premises, that will be much easier.

Thando (36 years): *It's maybe also educating our kids better, you know, if for instance we have a knowledgeable social worker who can work on the level of our children, who can go from school to school, and say for instance, train our children of six years old that are functioning like a three year old, and on their level explain to them, what is good stuff and what is bad stuff, you know not all teachers feel comfortable in working around sexual issues with kids. If you have a knowledgeable person that can go around and educate the kids to know how to keep your them safe, how – what is good and what is bad and how to report it, and what is the process of reporting it and then maybe our kids will be better equipped to handle themselves. I can just say …*

5.7.7 NGO involvement in quality of care and support

Public schools are not well resourced when it comes to support services so there is a need for extra support:

Barbara (58 years): *The teachers and what do the teachers know sort of, but if we can get people that – who have skills in certain things, you know, we tried to get NICRO here and SANCA. In the olden days they used to come up but now everybody is so busy you know.*

Rowena (45 years): *And more offices, you know Springs is the only town with all type of special schools in , but Springs is the only place where there is no NICRO office, there aren't offices or SANCA – not SANCA, where SANCA is there is no school, why don't they 'decentralise' and say – you get hold of these people then, but you lose them again, you lose grip – like I said, we've got a good grip now, but we tend to lose grip on these people and there should be – you see with all the types of schools, they should have 'tough love' office, they should have a 'SANCA' office – they should be available for schools.*

5.8 EVALUATION OF OWN QUALITY OF CARE AND SUPPORT

Reflection in terms of one's practices and activities is generally regarded as an essential process for improvement. It gives organisations an opportunity to identify their strengths and areas that need improvement. Reflection within the context of this study was used to examine the quality of care and support in line with one of the specific objectives of the study. Participants in all groups were generally happy about the quality of care and support they were providing under the circumstances, though one group (School A) felt that the historically white schools were advantaged:

Luthando (40 years): *The quality - there is always room for improvement. Yes, but other than that I think the support and the care is unprecedented*.

Florence (47 years): *Yes, we are happy, but when you compare us with other white schools, maybe they have psychologists within, and maybe they have psychiatrists within*.

Nonhlanhla (44 years): *I think the good part, if I see the recent improvement in the child.*

Lindiwe (43 years): *And I think also what makes us not to act promptly is that we are not empowered enough to deal with sexual abuse cases*.

Lwanele (55 years): *I think it's a very good quality, I often say that I think this school is one of the schools that gives the best assistance to parents and children and guidance to them, and trying to solve problems and trying to help the parents to help the child.*

Apelele (30 years): *I don't think our care is 'maximum' or 'perfect' or, but I think it is the best that we can offer with the resources we have that are available. With more resources such as a social worker such as a psychologist then we will be able to offer 'better' services, but with our resources available, I think it is a very, very good.*

Rowena (45 years): *Since we have a good SBST, we are able to pick up these problems early and we are able to intervene appropriately.*

Willem (57 years): *This is one of the best support we can give Meneer, from the quality of support. The quality of support from the NGOs, the understanding so far Meneer is indescribable.*

5.9 CONCLUSION

It is clear from the preceding presentation of the findings that CSA is a reality among children with intellectual disabilities. It is also evident that the schools that participated in this study were not hopeless and helpless, rather they tried to provide quality care and support for the learners, although there were no clear suggestions from the Department of Education on how to handle such cases. To remedy the situation, the participants suggested the following: Firstly, they suggested an increased DBST involvement and support. Secondly, they suggested that, as a priority, knowledgeable people should be employed in the DBST. These people must have adequate knowledge of Special Needs Education and must be passionate about it. Thirdly, parental involvement must be increased so that the parents can feel that they are the part of the care and support system. Lastly, support services and resources must be school-based so that it can be the more accessible. For example, social workers, psychologists and therapists, NGO, school doctor must be easily accessible to the intellectually challenged child.

CHAPTER 6

DISCUSSION

6.1 INTRODUCTION

The aim of the study was to investigate the nature and quality of care and support for children with intellectual disabilities who have a history of being sexually abused. This chapter presents a discussion of the research findings. The focus is on the possible contribution of this study to the field of inclusive education at the level of theory, research and practice. At a theoretical level the research has allowed an examination of the complex challenge of the problematic nature of the quality of care and how it has to be addressed. It contends that children with intellectual disabilities who have a history of sexual abuse deserve to be treated with dignity and respect and that they need to be included in the schooling system through the provision of school-based quality care and support provision. The findings illustrate that these children continue to be sexually abused and that there are challenges in the quality of care.

6.2 EXISTENCE OF SEXUAL ABUSE AMONG CHILDREN WITH INTELLECTUAL DISABILITIES

The sexual abuse of children with intellectual disabilities is a distressing and difficult area of safeguarding practice that demands a coherent and consistent response (Barth et al, 2013). The findings of this study indicate that learners with intellectual disabilities are vulnerable to sexual abuse and this is mainly perpetrated by the trusted members of the community, including the family. This finding is consistent with the findings of a study of approximately 55,000 children in Nebraska which found that children with intellectual disabilities were four times as likely as children without disabilities to be sexually abused. (Sullivan & Knutson, 2000). Similarly, a study by Phasha (2009) revealed that sexual abuse among teenagers with intellectual disability is widespread. According to a meta-analysis of

findings from studies of victimization of people with disabilities, children with intellectual disabilities are 2.9 times more likely than children without disabilities to be sexually abused (Barth et al., 2013). Children with intellectual and mental health disabilities appear to be the most at risk, with 4.6 times the risk of sexual abuse as their peers without disabilities (Lund & Vaughn-Jensen, 2012).

Even though sexual abuse among children with disabilities is prevalent it has not garnered the attention of policymakers, practitioners, advocates or community members (Katzenstein & Fontes, 2017). The children are also less likely to receive victim services and support that are more readily available to other victims because of a variety of factors, including barriers to reporting and a lack of responses tailored to meet their unique needs. Without receiving support the children suffer serious long-term aftereffects, including post-traumatic stress disorder (PTSD), anxiety, and depression, as well as an increased risk of victimization in adulthood (Chinawa et al 2014).

There are significant gaps in the understanding of sexual abuse of children with disabilities (Mathews et al 2017; Sawrikar & Katz, 2017). While research demonstrates high rates of sexual abuse among these children, the full extent of the problem, such as the incidence and existence, is unknown. Studies that do exist generally focus on specific disability types, for instance, intellectual or mental health disabilities, the use of varying definitions of sexual abuse and measures of disability, drawing their samples from specific settings, such as hospitals, and common use of samples lacking racial or economic diversity (Goldson, 2001).

6.3 COMMON FORMS OF SEXUAL ABUSE

As indicated above, the findings show that the problem of sexual abuse was widespread in all the participating schools. Incest, non-consensual vaginal penetration (rape) and sexual harassment featured prominently. Sexual abuse activities, such as child prostitution, having sex in front of the boy child by the mother and his boyfriend, and pornography will be discussed. Any sexual abuse activity against children should be considered serious and should be regarded as a crime against the innocent and humanity (Sawrikar & Katz, 2017).

There are various factors that make children with intellectual disabilities vulnerable to sexual abuse. Certain “risk factors” place them in an especially vulnerable position that increase the likelihood of being sexually abused. For example, social powerlessness, communication skill deficits, diminished ability to protect oneself due to lack of instruction and/or resources and impaired judgment (the inability to detect who is safe to be around (Moore et al, 2010).

The incest reported was one of the common forms of child abuse experienced by the children from schools that participated in this study. It is not uncommon in cases involving people with intellectual disabilities (Ansermet et al 2010). However, there clearly exists the possibility of harm in the form of stigmatization, emotional distress, and a sense of hopelessness and helplessness. Children with intellectual disabilities are known to be vulnerable, resulting partly from their lack of sexual knowledge and powerless position in society (Ansermet et al 2010).

Children who have been sexually abused experience detrimental short- and long-term effects. The effects can be devastating and appropriate boundaries and moral codes become confused with conflict of emotions. For example, between loving and wanting a family unit yet hating what the perpetrator has done (Mathews et al, 2017). Children do not have the necessary adult skills of power and control to say “No” or even understand that what is happening is wrong. Heads of family units, older brothers/sisters and their peers can, as perpetrators, use their power as adults to coerce a child into complying with their need for unlawful sexual gratification (Mathews et. al., 2017). It may start as a game and continue with threats, for example, the perpetrator may “start” on a younger sister/brother.

Gifts, bribes and blackmail may be used to silence the victim; then, it becomes difficult to confide in a close relative. The repression of this traumatic experience can lead to long-term effects on a survivor’s daily life. Emotional effects such as depression, guilt, anger, anxiety and low self-esteem may be evident. Behavioural effects such as self-harm, eating disorders, fear of intimacy and relationships, fears for their own children, alcohol or drug abuse (Pereda et al 2016). Physical effects can manifest themselves as continuing aches and pains, sleep disturbances such as not being able to sleep without the light on or the

door open, nightmares, numbness and panic attacks. The effect of incest on trying to establish normal sexual relationships can generate phobias or aversions to certain sexual acts or positions or an inability to separate sex from affection, which may lead to promiscuity or impaired arousal (Pereda et al., 2016).

Another major problem in the schools that participated in the study was that rape was normally being perpetrated outside the school environment. Another form of sexual abuse that cannot be tolerated, according to Pillay (2012) the rape of individuals with intellectual poses particular challenges for the judicial system as well as for the survivors themselves. The effects of rape can include both the initial physical trauma as well as deep psychological trauma. Although rape victims commonly report injuries and issues with their reproductive health after the incidence, rape does not always involve physical force. The most common and lasting effects of rape involve mental health concerns and diminished social confidence, which might result in decreased interest in school-related activities.

Participants also identified sexual harassment as one of the major sexual abuse activities in their schools. Learner-to-learner sexual harassment is also a common element of American school culture (Young et al, 2008), and a global phenomenon. In comparison to the general learner population, those with intellectual disabilities may be at an even greater risk, in the role of both harasser and target (Kavale & Forness, 1996). This increased risk may be due to difficulties using appropriate social skills and their lack of insight regarding how their behaviour affects interpersonal relationships (Gresham, 2002).

In particular, learners identified with low-incidence disabilities or those with developmental delays may be perceived as “easy targets” by other learners and adults in the school community (Stromsness, 1993). Although limited research has investigated sexual harassment of learners with disabilities, extensive research in the past 20 years has indicated that individuals identified with intellectual disabilities suffer an increased existence of sexual and physical abuse (Lumley & Miltenberger, 1997; Lynas & Hawkins, 2017). However, even if the harasser did not intend to hurt or embarrass the target, the behaviour may still be identified as sexual harassment, the impact of which, rather than the intent, must be evaluated. One of the essential components of sexual harassment is that the target feels threatened, embarrassed, fearful, or self-conscious.

Pornography also emerged as one of the sexual abuse problems in the schools that participated in this study. Pornography, or 'porn,' generally refers to sexually explicit material intended to sexually arouse. A study by Phasha and Nyokangi (2012) also revealed pornography to be a problem confronting schools. Children are notorious for imitating what they have seen, read or heard and some studies suggest that exposure to pornography can prompt them to act out sexually against younger, smaller or more vulnerable children. Experts in the field of childhood sexual abuse report that any premature sexual activity in children generally points to two possible stimulants, namely, experience or exposure. This means that the sexually deviant child may either have been molested or simply exposed to sexuality through pornography (Killic, D., Gencdoga & Arican, 2013; Libal, Mapp, Ihrig & Ron, 2011).

In terms of the present study, and as reported by one of the participants, child prostitution appears to be another problem that confronts their school. According to UNICEF (2005, p.20):

> …poverty and lack of alternatives lead many families to give or sell their children into prostitution, some disabled children are specifically sought out because of their disabilities under the assumption that their disability will make them more compliant and/or less able to call for help.

Poor socio economic conditions perpetuate child prostitution, but more importantly their intellectual disability makes these children much more vulnerable.

Finally one of the common forms of child abuse reported by the participants was that of a mother having sexual intercourse in front of her boy child. This is probably one of the most disturbing forms of sexual violence and psychological trauma. Parents are supposed to be protecting their children from potential physical and psychological harm. In terms of the Universal Declaration of Human Right, with regards to Article 16, freedom from exploitation, violence and abuse, this right should be guaranteed.

6.4 SUPPORT STRUCTURES

The findings indicated that the SBSTs, the DBSTs, the NGOs and the SMTs, were a source of support for the learners in South African schools. According to the White Paper 6 (Department of Education, 2001, p.29), the services provided by the SBST's meant to "support the learning and teaching process by identifying and addressing learner, teacher and institutional needs." Learning can take place and teachers can benefit through being empowered to deal with barriers to learners such as CSA. The school would benefit as it would be in a better position to develop and implement a care and support strategy.

The SBST is able to give advice and informational support because this team ideally is made up of people with a variety of expertise. SBSTs are instrumental in decision making and dealing with problems faced by the learners (Gous et al, 2014). The affected people can be given information or advice in terms of how and where to access help and, in the case of sexually abused children, SBSTs, DBSTs, the police, social workers and health care centres should be able to provide advice, information and support.

Members of SBST need to be united and the members have a common goal for it to provide quality intervention. Weinberg and Gould (2011) assert that the attainment of such common goals and commitment depends largely on the ability of the group to stick together in trying and difficult times. This entails having a common vision and mission and committing to them. The SBST members should have passion for working with children with special educational needs, such as the sexually abused. They should put their differences aside and try to do what is in the best interest of the child.

The SBST within the education system in South Africa is expected to be capacitated by the DBST; the key function of which is to assist education institutions, including early childhood centres, schools, further education colleges, and adult learning centres, to identify and address barriers to learning and promote effective teaching and learning. This includes classroom and organisational support, providing specialised learner and teacher support, as well as curricular and institutional development, including management and governance, and administrative support (Department of Education, 2005). The DBST is supposed to work collaboratively and consultatively with the SBST and to support it.

In terms of the current study, the participants felt that the DBST was letting them down, claiming that the support they received from it was inadequate, some even doubting the credentials of the district officials. The unhappiness of the participants towards the DBST can affect the quality of care and support provided by the SBSTs (participants) and the DBST (district officials) are supposed to work together and support and empower SBSTs to provide quality care and support. Within the context of this study, the district office as a system did not seem to be interacting effectively with the school systems. Lack of co-ordination and effective communication between the school system and the district office compromised the quality of care (Department of Education, 2005).

Since the DBSTs appear to be overwhelmed, their interventions have been supplemented by the NGOs, the work of which was encouraging to the participants. It was evident from the data collected that NGOs have been instrumental in the management of CSA cases and able to provide counselling, life skills education and in some instances tangible advice and informational support regarding issues affecting children, including the sexually abused. Tangible support in cases involving children who have been sexually abused include the provision of shelters or care and support facilities for such children. The role of the NGOs therefore cannot be ignored, usually being task-oriented and driven by people with a common interest. NGOs provide a variety of service and humanitarian functions, bringing citizen concerns to governments, advocating and monitoring policies and providing services. Some are organized around specific issues, such as human rights, environment or health. They can also provide analysis and expertise (Libal, Mapp, Ihrig & Ron, 2011; Killic, Gencdogan, Bag, & Arican, 2013).

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The NGOs either invite themselves or are invited by the SMT, though participants expressed disappointment about the role of the DBST in supporting schools in advancing quality care and support. Participants were unanimous in echoing the sentiment that SMTs in their respective schools are supportive in helping the victims of sexually abused or any other issue that affect teaching and learning. The SMT is able to provide leadership, time and resources, but for it to fulfil its mandate it needs to work as a collective or as a team.

This brings about group cohesion. (Carron & Brawley, 2000; Gill, 2012). It is expected that SMTs that have group cohesion tend to perform better.

6.5 QUALITY OF CARE AND SUPPORT BY THE SCHOOL

The majority of the participants reported that the learners perceived the school as being a second home, due to the quality of care and support provided by the teachers. With incest and rape tending to happen within the family and community context, some children felt safer at school, regarding it as not only a venue to study but also a place in which they lived for almost half of their schooling hours during 12 formative years of childhood. The entire child, that is, (body, mind, heart and soul), is immersed in the school environment and is dynamically interacting, influencing, and being influenced by its various aspects (Bode & Goldman, 2012). This environment may be safe, nurturing, supportive, and stimulating to one or more aspects of the child's personality. It appears that the learners feel emotionally safe at school and thus the school was able to provide them with emotional support, namely the advancement of empathy, concern, affection, love, trust, acceptance, intimacy and encouragement. Emotional support can make a great difference to the sexually abused child and it is the basic element of quality care and support (Gifford et al, 2010).

Quality of care and support involves taking practical steps to ensure that the child gets help (Webber et al, 2017), doing what is in the best interest of the child. Even though schools try their best to provide quality care and support, they rely on external help to support victimised children. That their role is limited to containment and referral might be due to the limited resources they have at their disposal, with the potential to compromise the quality of care. Despite these challenges these schools are able to extend their help to include parents who need guidance and support regarding their children who have been sexually abuse. The family and the school systems worked well together but the most important step to be taken is to build these relationships positively and see they are effectively managed (Ghihotto & Mazzoni, 2013).

The frequency of support depended on the nature and the severity of the CSA case, the most important point to consider is that the supported child is referred to the relevant

support structure and that parents are frequently consulted throughout the process. Parents have an important role in helping their children recover from sexual abuse but may require continuous support. They should be encouraged to spend time with their children, and accept that they may be acting differently. They can be taught to respect their children's wishes and be sensitive to their emotional needs (Han & Kim, 2016).

The findings show that the issue of sexual abuse should be handled with great care and sensitivity and sexually abused children are broken. Meeting the care and treatment needs in humanitarian settings requires technical expertise and coordination across all relevant sectors. Child survivors have a profound need for care and treatment that is appropriate to their age, cultural context, psychological symptoms, and the type of abuse. With CSA, special investigations must be carried out, such as specimens taken for forensic evidence. Also, the child may have been exposed to sexually transmitted infections (STIs) , such as HIV/AIDS. Treatment for STIs is usually given when test findings show that the child has an infection. Parents or caregivers should be counselled about the potential risk of the child having been infected with HIV (Godbout, et al, 2014). The caregiver will be asked for his/her consent for an HIV test to be conducted on the child.

CSA affects the child emotionally and he or she needs to be strong under difficult circumstances (Gilbert, Sawyer, & McNeill, 2011). Many cases of CSA go undisclosed and when a child does disclose, society's discomfort with sexuality can lead to an inadequate or ineffective response. However, education and training can help prevent sexual abuse and aid recovery. Though CSA is a grave violation of a young person's rights and brings the risk of many adverse health conditions, recovery and healthy adult life are possible.

Finally, that prompt reporting of child abuse cases was reported by the majority of the participants shows they are prioritised. This can be considered as the aspect of quality care and support, involving other stakeholders such as the police, Departments of Health and Social Development and parents. Collaborative consultancy between these structures is of utmost importance and as all aspects of the problem may be tackled comprehensively as found in Anderson (2016).

It should be noted that the nature of the quality of care provided by the schools as reported by the participants includes reporting, referral, identification of sexual abuse, counselling,

sexuality education, life skills and efforts to strengthening resilience. Reporting involves report writing and reporting to the relevant agencies such as the police and the Department of Social Development. The Department of Social Development has a responsibility to ensure that the social welfare of the child is catered for, with counselling for the child and family as appropriate. Referral is usually made to the Department of Health for medical examination and treatment. Mathews, et al (2016) however noted that the current practice in South Africa does not live up to these expectations and as a result adequate recovery of children is not promoted. There is a need for a sense of urgency and commitment in dealing with victims of sexual abuse as they have not received adequate support and are at risk of developing psychological difficulties. This study further shows that schools are able to identify cases of sexual abuse as some of the participants had been workshopped on CSA. They have been trained to identify signs and symptoms and to offer basic counselling. It is important to identify CSA early to prevent serious medical and psychological complications.

Sexually abused children usually encounter post-traumatic stress disorder (PTSD) and as a result counselling is highly recommended (Chouliara & Narang, 2017). The current study shows that participants were able to offer basic counselling, so the sexually abused children in the schools that participated in this study had access to good listeners who supported them and approached them in a non-judgmental manner. Abused children need love and understanding. According to Phasha (2009), counsellors in the African settings need to adopt holistic approaches such as involving parents, community and other relevant institutions rather than work in isolation. The counselling practices should be grounded in African values which are characterised by collective community responsibility and schools are an integral part of the community system. This can be emotionally draining and result in negative emotional impact. In rendering counselling, therefore, the teacher counsellor's emotional wellbeing needs to be taken into consideration.

Sexuality education and life skills featured prominently across the groups as a powerful preventative mechanism. The DoE introduced a subject known as 'Life Orientation,' which seeks to empower the learners with the necessary life skills, such as assertiveness, and also to make them aware of sexuality issues. It appears that the teaching of this subject is problematic for some teachers and as a result, they try to avoid certain aspects of the

subject, such as sexual abuse and other health-related topics. According to Phasha (2009, p.197), “many teachers prefer not to handle such topics, rather they wish to have them dealt with by the school nurse or the police.”

It emerged that the majority of the participants were engaged in the strengthening of resilience among the sexually abused learners. Children who are sexually abused experience a sense of hopelessness and helplessness, leading to a loss of interest in social and academic activities. The child withdraws from social activities and may exhibit suicidal tendencies; the consequences might manifest themselves in the form poor academic performance. Resilience is critical to children who have been sexually abuse, and according to Phasha (2009), it appears to be one of the neglected topics or areas in literature within the South African context. The role of the teacher in helping the child to achieve resilience and overcome the negative impact of CSA is critical (Phasha, 2008). Tangible, emotional and informational support can enhance resilience in the sexually abused child.

6.6 CHALLENGES OF QUALITY AND SUPPORT

In line with the previous studies (e.g. Mathews et al, 2017) the findings of this study showed that care and support for children with intellectual disabilities who have been sexually abused remain encompassed by challenges. One of the challenges that featured prominently in the findings was the lack of understanding of intellectually disabled children. The findings indicated that there is a belief that intellectually disabled children invited sexual abuse, even to the extent of consenting to and enjoying it. This shows ignorance of intellectually disabled children in that disability can increase vulnerability to abuse (Sullivan & Knutson, 2000). According to findings of Sullivan and Knutson (2000), types of disability, children with behaviour disorders and children with intellectual disabilities were at increased risk for all three forms of abuse, namely, neglect, physical abuse and sexual abuse, compared to those children with other types of disabilities, namely, speech/language disorders, hearing impairments, learning disabilities, health impairments and Attention Deficit Disorder.

Factors that lead to this lack of understanding of children with intellectual disabilities could be absence of continuing professional development. If teachers are more enlightened and properly trained in care and support activities, such developments would result in better understanding of the child and the prevention of misconceptions. Sexual abuse is degrading, a violation of dignity and traumatic. The victim is violated and therefore cannot be perceived to be enjoying the experience. It is illegal and a criminal offence (Pillay, 2012).

The criminal justice system can be ineffective at times, with ignorance and incompetence identified as some of the challenges. The criminal system can be ineffective at times, with ignorance or incompetence encountered in care and support provision. Most of the participants were generally critical of the role played by the police and their interaction with the police in terms of the management and handling of sexual offences relating to children with intellectual disabilities had been a frustrating experience. According to Banks and Gallagher (2009), there is a need for police personnel to be adequately empowered when intervening in cases involving children with disabilities and this study also demonstrated that ignorance exists and cases are not prioritized. This has resulted in cases being thrown out of the court with lack of proper investigations; therefore, it would make sense for court processes and evidence delivery mechanisms in the case of people with intellectual disabilities to be re-examined (Pillay, 2012). There is some evidence that, in a number of countries, the rights of disabled children are not upheld within criminal justice systems, particularly in terms of investigative practices.

Lack of training and development and lack of awareness about children with intellectual disabilities among the police could be regarded as the result of ignorance. There is therefore a need for targeted training for police personnel, which requires active support from the senior police management and a political will. The sexual violation of children with disabilities is a human rights issue as they have a right to legal protection and safety and security. Training and development for police personnel in relation to children with disabilities should be given serious consideration and efforts made to raise the consciousness of the police about the plight of victims of child sexual violence.

Adding to the challenging nature of the criminal justice system, the participants felt that the current policies were inadequate or ill-informed and did not appear to be responding

to the needs of the intellectually disabled child. They felt that the people who drafted policies had no idea of the children with whom they were dealing, a state of affairs that had the potential of compromising the quality of care, as policy should be dictating. This can make it difficult to include children with intellectual disabilities who have a history of sexual abuse. The White Paper 6 (Department of Education, 2001), which advocates inclusive education and training appears silent on the question of quality care and support for such children, but rather it outlines a broad framework for establishing inclusivity and lists the steps to be taken to build an inclusive system.

According to the participants, the schools did not have policies that should be guiding them in terms quality of care and support provision, especially for children with intellectual disabilities. They appeared to have no official policy document to refer to, which explains why the study revealed unstructured and uncoordinated responses when dealing with cases involving sexual abuse. The White Paper 6 (Department of Education, 2001) was in the process of being revised and hopefully the revision would result in the closing of this gap. This process promises to give hope to special schools, as they will be required to have a strong representation. This would be an opportunity for them to raise their issues and needs.

Peer influence and peer pressure were identified as factors that could lead to sexual abuse; thus complicating the quality of care and support. The participants felt that these children were guided in the wrongly by their peers and in the process were sexually abused. They are generally friendly, kind, loving and have a sense of humour; loving innocently. It is contended that peer relationships can be a breeding ground for abuse and the intellectually disabled child does not know to what he or she is being subjected. For children and adolescents, peers become an important source of social approval; perhaps, the most important, and can dispense powerful rewards for holding certain attitudes or behaving in certain ways, such as using drugs or engaging in unprotected sex (Aronson et al, 2007).

The SBST, which is a custodian of care and support, needs to be given the space and resources to do its work and be encouraged to have its members' contributions appreciated. Participants from two of the three schools felt they were working under

difficult conditions with minimal support. Employees were aggrieved and felt that their conditions of service did not provide them with space to provide care and support that was effective and productive. Children suffer; so, it is important for the conditions of service to be improved.

The team needs to be appreciated and supported for it to fulfil its mandate of quality care and support provision. Lack of stable care due to poor conditions of service is putting thousands of children at heightened risk as they will not be motivated to give their best, resulting in compromised quality of care and support. The needs of children who have experienced childhood sexual abuse would not be met. Care and support personnel will feel uneasy and uncomfortable if their conditions of service are sub-standard.

Also, the research findings revealed that the SBST role is not taken seriously or seen as being pivotal. It appeared that the other role players tended to side-line this critical structure and it was not kept informed as it should. This led to feelings of disappointment as the SBST members were the ones who usually deal with these children and refer them to appropriate agencies. SBSTs in South Africa, are tasked with the responsibility of supporting learners in class in terms of how they should assess support and care for learners with difficulties including psychosocial difficulties, such as those caused by child sexual violence. This is a critical structure in the provision of quality care and support. Problems encountered have the potential to compromise the quality of care, which is disturbing as institutions of civil society that work with children should be working closely, collaboratively and consultatively.

It appears that the relevant stakeholders fail to appreciate the important role that is played by the SBST as they are not involved after referral and receive updates from parents or guardians. This is not in line with eco-systemic thinking. In terms of this way of thinking, institutions that support the child should be working together and sharing views and ideas. It is important to recognise that these children are in schools and this therefore makes the schools critical stakeholder in their care and support.

6.7 SUGGESTIONS REPORTED BY TEACHERS FOR IMPROVED QUALITY CARE AND SUPPORT

Training and development was expressed as an area of great need by 20 out of 28 teachers of the participants, who sought more active involvement of the DBST in terms of capacitating the SBST. They wished to be trained in areas such as policies, reporting and referral procedures, identification of CSA, counselling, and sexuality education, and to be empowered in ways of strengthening resilience among the children. They also felt that this training needed to be prioritised for special schools; thus, helping with productivity and job satisfaction. This also emerged in a study conducted by Ghirotto and Mazzoni (2013).

The issue of awareness campaign arose strongly, with the 22 out of 28 feeling that if the members of the community were to be informed about learners with intellectual disabilities in general they would be more likely to understand the problems they were going through and in the process minimise the risk of neglect and child abuse. They would be more sympathetic and have the potential for bringing back the concept of *Ubuntu* (humanity), that is caring about other people as a collective responsibility. It is an African term for a universal concept, being human, valuing the good of the community above self-interest. It strives to help people in the spirit of service, to show respect to others and to be honest and trustworthy. It regards humanity as an integral part of the eco-systems that lead to a communal responsibility to sustain life. *Ubuntu* encapsulates fairness, compassion, and it advances a collective respect for human dignity.

Moving to the question of school-based support services, there was a general feeling among the participants that they needed more support, both from the parents and the SMTs, which could add value to the quality of care and support. Identification of sexual abuse would be easier as psychosocial professionals would be on site ready to assist as professionals in a position to train the school personnel to identify and contain sexual abuse cases. They should be able to empower them with referral skills and since care and support should be a collective responsibility they can even train the school personnel in counselling skills and sexuality education. The SBST is usually a small structure made up of people who have what is in the best interest of the child and have the requisite skills. This group requires group cohesion to function optimally (Gilbert, Sawyer, & McNeill, 2011).

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It is important to note that the majority of the participants again raised the critical question of parental involvement for improved quality care and support. Parents are critical in care and support provision as they know their children and can usually see if there is something wrong. They can provide useful information for effective intervention so should be empowered with identification skills on what to do when they encounter sexual abuse, including counselling skills and sexuality education. Parents belong to families and families form an integral part of the community system (Goodwin, 2003).

Regarding recruitment of the DBST officials, participants across groups felt that the DoE should recruit competent personnel. The majority were critical and felt that the recruited personnel lacked practical knowledge and experience of children with intellectual disabilities. They had no confidence in the officials, evidence that the advice and information from them would be viewed with suspicion. The recruitment process of the DoE is problematic and needs to be improved, according to the participants. Also, sound advice or informational support can give a sense of relief to many people suffering from psychosocial distress due to social evils such as CSA. This can assist in decision-making and dealing with the problem (Gilbert, Sawyer & McNeill, 2011; Gougeon, 2009).

It is pertinent at this stage to turn to the issue of visiting health and psychosocial professionals and it became evident from the participants' responses that they saw the question of visiting health and psychosocial professionals as a viable option, especially in the absence of adequate support from the DBST and lack of school-based support services. The practice of having visiting health and psychosocial professionals was prevalent before the new political dispensation, as they wished this practice would be brought back. Schools in South Africa used to be visited by school nurses, school doctors and optometrists and social workers, who were instrumental in the early identification and prevention of health, social and learning difficulties.

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6.8 EVALUATION OF OWN QUALITY CARE AND SUPPORT

The participants across groups were generally happy about the quality of care they were providing. They however acknowledged that there was room for improvement, by so doing such that means they were reflective practitioners and so capable of learning from their mistakes and aware of their strengths and weaknesses. They were quick to point out that they did not feel completely empowered to deal with sexual abuse, which explains why referral appeared to be a viable option. It was also evident from the majority of the participants across groups that there was a need for more support services such as social work and psychological services.

6.9 CONCLUSION

This chapter discussed the findings in relation to the literature and theoretical framework. The study relied on verbal accounts of the SBST members, who shared their real life experiences. The focus group discussions gave the participants an opportunity to speak freely about the excitement and challenges that affect the quality of care. This chapter started by examining the existence of CSA and was followed by discussion and examination of the common forms of sexual abuse. Teachers are change agents and therefore this chapter critically discussed their suggestions for improved quality care and support. It concluded by discussing evaluation of quality of care and support. I am of the view that the participants gave an honest and balanced evaluation.

The next chapter will provide a summary of the most important findings, recommendations, conclusion and strategies for improved quality care.

CHAPTER 7:

SUMMARY OF FINDINGS, GUIDELINES FOR IMPROVED QUALITY CARE AND SUPPORT, RECOMMENDATIONS AND CONCLUSION

7.1 INTRODUCTION

CSA is an abuse of trust, power and authority that may cause serious, short-term and long-term trust for a child, and sexual abuse of individuals with intellectual disabilities is a worldwide problem. South Africa's levels of violence against children are among the highest in the world, with tens of thousands of children being victims of abuse, neglect and exploitation every year, the offenders often going unpunished (UNICEF, 2005). To date, care and support services for learners with intellectual disabilities in South Africa is problematic, despite robust legislative and policy frameworks that promote their rights, and the availability of agencies charged with the responsibility to ensure quality in-service provision, such as mental health societies.

Generally, the nature of school-based care and support for sexually abused persons with disabilities is unknown in South Africa due to the scarcity of research and disability issues often being defined mainly within a health and welfare context. Analysis of the current South African literature on services for sexually abused people with intellectual disabilities reveals a focus on psychological issues without broadening the research scope to include the quality of care of this group. An example of this is the contribution by Foxcroft and Roodt (2006).

This study has sought to investigate the nature and the quality of care and support for children with intellectual disabilities who have a history of sexual abuse. A legislative and policy framework that is relevant was reviewed followed by extensive review of local and international literature with a qualitative approach followed and data collection undertaken through focus group discussions. The key informants were the members of SBSTs, custodians of care and support within the school context. The research enabled the

participants to relate their experiences without fear regarding the quality of care and support and the challenges encountered in the process of care and support provision.

Specifically, this study attempts to achieve the following objectives:

- To identify and describe the nature of care and support services for the intellectually disabled learners with a history of sexual abuse
- To examine the quality of care and support
- To identify and explain the challenges of care and support
- To suggest strategies for quality care and support

7.2 SUMMARY OF THE MOST IMPORTANT FINDINGS

This section presents a summary of findings on the relevant legislative framework, literature study and empirical investigation.

7.2.1 Literature study findings

Care and support is an aspect of inclusion. Inclusion or inclusivity in education and society is a human rights issue. Inclusion has been directly advocated since the Universal Declaration of Human Rights in 1948 and has been acted on at phases in a number of key UN declarations and conventions.

7.2.1.1 Salamanca statement and Framework of Action (1994)

Inclusive education is concerned with delivering “education for all,” a concept first given consideration in Salamanca, Spain, in 1994 in a conference attended by 300 delegates and 35 international organisations. One of the important principles of the Salamanca Statement and the Framework for Action was that learning is not a privilege but a right that

should be enjoyed by all children, as a diverse community unique in nature. Interventions aimed at helping these children should recognise this diversity and educational programmes should be designed in such a way that they meet their needs in order to build an inclusive society ((Anusha & Raval, 2016).

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The Salamanca Statement prioritises the right to inclusive education of disabled people, and with the Framework for Action, parental, community and organisational participation is critical for the successful implementation of 'education for all.' Parental involvement is therefore critical as parents cannot care and support children alone, but rather they need community involvement, in line with the African adage that says 'it takes a community to raise a child,' and in line with *Ubuntu*. The guiding principle is that schools should accommodate all learners, irrespective of their disability or socio-economic status, and be challenged in becoming inclusive. They need to be transformed and teachers to be trained as Inclusive education is about responding to the diverse needs of the learners. In inclusive educational learning environments, learners with special educational needs would be able to receive extra support (Mukwambo et al, 2014).

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7.2.1.2 The United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (CRC) was adopted and opened for signature, ratification and accession by the United Nations General Assembly through resolution 44/25 on 20 November 20, 1989 and came into force on 2 September, 1990. The Convention was the first legally binding international instrument to incorporate the full range of human rights, namely, civil, cultural, economic, political and social. It has faced some challenges in terms of its implementation, and McCafferty (2017) argues that the implementation of Article 12 in particular has proved problematic due to theoretical, practical and ethical challenges.

At children's social policy level, the CRC seems to have had a great impact worldwide in terms of advancing the welfare/wellbeing of the child. It is evidently a transformative document which has already improved the lives of millions of young people worldwide. The child's right to participate and to have protection are included in several provisions and one of the strengths is its capacity to accommodate largely diverse contexts. The emergence of the CRC has seen the widespread reform of law with regards to children internationally (Forlin, 2006).

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7.2.1.3 African Charter on the Rights and Welfare of the Child

The African Charter on the Rights and Welfare of the Child entered into force in 1999 and was adopted by the African member states to protect the rights and welfare of the African child, faced with exposure to violence, lack of education and learning opportunities, poor socio-economic conditions and unjust traditional and cultural practices. All these factors make the inclusion of learners with special educational needs difficult to achieve. The Charter also stressed the importance of access to health services and article 14 in particular stated that every child should enjoy the best attainable state of physical, mental and spiritual help or wellbeing. Care and support included the provision of health services and an inclusive school was to be able to facilitate access to them (Gifford, Wells, Bai, Troop, Miller & Babinski, 2010). The government and private sector were to work together in the provision of such service, with a healthy child more likely to benefit from the teaching and learning activities and an unhealthy one more likely to miss out at school due to absenteeism. This study is on school based care and support for the intellectually disabled children who have experienced CSA and so is critical in helping to understand CSA as a health issue that happens within the family, school and community contexts, Contrary to Article 16 which states that children should be protected from child abuse.

7.2.1.4 White Paper 6: Building an Inclusive Education and Training System

South Africa has taken remarkable steps towards the implementation of inclusive education and this is guided by the universal principles of human rights. The WP6 is based on human rights principles as enshrined in the Salamanca Statement and the CRC to address the diverse learning needs of all learners. There have been several government initiatives aimed at restructuring and strengthening the general curriculum, including the introduction of a new curriculum to accommodate a diverse range of system and learner needs such as care and support. In terms of implementation of inclusive education, South Africa has put aside resources and systems as well as training and development initiatives.

7.2.1.5 South African Constitution (1996: Bill of Rights)

In a country in which human rights feature prominently in discourse about human identity, as in the South African constitutional and legal framework, many wrongs continue to be inflicted upon children. Categories include poverty, patriarchy and gender violence, socialised obedience, dependency and silence of women and children, each creating conditions in which abuse can occur, often with few consequences. South Africa has high rates of sexual abuse of children but whilst progressive rights-based legislation exists to protect them, it is not adequately supported or resourced by services to fulfil the provisions. Child abuse and neglect will not be significantly reduced without simultaneous improvements in the social and economic conditions in which large numbers of children live (Naiker, 2001).

7.2.1.6 Children's Act

The Children's Act aimed to support a developmental approach by legally empowering social workers and caregivers to provide a wider range of services than those governed by the Child Care Act 74/1983, for example, provision for state-funded prevention services. The role of the children's courts was also extended in that they were accorded a supplementary power to mandate services essential to specific children. Although the

children's courts could still order compulsory removals of children in the most serious cases this would be a last resort rather than involving the preoccupation of children's courts as under the Child Care Act of 1983. The children's courts have thus been transformed into authoritative organs for making important service delivery decisions about which children are most in need of precious welfare resources. The Act required social workers to operate in conjunction with children's courts to provide developmental services because they were seen as strongly oriented towards assisting families or communities to care for vulnerable children.

Although the Children's Act strengthened entitlement to a wide range of care services for vulnerable children there were some important omissions in its coverage, notably the role of local government not having been specified on its importance as part of a community-care approach in South Africa. Local government is critical in the rendering of services as it has the ability to provide the infrastructure and resources required for children's care and support services.

7.2.1.7 CSA: An international Picture

The following is a summary of CSA as an international problem:

- A study conducted in Australia showed that girls are more likely to be abused than boys and that more attention is paid to girls (Mathews et al, 2017).
- Moore et al (2010) investigated the existence of childhood sexual abuse and adolescent unwanted sexual contact among boys and girls living in Victoria, Australia. It was found that CSA was significantly more prevalent against girls than boys.
- Pereda et al (2016) found existence of CSA among Spanish adolescents was greater among girls than boys.
- The United Kingdom is not immune from CSA, but the extent of its existence remains unknown. According to a study conducted by Oaksford and Frude (2001) among female university learners, a significant number of respondents had been sexually abused in childhood.

- CSA has been found to have more devastating effects on the psychological wellbeing of the victims in Denmark (Eklit, 2015).
- Canada is one of the countries that has seen a decline in the cases of CSA (Shields, Tonmyr & Hovestad, 2016).
- India has one of the largest populations in the world and yet is one of the countries that is being affected by CSA (CSA). Literature search reveals that not much research has been done on the incidence and existence of CSA in that country (Chouliara & Narang, 2017).
- Pineda, Trujilo-Hernandez, Millan-Guerrero and Vasquez (2009), investigating the existence of childhood sexual abuse among adolescents in Mexico, found that CSA was more prevalent among girls than boys.
- In Japan, less is known about the epidemiology of CSA (Tanaka, Suzuki, Aoyama, Takaoka, 2017).
- Croatia has a low incidence rate of CSA. The study by Ajdukovic, Susac and Rajter (2013) revealed that 10.8% of children experienced a form of sexual abuse and more girls were affected by CSA than boys.
- In Cyprus, CSA was perceived to be a major health problem (Karayianni, Fanti, Diakidoy, Hadjicharalambous & Katsimicha, 2017). This supported previous findings in Europe that 20 percent of children might experience sexual abuse.
- CSA is also a major problem in Germany with child sex tourism (CST) a major problem indicated by a study conducted by Koops, Turner, Neutze and Briken (2017). Again, the girl child seemed to be more affected than the boy child.
- Deaf children, according to a study conducted in Norway, might have a two to three times greater risk of sexual abuse than hearing children (Kvam, 2000).
- In China, CSA is increasing at an alarming rate and schools do not appear to be prepared to deal with the problem (Liu & Su, 2014).
- Saudi Arabia is one of the countries confronted by the problem of CSA and attempts are being made to involve parents in the prevention and care of children who have been sexually abused (Eljaay & Bakarman, 2015).
- CSA in Liberian schools was found to be more prevalent among learners (Postmas, Hoge, Davis, Johnson, Koechlein & Winter, 2015).

- The UK is not immune from CSA but the picture seems to be different from the rest of the world, notably in boarding schools, the main perpetrator being the teacher and mainly directed at boys (Braw, 2014).

7.2.1.8 CSA: An African Picture

The literature study reveals that CSA is rife in Africa, as indicated by the following studies:

- In a study conducted in Tanzania it was found that 30 percent of females and one percent of males were experiencing some form of CSA (Vagi, et al. 2016).
- Zimbabwe is not immune from CSA and is considered as a public health concern, prevalent in poorly resource areas (Mantula & Saloojee, 2016).
- In Malawi the number of children presenting with suspected sexual abuse has been increasing at an alarming rate (Mason & Kennedy, 2014).
- CSA findings in psychosocial scars. Wondie, Zamene, Tafesse, Reschke and Schroder (2011) investigated the psychosocial consequences of CSA in Ethiopia.

7.2.1.9 CSA in South Africa

The literature study also reveals that CSA is a major problem in South Africa, particularly among female learners with mild intellectual disability (Phasha & Nyokangi, 2012), driven by high levels of gender-based violence and underscored by structural and social factors (Mathews et al, 2016). According to Bhana (2015), it tends to occur in schools located in areas of extreme poverty with limited resources.

7.2.1.10 Child Abuse and Intellectual Disability

The literature study shows that children with intellectual disability tend to be affected the most. Children with disabilities are three to four times more likely to be abused or neglected than their typically developing peers (Murphy, 2011). It has been established internationally that CSA is increasing at an alarming rate among children with intellectual

disabilities (Euser et al, 2015; Stoltenborgh, Ijzendoorn, Euser & Bakersmana-Kranenburg, 2011). Research indicates that children with intellectual disabilities appear to be subjected many types of victimisation, most notably CSA (Westcott & Jones, 1999; Wissink et al, 2015).

7.2.1.11 Care and support provision for children with intellectual disabilities who have been sexually abused

The literature study reveals that care and support for people with intellectual disabilities who have experienced sexual abuse is problematic and as a result it is difficult to understand its nature .According to Dessemontet, Bless and Morin (2012), t appears to take place in homes or community-based facilities and best advanced in inclusive educational settings. The current educational systems offer limited opportunities (Servais, 2006), a worldwide phenomenon which is changing only gradually. The alternative to this is to advance inclusivity in education with provision for services for all learners aimed at enhancing the quality of life and education. South Africa has prioritised inclusive education and established full service schools that are inclusive in nature, with resource centres whose function is to support ordinary schools.

Caring and supporting children with intellectual disabilities should comprise a coordinated and integrated approach to meet their sexual health needs (Servais, 2006), as recognised worldwide. As part of communities, they inevitably form relationships with people who can take advantage of them (Servais, 2006), and they face problems of unwanted pregnancies and sexually transmitted diseases. They have few opportunities to learn about safe sexual behaviour because they have limited access to information and difficulties in retaining new information. Sexual health services and support must meet the needs of the intellectually disabled people, as they are a vulnerable community.

7.2.2 Empirical investigation findings

The sexual abuse of children with intellectual disabilities is a distressing and difficult area of safeguarding practice that demands a coherent and consistent response. During this study it emerged that they are vulnerable to sexual abuse, mainly perpetrated by the trusted members of the community, including the family. Although sexual abuse among children with disabilities is prevalent, it has not received the attention of policymakers, practitioners, advocates, or community members.

7.2.2.1 Existence of sexual abuse

While research demonstrates high rates of sexual abuse among children with intellectual disabilities, the full extent of the problem, such as incidence and existence, is unknown. Studies that do exist generally focus on specific disability types, for instance, intellectual or mental health disabilities, use varying definitions of sexual abuse and measures of disability, drawing their samples from specific settings such as hospitals, and often use samples lacking racial or economic diversity (Mantula & Saloojee, 2016; (Strieker, Logan & Kuhel, 2012).

7.2.2.2 Common forms of sexual abuse

Incest, non-consensual vaginal penetration (rape) and sexual harassment featured more prominently in this study. Sexual abuse activities such as child prostitution, having sex in front of the boy child by the mother and boyfriend and pornography were reported in one school. There are various reasons or factors that make children with intellectual disabilities vulnerable to sexual abuse, notably certain risk factors that place children with intellectual disabilities in an especially vulnerable position that increases the likelihood of being sexually abused. These include social powerlessness, communication skill deficits, diminished ability to protect oneself due to lack of instruction and/or resources and impaired judgment, such as inability to detect who is it safe to be around.

Incest was reported as one of the common forms of child abuse experienced by the children from schools that participated in this study. In the schools under study, it usually took place outside the school environment. Participants also identified sexual harassment as one of the major sexual abuse activities confronting their schools.

Pornography also emerged as one of the sexual abuse problems in the schools that participated in this study, that is, sexually explicit material intended to sexually arouse. In terms of the present study and as reported by one of the participants, child prostitution was another problem that confronted their school.

7.2.2.3 Support structures

Most schools in South Africa are supported by SBSTs, NGOs and SMTs, with the first of these expected to facilitate primary intervention in addressing barriers to learning such as CSA. The SBST within the education system in South Africa is expected to be capacitated by the DBST, the key function of which is to assist education institutions, including early childhood centres, schools, further education colleges, and adult learning centres, to identify and address barriers to learning and promote effective teaching and learning.

The participants felt that the DBST was letting them down, and that the support they received was inadequate, doubting the credentials of the district officials. The unhappiness of the participants towards the DBST can affect the quality of care and support as participants and DBST members are supposed to work together. The DBST is supposed to be supporting and empowering SBSTs to provide quality care and support. Since the DBSTs appear to be overwhelmed, their interventions have been supplemented by the NGOs. Participants were encouraged by the work of the NGO movement as instrumental in the management of CSA cases, able to provide counselling, life skills and in some instances able provide tangible advice and informational support regarding issues that affect children suffering sexual abuse.

Although participants expressed disappointment about the role of the DBST in supporting schools to advance quality care and support, they were unanimous in echoing the sentiment that SMTs in their respective schools were supportive in helping the victims of sexual abuse or other issues that affected teaching and learning. The SMTs were able to

provide leadership, time and resources. In order for this team to fulfil its mandate it needs to work as a collective.

7.2.2.4 Nature and quality of care and support by the school

The majority of the participants reported that the learners perceived the school as being a second home, due to the quality of care and support provided by the teachers. Incest and rape tend to happen within the family and community context and some children do not feel as safe at home as they do at school. The latter is more than just a place in which they study but rather as a place in which they live for half or more of their schooling hours during 12 formative years of childhood. It appears that the learners felt emotionally safe at school, which provided them with emotional support. Proponents of social support theory maintained that emotional support was the advancement of empathy, concern, affection, love, trust, acceptance, intimacy and encouragement. Emotional support can make a significant difference to the sexually abused child and is the basic element of quality care and support.

Quality of care and support involves taking practical steps to ensure that the child receives help in the best interest of the child. Although schools try their best to provide quality care and support, they apparently rely on external help and support, as when wanting to support the victimised children. The frequency of support depended on the nature and the severity of the CSA case, and the most important point to consider is that the supported child was referred to the relevant support structures and that parents were frequently consulted throughout the process. Parents have an important role to play in helping their children recover from sexual abuse. Their role in helping their children recover is crucial.

CSA is a sensitive subject and findings show that the issue should be handled with great care and sensitivity. Sexually abused children are broken; so, meeting the care and treatment needs of child survivors in humanitarian settings requires technical expertise and coordination across all relevant sectors. Child survivors have a profound need for care and treatment that is appropriate to their age, cultural context, psychological symptoms, and type of abuse.

Finally, prompt reporting of child abuse was reported by the majority of the participants, showing cases were being prioritised, an aspect of quality in terms of involving other stakeholders such as the police, Departments of Health and Social Development, and parents. The quality of care provided by the schools as reported by the participants included reporting, referral, identification of sexual abuse, counselling, sexuality education, life skills and efforts to strengthening resilience. This study further shows that schools were able to identify sexual abuse and as some of the participants had been workshopped on CSA, and trained to identify signs and symptoms and offer basic counselling. It is important to identify child sexual early to prevent serious medical and psychological complications. This result therefore is encouraging and indicates that the participants were reasonably knowledgeable about CSA.

Sexually abused children normally encounter PTSD and as a result counselling is usually recommended, and the current study shows that participants were able to offer basic counselling. According to Phasha (2009), counsellors in African settings must adopt holistic approaches such as involving parents, community and other relevant institutions when dealing with survivors of sexual abuse, rather than work in isolation. This means that counselling practices should be grounded in African values which are characterised by collective community responsibility helping make it less emotionally draining than when offered in isolation. Sexuality education and life skills featured more prominently across the groups, potentially a powerful preventative mechanism introduced by the Department of Education.

Finally, it also emerged that the majority of the participants were engaged in the strengthening of resilience among sexually abused learners. Children who are sexually abused usually experience a sense of hopelessness and helplessness and according to Phasha (2009), resilience has been one of the neglected topics or areas in literature within the South African context. The role of the teacher in helping the child to achieve resilience and overcome the negative impact of CSA is critical (Nyokangi & Phasha, 2016).

7.2.2.5 Challenges of quality care and support

Care and support for children with intellectual disabilities who have been sexually abused remains a major problem and the findings this study revealed that quality of its provision was problematic. Several challenges were encountered during the focus group discussions, notably lack of understanding of the victims and poor professional development. The majority of the participants had been teaching in the same schools for a considerable time and showed little interest in furthering their studies.

Incompetence or ignorance within the criminal justice system was identified as one the challenges encountered in the care and support provision. Most participants were generally critical of the role played by the police, with whom interaction on the management of and dealing with sexual offences relating to children with intellectual disabilities had been a frustrating experience. This resulted in cases being thrown out of the court because of the lack of proper investigations, whilst training and development on the issues could be regarded as a result of this ignorance. There is therefore a need for targeted training for police personnel.

Adding to the challenging nature of the criminal justice system, the participants felt that the current policies were inadequate or ill-informed. They did not appear to be responding to the needs of the intellectually disabled child and felt that the people who drafted policies had no idea of the children with whom they were dealing. According to the participants, the schools did not have policies that should be guiding them in terms quality of care and support provision, especially for children with intellectual disabilities. They seemed to have no official policy document to refer to, the study revealed unstructured and uncoordinated responses when dealing with cases involving sexual abuse.

Peer influence and pressure were identified as a factor that could possibly lead to sexual abuse, thus complicating the quality of care and support. The participants felt that the children were guided in the wrong direction by their peers and in the process they were sexually abused.

Finally, the research findings revealed that the SBST's role was not taken seriously or seen as being pivotal. It appeared that the other role-players tended to side-line this critical

structure and it was not kept informed, leading to feelings of disappointment as the SBST members were the ones who usually dealt with the children and referred them to appropriate agencies

7.2.2.6 Suggestions reported by teachers for improved quality care and support

The following suggestions were made by teachers to improve the quality of care and support for children with intellectual disabilities suffering CSA.

- Training and development was expressed as an area of great need by the majority of the participants, as they sought more active involvement of the DBST in terms of capacitating the SBST. They wanted to be trained in areas such as policies, reporting and referral procedures, identification of CSA, counselling, sexuality education and empowerment in ways of strengthening resilience among the children. They also felt that this training needed to be prioritised for special schools.

- The issue of awareness campaign came up strongly, with the majority of the participants feeling that if the members of the community were made conscious about learners with intellectual disabilities they would be more likely to understand the problems through which they were going through and in the process minimise the risk of neglect, physical and child abuse.

- Moving forward to the question of school-based support services, there was a general feeling among the participants that these needed to be considered as adding value to the quality of care and support and it being readily available. Identification of sexual abuse would be much easier as psychosocial professionals would be on site ready to assist and in a position to train the school personnel to identify and contain sexual abuse cases, and be able to empower them with referral skills. With care and support becoming a collective responsibility they could even train the school personnel on counselling skills and sexuality education.

- It is important to note that the majority of the participants once again, raised the critical question of parental involvement for improved quality care and support. Parents

are critical in care and support provision as they know their children and usually can see if there is something wrong with them. They provide useful information for effective intervention and can be empowered with identification skills and on what to do when they encounter sexual abuse challenge. They can even be empowered with counselling skills and sexuality education.

It is now opportune to look at the recruitment of the DBST officials. Participants across groups felt that the DoE needs to recruit competent DBST personnel and the majority were critical of its recruitment record. They felt that the recruited personnel lacked practical knowledge and experience of children with intellectual disabilities and showed no confidence in these officials. This implies that the advice and information from them is viewed with suspicion.

It is also important at this stage to turn to the issue of visiting health and psychosocial professionals and it became evident from the participants' responses that they saw the question of the officials as a viable option, especially in the absence of adequate support from the DBST and lack of school-based support services.

Finally, the participants expressed the need for more NGO involvement in improving quality of care and support. It is evident that public schools are not well resourced for support services and there is a persistent need for extra support. NGOs tend to provide advice and informational support and tangible support.

7.2.2.7 Evaluation of own quality of care and support

The participants across school groups were generally happy about the quality of care they were providing but they acknowledged that there was room for improvement. As reflective practitioners, they were thus capable of learning from their mistakes and aware of their strengths and weaknesses. They were quick to point out that they did not feel completely empowered to deal with sexual abuse, which explains why referral appeared to be a viable option. It was also evident from the majority of the participants across groups that there was a demand for more support services, such as social work and psychological services.

7.3 PROPOSED GUIDELINES FOR IMPROVED QUALITY OF CARE AND SUPPORT

The following guidelines were developed to respond to the gap in school-based support and care provision for survivors of sexual abuse within a community context. These strategies bring a much-needed fresh and practical approach to caring for and supporting child survivors and their families, so that they can recover and heal and prevent further abuse from occurring. The goal is to provide care and support workers with a user-friendly tool that offers best practice and guidance for child survivors in humanitarian settings, such as schools. The strategies aim to improve care for child survivors and their non-offending family members, in order to help them recover from and heal after abusive experiences.

Ultimately, it is the responsibility of individuals not to sexually abuse or violate children in any way and for communities to actively engage in the prevention of CSA and safeguard the well-being of children.

Table 7-1 Integrated and comprehensive care and support strategy for sexually abused children with intellectual disabilities

STAKEHOLDER	RESPONSIBILITY	OUTCOMES
SCHOOL	• Identification of sexual abuse • Reporting sexual abuse to the relevant authorities • Referral • School based sexual abuse policy formulation • Sexuality education • Basic counselling • Awareness and advocacy campaigns	• Improved quality of care • Informed and conscientised school community
PARENTS AND FAMILIES	• Care and protection of children • Identification of sexual abuse • Reporting to relevant authorities	• Increased parental involvement • Empowered parents • Improved sexual abuse identification skills • Improved reporting skills
DEPARTMENT OF EDUCATION	• Policy formulation • Capacity-building of school personnel and parents on aspects of CSA • Developing awareness programmes in relation to sexual abuse and intellectual disability	• Guided sexual abuse management processes • Empowered school personnel and parents • Informed school personnel
DEPARTMENT OF SOCIAL DEVELOPMENT	• Provision of psychosocial and counselling services • Victim empowerment • Training of School-Based Support Teams and parents on sexual abuse and on understanding learners with intellectual disabilities	• Empowered victims • Empowered School-Based Support Teams and parents

DEPARTMENT OF CHILDREN, WOMEN AND PEOPLE WITH DISABILITIES	• National policy formulation on issues and rights of children with intellectual disabilities • Monitoring compliance of relevant legislation • Advocacy and awareness	• Informed and effective policy implementation • Improved policy and legislative compliance • Informed and sensitized society
JUSTICE AND POLICE DEPARTMENTS	• Sensitivity to sexually abused children with intellectual disabilities • Trauma debriefing • Gather evidence for the successful prosecution of perpetrators	• Sensitised criminal justice system • Stabilised victims of child sexual violence • Improved prosecution rate
DEPARTMENT OF HEALTH	• Pre-Post Test Counselling • Medical examination and HIV testing • Medical treatment	• Resilient victims of sexual abuse • Early diagnosis and treatment
COMMUNITY	• Protect and support all its members • Advance spiritual development • Advancement of the concept of Ubuntu	• Safe and secure communities • Strengthened faith • Community wellbeing or wellness • Respect for humanity
NGO SECTOR	• Contribution to policy development • Offer counseling and lifeskills services • Development and promotion of programmes on child safety, protection, rights and emotional wellbeing	• Improved policy development processes • Psychologically empowered victims • Increased access to safety, child protection programmes • Recognition and respect of children's rights • Improved child emotional wellness
BUSINESS AND CORPORATE SECTOR	• Finacial support for programmes aimed at dealing with sexual abuse of children with intellectual disabilities	• Sustained interventions • Sensitised and informed workforce

	• Introduction of awareness programmes on sexual abuse and intellectual disability in the workplace	
LOCAL GOVERNMENT	• Delivering of range of services and facilities including infrastructure such as clinics and care and support centres	• Increased access to care and support services and facilities
PRINT AND ELECTRONIC MEDIA	• Sensitisation of society on matters relating to sexual abuse of children with intellectual disabilities through radio, television and newspapers • Sensitive and responsible reporting	• Sensitised society
INSTITUTIONS OF HIGHER LEARNING	• Training and development of care and support to deal with sexual abuse of sexually abused learners with intellectual disabilities • Research on care and support for sexually abused children with intellectual disabilities • Community engagement and outreach	• Increased pool of care and support workers or professionals • Deeper understanding of the care and support issues with regards to children with intellectual disabilities • Provision of more care and support services

7.3.1 School-oriented strategies

School-oriented strategies should target the learners, teachers, school management teams, parents and the support staff. A child is the member of the school community and this means if he or she is sexually abused this should be of concern to all the members of the community, including the parents. Within the context of the schools, programmes and strategies that are aimed at caring and supporting the child are usually led by the SBST. This structure has primary responsibility for training or empowering teachers and parents on issues such as the identification of sexual abuse, an awareness of children with intellectual disabilities, reporting and referral of sexually abused learners. Since this structure normally has expertise, it can also provide sexuality education and basic counselling and be in a position to facilitate awareness and advocacy campaigns. The

activities of the SBST are expected to result in informed and capacitated school and parent communities that are aware of sexual abuse in relation to children with intellectual disabilities. It is also imperative for this structure to formulate school-based policies on matters relating to sexual abuse. The policy framework would be well-placed to guide the practice of quality care and support.

7.3.2 Parent and family oriented strategies

Parents are an important and critical stakeholder in the education of any child and parental involvement and engagement should be enhanced for quality care and support provision. Therefore, it is not the responsibility of the school only to provide quality care, support and protection for the child, but also that of parents and families. Here, collaboration between the school and the family becomes critical, with parents to be trained to identify sexual abuse and be in a position to manage the problem until it is reported to the school and police without, for instance, compromising the quality of evidence. It is vital for the parents to be kept informed throughout the management of the incidents and parents can be critical state witnesses, that is, if they were not themselves, involved in the abuse.

7.3.3 Department of Education involvement

The Department of Education in South Africa manages schools through District Offices and within each district is an established structure called a District Based Support Team. The main responsibility of this structure is to ensure that School Based Support Teams are capacitated in order for them to provide quality care and support, which it should also monitor. It should also be in a position to provide strategic training and development on all aspects of sexual abuse as it affects children with intellectual disabilities. It runs awareness and parental training to complement and strengthen the work of schools. It is evident that increased involvement of the DBST would lead to improved implementation of care and support services and a conscientised parental and school community. Finally, the recruitment and the retention of competent DBST staff who are knowledgeable about

children with intellectual disabilities who have a history of sexual abuse would make a significant difference.

7.3.4 Department of Social Development involvement

CSA is a traumatic experience that normally findings in the child presenting emotional and behavioural complications with counselling and psychotherapy usually required. It is imperative for the Department of Social Development to be involved by the school at the earliest convenience as it can employ professional social workers who can take care of the counselling needs of sexually abused learners. Social workers are trained in understanding and intervening in social problems such as sexual abuse so they can be invited by schools to train the school community and parents in how to identify and manage responses. Most social workers are involved in the lives of children with intellectual disabilities and so have a better understanding of their colleagues. They can help with social grant applications are able to place them in places of safety having removed them from the sexually abusive environment. The increased role of the Department of Social Development would result in empowered parents, learners and the school community

7.3.5 Department of Children, Women and People with Disabilities involvement

The Department of Children, Women and People with Disabilities is a custodian and therefore a critical and a strategic stakeholder. Children with intellectual disabilities have rights, including not being subjected to sexual abuse. Schools should be encouraged to work closely with this department for policy and legislative guidance as it formulates policies at national level. Schools are encouraged to work with it, as they can benefit from its advocacy and organise awareness campaigns and include them in their year plans.

7.3.6 The role of criminal justice system

The current study revealed that the criminal justice system appeared to be failing sexually abused children with intellectual disabilities. Issues such as lack of awareness and inadequate training have been cited as reasons for this failure and the criminal justice system is critical to the successful prosecution of the perpetrators.. Members of the criminal justice system, such as the police, can be invited to schools to give talks on their roles and responsibilities in cases involving sexual abuse. This can change the perceptions of the learners and community in terms of how they view the police and create a harmonious relationship with the school. This may create a perception of the police as accessible and so make it easier for the police to collect evidence from the learners in sexual abuse cases. The result of this undertaking would be a sensitized criminal justice system and increased prosecution rates.

7.3.7 Department of Health involvement

In cases involving child abuse, the child's social, emotional, spiritual and physical wellbeing may be adversely affected. The child may be socially withdrawn because of the stigma attached and might lose faith in humanity. He or she could also feel helpless and hopeless with anxiety of having contracted sexually transmitted diseases such as HIV/AIDS. Here the Department of Health can be strategically involved, and of children are hospitalized they can conduct pre- and post-test counselling for the sexually abused children. They may also conduct medical examinations to establish the extent of the problem in terms of the child's health. Clinical psychologists are as a result able to deal with more serious psychological problems as a result of sexual abuse. For those who are hospitalized, hospitals should be in the position to advance counselling to deal with spiritual issues and medical problems as well. The strategic involvement of this important stakeholder should result in resilient victims and improved treatment, especially early diagnosis.

7.3.8 Community involvement and engagement

It is evident from the findings of the current study that most of the sexual abuse incidences emanated from the community by being not in a position to protect its children; the community should be encouraged to protect and support all its members, especially the vulnerable members, such as children. It should uphold positive values of collective community responsibility and members should be encouraged to see every child as their own. The values of Ubuntu (Humanity) would be upheld and spiritual and traditional leaders should lead awareness initiatives collaboratively and consultatively with the relevant government departments in ensuring safe and secure that communities advance community wellness or wellbeing.

7.3.9 Nongovernmental Organisation (NGO) Sector Involvement

The participants cited the importance of NGOs in care and support provision. Schools complained of lack of resources but NGOs are able to raise funds and help the community. A school forms part of the community and NGOs are able to organise communities around a specific issue (such as CSA) and as a result influence policy development. They are able to offer a range of services such as sexuality education, counselling, and life skills. The involvement of NGOs usually leads to improved policy making processes and empowered communities.

7.3.10 Business and corporate sector involvement

In terms of social support theory, emotional support is insufficient and tangible support is required, notably provision of material resources such as money, goods or services (Forlin, 2006). The business and corporate sectors can be asked to help them and encouraged to support care and support programmes and policies aimed specifically at dealing with sexually abuse children with intellectual disabilities. They can also be encouraged to introduce awareness programmes in the workplace. Schools could be encouraged to

request funds or donations to employ professional care and support services such as social workers and psychologists.

7.3.11 The role of local government

Local government is the arm of the government closest to the people, responsible for service delivery of a range of activities and facilities and local infrastructure, such as clinics and community care and support centres. It should be encouraged to be involved in school-related activities such as caring and supporting learners who have been sexually abused and who have intellectual disabilities. It could be encouraged to make land available to build more care and support centres to support schools and to budget more for the building of care and support facilities and infrastructure. This will inevitably lead to developed care and support services and local infrastructure so that learners would not have to travel long distances to access care and support.

7.3.12 The role of print and electronic media

The power of the media has an extraordinary influence on society, so should be sensitive about child abuse in general, more specifically about sexual abuse of children with intellectual disabilities. It can produce awareness and empowerment programmes by inviting speakers from the relevant stakeholders and report sensitively and responsibly on matters relating to sexual abuse. This can result in an increased awareness and a sensitized society that is vigilant and proactive in prevention e.g. CSA.

7.3.13 The role of institutions of higher learning

Institutions of higher learning in South Africa are mainly involved in three activities, namely, teaching (which includes training and development), research and community engagement and outreach. Since CSA is a national problem and more such cases continue to be reported, institutions of higher learning should be encouraged to train more care and support personnel. Care and support for children with intellectual disabilities can be

integrated in the curriculum of teacher education programmes and these institutions could be encouraged to conduct more research into services for a deeper understanding of the problems. Finally, these institutions of higher learning could encourage their staff to be involved in community initiatives dealing with CSA and care and support issues.

7.4 RECOMMENDATIONS FOR FURTHER RESEARCH

It is evident from the reviewed literature and empirical investigation that care and support services continue to be problematic and that the quality continues to be compromised. Since the topic with regards to sexually abused children with intellectual disabilities has been neglected in South Africa and abroad, I found that there is little literature published on it. This necessitates further research on the quality of care and support of children with intellectual disabilities who have a history of sexual abuse as an aspect of inclusive education. This study found gaps in knowledge regarding the topic and no clear policy guidelines to guide care and support practices within the schools. Further research may be conducted on:

- The role of parents in care and support provision of children with intellectual disabilities who have a history of sexual abuse

- A comparative study with Gauteng and other provinces about how they handle the issue of care and support with regards to children with intellectual disabilities who have been sexually abused

- The development of a care and support model

- The experiences of learners with intellectual disabilities who have a history of sexual abuse

- The nature and extent of collaboration between stakeholders in advancing inclusivity through care and support provision for learners with intellectual disabilities who have a history of sexual abuse

- Benefits of care and support provision for with intellectual disabilities who have a history of sexual abuse

- Factors that influence the quality of care and support with regards to learners with intellectual disabilities who have a history of sexual abuse

- Training and development needs for criminal justice personnel.

7.5 STRENGTHS AND LIMITATIONS OF THE STUDY

Strengths of the study are:

- A strong human rights approach

- The qualitative approach employed allowed the researcher to obtain an in-depth understanding of the problem

- The focus group discussions allowed for the free expression of experiences and this enabled the researcher to acquire rich data

- No other similar study was located in South Africa and beyond. This study could therefore be the first of its kind in South Africa and probably in the world and has therefore provided new insights in terms of the nature and quality of care and support for children with intellectual disabilities who have a history of sexual abuse.

- This study had the potential to contribute to care and support practices and policy formulation processes

As indicated in Chapter 1, limitations of the study are:

- Although the participants were able to share their lived experiences about the quality of care and support, the fact that sexual abuse is a sensitive topic and taboo might have limited some of the responses.

- The study was conducted in one district in the Gauteng Province in South Africa, whereas Gauteng is divided into 15 districts, meaning the findings cannot be generalised to the rest of the province or country, albeit they may be regarded as a significant point of reference

- The researcher was once a DBST member in the district in which the study was conducted but if a neutral person conducted the research in the same district, perhaps the findings might have been different. Although the participants gave their consent it was not possible to know if they were giving their honest opinions

- Anticipated limited literature about care and support with regards to learners with intellectual disabilities might have put the researcher at a disadvantage with regards to designing a methodology for this study.

- As part of the findings for this study, only four themes were identified from over 60 pages of transcriptions. The researcher felt that more themes could have been identified from a rich data of this study.

7.6 CONCLUSION

I am of the view that all the research questions were attended to and that the objectives of the study were realised. It is evident that the SBSTs are doing their best to provide quality care and support despite the challenges. These challenges are not insurmountable, but need the involvement of all the relevant stakeholders in line with ecosystemic thinking. During the course of the study it became apparent that the DBST needs to improve its performance and to be actively involved in school-based activities with regards to quality care and support. It needs to prioritise training and development of SBSTs and to give the schools the necessary attention. It should be noted that some of the suggestions of the participants, such as having school-based support services and visiting health and psychosocial professions, may be difficult to realise due to financial constraints. Schools have a responsibility to engage in fundraising activities as they cannot just look up to the

government to provide everything. Strong school management teams can help schools to be proactive in terms of funding initiatives. Finally, the inclusion of sexually abused learners with intellectual disabilities can only be genuinely achieved through quality care and support provision. This is the goal that all the relevant stakeholders should be trying to achieve.

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APPENDICES

Appendix A: A letter requesting a permission to conduct research in four special schools that fell under the Gauteng Department of Education

Office of the Director: Knowledge Management and Research
9th floor, 111 Commissioner Street
Johannesburg
2CC1
Gauteng Department of Education

Dear Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN FOUR SPECIAL SCHOOLS IN THE GAUTENG EAST DISTRICT

My name is Andile Alfred Mdikana and I am currently registered for a DEd (Inclusive Education) degree at the University of South Africa under the supervision of Prof. TN Phasha and Dr. S. Ntshangase. The title of the study is:

SCHOOL-BASED CARE AND SUPPORT FOR INTELLECTUALLY DISABLED LEARNERS WITH A HISTORY OF SEXUAL ABUSE

Specifically, this study attempts to achieve the following objectives:

- To identify and describe the nature of care and support services for the intellectually disabled learners with a history of sexual abuse
- To examine the quality of care and support
- To identify and explain the challenges of care and support
- To develop strategies for improved care and support

This study will entail focus group interview sessions of about 45-60 minutes with the members of the School Based Support Teams. This research will not interfere with teaching and learning it will take place after school hours. The participation is voluntary and the participants can withdraw any time. An informed consent will be obtained from the prospective participants. A copy of the research report would be made available to you and the research findings would be presented to the participants. Anonymity would be strictly adhered and the names of the participants and the participating schools would not be revealed.

Yours sincerely

Signature

Position: DEd (Inclusive Education) learner

Appendix B: A letter requesting permission to conduct the study from the District Director

15 June 2015

Ms. Maureen Mthimunye

District Director

Gauteng East

Gauteng Department of Education

Corner 2nd Avenue and 3rd Streets

Johannesburg

Gauteng Province

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN FOUR SPECIAL SCHOOLS IN THE GAUTENG EAST DISTRICT

Dear Madam

My name is Andile Alfred Mdikana and I am currently registered for a DEd (Inclusive Education) degree at the University of South Africa under the supervision of Prof. TN Phasha and Dr. S. Ntshangase. The title of the study is:

SCHOOL-BASED CARE AND SUPPORT FOR INTELLECTUALLY DISABLED LEARNERS WITH A HISTORY OF SEXUAL ABUSE

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Yours sincerely

Signature

Position: DEd (Inclusive Education) learner

Appendix C: A letter to the school principals asking for permission to conduct research

15 June 2015

ATTENTION: SCHOOL PRINCIPALS

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN FOUR SPECIAL SCHOOLS IN THE GAUTENG EAST DISTRICT

Dear Madam

My name is Andile Alfred Mdikana and I am currently registered for a DEd (Inclusive Education) degree at the University of South Africa under the supervision of Prof. TN Phasha and Dr. S. Ntshangase. The title of the study is:

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Specifically, this study attempts to achieve the following objectives:

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This study will entail focus group interview sessions of about 45-60 minutes with the members of the School Based Support Teams. This research will not interfere with teaching and learning it will take place after school hours. The participation is voluntary and the participants can withdraw any time. An informed consent will be obtained from the prospective participants. A copy of the research report would be made available to you and the research findings would be presented to the participants. Anonymity would be strictly

adhered and the names of the participants and the participating schools would not be revealed.

Yours sincerely

Signature

Position: DEd (Inclusive Education) learner

Appendix D: Information sheet for participants

Dear Madam

My name is Andile Alfred Mdikana and I am currently registered for a DEd (Inclusive Education) degree at the University of South Africa under the supervision of Prof. TN Phasha and Dr. S. Ntshangase. The title of the study is:

SCHOOL-BASED CARE AND SUPPORT FOR INTELLECTUALLY DISABLED LEARNERS WITH A HISTORY OF SEXUAL ABUSE

Specifically, this study attempts to achieve the following objectives:

- To identify and describe the nature of care and support services for the intellectually disabled learners with a history of sexual abuse
- To examine the quality of care and support
- To identify and explain the challenges of care and support
- To develop strategies for improved care and support

This study will entail focus group interview sessions of about 45-60 minutes with the members of the School Based Support Teams. This research will not interfere with teaching and learning it will take place after school hours. The participation is voluntary and the participants can withdraw any time. An informed consent will be obtained from the prospective participants. A copy of the research report would be made available to you and the research findings would be presented to the participants. Anonymity would be strictly adhered and the names of the participants and the participating schools would not be revealed.

Yours sincerely

Signature

Position: DEd (Inclusive Education) learner

Appendix E: Informed consent form

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

Appendix F: Focus group interview schedule

1. Tell me, how often do you receive incidents of sexual abuse involving learners. In other words how often do you encounter cases of sexual abuse at your school?
2. What forms of sexual abuse are reported? What the kinds of sexual abuse have you experienced at the school?
3. When you encounter a case or cases of sexual abuse, what steps do you normally follow to ensure that the child gets help?
4. What other forms of support are available at school?
5. The school is the second home for children and teachers are known to go the extra mile to ensure that the child feels safe and recover quickly, can you share more about this?
6. Tell me about the quality of care you are providing at school?
7. Are you happy with the quality of care you are providing. Give reasons for your answer.
8. What is good? What is bad about the quality of care you are providing?
9. Tell me about the role of the SMT (School Management Team) in providing quality care and support. How supportive is your SMT when it comes to the management of cases of sexual assault?
10. How supportive is the DBST (District Based Support Team) in the provision of support and care for the sexually abused learners?
11. If you had a chance to do things differently what would you do? What would you recommend? What are your suggestions?

Appendix G: Approval letter from the Gauteng Department of Education

For administrative use:
Reference no.
020121231

GDE RESEARCH APPROVAL LETTER

Date:	8 March 2012
Validity of research Approval:	6 February 2012 to 30 September 2012
Name of Researcher;	Professor T.N. Phasha
Address of Researcher:	P.o. Box 55714
	Arcadia
	0007
Telephone Number:	012 429 8748 1 076 473 0402 1 082 877 4001
Email address:	phashnt@unisa.ac.za
Research Topic:	Sexual violence in schools for learners with special needs
Number and type of schools:	13 1-SEN schools
District]s/HO	Johannesburg South; Tshwane North; Tshwane South; Ekurhuleni East and Ekurhuleni West

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 thet permission has been granted for the research to be conducted.

The following conditions apply to GOE 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:

1 The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would jndicate 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 writing, for permission to involve District/Head Office Officials jn the project.
3. 14 copy of this letter must be forwarded to the schoo} 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.].

[redacted] Making education a societat priorify [redacted]

Appendix **H:** Ethical clearance certificate

UNISA | college of education

MEMO

TO:	PROF VI MCKAY EXECUTIVE DEAN: CEDU
FROM:	PROF TN PHASHA COD: DEPARTMENT OF INCLUSIVE EDUCATION
DATE:	22 MAY 2018
RE:	ETHICAL CLEARANCE FOR MR AA MDIKANA

This is to inform you that Mr AA Mdikana's thesis was part of the project: Improving the quality of access to care, treatment and justice for sexual violence and abuse, which obtained ethical clearance in November 2010. The project leader was Prof Phasha, who was also Mr Mdikana's supervisor for his doctoral studies. It is for this reason he collected data using the ethical clearance letter for the project between 2011 and 2013.

Phasha TN.

Date: 22 May 2018

Prof TN Phasha
COD: Inclusive Education

Date: 22 May 2018

Pr fivl McKay
EXECUTIVE DEAN: COLLEGE OF EDUCATION

UNISA university of south africa

FEEDBACK ON ETHICAL CLEARANCE APPLICATION

A. APPLICATION DETAILS:

1. NAME OF PRINCIPAL RESEARCHER:

PROFESOR NAREADI PHASHA (90129911)

2. NAME OF PROJECT:

Improving the quality of access to care, treatment and justice for survivors of sexual violence and abuse.

B. OBSERVATIONS BY MEMBERS OF THE ETHICS SUBCOMMITTEE OF THE COLLEGE OF HUMAN SCIENCES

1. Is the proposal of an acceptable standard?

Yes ☒
No, it should be referred back to the researcher ☐

COMMENTS:

2. Are all reasonable guarantees and safeguards for the ethics of this study covered?

Yes ☒
No, it should be referred back to the researcher ☐

COMMENTS: All ethical aspects in this proposal have been well addressed.

CONCLUSION: The proposal meets the ethical standards in compliance with UNISA policy on research ethics. Application for ethical clearance approved.

Signed:	
Name:	Prof LI Zungu (Chairperson for the CHS sub-committee)
Date:	30 November 2010

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
www.unisa.ac.za

Open Rubric

Appendix 1: Acknowledgement of language editing

Acknowledgment of Language Editing

Date: Friday, 11 January 2019

This is to certify that I have conducted Language and Technical Editing on the following:

SCHOOL-BASED CARE AND SUPPORT FOR INTELLECTUALLY DISABLED LEARNERS WITH A HISTORY OF SEXUAL ABUSE

by

ANDILE ALFRED MDIKANA

Algraham

Andrew Graham (BA, MA dist., PhD, University of Keele, UK)*

Telephone: 011 475 6724

Email: happy4andrew@hotmail.com

*Former Tutor in Postgraduate Writing Centre and Managing Editor of ISI Accredited Journal