

Child and youth care workers' perceptions of inappropriate sexual behaviours among boy children in child and youth care centres.

By

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"It is easier to build strong children than to repair broken men."

~ attributed to Frederick Douglass' speeches circa 1855

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DECLARATION OF ORIGINALITY

I, Hannah Annie Varaden (student Number 9304590) declare that this dissertation is my original work. It has not been submitted in part or full for any other degree or to any other University. All references to the work of others has been appropriately acknowledged and referenced in accordance with university requirements. This thesis does not contain text, graphics or tables copied and pasted from the internet, unless specifically acknowledged and the source being detailed in the thesis and in the reference sections.

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December 2016

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December 2016

DECLARATION BY SUPERVISOR

This thesis which I have supervised is being submitted with my approval.

Nolwazi Ngcobo

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ABSTRACT

Childhood sex and sexuality is a sensitive topic, and one that people are often reluctant to discuss. The denial of childhood sexuality is still pervasive, and many cultures want to believe that children are non-sexual. However, inappropriate sexual behaviours (ISBs) among children are a reality, and, not only do adults sexually abuse children, but child-on-child sexual abuse is an increasing phenomenon both in South Africa and in countries around the world.

A review of literature on the experiences and perceptions of child care workers in South Africa regarding the sexualized behaviours of male children in their care revealed that research in this area is limited. Understanding this phenomenon is essential if we want to effectively care for children, and to develop appropriate prevention and intervention strategies. The quotation by Frederick Douglass (1855) that “It is easier to build strong children than to repair broken men” is very apt.

This study is unique because it focuses on the role and experiences of the child and youth care workers in South Africa; who are often neglected in the child care profession, in spite of the fact that they spend a substantial amount of time with the children.

This study aims to explore and describe how child care workers perceived inappropriate sexual behaviours among boy children in two CYCCs in South Africa. Furthermore, it also explores the methods and approaches used by CCWs to manage the boy children. This includes their challenges and needs for training, supervision and support.

Guided by a social constructionism framework, the study adopts a qualitative approach; and twelve child care workers from two centres in KZN were interviewed to gather rich, in-depth data. The sample was a non-probability, purposive sample.

The findings reveal many complex issues that child and youth care workers experience whilst caring for boy children with ISB's and clearly shows that child care workers play a fundamental role in the lives of children, by virtue of the amount of time they spend together in the residential home; and demonstrates the potential impact and influence they could have on children's development and healing. This research shows that we need to develop a South

African response that is relevant to the realities of our country. All the issues identified in this study represent gaps in our South African context, as well as a dire need for training and support of professionals who care for vulnerable children such as child and youth care workers. It is through a study like this that these gaps become visible; greater research needs to be conducted and policies changed and created, and programs developed to create a safer and more supportive environment for both children and professionals caring for children.

Finally, the study makes recommendations for practice and further research. It is recommended that further research is needed to explore the level of compassion fatigue in CCWs and their response to consistent debriefing; as well as the impact of relevant and consistent training and supervision on their management of challenging children in CYCCs. Furthermore, it is recommended to research how CCWs could practically spend more time with their own families, and the impact this has on their child care work. Further research is also needed to explore how to ensure the safety of children in CYCCs, as well as the development and evaluation of training, supervision and debriefing programs for CCWs; and therapeutic and safety programs for children with inappropriate sexual behaviours.

Keywords: inappropriate sexual behaviours; boy children; child and youth care workers; residential setting; child and youth care centre; perceptions.

ACRONYMS:

BC: boy children

ISB: inappropriate sexual behaviour; used interchangeably with the term sexualized behaviour.

ISBs: the above in plural

CCW: child care workers/child and youth care workers are used interchangeably

CCWs: the above in plural

CYCC: child and youth care Centre; used interchangeably with children's homes or residential care

CYCCs: the above in plural

SA: South Africa

CHAPTER ONE

1.1 INTRODUCTION

“It is easier to build strong children than to repair broken men.” Frederick Douglass (1855)

This study arises out of a concern that there is a need to address the problem of ISB among male children in Child and Youth Care Centres (CYCCs) in order that these children develop into well- functioning and emotionally well adults. In the long term, according to Douglass’ quote, this is the easier option. The role and impact of CCWs are vital to heal and thus prevent boy children who present with ISB as a result of growing up with entrenched dysfunctional sexual behaviours, and thus possibly becoming adult perpetrators of sexual abuse and violence.

This study explores and describes how child care workers perceived inappropriate sexual behaviours among boy children in CYCCs. It examines the experiences and understanding of CCWs in respect of their work with boy children who are sexualized. Furthermore, it also explores the methods and approaches used by CCWs to manage the BC. This included their challenges, and the needs for training, supervision and support.

This study focuses specifically on inappropriate sexual behaviours of boy children (BC) in residential care settings and aims to explore the perceptions and experiences of their child and youth care givers. This introductory chapter begins by looking at the background of ISB among children, and then examines the rationale for the study. The context, purpose and the research questions are thereafter discussed. This chapter then briefly discusses the continuum of sexual behaviours in children and it looks at some statistics on child on child abuse; discussing the value of the research and then goes on to examine the theoretical framework for this study - which is social constructionism.

1.2 BACKGROUND

Inappropriate sexual behaviour (ISB) refers to problematic sexual behaviours that are considered to be developmentally ‘inappropriate’ or ‘abnormal’ in children. According to Johnson (2014), an expert in the field of childhood sexuality, inappropriate sexual behaviours that children present can be seen on a continuum. At the one end are behaviours such as masturbation and sexualized play and at the other end behaviours such as the sexual abuse of other children using force or manipulation.

Determining the extent of the problem is difficult and much has to be inferred from statistics about child-on-child sexual abuse. Practice experience suggests a growing problem in respect of child-on-child sexual abuse, but there is a lack of evidence surrounding the extent of the abuse, and issues that relate to youth sex offending exists both internationally (Lightfoot & Evans, 2000) and in South Africa (Ehlers & Wood, 2001; Mbambo, 2002). One of the reasons for this lack of evidence is that not all of these cases are reported or recorded (Stout, 2003). It is however, estimated that 42% of sexual offences reported to *ChildLine*, (a national help line providing crisis intervention services) are committed by other children (Vanzant, 2004). It was highlighted in the *Pretoria News* that in South Africa a daily average of 82 children were charged for indecently assaulting or raping other children (Maughan, 2006, p.1). Furthermore, Grant et al.. (2009, p. 1) assert that “sexual abuse of children by other children or adolescents constitutes a significant proportion of sexual offending against children”. These figures, inadequate as they may be, suggest that there is a problem worthy of concern.

This study is particularly concerned with boy children who are placed in residential care for safety and protection in terms of the Children’s Act, No 38 of 2005. ISB among boy children in child and youth care centres (CYCCs) in SA is a growing concern and the researcher’s practice experience as a professional social worker in the field of child protection alerted her to this growing concern. Boy children are removed from home environments and communities due to abuse, neglect, abandonment and other psycho-social issues; and are placed at a CYCC. CYCCs should consistently be a safe and healing place for traumatized children, and professionals working with children in SA should strive to accomplish this safety. However, boys in these CCYCs may be sexually abused by other boy children or may engage in consensual inappropriate sexual behaviours. They then become victims of sexual abuse, may become HIV-positive, and become more sexualized, traumatized and psychologically damaged.

Child and youth care workers (CCWs), both male and female workers, are employed by child care centres to provide child care for the children. These CCWs spend the most amount of time with the children. In the researcher’s experience, it was of concern to note that CCWs often lack the knowledge and skills to care for, supervise and monitor the children; and to promote change and healing for the boy children presenting with ISB in their residential care.

Dealing with boys who present with ISBs can be challenging as this type of behaviour is abusive and offensive, and children can be labelled as rapists and perpetrators. This study adopts the view such labels are not helpful and may result in more damage to the child. According to Thigpen et al.. (2003), descriptions of sexualized children as being sexual abusers can result in siblings being separated, children can be alienated from other children, and the most appropriate residential or family placements will not be considered. Research thus supports the notion that professionals should exercise caution about using stigmatizing labels and find agreement about what terminology should be used for children presenting with ISB. There are many different terms for children who engage in ISB. Research by McCury & Storck (1995) and Pinkston & Mayefsky (2003) identifies 18 labels, for example two include ‘child sex offender’ or ‘children who display sexually inappropriate behaviours’. This research refers to children who are sexualized as children presenting with inappropriate sexual behaviour (ISB).

1.3 RATIONALE FOR THE STUDY

A number of factors motivated this study. The first factor is rooted in social work practice in the field of child abuse. In the researcher’s work as a social worker and therapist in the field of child protection, and specifically in the field of child abuse, she became increasingly aware of many problems in managing and healing boy children who present with inappropriate sexual behaviours. Her work with various Non-Governmental Organizations in the KwaZulu-Natal region has revealed that many boy children present with ISB. Of concern is that caregivers, social workers and principals of Child and Youth Care Centres lack adequate training and the specialized skills and knowledge, as well as the resources needed to cope with these behaviours. This is noteworthy in that specialized skills and care is required to manage children with ISB, especially in a residential setting. Lack of proper management and understanding and care of BC with ISB can cause further trauma and damage to male children. Other children in CYCCs are at risk of being sexually abused and there is a risk of HIV transmission if children sexually abuse other children. ISB can become a fixed pattern of behaviour; and also the boy child is at risk of becoming an adult perpetrator of sexual abuse or is vulnerable to becoming a victim of sexual abuse. Understanding the phenomenon of ISB among boy children is thus essential to develop appropriate prevention and intervention strategies.

This research adopts the view that children who present with ISB should be understood holistically and fully; and should be offered all opportunities to heal and change their sexual

behaviours. However, professionals who work with children often feel unsure of what constitutes natural and healthy sexual behaviours in children. Thigpen (2003) supports this notion by stating that the assessments of professionals are often based on their internal constructions of their own reality; drawn from their own childhood experiences, religious beliefs, their parent's attitudes and influences from culture and personal experiences. The choice of social constructionism is thus considered a suitable theoretical framework for this study. In addition, professionals including child and youth care workers, need guidelines that are practical and data-based and practical training to determine when a child's sexual behaviour is appropriate or not. This will promote proper management and care for children especially in residential settings.

Furthermore, findings from Burton (2000) and Ryan (2000) indicate that many adult sexual offenders began their offending during childhood and adolescence - which means that, in order to prevent this from occurring, a shift in focus needs to be made from adult offenders to child and adolescent perpetrators. The research study adopts the view that that the proper management and child care of boy children with ISBs can be a protective factor in that it can prevent or reduce sexually offensive behaviour among BC; promote healing and emotional wellness, and encourage healthy sexual development and promote positive attachments among BC.

The second factor relates to the paucity of available knowledge; and this study addresses a gap in existing knowledge. Many studies have been conducted internationally, focusing on child-on-child sexual offenders (Finkelhor, 1984; Gil and Johnson, 1993; Marshall et al., 2010; Masson, 1995; Pettigrew, 1998). For example, Silovsky & Niec (2002) study indicates that violence between parents is common in the families of young children who exhibit problematic sexual behaviours, and studies also suggest that children who sexually abuse other children may have been emotionally deprived by their fathers, or did not have stable father figures and also may have been exposed to remarriage or disruption in the family (Marshall et al.. 2010).

Many quantitative studies (Vosmer & Hackett et al.. 2009; DeGraaf & Rademakers, 2006; Friedrich et al.. 2000) have focused on normal and inappropriate childhood sexual behaviours; and the sexual abuse of children. Bonner et al. 2001 and Friedrich et al.. (2003) found that ISB is consistently linked with early, age-inappropriate exposure to sexual knowledge or behaviour. Lynch et al.. (1997) focused on family circumstances; poverty and economic hardship as

predictors of sexually intrusive behaviours, while other studies show that the histories of children who sexually offend have been rejected by mothers; had parents who were unavailable, and had poor or disrupted attachments. (Prentky et al.. 1989; Johnson, 1991; Neighbors et al..1993; Herrenkohl et al..1995; Lovett, 1995; Friedrich, 1996).

Furthermore another study by Lightfoot and Evans (2000) found that the risk factors for children and adolescents that sexually abuse other children include severely disrupted attachment; as well as the combination of family experiences of inappropriate sexual expression. Faust et al.(2009) have argued that although ISB should not always be seen as an indicator of abuse, there is a robust empirical case for supporting the link between sexualized behaviour and a history of child sexual abuse (Everson & Faller, 2012).

Research has repeatedly found sexual victimization in the histories of sexually aggressive adolescents at rates as high as 50-65 percent (Vizard et al.1995).Many children, both boys and girls who live in CYCCs are victims of sexual abuse and many of these children present with ISB (AGM reports from CYCCs). Johnson (1996); Gilgun (1991) and Ryan (1987) all agreed that ISB in children develops from experiences of child abuse and disruption of attachments; as well as exposure to sex paired with aggression.

These studies discussed briefly above show that ISB among children develop from a complex array of factors from all levels; and that early intervention is necessary.

All these studies are valuable, however, there are limited studies conducted in SA. For example, Ehlers and Wood (2001)...this is in reference list found that 50% of perpetrators who sexually abuse children are actually children themselves, and Dhabicharan (2002) highlighted that teenage male children who sexually abused other children all had a background of being exposed to some type of abuse (neglect, sexual, physical, or emotional) and often a combination. Another South African study by Van Niekerk (2004) showed that boy children who exhibit inappropriate sexual behaviours have low self-worth and self-esteem, struggle to express and control emotions, present activity that is anti-social and 88% were exposed to pornography. It is important to note that these studies have focused on studying the children directly or their parents. No studies of child and youth care workers perceptions and experiences of caring for boy children with inappropriate sexual behaviours have been published.

Previous research has looked at how parents and social workers perceive ISB in children. This research examines how child and youth care workers perceive ISB, specifically among boy children who live in child and youth care centres. This research thus examines a gap in literature. The in-depth data collected from the CCW will be valuable in helping both boy children in residential care and in families; as well as professionals who care for male children. This study is unique because it focused on the role and experiences of the child and youth care workers in South Africa; who are often neglected in the child care profession, in spite of the fact that they spend a substantial amount of time with the children.

There are limited qualitative studies that focus on children in residential care - for example Farmer and Pollock (2003) looked at the management of children (both victims of sexual abuse and children with abusing behaviour) in residential care and found four important components of effective management. These were: supervision, adequate sex education, modification of inappropriate sexual behaviour, and therapeutic attention to needs that underlie these behaviours.

Another qualitative study by Martin (2014) focuses on how adults respond to ISB among children in child care. The results revealed that different adults, when interacting with the child, respond differently. He found that parents respond to a wide range of ISB among children as if they were incidents of sexual abuse. Childcare providers perceived the ISB as misbehaviour, whilst professionals (licensed consultants) understood the ISB as violation of rules of supervision, and were the only group in the study who questioned whether the ISB was possibly a sign of sexual abuse. His study found that parents and providers needed education on what was normal and developmentally acceptable sexual behaviour amongst children, and what was inappropriate and of concern. This study shows how perceptions and understandings of ISB can impact on one's response to children.

The researcher has highlighted three studies on children in residential care, which demonstrate that there are many incidents of ISBs among children in residential care; and that it is a challenge to manage these children effectively.

Phipps-Yonas et al. (1993) highlighted that residential caregivers often lack the confidence to have insight and to cope with children with sexual behaviour problems.

-Green and Masson (2002) revealed that many children are sexually abused by other children in a residential home; or are exposed to inappropriate sexual behaviours.

-Sinclair and Gibbs (1996)...in the reference list discussed the fact that only the most difficult and challenging children are normally placed in residential care.

The present study is a qualitative study that focuses on the perceptions of child and youth care workers in regards to inappropriate sexual behaviours among boy children in CYCCs.

It is a concern that sexualized behaviours in children's homes are not understood and managed in a healing and effective manner. It is also a concern that CCWs are not sufficiently recognized for their valuable work with children. This present study could thus prove very worthwhile as the focus is on child and youth care workers and how their care and management of male children has a powerful impact.

In addition, it is hoped that this study will provide a foundation upon which further research into the challenges that child care workers face regarding this phenomenon may be conducted. By making these difficulties more salient, policy makers within the field of child care and social work may devise intervention and treatment plans and other policies to aid child care workers in their complex task of child care in Child and Youth Care Centres

This population group (child and youth care workers) has largely been ignored by previous research in terms of management of boy children and their sexualized behaviours in residential care. Thus, the question that needs to be asked is: how do CCWs perceive inappropriate sexual behaviours, and how do they respond and manage boy children involved in these behaviours?

1.4 CONTEXT OF THE STUDY

The study was conducted in two Child and Youth Care Centres in Durban, South Africa. These two CYCCs will be called Centre A and Centre B. The children at these centres have been removed from their homes in terms of the Children's Act, No. 38 of 2005, and they come from many different communities in Kwa-Zulu Natal (both urban and rural districts). The child and youth care workers who work at these centres also come from a variety of geographical areas. The geographical district of both Centres is eThekweni North.

Both CYCCs are Non-Government Organisations. Centre A is a mixed home with both boy and girl children. Centre B is a boys-only home.

The children who are placed in these centres come from all over Kwa-Zulu Natal. These children require protection and stability for many reasons; for example, the high rate of unemployment, domestic violence in families, abuse of substances, sexual abuse, poverty, crime and HIV/AIDS. Some of the problems that the children from both centres experience include: learning difficulties, behavioural problems, sexualised behaviours/ISB, emotional issues, suicidal behaviour, self-harming behaviours, substance abuse, relationship difficulties, orphan hood, abandonment, rejection by family, physical abuse, emotional abuse, sexual abuse and various psychiatric conditions.

Centre A: This centre was founded by a group of caring and passionate men and women in 1905, who realized that substitute care to orphans, destitute children and children with parents who were unable to care for them, was urgently needed. The Children's home is registered for 74 children between the ages of two and eighteen years. Children are housed in four units. There are four child and youth care workers employed to work in each unit, in which two are on duty at any given time during the term.

The adolescent boys' unit and the family group unit accommodates boy children between the ages of seven and eleven years. There are two male workers and two female workers making up the team of four, with a male and female pair working together at any given time. Two senior child and youth care workers are available to support and supervise the CCWs; one on duty at any given time. They are responsible for providing coordination and support after hours and over weekends. There are two social workers, a male and a female.

Centre A has 14 children in a Special Care Centre who suffer from life threatening chronic illnesses. Most children in this centre are HIV infected. The program focuses on the medical, emotional and spiritual needs of the children.

Centre A has a structured weekly activity programme consisting of the following programmes; life skills, therapeutic group work, sport, music, and educational talks on issues such as health, hygiene, and safety.

Other programmes at Centre A include an independent programme for 16 years and up; a parental programme for children identified for reunification within the year; an orientation programme for new admissions; a disengagement programme for children leaving the

programme at the end of each year; and the Bright Stars Mentorship Programme; Family Support Programme; and Homework Support Programme.

Centre B was developed in 1925 by Nuns who had a vision to open the home to care for boys in need. This centre provides residential care for boy children up to the age of 18. Centre B uses the ‘cottage system’ which allows the boy children to have the opportunity to experience the support and care needed for a holistic development. This centre had 76 orphaned and vulnerable children in their care during the study. Centre B provides residential care; medical care; speech therapy, audio screening; eye testing and dental treatment for their children. The child care workers, both male and female, are employed to provide the children with a structured routine, life space counselling and daily care. Programs include: therapeutic programs (individual and group counselling); developmental programs for example, spirituality, boys’ brigades, sports, and music and reunification services. Centre B also has a club called the ‘Peace Club’ which empowers the boy children with leadership skills, planning and teamwork skills.

Centre B has 14 child care workers; ten female and four male.

1.5 RESEARCH OBJECTIVES

The overall aim of the study was to gain an understanding of the childcare experiences of child and youth care workers in respect of their work with boy children who present with inappropriate sexual behaviours.

The specific objectives of the study were to explore:

- The child and youth care workers’ understanding and perceptions of inappropriate sexual behaviour among boy children
- The methods and approaches used by child and youth care workers to manage such children
- The challenges that they face in dealing with such children
- Their needs for training, supervision and support.

The research assumption was that child and youth workers have negative perceptions of boy children who engage in inappropriate sexual behaviour, and that they lack knowledge and skills to deal with these problems.

1.6 RESEARCH QUESTIONS

The key questions were:

- How did child and youth care workers understand and perceive inappropriate sexual behaviour among boy children?
- How did child and youth care workers deal with such children?
- What challenges did they face in their work with such children?

1.7 THEORETICAL FRAMEWORK

The study was guided by social constructionism, which makes the assumption that people are social beings, who are not passive, but actively interacts with society. People are thus involved in a process of meaning- making and also create social constructs. These meanings are then used to make interpretations about the world. In this way, people are able to make sense of their lives (Gergen, 1985).

Social constructionism is primarily concerned with explaining the processes, by which people come to understand, explain and describe the world in which they find themselves (Gergen, 1985). It emphasizes socio-historical, language, narrative and cultural processes as primary factors in making meaning and in understanding our own constructions. Social constructionism allowed this study to open the possibilities for alternative means of understanding phenomena (child care experiences of child care workers caring for male children with sexualized behaviours in Child and Youth Care Centres).

Social constructionism posits that there is no one truth thus provides a way of explaining the way in which particular conceptions of the world come to be accepted as ‘truth’, and how phenomena are constructed within a context of socially shared understandings to become institutionalized and gain a ‘factual status’ (Durrheim, 2006).in the list...under BlanchePeople construct reality from their own experiences and understanding: and this is relevant for this study as it aims to understand how CCW construct the reality of boy children abusing other children.

People are actively involved in the construction of reality every day, and it is through constant creating and negotiating that behaviours are defined as acceptable or unacceptable. This study adopts the view that child and youth care workers develop scripts through their life experiences.

These include their childhood experiences, parenting and socialization, exposures to trauma; influence of male or female role models, spirituality and doctrines; westernization, education or lack of education, and the socio-political context in South Africa. In this way they learn what behaviours are regarded as acceptable/normal or unacceptable by their particular society, culture, or family. The values and belief systems that CCWs hold about social issues shape the position they take regarding sexualized behaviours among boy children.

1.8 BRIEF OVERVIEW OF THE RESEARCH METHODOLOGY

The summary below will provide a brief overview of the research methodology used in the study. In-depth details are discussed in chapter three of the research report.

Overall research methodology

Silverman (1997, p. 223) states that, “*Qualitative research techniques, with their capacity for rich descriptions, are favoured techniques for research focused on everyday work practices.*” Because the present research study was guided by social constructionism, qualitative research was chosen, as the goal was to adequately explore and describe the experiences and perceptions of CCW in relation to ISB among boy children. This qualitative research, guided by social constructionism, permitted the participants to share their experiences in an unrestricted manner, and the flexibility of this method helped the researcher to obtain rich and in-depth data. Social constructionists argue that interpretation of events by individuals contributes greatly to the construction of reality (Sparkes and Smith, 2008), which further shows the value of having used qualitative research, as endorsed by social constructionist theory, as the theoretical framework used in this study.

Characteristics of qualitative research that are congruent with the aim and objectives of this study:

For example:

- (1) participants perceptions are sought
- (2) actions of people are understood. The present research specifically sought participants' perceptions of ISB among boy children.
- (3) The research design contained elements that are exploratory, as the literature review revealed limited South African research that described and explained sexual behaviours among boy children in child and youth care centres. Durrheim (2008, p. 39) refers to research into "unknown areas" as exploratory.
- (4) The design also included descriptive elements as it generated different descriptions of how CCW understand and manage boy children and their sexualized behaviours in residential settings.
- (5) Sampling: A sample was selected that is 'information rich' (Babbie, 1995). Twelve child care workers from two child care centres that met the criteria i.e. worked or working with boy children who present with ISB, living in a children's home ie. Child care workers who have experience caring for sexualized boy children. The sample was therefore a non-probability, purposive sample.

In-depth interviews was used as a method of data collection, as this format is less inhibiting, and as Kelly (2008)states that individual interviews are the most suitable for addressing personal and sensitive experiences. In-depth interviews also provide detailed accounts of experiences and allows for flexibility to follow up and clarify issues with participants (Kelly, 2008).

1.9 ACKNOWLEDGING THE POLITICAL NATURE OF RESEARCH

This research, in fact all research, is to some extent political in nature. An individual's concepts, values and beliefs systems about society, shapes and positions their constructs and views about an issue (Pettigrew, 1998).

An individual does not passively absorb societal ideologies but rather there is a two-way flow of knowledge from society to the individual and vice versa. This implies that, in studying reality, new realities are created in society as well as in the individual (Terre Blanche & Durrheim, 2012).

This study required that the researcher adopted a reflexive stance. This will be further expanded on under ethical issues.

The researcher influenced the participants directly or indirectly to view phenomena in a different light; while collecting data. The realities of participants are altered in this way.

In view of this, it can be argued that research does not exist in isolation, but rather influences and is influenced by a number of societal issues, thus making it political in nature.

Interviews about inappropriate sexual behaviours among boy children in child and youth care centres, from the perceptions of child and youth care workers, means that there was a focus on ideological themes around the nature of individuals and social groups (boy children presenting with ISB and child care workers).

The methodology will be discussed in more detail in chapter three.

1.10 DEFINITION OF CONCEPTS USED IN THIS STUDY

For the purposes of this study, the following definitions are used:

Boy children (BC): Male children under the age of 18 years

Inappropriate sexual behaviours: The Association for the Treatment of Sexual Abusers (ATSA) and the Children with Sexual Behaviour Problems Task Force broadly defines the term as “children ages 12 and younger who initiate behaviours involving sexual body parts (i.e. genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others” (Chaffin et al., 2008, p. 200).

Child and youth care Centres (CYCC): A child and youth care centre is a facility for the provision of residential care to more than six children outside the child’s family environment in accordance with a residential care program suited for the children in the facility (Section 101, Children’s Act No 38 of 2005).

Child and youth care centres are required to provide therapeutic programs which include: reception, care and development of children, (also on a shared basis with the parent or other person having parental responsibilities); care of children pending their placement; to protect them from abuse or neglect; care of trafficked or commercially exploited children; care of children for the purpose of assessment; counselling and reintegration with families/communities. Programmes also include children awaiting trial or sentence; children

with behavioural, psychological and emotional difficulties; children in terms of an order for example under the Criminal Procedure act; street children and early childhood development children.

In addition to residential care programs, a CYCC may also offer care for children with disabilities; therapeutic and developmental programs; treatment of children with addictions to dependence producing substances; treatment of children with a psychiatric conditions, and after-care even after a child reaches 18years.

Child and youth care workers: Garfat (2008) stated that child and youth care is strongly defined as being with the people as they live their lives. Meyer (2006) used the term ‘universal educator’ to describe the CCW; as this implies that children are physically cared for by child care workers, especially children in residential care as they are fed, clothed, and supervised by their child care workers. Children in residential care are given daily routines and structures; are taught social skills and other skills to master daily living. Meyer (2006) goes on to state that child and youth care focuses on the development and growth of children and youth, is concerned with the total functioning of a child, and encourages a social competence perspective to the development of children.

Child care: According to the Children’s Act no 38 of 2005, child care comprises a number of aspects. First of all, it refers to living conditions that are conducive to the child’s health, development and safeguarding; and to promoting the well-being of the child. It then deals with protecting the child from maltreatment, abuse, neglect, degradation, discrimination, exploitation and any other physical, emotional or moral harm or hazards; and guiding the behaviour of the child in a humane manner. Further aspects include maintaining a sound relationship with the child, and accommodating any special needs of the child; and ensuring the best interests of the child in all matters affecting the child and respecting, protecting, promoting and securing the child’s rights.

Peer culture: According to the Oxford dictionary is defined as “a stable set of activities or routines, artifacts, values, and concerns that children and youth produce and share with peers. The concept of peer culture differs from that of peer group. Children and youth are members of peer groups (i.e., children and youth of relatively the same age, although the age range can vary), whereas children and youth collectively produce their peer cultures. Children and youth

produce and participate in a series of peer cultures that are influenced by various social circumstances and settings.

1.11 PREVIEW OF THE RESEARCH STUDY

The rest of the research report is structured in the following manner:

Chapter Two: This chapter provides an in-depth review of studies on childhood sexuality, including inappropriate sexual behaviours among children, on a global and local perspective. Special focus is afforded to ISB among male children.

Chapter Three: This chapter provides an in-depth review of studies in the field of child care work; focusing on the role of child care workers and their challenges; literature on residential care of children and their needs and management of children in residential care. It will be observed that some studies are dated; this is due to the limited number of research studies based on children in residential care and the lack of studies on child care workers caring for male children with ISB.

Chapter Four: This chapter outlines the methodology that informed the processes involved in this study. This chapter discusses the research design and the research methodology utilized in relation to the research problems and objectives of the study. The research methodology outlines the sampling procedure, research instruments used, and methods of data collection and analysis. The ethical issues are also encompassed, and the limitations of the study are discussed.

Chapter Five: The results and analysis of the findings are discussed in this chapter. This comprises an analysis of the themes and sub-themes that emerged from the data analysis, related to the literature review.

Chapter Six: This chapter presents the conclusions of the research study and makes recommendations for future research.

CHAPTER TWO: LITERATURE REVIEW PART ONE

Understanding inappropriate sexual behaviour in children

2.1 INTRODUCTION

In this section the researcher examines literature on childhood sexual development: focusing on understanding normal childhood sexuality as well as the continuum of child sexual behaviours ranging from conceptualizations of ‘normal’ to ‘abnormal/abusive’. Furthermore, a brief summary on theoretical perspectives on childhood sexual behaviours is highlighted and the socio cultural influences on children’s sexual behaviours are examined.

The next section will focus on inappropriate sexual behaviours among children including child-on-child sexual abuse and the definition and characteristics of ISB. The prevalence and causes of inappropriate sexual behaviour (ISB) will be examined and a brief summary on two theoretical perspectives will be highlighted to help us understand the development of inappropriate sexual behaviours among children. This chapter also includes a brief summary on what literature recommends as some effective interventions for children who exhibit ISB. The researcher discusses the historical and socio-cultural factors that contribute to our understanding of ISB. This is especially important because the theoretical framework guiding this study, that of social constructionism, believes that human perception and experience is mediated linguistically, historically and culturally.

2.2 UNDERSTANDING CHILDHOOD SEXUALITY

Early studies by Freud (1905) first laid the groundwork for the idea that children were not asexual, and that sexuality among children was normal and natural. He presented the term “infantile sexuality” to refer to one of the psychosexual stages that he named, which he believed was a period of reduced or repressed sexuality that occurs in children between the ages of seven and adolescence. He believed that during this stage there was a halt and retrogression in sexual development. Later on, studies by Kinsey, Pomeroy, and Martin (1948) also supported this belief that children are not asexual but rather express a natural curiosity about bodies.

Developmental research indicates that the presentation of some sexual behaviours in childhood is expected and developmentally appropriate. For example, according to Kellogg (2009), there is sufficient research to suggest that certain sexual behaviours in children are developmentally appropriate and typical in children, and that children express a natural curiosity about bodies; for example it is common among preschool children to self-stimulate and look at and touch

other children's genitals in a reciprocal manner. These common sexual behaviours amongst children are mutual, without emotional distress, and spontaneous. According to Chaffin et al., (2008: pg200) "the intentions and motivations for these behaviours may or may not be related to sexual gratification or sexual stimulation". In other words, the behaviours may be related to anxiety or curiosity and maybe self-calming in nature or attention-seeking or imitative.

According to Martin (2014) childhood sexuality is understood by three frames – natural, a sign of sexual abuse, and a sign of a sexual problem of a mini-offender.

One frame implies that sexual behaviour in and among children is understood as behaviour resulting from natural curiosity, for example studies from Corwin & Friedrich (2014) taken from the Journal of sexual aggression (Vosmer, 2009) ; and that curiosity about sexual matters and their sexual knowledge increases as they grow older.

The second frame understands that children who present with sexual behaviours are victims of sexual abuse. Studies for example Friedrich et al. (2003) believe that children who exhibit ISB are acting out their own sexual abuse. Furthermore, Everson and Faller (2012) also suggest that childhood sexuality that is outside the boundaries of 'normal' is a significant indicator that a child has been sexually abused.

The third frame believes that these children are mini sex offenders who will grow up to be adult offenders of sexual abuse (Vizard, 2007). This frame understands childhood sexual behaviour outside the bounds of 'normal' as being child sexual behaviour problems with multiple causes (Chaffin et al., 2008). All three frames provide a good understanding of why children present with sexual behaviours, which will be examined in this chapter.

Research shows that normative sexual development and behaviours in childhood is not easy to understand, and it seems that this understanding is quite limited amongst caregivers. A study by Vosmer et al.. (2009) found that participants who were professionals, and thus experienced in this area, indicated that children's sexual behaviours tend to be seen through an adult framework which is inappropriate, and that divergent views were expressed regarding a number of child sexual behaviours. Thigpen et al.. (2003) also suggested that societal beliefs that children are asexual in thought and behaviour still exist.

Studies also show that gender differences are significant when examining sexual behaviours among children, for example Silovsky and Chaffin (2006) and Santtila et al.. (2003) found that

boys tend to engage in more sexual behaviours, and at a greater frequency than girls, throughout childhood.

A qualitative study by Martin (2014) investigated how adults respond to sexual behaviours among children in child care. The researcher found that providers and parents needed more education about which sexual behaviours are common childhood behaviours, and which sexual behaviour could be a concern. It was also found that child care providers employ different cultural frames, practices and understanding when responding to sexual behaviours among children. The researcher found that parents responded to sexual behaviours as if it were incidents of sexual abuse. Childcare providers responded as if it was misbehaviour. Licensed consultants understood the incidents of sexual behaviour as violations of rules of supervision, and were the only group to ask if the children's behaviour was a sign of a child having been sexually abused in another setting. This study shows the difference in response to children's sexual behaviours and how one's own culture and perceptions influences this response.

According to Larsson & Svedin (2009), there is a wide and whole spectrum of sexual behaviours in childhood that are understood to be pathological, unhealthy or inappropriate. There are also a full spectrum perceived to be age-appropriate healthy activities. The researcher agrees that many childhood sexual behaviours are a natural and normal part of growing up; and is of the opinion that parents, professionals and all adults that care/teach children need to be more open with children about sexual issues. Children need consistent teachings and role modeling on what is acceptable sexual behavior and what is inappropriate. Sex should not be a taboo topic. The researcher will now examine this continuum of behaviours below.

2.3 THE CONTINUUM OF CHILD SEXUAL BEHAVIOURS

Johnson (2003) found that there are four definable clusters/groups of children who present with sexual behaviours- applied to male and female children, aged 12 and younger. Some move between the groups over a period of time, while some children are on the borderline between the groups.

Group one: Children in this group engage in natural and healthy childhood sexual exploration. Children who engage in age appropriate exploration are similar in age and sex, generally are both male and female children and tend to know each other as friends. They exhibit curious and explorative sexual behaviour that is developmentally appropriate.

Group two: This group describes sexually reactive children which mean that children in this group display more sexual behaviours than in group one. Many children in this group have been sexually abused or live in sexually explicit households, thus present with a multitude of sexually reactive behaviours.

Group three: These children mutually engage in a full range of adult sexual behaviours for example, children agreeing to perform oral sex on each other. These behaviours are secretive and developmentally harmful. These children's sexual behaviour pattern is far more focussed and pervasive.

Group four: These are children who molest other children. This type of behaviour consists of oral/vaginal/anal intercourse, penetration of the vagina/anus of another child with fingers/objects. These sexual behaviours go far beyond developmentally appropriate child exploration or sex-play, and behaviours represent a pattern of intrusive, manipulative, secret and highly charged behaviours such as those seen among child perpetrators of sexual abuse which increases with time.

ISB includes behaviours from group 2, 3 and 4, thus this research will focus on these three groups.

According to Gil and Johnson (1993: pg. 41-50), the following 20 characteristics are inappropriate/unhealthy sexual behaviours in children: these 20 characteristics are quoted below:

- “Children who use sex to hurt others.
- Sexual behaviours which result in physical or emotional pain or discomfort to self and others.
- Children who sexualize nonsexual things, or interactions with others, or relationships.
- Children who have genital or oral contact with animals or manually stimulate them.
- Children who engage in persistent and extensive adult sexual behaviours with other children which they mutually agreed upon.
- When sexual behaviours are linked to deep shame, fear, anxiety, or intense guilt and these behaviours develop in intrusiveness, frequency or intensity over time.
- Children (four and older) who do not understand their rights or the rights of others in relation to sexual contact.
- Children whose sexual behaviours are directed at adults who feel uncomfortable receiving them.

- Children’s sexual behaviours which are eliciting complaints from other children and/or adversely affecting other children.
- Children who appear to lack control in stopping themselves from engaging in sexual activities.
- Sexual behaviours which continue despite consistent and clear instructions to stop.
- Sexual behaviours which are significantly different than those of other same-age children.
- Children who behave in a manner consistent with adult sexual expression and appears to have great knowledge about sexuality.
- Sexual behaviours which are out of balance with other parts of the child’s life and activities.
- Sexual behaviours which are engaged in by children of different ages or developmental levels.
- Children engaged in the sexual behaviours do not have an ongoing mutual play relationship.
- When verbal and/or physical expression of anger precedes, follow or accompany the sexual behaviour.
- Children who use distorted logic to justify their sexual actions.
- When sexual behaviours are linked to manipulation, threats, coercion, force or bribery.”

This list quoted above illustrates the wide continuum of inappropriate sexualized behaviours among children, ranging from developmentally inappropriate to abusive; as well as how the treatment needs and care of children will differ depending on which group they fall into. Some children require intensive, in-depth treatment to address the sexual behaviour problems and also the myriad of emotional problems that propel these behaviours. The extensive list is mentioned in this research to illustrate the range and continuum of ISB that is possible among children. The researcher notes that all forms of sex in children are not abnormal; rather sex and curiosity presented by children, as in group 1 above; can be developmentally appropriate and a normal part of growing up.

2.4 UNDERSTANDING THE SEXUAL BEHAVIOUR OF ADOLESCENTS

According to Ryan and Lane (1987) young people's sexual behaviour can be understood in four categories; as shown in the diagram below.

This diagram is helpful as it allows us to view adolescent's sexual behaviours as a means to make sense of what care and intervention is needed. The figure below illustrates the range of adolescent sexual behaviour between 13-17 years. It shows what sexual behaviours among teenagers are normal and expected and what behaviours are abnormal and a risk to other children. This diagram also illustrates the level of intervention required for these sexual behaviours for example adult correction and guidance or legal intervention. It is the researchers opinion that many children/youth in South Africa are unsupervised, emotionally deprived and are not given sexual information within a caring relationship; thus they learn about sex from the media and peers which results in inappropriate sexual behaviours.

See Fig 2.1 below.

NORMAL

- conversations with peers that are sexually explicit.
- obscenities and jokes within cultural norms
- sexual innuendos, flirting and courtship, interest in erotica.
- solitary masturbation.
- foreplay, (petting, making out)
- mutual masturbation
- monogamist intercourse

REQUIRING ADULT RESPONSE

- sexual preoccupation/anxiety; interfering in daily functioning.
- pornographic interest
- polygamist sexual intercourse (promiscuity)
- sexually aggressive themes/obscenities
- sexual graffiti
- embarrassment of others with sexual themes
- violation of others body space; pulling skirts/pants down
- single occurrences of peeping, exposing.

REQUIRING CORRECTION

- compulsive masturbation (especially chronic or public)
- degradation/humiliation of self or others with sexual themes
- attempting to expose others genitals.
- chronic preoccupation with sexually aggressive pornography.
- sexually explicit conversation with significantly younger children
- touching genitals without permission (ie. grabbing)
- sexually explicit threats (verbal or written)

ILLEGAL BEHAVIOURS
DEFINED BY LAW;
REQUIRING IMMEDIATE
INTERVENTION

- obscene phone calls, voyeurism, exhibitionism, frottage, sexual harassment
- sexual contact with significant age difference (child abuse)
- forced sexual contact (sexual assault)
- forced penetration (rape)
- sexual contact with animal (bestiality)
- genital injury to others

2.5 THEORETICAL PERSPECTIVES ON NORMAL CHILD SEXUAL DEVELOPMENT

The following studies were taken from Ryan (2000), *Journal of child abuse and neglect*: childhood sexuality: A decade of study: part 2.

O'Sullivan (2003) described a number of studies which documented the presence of sexual arousal in utero. In addition, he quoted from a number of studies which documented that infants engaged in self-stimulation and the exploration of genitals. Based on these studies, he was of the opinion that children are born with the capacity for sexual arousal and function. Early research in the 1900's explored the capacity of the unborn for sexual arousal, focussing on a physiological perspective. These early studies (Wolff, 1959), as cited by Ryan (2000) in the *Journal of child abuse and neglect*; documented the presence of sexual arousal in utero as well as the infant's discovery of genitals and self-stimulation.

The issue of masturbation in pre-schoolers received attention as far back as 1958 when Spiro found that the capacity for sexual urges is inborn. A further study in 1980 by Blackman also documented that the capacity for sexual urges is inborn. More recently studies by Kellogg (2009) and Poole and Wolfe (2009) found that self-stimulation and touching genitals are common among pre-schoolers.

However, it is also evident that the ways in which sexuality is expressed is learned. For example, Ryan (2000) stated that children learn how to behave sexually and that sexual behaviours are repeated because they are very reinforcing due to arousal, intimacy or tension reduction; and Smith and Grocke (1995) found that children are not able to distinguish between acceptable and unacceptable sexual behaviours because they do not acquire this knowledge from their families - especially lower socio economic families who do not teach children about sexuality. Thigpen et al. (2003) also found that values influence sexual behaviours, especially religious beliefs, thus illustrating that children do learn sexual behaviours and are influenced by their families and environments.

The researcher notes that despite studies showing that sexual behaviour in young children is a natural part of development, it would appear that sexual behaviours in early childhood are still repressed by parental and societal messages that punish, deny or discourage displays of sexuality before puberty. Vosmer, Hackett and Callanans (2009) study indicated that participants agreed that children are curious about sexuality and engage in sexual play, but

were hesitant to acknowledge this. De Graaf and Rademakers (2006) found that as children grow older, they become more socially informed about appropriate and inappropriate sexual behaviours and more inhibited. These studies demonstrate that sexual behaviours in children are learned behaviours.

2.6 SOCIO-CULTURAL AND HISTORICAL INFLUENCES ON CHILD SEXUAL BEHAVIOURS

The development of sexuality is shaped by familial and societal messages and life experiences, and by cultural norms and historical influences. Sparks and Smith (2008) argued that the interpretation of events by individuals contributes enormously to the construction of reality.

According to Rothbaum (1997) children's behaviours can be changed and impacted by cultural expectations and principles. The theoretical framework, social constructionism, which is guiding this study, is concerned with understanding how people come to perceive, explain and describe the world in which they find themselves. An individual is a social being who actively interacts with society. They become involved in a process of meaning-making and the creation of social constructs. These meanings are then used to make interpretations about the world. In this way, people are able to make sense of their lives.

It is the researcher's opinion that there is great variance from culture to culture on what is permissible for children and what is not. For example, Thigpen et al. (2003) showed that religious beliefs influence sexual behaviour and impacts on how sexuality is viewed. Furthermore, De Graaf & Rademakers (2006) also found that the cultural context significantly influences what sexual behaviours are permitted in young children and what are seen to be problematic. These authors therefore showed that what sexual behaviour children watch and are allowed to act out varies from each culture (Thigpen et al., 2003). Many studies, however pointed out that there was generally high consensus in many cultures that it is inappropriate for children to watch sex scenes.

A British study by Smith & Grocke (1995), found that social factors like differing socioeconomic status are linked to children's knowledge about acceptable and inappropriate sexual behaviours. According to Smith & Grocke (1995), there were fewer discussions about matters relating to sexuality in families from lower socioeconomic backgrounds. This may be due to competing demands that are prioritized more, or may due to a lack of education due to the lack of opportunity. This is evident in South African communities where the rate of teenage

pregnancies and sexual abuse of young children are higher in poor areas due to children not knowing their rights or being educated about sex and abuse. Studies also show that one's own values influence views on sexual behaviours. Thigpen et al. (2003) highlighted that values may be affected by many factors, including religious beliefs; indeed, religion impacts powerfully upon how sexuality is viewed. Vosmer et al. (2009) in their study found that participants agreed that own values influenced views on sexual behaviours and that these values may be affected by many factors including religious beliefs.

These findings show that socio cultural and historical factors therefore do have an impact on children's sexual behaviours. Cultural context thus exerts a great influence on what sexual behaviours are permitted in young children and what behaviours are perceived by adults as abnormal or dysfunctional.

2.7 INAPPROPRIATE SEXUAL BEHAVIOURS:

This section examines literature on inappropriate sexual behaviours (ISB) among children. In this section, the focus is on the prevalence, causes and characteristics of ISB and theoretical perspectives on ISB. An understanding of ISB helps us to understand the perceptions and experiences of child care workers who care for male children with sexualized behaviours.

2.7.1 Defining and understanding some characteristics of inappropriate sexual behaviours among children

Definitions of ISB among children vary and tend to be complex but in general, 'abnormal' or 'problematic' sexual behaviours are "intrusive, aggressive, and unresponsive to correction, and involve oral contact or penetration." (Ryan, 2000a).

In this study, the researcher will use the following definition, as discussed in the previous chapter: "*children ages 12 and younger who initiate behaviours involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others*" (Chaffin et al., 2008: pg. 200). According to Chaffin et al. (2008:p. 200) the following points can be gathered from this definition:

"Developmentally inappropriate sexual behaviours occur at a greater frequency or at a much earlier age than would be developmentally or culturally expected, become a preoccupation for the child, and may reoccur after adult intervention or corrective efforts. Potentially harmful behaviours occur with the use of coercion, force or

intimidation, cause physical injury or emotional distress in the children involved, appear to be interfering with the children's social development, and involve children of substantially different ages or developmental levels. This definition reflects the fact that child sexual behaviour problems do not represent a psychological syndrome or a specific diagnosable disorder, but rather a broad continuum of behaviours”

Inappropriate sexual behaviours among children are not always linked to sexual stimulation or sexual pleasure. Rather, ISBs can be as a result of curiosity, trauma, self-comfort, copying others because behaviour is learnt, or seeking attention. The behaviours of sexually abusive adults differ as they are deliberate, intentional and callous (Poole & Wolfe, 2009).

2.7.2 Prevalence of ISB:

This thesis looks at the definition and some of the main characteristics of ISB above, including the prevalence of ISB (including child on child abuse), internationally and locally. Statistics indicate that ISB is a growing concern. For example, according to the Federal Bureau of Investigation (2006) cited in the thesis by R Vincent; approximately 18% of arrests for sexual offenses in the United States (including rape and child molestation) are of male children i.e. boys younger than 18 years old.

In South Africa, crime statistics show that in the 2013/2014 reports, 50% of the 45,230 contact crimes against children were sexual offences. It is a disturbing reality in SA that incidents of child sexual abuse are under-reported (Stats SA). ChildLine is an NGO that specialises in providing services to children in SA. They have centres in nine of SA's provinces. Their statistics from their therapeutic work with children shows that over 50% of perpetrators who sexually abuse children are young i.e. they are children themselves (Ehlers & Wood, 2001)...already in list.

2.8 CAUSES OF ISB AMONG CHILDREN

There are many complex and inter-related causes for the phenomenon of ISB among children. There is consensus that ISB amongst boy children results from a complex combination of individual, social, and environmental influences. Research by Elovitch et al.. (2009) highlighted the diversity of the process involved in the development of child sexual behaviour problems. The ecological-transactional framework (Belsky, 1993) also helps us to understand the development of ISB among children. Feher and Wright (2003) showed the importance of a number of domains including the biological, familial, economic and cultural when

understanding the etiology and maintenance of problematic child sexual behaviours. According to Plummer and Njuguna (2009) societal and community risk factors are also important like individual and family factors. The interaction between families (micro system) and the meso system, exo system and macro system are important.

Children may develop inappropriate sexual behaviours due to many reasons - for example being exposed to inappropriate adult behaviour, sexual abuse, limited monitoring and supervision regarding access to sexual media and information, domestic and family violence, and other complex factors. Some of these causes will be discussed below.

2.8.1 Sexual abuse as a risk factor for the development of ISB

Traumas like sexual abuse can undermine healthy identity development in profound ways and cause confusion about psychosexual identity and compromise competence in adult roles. “Abnormal” or inappropriate sexual behaviour, according to many studies, is a strong indicator that a child has been sexually abused (Everson& Faller, 2012). A number of studies demonstrate that child victims of sexual abuse exhibit more ISB than children who have not been sexually abused, for example Putnam (2003), and Friedrich, Olafson and Faller (2007). In contrast, some researchers like Faust, Bridges & Abern (2009) argue that sexualized behaviour in children should not be seen as an indicator of abuse. They believe that children may seek attention, affection and comfort from the closeness of sexual behaviour.

Many boy children who are placed at child and youth care centres have been victims of sexual abuse, sometimes multiple sexual abuse. These boy children come in to the residential setting as victims with intense feelings, thoughts and behaviours. These signs and symptoms of trauma are often exacerbated due to the stress of living in a group home. Many of these boy ‘child victims’ begin to present with inappropriate sexual behaviours, including offending sexual behaviour (Everson &Faller, 2012). It is argued that boys who were sexually abused are at risk of perpetrating such abuse in adulthood (Burton 2005).Moreover, according to (Chaffin et al., 2008), it is also suggested that sexually abused children are most likely to be both the victims and perpetrators of violence. According to Hunter, Becker and Lexier (2006), children who experience sexual abuse may be predisposed to seek inappropriate, sexualized outlets; possibly as an expression of anger or a need for self-soothing as it is common for these children to experience feelings of depression, loneliness, anxiety or anger. It is possible however, that children present with ISB because of other complex multiple causes (Kendall-Tackett,

Williams, & Finkelhor, 1993) and not only from sexual abuse. These studies above tend to demonstrate that children who have been sexually abused are at greater risk of presenting with ISB.

2.8.2 Individual characteristics of child that may cause ISB

There are many ontogenic factors that may cause the development of inappropriate sexual behaviours in children; which alone, or through the interaction with the environment, contribute to the development of sexual behaviours – such as age, gender, temperament and cognitive functioning. According to Johnson (2014), children become sensitive to trauma and begin responding by aggression and sexual arousal, and also become sensitive to stress and respond to this psychologically. Children begin to develop poor coping and problem solving skills and find it difficult to control their feelings and thoughts and sexual behaviours. A South African study by Van Niekerk (2004) showed that boy children who present with inappropriate sexual behaviours have limited self-esteem, and struggle to express and manage feelings, present with anti-social activity, and 88% were exposed to pornography.

Prentky et al., (2014) suggested that a number of factors were associated with sexual offending; such as emotional detachment and a lack of emotional connectedness in young male children. Furthermore, these factors are a defense against early childhood trauma, and male children can hold negative constructs of masculinity and what it means to be a man, related to the absence of appropriate male parenting model as well as peer pressure. He found that these boy children also have a sense of sexual entitlement, with impersonal sexual behaviour. A degree of sexual impulsivity and compulsivity was also noted.

From these studies above it is clear that individual factors do contribute to the development of ISB in children.

2.8.3 Micro system: Factors in the family system or environment that may contribute to ISB among children

A number of studies have explored factors related to how family systems may contribute to ISB in children. These will now be discussed. Smith and Grocke (1995) listed some of the following factors: social and economic upheaval, exposure to family violence, and lack of positive male role models. Furthermore, factors like emotional deprivation and absence of father figures as well as no stable loving attachments may contribute to ISB in children. This is evident in South African families. More factors like exposure to inappropriate adult sexual

behaviours and children not acquiring proper knowledge about sexual behaviours contribute to ISB, thus these children cannot distinguish between acceptable and unacceptable sexual behaviours (Smith & Grocke, 1995). Moreover Hall et al.(2002) also found that low maternal support also is a contributing factor.

Lightfoot and Evans (2000) carried out a study to examine the risk factors and variables that contribute to the presentation of ISB in children and adolescents. They found many factors that contribute to the occurrence of ISB, including child-on-child sexual abuse. These factors are listed below as they are relevant to this study to understand ISB among children. Both research studies mentioned here and above support one another.

- Severely disrupted attachment (maternal rejection, parental unavailability)
- Children being exposed to inappropriate sexual expression in their family/home
- Lack of support systems; especially after a negative emotional experience and opportunity in the form of younger victims
- Multiple experiences of rejection, inconsistent primary caregivers
- Exposure to parental violence which results in family separation
- Exposure to sexually inappropriate experiences e.g. pornography or witnessing adults' sexual behaviour which leads to inappropriate and abnormal sexualisation.
- Sexual abuse

In a South African study, Dhabicharan (2002) highlighted that young male children who sexually abused other children all had a background of being exposed to some type of abuse (sexual, physical, emotional and/or neglect) -usually a combination. A study by Prentky and Knight (2014) suggested that male children who present with inappropriate sexual abuse are also exposed to domestic/family violence and a study by Marshall (2010) suggested that young children who sexually offend have experienced some form of family instability like remarriage, a lack of stable father figures and/or emotionally absent fathers. Silovsky & Niec (2007) also found that most children who need help, display ISB and problematic sexual behaviours, and are victims of some form of maltreatment.

ISB is consistently linked with early, developmentally inappropriate exposure to sexual knowledge or behaviour (Silovsky and Bonner, 2003).

Friedrich et al. (2007) also found that modeling of sexuality is a significant predictor of ISB in children and that family adversity (measured by family income) is one of the strongest predictors of ISB. This present study takes place in a country and province in which majority

of families live in impoverished circumstances and this provides a greater risk of children presenting with ISB.

The studies discussed above illustrate the powerful impact that the family has on children's sexual development and how the family and its environment can make children vulnerable to developing ISB in children.

2.8.4 Factors in the Macro, Exo and Meso system that may cause ISB

The research now focuses on the historical and socio-cultural factors that contribute to our understanding of ISB. This is especially important because the theoretical framework guiding this study, that of social constructionism, posits that socio-historical, language, narrative and cultural processes are primary factors in making meaning and in understanding our own constructions. Social constructionism is an attempt to account for the way in which particular conceptions of the world, in this case, ISBs among children; come to be accepted as 'truth' and how phenomena are constructed within a context of socially shared understandings to become institutionalized and gain a 'factual status' (Durrheim, 2012). In this way, it attempts to open the possibilities for alternative means of understanding phenomena. This process of understanding is based on an interaction between a person and their environment (Gergen, 1985).

Understanding childhood sexuality, especially ISB, within the historical context is very relevant, as human constructions and understanding of the phenomenon of ISB among BC are historically determined. There are many deep rooted and established conditions in South Africa that lead to the high levels of sexual violence in the country, including the phenomenon of boy children abusing other children (Posel, 2005). This will be explained below.

The apartheid regime in SA hid many issues relating to the protection and care of vulnerable children, which were concealed by strong cultural and political forces. For example, cultural practices such as virginity testing among young female children under the age of 16 years (who were not asked for consent) led to them being exposed to adult offenders of sexual abuse, as these children are publicly marked on foreheads to show that they are virgins. Another example is when sexual abuse and inappropriate sexual behaviours among children were not reported to relevant authorities because families believed that it was a family matter, and could be solved within families by paying for 'damages'. The apartheid regime in the past intensified these circumstances as there was a lack of services in rural communities.

There are thus many socio-cultural factors that influence the family system which then has a ripple effect on children and their behaviours including their sexual behaviours. Cultural norms

in relation to parent-child relationships, gender roles and social support are important influences when understanding ISB. There are a great number of contextual risk factors that promote sexualized behaviours among boy children, which are linked to family roles and family structures in South Africa. These factors include overcrowded households, children not being monitored or supervised, children being emotionally deprived and thus lacking caring attachments with parents, especially in terms of the bond between fathers and children. The history of migrant labour and apartheid in SA can explain these factors (Budlender & Lund, 2011). Marshall and Herman (2000) and Magwaza (1997) also found that the absence of men in the lives of children can be traced to the legacy of apartheid and the migrant labour system which kept families apart.

Furthermore, issues such as family violence, poverty, family disruption and HIV/AIDS increased the vulnerability of children (Lachman, 2004).

Similarly, Richter & Dawes, (2008) argue that the high rates of child sexual abuse in South Africa are woven to socio-cultural factors such as the socialised dependency and silence of women and children, poverty and a patriarchal society. They state that the situation is intensified by lack of resources to support and fulfil the legal frameworks that are available (Richter & Dawes, 2008).

These research findings shows that children who grow up in impoverished families are more vulnerable and at risk for a variety of adverse outcomes and situations e.g. maltreatment, aggression and school failure (O'Donnell et al..1995).

Friedrich et al. (2003) found that family income was one of the strongest predictors of ISB in children. Poverty has a ripple effect on many familial risk factors like parenting, stressful life events, violent communities and economic hardship. The findings of these studies are relevant because this present study takes place in the context of poverty. Statistics South Africa reported that in South Africa 64% of all children live in income poverty (the poverty line is per person monthly income less than R570) and that 21.5% of the population live below the poverty line. Statistics also show that 40% - nearly four in 10 children - live in households with no employed members. It should also be noted that 9% of children live in informal housing; four out of 10 children do not have access to piped water, and 1.4 million children rely on rivers or streams for drinking water. These statistics demonstrate that majority of the families in SA live in impoverished circumstances.

Societies confusing expectations also contribute to dysfunctional sexual attitudes and behaviours (Ryan and Lane, 1999). Wannas and Krook (2005) found that children, both male and female, increased presentation of sexual behaviours when they had at least one life stressor present in their lives. It is the researcher's view that the causes of why boy children present with ISBs in South Africa is thus complex and multi-faceted, and literature helps us to understand them and reinforces the fact that children, especially boy children, require efficient and qualitative management and child care, especially in child and youth care centres where challenges experienced by the boy children are greater and more intense.

2.9 CONSEQUENCES OF ISB IN CHILDREN

Studies show that there are many consequences when children exhibit ISB. This section briefly explores some of these studies. Evidence suggests that these children who present with ISB are not likely to re-offend or grow up into adult perpetrators of sexual abuse but rather are more likely to become victims of sexual abuse (Chaffin et al., 2008). However, in contrast, some studies show that if these children are not helped, managed well, and healed, they can become adult offenders of sexual abuse (Burton, 2005). The researcher agrees with Burton and Vizard et al. (2007) who proposed that children under the age of ten, who present with ISB, should be identified early to “prevent a maladaptive trajectory of development which could lead to later contact with the criminal justice system”. Another study by the Children's Institute (UCT) highlighted that aggression creates an intergenerational cycle of violence when children are exposed to it in their early childhood and that these children are more likely to become either victims of violence or perpetrators as adults because of neurological and psychological damage.

Similarly, according to Toth et al. (2011), children in residential homes may re-enact behaviours that was modelled in a violent home and may re-enact their traumatic experiences including emotional and physical abuse and inappropriate or risky sexual behaviours. These studies clearly show that there are many consequences in the lives of children when they are exposed to, or exhibit, ISB.

2.10 EFFECTIVE INTERVENTIONS WITH CHILDREN WHO PRESENT WITH ISB: BRIEF SUMMARY

Ryan (2000) found that children have a legitimate need for validation and correction of sexual learning. He found that there was a need to increase the insight and competence of professionals and parents in understanding and responding to the inappropriate sexual behaviours of children

.The Kempe Centres model (Ryan et al., 2006) also called the “Continuum of response model” seems to be the most rational approach to children’s sexual needs and the most promising approach in a context of scarce resources. This approach advocates the goals of communication, empathy and accountability and believes that early interventions improve the prognosis for change (Ryan & Lane, 1997). Early identification and intervention is prevention. Common components of this model include sex education, rules for sexual behaviours, increased supervision, and awareness of harm to victims. Ryan (2000) believes that children should be deterred from abusive and inappropriate sexual behaviours by empathy which he defines as children being responsive to the cues of distress or discomfort of those around them. Thus, according to them, the focus in terms of perpetration prevention is based on the universal goals which are:

- Communication: children to learn to use words to express emotions and to ask questions and describe their needs.
- Empathy: children must learn to recognize their own unique emotions and needs and others by being aware of verbal and nonverbal cues.
- Accountability: children must be responsible for their own behaviour, without distortions.

Later findings from a study from Farmer and Pollock (2003) suggest that the key areas for managing children who are sexually abused and/ or abusing children fall into four areas. Firstly, close supervision of children - for example making plans for safe care once the workers receive background information about the child’s ISB’s. Secondly, effective sex education for the children - for example teaching children about their sexual development and sexual health and also correcting cognitive distortions about sex. The third area is to modify behaviours that are inappropriate. Fourthly, to provide focus on the deeper, unmet therapeutic needs of children. They state that a proper understanding of the child’s history is vital, so that their behaviours are seen in the context of their past experiences.

These four areas encapsulate the qualities of good substitute parenting, which includes focus in creating a safe and protective environment and also helping the child deal with past trauma.

Similarly, Carpentier, Silovsky and Chaffin (2006) found that children with sexual behaviour problems do respond favourably to treatment; which included the education of caregivers. They used two treatment protocols namely; cognitive behavioural therapy, which relied on behaviour

modification; and psycho educational principles where a teaching-learning model was used to address relevant topics.

2.11 THEORETICAL PERSPECTIVES TO UNDERSTAND ISB AMONG CHILDREN

The literature review now focuses on examining two theoretical perspectives, to help us understand why children present with inappropriate and problematic sexual behaviours. Firstly, attachment theory is discussed, and then the social learning theory.

2.11.1 Attachment theory

Toth et al. (2011) found that an important catalyst for children to develop competencies, are early relationships with a primary caregiver. The founder of attachment theory, John Bowlby, described ‘attachment’ as an in-built human drive toward forming and maintaining attachments with others (Bowlby 1988). He defined attachment as the ‘enduring affectionate ties that children form with their primary caregivers.’ Early caring and positive relationships are needed for children to develop a sense of security, confidence and acceptance.

Individuals who are securely attached can manage disturbances and trauma more effectively and are able to seek comfort and support from others. Individuals with insecure attachments and who are traumatized by their attachment figures, link close relationships to fear and trauma, rather than safety and reassurance.

In support, Marshall and Marshall (2010) reported that children with insecure parent-child relationships have poor self-esteem, inadequate skills on relationships and an intense need for attention, leaving them vulnerable to inappropriate attention from others.

These authors also found that among child molesters ‘attachment to fathers was weaker than to mothers, with their insecure attachment to fathers often leading to the enactment of coercive sexual behaviour in adulthood.

According to Bowlby (1980) “Insecure attachments are said to result in either a fear of intimacy, a devaluing of intimacy, or to seeking intimacy in maladaptive ways”.

Rich, (2006) contradicts these findings by stating that poor attachment experiences make a child more vulnerable to becoming a victim of childhood sexual abuse, rather than an offender.

Similarly, research by Osborne (2006) has also examined the link between sexualized behaviour in children and the lack of positive and consistent attachments in their young lives. Their findings strongly suggested that children who lack caring and consistent nurturance and stability could develop criminal and deviant behaviours whilst growing up and as adults. Family support is a protective factor and a 'safe haven' in the lives of children who are exposed to violence. Later findings, such as Ward et al. (2012), found that children who have a warm relationship with their parents and are supervised in a caring and consistent way are less likely to become aggressive.

Cook et al. (2003) found that over 80% of maltreated children develop insecure attachments, thus increasing their risk to stress, poor regulation of emotions and poor skills in seeking help. These children in residential care are distrustful and suspicious of those around them. Likewise, Courtois and Ford (2009) and Toth et al. (2011) found that these children view the world as unpredictable and unsafe and have poor physical, emotional and sexual boundaries and find it difficult to form meaningful relationships. Furthermore, Rich (2006) showed that attachment deficits or weak attachment makes a child vulnerable to becoming a victim of sexual abuse, which places the child on the pathway to sexualized coping, and sexually coercive behaviour may develop later in life.

It is interesting to note that Rutter (2007) supports the belief that "children are capable of forming multiple attachments, and that it is the quality of the care, rather than just the continuity with a single attachment figure that is most important". The researcher notes that even in CYCCs, children have the capacity to form many caring relationships with different adults, provided that the quality of child care is good and consistent, which will include many helpful elements as discussed in chapter three; for example, the carers ability to listen, empathise, communicate, have a sense of humour, and being available and accessible to children.

The attachment theory and the studies above demonstrate the importance of boy children building caring and consistent relationships with the adults that care for them, whilst in residential care. The researcher believes that this could be one of the solutions to reducing or stopping ISB among male children. As is evident in the studies examined above, children with a traumatic childhood find it difficult to form caring attachments, but it is possible if the care provided is consistent and truly caring.

2.11.2 Social learning theory

This section will examine the Social learning theory to help us understand the origins of ISB among boy children. Children learn and imitate any observed sexual behaviours.

According to Bandura, (1986), children learn their behaviour. Bandura's (1986) social learning theory looks at the importance of modelling and observing the behaviours, attitudes, and emotional reaction of others. This theory explains human behaviour in terms of continuous reciprocal interaction between behavioural, environmental and cognitive influences. This theory has been greatly applied to the understanding of psychological disorders, aggression and criminality.

Oliver and Hyde (1993) presented a social learning view of the development of sexuality. These authors view the media, parents and peers as sources of role models for children. They believe that children will develop encoding strategies and imitate any observed sexual behaviours.

There are a number of theoretical writings regarding intergenerational transmission of sexual aggression based on the social learning theory – such as Ryan (2000). It is suggested that an abused child may have learned to abuse. Friedrich et al. (2003) found that child sexual behaviour problems are consistently associated with early age-inappropriate exposure to sexual behaviours or knowledge. The learning approach is limited in that it assumes that sex and sexuality are simple responses that are conditioned, rather than the complex, central and intense expression of a person's relatedness to other people. An integrated approach in understanding inappropriate sexual behaviours is more useful for example compulsive behaviour cycles, psycho-dynamic perspective, traumatic sexualisation and cognitive- behavioural model. The researcher notes that attention and resources should focus on children at an early stage when sexual deviance and misconduct is first observed, and before their behaviours become a challenge to treat. This theory suggests that as children learn inappropriate sexual behaviours, there is hope that they can also be taught appropriate and healthy sexual behaviours.

2.12 CONCLUSION

In this chapter, the sexual development in children and adolescents was discussed and the continuum of sexual behaviours that children may display was highlighted. Furthermore, a distinction was made between normal and expected sexual behaviour in children and sexually inappropriate behaviours as well as the causes of ISB among children.

This chapter also examined two theoretical perspectives on understanding ISB.

The next chapter examines literature on child and youth care. Literature on residential centres and the residential care for children is presented. The needs of children in residential care and the impact on children are examined, as is the management of children and some history. This knowledge will help to understand the needs of boy children in CYCCs, and how the management of CCWs can influence boy children's behaviour.

CHAPTER THREE- LITERATURE REVIEW: PART 2:

An overview of child and youth care

3.1 INTRODUCTION

In the following sections this study firstly examines literature on the residential care of children, and then examines the advantages and disadvantages of residential care for children. It then moves on to the impact of peer culture in residential homes and then examines the needs of children in child and youth care Centres. The child care methods of management and intervention from child care workers in residential settings are explored. Finally, a view of children's homes in SA is examined and thereafter some theoretical models of child care work are highlighted. A quick review of the role and developmental stages challenges and needs of CCW's are examined. Literature recently refers to CCW's as child and youth care practitioners.

There are different terms that are used in the literature. Residential care, children homes and group living are used to refer to what this dissertation means by child and youth care centres (CCYCs). In this literature review, the terms used by the various author (s) are used.

It is relevant to examine child and youth care centres in this chapter, as this thesis is exploring and describing the perceptions of child care workers (CCWs) and their experiences whilst caring for male children who present with inappropriate sexual behaviours (ISBs), in child and youth care centres. There are limited South African studies on CCYC's; thus all the studies examined below are from international studies except Domek's study, Domek, 2013 .

This study voices the opinion that the role of child care workers in child and youth care centres is an important aspect for healing, management and care of boy children; as most, if not all, male children who are placed at CYCC have been exposed to many traumatic experiences.

3.2 PROBLEMS PRESENTED BY CHILDREN IN CYCCS

Children in CYCCs present with many problems which CCWs find challenging.

According to Toth et al. (2011) one of the greatest challenges in working with children in residential care is the manifestation of behavioural problems like aggression, impulsivity, conduct problems and difficulty in obeying rules. These researchers go on to describe these children as destructive, defiant, oppositional and aggressive. They state that children re-enact behaviours modelled from violent homes and act out their traumatic experiences which

includes verbal and physical aggression and inappropriate or risky sexual behaviours. These studies demonstrate the challenge that CCWs have in caring for children in residential care.

Masten (2006) found that many children in SA live in child and youth care centres, and are cared for by child care workers. According to Stats South Africa, close to half of the children (45%) in this country who are admitted to registered child and youth care centres are admitted because of abandonment or neglect. International research shows that many states in America are recognizing the risk of inappropriate sexual behaviours occurring among children who are housed and cared for in state custody, as they have found that high numbers of the children who are in state placements have a history of sexually abusive behaviour. According to researchers like Vaughn (2005) and Dozier et al. (2014) harmful environments are created when severely emotionally disturbed youth are placed together in residential care, especially those with behavioural challenges.

Studies by Westcott and Clement (1992) and later Timmerman et al. (2012) found that half of the reported cases of sexual abuse in a residential setting involved male peer perpetrators. Other studies by Kent (1997) and Macleod (1999) suggest that peer sexual abuse in residential settings is downplayed by adults because they perceive the behaviour as exploratory adolescent sexual behaviour. This is a concern, as other studies (Glasgow, Horn, Calam and Horn, 1994) indicate that peer sexual abuse can be very damaging and have a negative impact on a child's sexual development.

These centres provide a unique setting for sexual behaviours. Specifically, a small body of research suggests that children's sexual behaviours are different in child care settings than in the family home. According to (Hornor, 2004) earlier models of childhood sexuality did not consider that child care centres provide extensive peer contact that has an impact on children's sexual behaviour. Parkin and Green (1997) carried out an ethnographic study of two residential centres and described them by using the term 'sexualized cultures', as sexuality was a constant because of the children's preoccupation with their own sexual development and with each other, and also most of them had a history of sexual abuse. Their concern was that the subject of sexuality rarely appears on formal agendas and in formal channels, and is also rarely discussed in staff meetings or groups. This impacts on the children because there is no clarity about sexuality and boundaries in the residential home.

(Phipps-Yonas et al., 1993) hints that residential caregivers often lack the confidence to understand and manage ISB. According to (Phipps-Yonas et al., 1993: p 5), child care workers

often show greater uncertainty and confusion about sexual behaviours and are “confused about what happens among youngsters in their care as well as about how, if at all, they should intervene”.

Parkin and Green (1997) concurs with the above study when they found that child care workers lack the expertise and also the resources to offer the children constructive support that is both sensitive and non-judgemental. Similarly, Timmerman et al. (2012) also found that professionals feel ambivalent and uneasy towards open discussions regarding sexuality.

Furthermore, studies by Farmer and Pollock (2003) and Lindsay (1997) illustrate that, when child care workers are confronted with peer sexual abuse in residential settings, they are faced with the challenge of providing professional intervention that is based on insufficient knowledge of what constitutes appropriate sexual behaviour for these children. Barter (1997) stated that child care workers find it difficult to define the boundary between sexual abuse and intimidation and acceptable experimental behaviour. Moreover, he stated that the professionalism of residential child care workers still left much to be desired, and that they usually ignore or deny peer sexual abuse; or did not know how to manage it.

It must be noted from the above studies that there is a continuum of sexual behaviours that child care workers struggle to respond to and manage appropriately, due to many reasons, and this leads to confusion about the required intervention for the children in care. Child and youth care workers (CCWs) who spend the greatest length of time with these children are the adults who need to understand, manage and intervene in a caring but effective manner on a daily basis, as this is a protective and resiliency factor for the children in care.

In order to understand the perceptions of child care workers (CCWs) in child and youth care centres (CYCCs) i.e. children’s homes, it is vital to examine how children’s homes are managed, what challenges are faced, how children experience group living and what the needs of children in residential care are.

3.3 ADVANTAGES AND DISADVANTAGES OF RESIDENTIAL CARE FOR CHILDREN

There are ongoing debates and tensions about residential care and great scepticism about how effective it is in protecting children. Against this view is the belief that residential placement can support the healthy development of some children with emotional and behavioural problems.

Child and youth care centres provide residential care and safety to children who are found to be in need of care and protection, according to The Children's Act No 38, in SA. This Act is the legal framework that guides the protection of children in CYCCs in South Africa. Child and youth care workers (CCWs) are employed by CYCCs as caregivers, to care for children on a daily basis.

The most common option for children and teenagers who require care and protection in SA and other countries all over the world is residential care. According to Sinclair and Gibbs (2000) children who are labeled as having "challenging behaviour" or are "difficult to manage" are the ones placed in residential care. In many countries, this intervention is seen as the last resort, that should be avoided where possible (Anglin & Knorth, 2004).

In the researcher's experience as a social worker, in the field of child protection for many years, she found out that a children's home is not always a safe and secure placement for children, especially traumatized and abused children who need a healing environment. According to Green and Masson, (2002) many children are sexually abused by other children in the home or are exposed to inappropriate sexual behaviours

The UN Convention on the Rights of the Child includes an obligation of 'Resorting to institutional care only as a last resort and as a temporary response' (Stockholm Declaration on Children and Residential Care (May 2003), cited in Anglin & Knorth, 2004, p. 141. Schmid et al. (2008) reported that many youth that live in residential care experience more difficulties and hardships as they grow, compared to youth who do not live in residential care. Masten (2006) disagreed with this by saying that resiliency promoting factors like consistent long term positive relationships with non- parental caregivers (includes CCWs) can buffer children in care, from adversities in their future. Anglin & Knorth (2004) believed that placing children in children's homes is an important intervention for children.

Similarly, research by Hair (2005) showed that children's behaviour improved in residential care. They specifically found that children who have a strong capacity to internalize their negative feelings (presenting as anxiety and depression) improved. However, children who externalize their emotions may not benefit from residential care but may still require this kind of care because aggressive behaviours are difficult to manage in the family home (AACRC, 2000; Hair, 2005). Bettman and Jaspersen (2009) found that residential care can be helpful for reducing symptoms in children and in building strengths.

Dozier et al.(2014) however, argued that residential care is inherently damaging to children. This is due to the dysfunctional peer environment, inconsistency of caregivers within the centre and the disruption of caring attachments, the possibility of harm, and the long-term negative effects that can result from having younger children in care. These researchers recommend that collective care of children should be avoided. One of the biggest concerns with residential care of children is the challenge to maintain, and adequately train staff so that a safe environment in which caring relationships can be established. These studies above demonstrate that residential care can be a meaningful and effective intervention provided that many factors are in place like involving and consistently helping the child's family as well as the child; adding in after-care; having well trained and skilled CCWs; and ensuring that children are safe. In this section we examined the positive and negative factors regarding residential care. We now briefly look at how the peer group and peer culture in a residential setting has an impact on the children and workers.

3.4 ISB AND SEXUAL ABUSE IN PEER GROUPS

CCWs have a powerful impact on children, and the children who live in the home together also have a profound influence on one another. Group living has a profound impact on all the children. It is recognized that peers play a vital role in child development.

Child and Youth Care Centres provide a range of residential services to children who include day to day care, protection, assessment and treatment. This is outlined in Chapter One. Challenges facing young people in child and youth care centres may include bullying, intimidation and peer pressure in large residential schools (Hudson, 2000). Many studies suggest that interaction with peers in a residential setting has a significant impact on cognitive, emotional and social development.

The complexity of group living has been explored by authors such as Whitaker et al., (1998) and Chakrabarti and Hill (2000). They have suggested that the risk of girls being exposed to sexual violence by male peers is high. There appears to be little published research on child-on-child sexual abuse among male children, in residential settings; or the display of inappropriate sexual behaviours among boy children in CYCCs. Informal clinical social work in Durban however suggests that the numbers of boy children being sexually abused by other boy children is high. It is estimated that 42% of sexual offences reported to *ChildLine*, (a national help line providing crisis intervention services) are committed by other children (Vanzant, 2004). It was reported in the *Pretoria News* that in South Africa a daily average of

82 children were charged for indecently assaulting or raping other children (Maughan, 2006, p.1).

International and South African studies on children's homes examining inappropriate sexual behaviours (ISB) among boy children are also limited.

This is a cause for concern, as the rate of ISB among boy children in child and youth care Centre's in South Africa is alarmingly high, but hidden. Grant, Indermaur, Thornton & Stevens (2009, p. 1) stated that it is clear that "sexual abuse of children by other children or adolescents constitutes a significant proportion of sexual offending against children". Much of the literature on residential care of children frame it within a discourse of harm or abuse (Kahan, 2013). The extent of sexual harassment and bullying within children's homes has been explored by Sinclair and Gibbs (1998) and Farmer and Pollock (1998). A study by Green and Mason (2002) suggests that placing 'damaged' children together is risky and a great concern. They strongly recommended that sexually abusing young people who present with ISB, including the sexual abuse of other children, should not be placed in the same residential centres with child victims of sexual abuse, even though there are often scarce resources and limited options for appropriate placements. Lowenstein (2006) stated that the inadequate ways in which sexual behaviour in children's homes was perceived and managed compounded problems of both the sexually abusive and non-sexually abusive adolescents.

Studies shows that very often residential settings do not meet the unique needs of children, nor do they offer protection (Green and Mason, 2002; Farmer and Pollock, 2003). In fact, these studies suggest that residential placements can expose children to further risks of violence, sexual abuse, and drug use, and have a criminal peer culture. Sinclair and Gibbs (1988) found that 40% of youth who were admitted to residential care received a conviction or caution if they stayed at the home for six months or longer. Green and Mason(2002) supports the notion of a criminal peer culture in residential settings by stating that female children are at high risk for being initiated into prostitution by peers.

The United States Government Accountability Office (GAO, 2008) found cases in different residential facilities of neglect, abuse and unsafe or inadequate housing. They found that many staff utilize practices that are physically abusive and that their treatment practices were also questionable (GAO, 2008). Research shows that disparities exist and that there is a need for improved standards of residential care. In contrast with this study, Biehal, Cusworth, Wade and Clark (2014) found that most young people do not suffer abuse or negativity from those caring

for them. They found that children's homes function well when there is strong leadership, a positive culture that both staff and children buy into, children are taught anger management so that the environment is not hostile and when the home promotes close inclusive relationships between staff and children.

Furthermore, a qualitative study by Soenen et al. (2013) examined the youths' perceptions in a Flemish centre, on what they thought was the most significant helpful elements of care. They found that staff that are available; defined boundaries and structure, and having space and time alone were perceived as helpful elements, whereas not being listened to; strictness and negative and unprofessional staff attitudes and interventions are perceived as counterproductive elements.

Another qualitative study by Freundlich, Avery and Padgett (2007) found that youth in care reported violence at the hands of peers; inappropriate staff conduct; and the lack of consistent quality care or supervision from staff.

It is clear from all these studies that the resident group culture of both the children and caregivers, who live in residential settings, has a significant impact on the day to day lives of children in CYCCs, and many factors are needed to ensure that children in residential care are safe and grow well.

3.5 NEEDS OF CHILDREN IN RESIDENTIAL CARE:

According to Fulcher (2006) the voices of children are important. Children know what they need to be safe and emotionally well, but are often unheard and unseen, especially in residential care. According to Fulcher (2006), responsive practice requires that the perspectives of children are heard and that they participate fully in the plans for their treatment and care. Maier (2014) states that, each child who is placed in CYCC has a distinctive background, history and culture and their social preferences and cultural needs should be expressed and heard. He went on to state that the differences of children contribute to 'the soul' of child and youth care.

A number of authors are in agreement that children in residential care need to be safe and protected and to feel cared for and safe spiritually, culturally, emotionally and physically. However, there are few studies that focus specifically on children's' opinions about their care. AACRC (2010) stated that youth in residential centres described direct care staff as patronizing

and that the adults did not understand children. The youth felt that staff were coercive and caused stress and fear in the children, and that some intervention styles were unhelpful.

The research now discusses how CCWs manage children in residential settings.

3.6 CHILD CARE METHODS OF MANAGEMENT IN RESIDENTIAL CARE:

According to Leichtman (2006), the two main elements that define residential care are milieu therapy and life space interventions. Milieu therapy can be defined as the helpful life skills modelling and explicit training that happens in the relationship between child care worker (direct care staff) and children (clients). Life space interventions occur between child care worker and the child when the child is in crisis. In SA it seems that milieu therapy means very different things in different institutions.

Milieu therapy is the spontaneous, interpersonal treatment that occurs between the children and child care workers in the residential environment. The goal of the therapeutic milieu according to Aiyegbusi & Norton (2004) is to build the psychosocial skills of children through interpersonal interaction and to reduce pathological behaviour. This goal remains an important present goal in child care. It is clear that the role of CCW's is to positively parent and emotionally and physically care for children.

Mahoney, Palyo, Napier, & Giordano, (2009) concur with this as they state that the express goal of child care is to create an optimal healing environment, in which the children feel safe and supported in their environment. Leichtman (2006) noted that most residential centres state that they have a milieu, and that it is therapeutic, but that these terms are left largely undefined and vague.

A number of studies show that it is the simple, day to day events and relationships that create positive change and healing in children. This study will now look at a few further studies that show this finding.

Garfat (2008) explains that the intervention method used by child and youth care workers is unique, as they use the events of daily living from the environment and systems which the child lives in to help children grow and develop. This intervention suggests that it is the unimportant tasks and activities, the non-technical and the routine, that promotes change and allows growth to take place. Ainsworth (2012) supports this notion by suggesting that children require basic

care and that this is the cornerstone of child care practice, as child care is a 24-hour task and thus CCWs have the most power to influence the children. Hair (2005) also supports this idea, by stating that the daily environment where children live is used as a therapeutic means. Research by Garfat (2008) shows that grand interventions do not generate change, but rather it is the relationships that are developed with the children that create change - it is human interactions that bring about change. According to Fulcher (2006), the integrity and uniqueness of child care work is expressed through life-space work which is the complex and transformative methodology of achieving extraordinary results by doing ordinary day to day things with children where they live; this includes residential care. Fulcher (2006) also talks about timing and rhythms, and the importance of connection with children and families where they are. Krueger referred to it as being in the lived experience with children and compared it to a modern dance, where there are moments created for empowering, discovering and connecting and being cautious of rhythms that connect people, so their interactions have meaning. Skilled CCWs are aware of the impact of utilizing the lived experience and also can reflect on this experience in a purposeful and immediate manner.

3.7 BRIEF REVIEW OF CHILDREN'S HOMES IN SA:

There is limited research and literature on South African children's homes. However, a research study by Domek (2013), which examined the psychosocial needs of HIV-positive children on antiretroviral treatment, provides useful insights into the challenges facing CYCCs in South Africa.

The study noted that most child care workers are female and that this may be due to the distrust of men in South African culture fuelled by high rates of sexual abuse toward children (Jewkes, Levin, Mbananga, & Bradshaw, 2002). It highlighted that the majority, if not all CYCC in SA, have inadequate numbers of male caregivers employed to provide care for children and this is a concern especially because it seems children are growing up without adult male influences in many of the homes. This is especially important for boy children. Furthermore, Domek's study also points out ongoing racial disparities e.g. primary caregivers were predominantly black. In the current study all the child care workers are also black.

Many children's' homes included in Domek's study were having a challenge to formally register with the government and were not receiving funding from the government or being required to abide by specific regulations. He found that most of the new, unregistered homes had a high prevalence of HIV-positive children, and thus needed financial help. The centres had to refuse children needing placements because they were full.

The South African Children's Act continues to add clarity to the registration process for child and youth care centres' and gives hope for the increasing government registration and subsequent funding and monitoring of such homes (Children's Institute, 2011), which according to Domek is a significant need. Results from Domek's study show that a majority of children's homes did not have formal disclosure policies and often struggled with deciding how and when to disclose a child's HIV status. Many children's homes included in Domek's study expressed a need for help in implementing these important practices. This is also true for severe cases of child on child sexual abuse and the lack of proper knowledge in implementing the Criminal Law (Sexual Offences and Related Matters) Amendment Act No 32 of 2007. The challenges from his study are now discussed below.

The homes included in Domek's study expressed a serious need for more remedial and special education programs to accommodate HIV positive children. Additionally, homes expressed a need for more financial assistance for school fees, uniforms, school supplies, transportation, and funding for tertiary education. This is a need for all children in state care in SA.

Providing some form of mental health care is a challenge for the children's homes included in Domek's study, and many homes needed an increase in funds to provide qualitative services to meet the children's needs. He also found that majority of homes used specific criteria when admitting children, with most homes setting age limits and preferring younger children and that most of the homes were self-identified as religiously affiliated homes.

Most of the homes reported a variety of funding sources, mainly from private donations, church organizations, and government grants. He found that children's homes are not well subsidized by the government and homes caring for children with a chronic illness struggle even more. His study also revealed that most children's homes need to care for the growing number of orphans in areas where the presence of HIV is high (Meiring, Sherman, & Meyers, 2006), the effects of institutionalization needs to be explored in the context of the AIDS epidemic.

Although children's homes serve important functions caring for abandoned, neglected, and ill children, institutions have often been criticized as being costly and not an ideal environment to raise children (Meintjes, Moses, Berry, & Mampane, 2007). Attention should be paid to the increasing frequency of children's homes and the eventual deinstitutionalization of such

children. Most of the homes included in Dobek's study expressed as a major concern the lack of preparation of their children for independence.

In conclusion, it can be stated that although the children's homes included in Domek's study and in this present study and other CYCCs in SA provide important care for children in South Africa, they still struggle to provide various vital services necessary in supporting the entire well-being of the child.

In the next section the researcher will look at literature on child and youth care workers and their experiences with children.

3.8 CHILD AND YOUTH CARE REVIEW

This section looks at literature on child and youth care workers. There is no literature on the experiences of CCWs (child care workers) in CYCCs (child and youth care centres) in SA in respect to BC (boy children) who present with ISB (inappropriate sexual behaviours). This study looks briefly at the history of child care in SA and research on the role of child care workers. It then examines their core competencies and highlights the theoretical framework of child and youth care work, as well as the challenges and needs in terms of training and supervision and life space work, as this is relevant to the care of boy children.

3.8.1 Definition of child and youth care

Garfat (2008) stated that child and youth care is strongly defined as 'being with the people as they live their lives'. Smith (2009) stated that "building appropriate relationships and using these to help children as they grow up is the primary endeavour" (2009, p. 120).

Meyer (2006) used the term 'universal educator' to describe the CCW as this implies that children are physically cared for by child care workers. Children in residential care are, as they are fed, clothed, and supervised by their child care workers. Children in residential care are given daily routines and structures; are taught social skills and taught skills to master daily living. Meyer (2006) goes on to state that child and youth care focuses on the development and growth of children and youth and is concerned about the total functioning of a child and holds a social competence perspective to the development of children. It is mostly based on direct, day to day work with children and youth in their environment. CCWs stay grounded in direct care work, and therapeutic relationships are at the core of child care work.

3.8.2 Brief history of child and youth care in SA:

The history of child care work in South Africa (SA) shows many years of struggle to recognize and professionalize this vital field of caring for children. The professionalism of the field of child and youth care in SA was achieved, after years of struggle and advocacy. The CCW degree program was established in 2003. March the 11th 2013 was the date of the inauguration of the new Professional Board for Child and Youth Care (PBCYC) – the start of a renewed focus on statutorily regulating child and youth care workers.

Research by Smart (2003), shows the urgent need for having CCWs in South Africa. According to Smart (2003) the many contradictions and imbalances in SA show themselves in the child and youth care field. The one part has wealth, education, empowerment and control, whilst the other part has unemployment, crime, AIDS, countless orphans, deeply layered poverty, starvation, malnutrition and crime that is driven by poverty. Many communities in all the Provinces in SA are under-resourced and children and families are desperate for services and support. It is estimated that there are almost 18 million children under the age of 18 years in SA and 60% of these children live in poverty (Stats SA). Children in SA take on a parent role are very vulnerable: they care for dying parents, children head households and many live with and are cared for by elderly grandparents- who also need care from these children and many children are abandoned, and are victims of physical, emotional and sexual abuse. “Children are our most treasured assets and the future of our country, yet they are silent innocent casualties of poverty” (Smart, 2003. p. 9).

Child and youth care services were historically only residential care, and this was mostly available to communities that were advantaged .The National Association for child and youth care (NACCW) in SA, found that the need for child and youth care services even in the historically rural settings had increased.

In child and youth care, Garfat (2008) states that child care workers have the opportunity to encounter children in a way that is intimate, close, human and real. This current study understands the critical role that CCWs have in CYCCs, as they live with boy children and have a ‘lived experience’ thus their perceptions and experiences of inappropriate sexual behaviours among male children will provide data that will contribute to a richer understanding on how to manage sexualized male children in this setting, as well as offer the CCWs an opportunity to have a voice in the field of child care. Their needs and challenges need to be

heard and addressed as this will have a great positive impact on the children they care for, and their own personal and professional lives.

The brief summary of the history of child care work in SA shows us the challenges as well as the need to have trained CCWs in CYCCs, and in communities. This study will now look at the theoretical framework for child and youth care.

3.8.3 Theoretical models of child and youth care:

The evidence is clear that in order to function effectively, child and youth care programs need a framework for understanding what they are trying to do and how they strive to do it, with clear principles and strategies based in relevant research and practice-based evidence. There are a number of well-developed program models in the field of child care, such as the Teaching-Family model, Isibindi model (NACCW), the Sanctuary model, as well as the CARE model which strives to offer a clear and coherent guide for practice (Holden, 2009)

While none of these models focus on ISBs, the principles should be used and special attempts should be made in SA to learn how to deal with ISBs using other programmes and referrals to experts. A well-developed program model for residential care is the CARE model (Children and Residential Experiences, Holden, 2009). This model focuses on six core principles that attempt to encompass the major elements necessary for sensitive and effective care for young people, whatever the setting. This literature review will examine these six principles, as it is linked to this research because all children require a high quality of care, including boy children with ISB who require sensitive and effective care, especially in residential care.

The CARE model recommends that activities and care should be developmentally appropriate for children in all levels of functioning e.g. social, emotional, physical and mental, as this can build children's self-esteem and sense of mastery and control. It also states that children should have meaningful relationships and consistent contact with their families and communities, as this can help children adjust socially and emotionally and children feel a sense of connection and belonging which promotes resiliency. Another core principle of this model states that children need to build safe, trusting and meaningful relationships with the adults who care for them, as positive attachments help children to become competent, resilient and emotionally well adults. Children who are placed in residential care present with very challenging behaviour that is rooted in pain and trauma. It is thus recommended that child and youth care workers respond sensitively rather than coercively to traumatized children. (Anglin, 2003) completed a research on group homes: he produces the term "pain-based behaviour" to refer to the responses

of older children such as withdrawal, anger outbursts, lashing out, to emphasize that the root of most behaviours “ lie in deep and profound psycho-emotional pain”. Workers need be careful not to simply “inflict pain on pain” by reacting with harsh consequences or punishments, and to find ways to respond sensitively to the pain that lies just beneath the surface. The last core principle talks about the importance of child care programs helping children in care to become competent in all areas of their life i.e. to learn skills, knowledge and attitudes so that they can cope with daily challenges and grow into well-adjusted adults. Child care workers should plan activities and interactions with this purpose in mind.

These six core principles of the CARE model promote our understanding of what is expected from CCW at CYCC, whilst caring for male children with ISB.

This section will now examine the role of CCWs, as their role is multi-faceted.

3.9 ROLES AND CORE COMPETENCIES OF CHILD CARE WORKERS:

This review now examines a number of studies that show us what child care workers should be fulfilling in their role. This will help understand what is required of CCW’s whilst they care for BC, who exhibit ISB, in CYCCs.

Krueger (2000) states that CCWs are agents of many ‘trades’ and tasks which includes some of the following activities: cooking and serving meals, housekeeping, first aid, counselling, staff meetings, supervising children’s homework etc. He talks about their central function which he describes as providing nurturance, support and being available and dependable. He alludes this as ‘being there’. Krueger (2000) goes on to say that child and youth care work is grounded in information and theory but also on doing activities to help children grow and develop; and on ‘being’. Child care work is described as being a process of ‘self in action’.

Research by Krueger identifies three main tasks of CCWs, which are: to be a caring and significant caregiver and role model; to have the best interests and wellbeing of children at heart; and to be involved in the total life of each child in their care, in a dedicated way. Krueger (2000) believes that an effective CCW is one who is pro-active, can create a nurturing climate and space, can provide for the physical needs and positive development of each child, and also to create and maintain a healthy routine and structured environment; as well as perform their administrative duties. These skills and tasks according to theory, helps us to understand the

ideal role of CCWs. This review above also demonstrates the lack of capacity of CCWs in South Africa to fulfil their core roles due to their challenges.

3.10 DEVELOPMENTAL STAGES OF CHILD AND YOUTH CARE WORKERS

CCWs pass through stages of growth, both personally and professionally. Garfat (2008) stated that the interactional perspective effectively describes the developmental stages of CCWs. Research by Garfat (2008) shows that the essence of child and youth care practice is in the contextualized interactional relationship between the CCW and child. The developmental stages of CCWs are thus defined by this and movement between stages shows the changes in how the CCW perceives and acts within this relationship and goes through a transformation of perspective. According to Ainsworth (2012) because the perspectives of CCWs are changing, their actions and who they are also changes. Phelan (2005), states that as CCWs spend time in the field, they move to the next stage of development, with the proper support. According to Garfat (2008), there are four developmental stages that CCWs pass through and as growth and development takes place, the CCW reaches a final stage where the CCW is sensitive to the uniqueness of each child and intervention, has contextual awareness and can accept failures without self-criticism and is focussed on the process of healing and developing well-adjusted children. There is reflective learning and transformational experiences in this phase, and this becomes more important to the CCW, than behavioural outcomes. The CCW draws on previous learning and can use it creatively and instantly when needed. In this stage, CCWs become very creative and knowledgeable and can use non-traditional methods to help and care for children. Boundaries are clear and flexible and therapeutic. The CCW sees self as a therapeutic tool and is clear about personal issues and issues of the children. CCWs build a caring therapeutic relationship with children and can function effectively and harmoniously with the children. These stages described above illustrate that CCWs have many needs, both personal and professional, in order to grow and develop.

3.11 CHALLENGES FACED BY CCWS

CCWs are part of residential teams, in which professional relationships are built. Research (Gharabaghi, 2008), shows that residential work can be very intense and the environment is often crisis driven, and this results in a loss of boundaries, or blurred boundaries between staff. CCWs have to manage the affairs of day to day life and this management of household affairs can cause conflict e.g. gossip, lack of trust, cliques and personal relationships, which results in negativity, discord and a lack of satisfaction. Children at the centre feel the impact of team

dysfunction and this kind of environment hinders healing and emotional wellness of both the children and CCWs.

Research by Dunlop (2004) and Salhani & Charles (2007) found that there are a number of assumptions about CCWs at residential centres: for example that child care work is not a real career, and that it is assumed that only young and single people can be residential CCWs; also that CCWs can only describe behaviours, and that the only qualities needed for residential care workers are to be fun loving and have a good attitude. The role of the CCW is perceived negatively, and is undermined, especially in SA. Fulcher (2006) states that front line workers, like child care workers, are placed at the bottom of organisational charts and given limited acknowledgement for their role. Gharabaghi (2008) found that CCWs complain that their voice is dismissed and not taken seriously in the context of case conferences, development of interventions or care plans for children. Residential CCWs find this frustrating as they spend the most time with the children. Heron and Chakrabarti (2003) found that staff in residential homes feel powerless to address the real issues and problems affecting children; despite significant changes in the residential sector. Moreover, they found that staff are not empowered and that the children's needs are not prioritized.

Bandura's (1997) social cognitive theory on self-efficacy helps us understand child and youth care workers sense of powerlessness in SA. CCWs need to develop self-efficacy as this will determine their thoughts, behaviour and feelings and will help CCWs to see believe in their abilities and recover from setbacks. It is the researcher's opinion that CCWs in SA, both residential and community child care workers, are not given the recognition and support that they need both by the Government and other professionals. Thus CCWs feel isolated and not sufficiently equipped, and often leave the field due to burn-out or other challenges.

Another challenge facing CCWs is the abandonment of professional conduct because of the informality that is part of residential work. Informality includes use of language, personal choice in clothing, time to complete tasks and sense of humour; when CCWs forget their professional conduct the result is poor role modelling in terms of inappropriate dress, inappropriate humour and language. (Gharabaghi, 2008).

Other challenges facing CCW are lack of communication and transparency from management and supervisors, and the lack of support from management and lack of accountability between CCWs and field social workers. Challenges also include favouritism and conflict over staff selection; lack of involvement in decision making; and lack of consultation and participation

in restructuring and changes in policy. Gharabaghi (2008) goes on to suggest that poor relationships most often exist between CCWs and the residential centre because of power imbalances and lack of communication and transparency, and due to the focus being on different priorities.

Another huge challenge faced by CCWs are that they are not paid well enough, compared to the amount of work they are expected to complete. Early research by Braxton (1995) found that direct care staff members in residential care centres in America are not paid adequately as related to the amount of work they are required to do. This creates a volatile mixture, and a crisis situation results because of the low morale, a lack of motivation, and high staff turnover. This in turn results in staff that cannot be effective CCWs who care for children. New staff members are young and severely under-trained to care for children. Fulcher (2006) stated that poor pay and poor conditions reflect the status given to CCWs and the value put on improving the wellbeing of children in care.

A lack of proper teamwork is another challenge that CCWs face. Case management, decision making and day to day interventions become more meaningful and effective when CCWs interact with professionals from a range of disciplines. CCW are not recognized and their voice is either dismissed or not taken seriously during case conferences or when developing plans or interventions for children. CCWs who work in residential centres become very frustrated and de-motivated as they are the workers that spend the most time with the children. Similarly, Carson (2005) supports the fact that CCWs need the opportunity to communicate and report, or their perspective loses priority and, because they have no clear voice, they lose the opportunity to advocate on behalf of the child or family.

Gaughan & Gharabaghi (2008) concur with these studies by stating that it is clear to see that historically, and even at present, CCWs are not really taken seriously and they see themselves as being less valuable than many other professionals.

3.12 NEEDS OF CHILD CARE WORKERS:

CCWs have many needs in order to carry out their roles efficiently. Supervision, on- going training, support and consistent debriefing are some of their important needs. Due to the complexity of their work and the challenging behaviour that different children in care present, CCWs need someone to listen to their needs, someone to ventilate to, and to have the opportunity to debrief with someone.

3.12.1 Supervision

According to Phelan (2005), CCWs need consistent and appropriate supervision to support, guide and mentor their work. Fulcher (2006) found that both supervision by peers and formal supervision of CCWs are often neglected or forgotten due to work pressures. Supervisors need to be mature and well trained and help CCWs to understand their responsibilities. There should be encouragement from supervisors to attend meetings and to share ideas and be a part of decisions made about the children in their care. In SA most supervisors of CCWs lack understanding of the complex and intricate tasks of the CCW. Supervisors often lack faith in the skills and abilities of the CCW which impacts on the quality of supervision that is offered. Research (Phelan, 2005) shows that one of the most powerful learning experiences for CCWs is life space supervision where the supervisor models how to be with others. Studies by Phelan (2005) suggest that many CCWs have the opportunities to attend courses, but what they learn remains as pure knowledge and is frequently not applied as a skill. Life space supervision however, can help CCWs to make the transition from theory to practice. This means that while the supervisor is intensely involved in the CCWs everyday work life, the CCW learns how to engage in the life space of the children they care for. Thus, for a child and youth care approach to be powerful and effective, the supervisor must be a good role model in terms of their actions, attitude and orientation; allowing the CCW to adopt and copy this in their work with children. Studies also suggest that a supervisor's approach to each CCW should be unique and individualized, in the same way that a child care worker needs to approach each child. Phelan (2005), identified how new CCWs in the field need greater direction, clarity and a structure that developed workers. He also mentioned that the CCWs level of development must be compatible with the interventions and actions of their supervisor. Anglin (2003) stated that performance needs the effective application of the CCWs skills, self-awareness and knowledge; and that supervision will build ability and competence. Garfat (2008) agreed by stating that this will ensure that supervision will be congruent with practice.

3.12.2 Training needs

CCWs have many training needs.

Many studies show that training should be available and compulsory, and is of paramount importance to enable child care workers to grow, develop and care for children in a qualitative and effective manner. According to Butler and McPherson (2007), staff who work in residential centres are often highly stressed and under-trained. Studies have also found that there are

improvements with staff and child functioning in residential centres when there are interventions with staff (Roeden et al., 2012).

According to McFee (2014), training for direct care staff (CCWs) does not focus on psychological dynamics such as attachment, interaction with children or self-care. Without this training, it seems that CCWs rely on their own life experiences and workplace experience, and available psychology sources for an understanding of hurt and emotionally disturbed children and this can hinder their effectiveness in intervening with these children.

Braxton (1995) stated that, when training is cut from the budget, it creates a feedback loop of ineffective, under-trained staff that quit only to be replaced by more ineffective, undertrained staff.

Ridley and Kleiner (2003) support the notion of the positive impact and efficacy of brief training programs for professionals in practice. Other research like Moleiro, Marques and Pacheco (2010) examined the training of CCWs and found that even brief trainings improved the cultural diversity competencies of CCWs. This is in line with the ethical guidelines that are being developed in a number of countries. However, it seems that these ethical guidelines are not being translated into training programs.

A study by Bettman and Jaspersen (2009) noted that it is not clear if staff who work in residential centres are schooled in any given orientation. Furthermore, Van der Laan (2011) found that characteristics of youth care workers such as professionalism, education, training, and relationship skills are important indicators of positive treatment outcomes for children in their care. Child and youth care education and training programs are thus central to the development of caring and skilled CCWs.

These studies illustrate the high importance of training CCWs as this benefits both staff and the children in residential care. However, it seems that there is a lack of consistency and also opportunity for CCWs in SA regarding training - which needs to change.

3.12.3 Compassion fatigue

The CCWs role is complex, and tiring both physically and emotionally. Moses (2000) qualitatively studied the motivations of people who are working as child care workers through individual interviews. She found positive and negative themes from her data - for example,

staff felt that they had something of value to give to the children and some described positive values that motivated them to help young children, whilst some wished for work that would be emotionally rewarding and worthy of praise, and others felt it was their debt to repay the help they had received in their childhood. The data showed a strong theme of workers seeing their job as temporary. Moses (2000) found that staff often made reference to the fact that their work was short term, because it pays poorly, lacks security and benefits, and is very physically and emotionally demanding. This current thesis emphasises that the role of child care workers is both emotionally and physically demanding. Eastwood and Eckland (2008) studied whether staff who work in residential centres suffer from compassion fatigue and burn-out. They found high levels in staff. They defined compassion fatigue as: *“a state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, avoidance and numbing of reminders, persistent arousal for example anxiety, associated with the patient”*. It is a function of bearing witness to the suffering of others,” (Eastwood and Eckland, 2008, p. 105)

They went on to state that the three dimensions of burn-out are depersonalization, emotional exhaustion, and a poor sense of personal accomplishment. In their study, they found that staff members who engaged in self-care were able to ameliorate their burn out; and that compassion fatigue is very likely to have an impact on the staff behaviour with children. Their study found that reading and receiving support outside of work seemed to protect workers from compassion fatigue. They suggest that the best way to ameliorate compassion fatigue was to address burn-out risk and intervene around staff stress levels, and to support staff in developing and maintaining good self-care practices and activities outside of work, as this will improve staff retention and improve the child care environment. Maier (2014) stressed that, if caregivers are themselves nurtured and given consistent and on-going care, they will be able to offer qualitative care to others. These studies demonstrate the importance of debriefing and caring for the caregiver, as their role is complex and challenging. In caring for the CCWs, the children in care will be nurtured more efficiently.

3.13 CONCLUSION:

This section provided an overview of residential care and child care work; as well as the roles, tasks, developmental stages, needs and challenges of child care workers. It is easy to identify the gap in the literature - that there is no research on how CCWs care for and manage boy children who present with inappropriate sexual behaviour in child and youth care centres. However, there is research on CCWs roles and their core competencies, as well as their

challenges, all of which helps to understand their possible experiences in caring for male children in residential care who present with sexualized behaviours.

It is evident that CCWs world-wide, but particularly in SA, have many challenges that are not overcome, and many needs that are unmet. If they cannot be adequately cared for, trained and supported, one needs to ask the question of how they can provide qualitative and nurturing and consistent care to the vulnerable and needy children in their care in CYCC.

This study explores and describes the child care experiences of child care workers in respect of their work with boy children who present with inappropriate sexual behaviours in child and youth care centres – a partial answer to the question.

The next chapter will focus on research methodology.

CHAPTER 4: RESEARCH METHODOLOGY

4.1 INTRODUCTION

This chapter includes a discussion and outline of the research method used in the study. All aspects of the research method, including the limitations of the study, research design, sampling, data collection and data analysis are presented, also in terms of their appropriateness. The criteria of trustworthiness with regards to credibility, transferability, dependability and verification are discussed.

4.2 RESEARCH DESIGN

Research design can be understood as “the formula chosen by the researcher in order to best achieve the research goals” (Fouché, Delport, & de Vos, 2011).

An exploratory and descriptive design and a qualitative approach was used, as it best served the purpose of the research - to understand the construction of realities of CCWS in CYCCs regarding the issue of inappropriate sexual behaviours among boy children. This approach best suited the achievement of the aims and objectives of the study.

Durrheim (2006), states that exploratory studies are used to make preliminary investigations into relatively unknown areas of research. They employ an open, flexible and inductive approach to research as they attempt to look for new insights into phenomena. This research explored new insights, understanding and experiences, as this topic has not received much attention locally. Descriptive studies aim to describe phenomena in detail, and this research endeavors to provide rich and detailed information.

According to Gray (2009) a qualitative approach is most suitable when seeking the perceptions of the participants and trying to understand their actions. Sarantakos (2005) further refers to the value of using a qualitative approach, rather than a quantitative approach, when there is limited knowledge of the research subject. Rubin and Babbie (2011) re-enforces that this approach promotes rich understanding. Qualitative methods are also most appropriate for studies where the research participants are best understood from the inside, and for when the study aims to understand the participants’ reality through seeking their perspectives (Sarantakos, 2005). This study seeks to explore and describe the under-researched issue of inappropriate sexual behaviours among boy children in residential care; as experienced and perceived by child and youth care workers.

Qualitative methods are also applicable in terms of how it relates to social constructionism as a theoretical framework for the study. Lock and Strong (2010) argue that a qualitative approach is suitable in order to gain insight in to participants' social constructions. This was seen as highly relevant to the study, as it seeks to explore social constructions in relation to inappropriate sexual behaviours among boy children. Qualitative techniques, also allows one to gather data from participants and to use this information to guide practice (Lock & Strong, 2010; Rubin & Babbie, 2011; Silverman, 1997). This applied to the research study as the goal was to use qualitative research techniques to gather a wealth of rich data. The researcher believed that this data would be effective and useful in terms of guiding preventative practice in relation to management of boy children who present with ISB.

According to Blanche, Kelly & Durrheim (2006, p 273): "qualitative research can be used to identify potentially important variables and to generate hypotheses about possible relationships among variables, and it can add some 'human drama' to the impersonal world of scientific research".

4.3 SAMPLING:

According to Terre Blanche et al. (2006), sampling can be best understood as a detailed plan on how the researcher selects elements to be studied. On-probability, purposive sampling using criterion sampling was used. Criterion sampling was used because the strength and logic of this method was to select a sample that was rich in information. (Babbie, 1995)

Two Child and Youth Care Centres were purposively selected for this study. These centres were selected because of an existing professional relationship between the researcher and the centres. The centres have experienced problems with boy children exhibiting inappropriate sexual behaviour, and indicated a keenness to learn more about the problem and how to deal with it. The principals/gatekeepers of the centres were contacted and an information document was forwarded to them. Both centres voluntarily agreed to participate in the study. (See Appendix 1)

According to Kelly (2006) gatekeepers have vested interests either in the issue at stake or in the well- being of the potential respondents. They decide who is 'let in and who is not' (p 312)

4.4 RESEARCH PARTICIPANTS:

The principals of the CYCCs provided permission and support for the research, and allowed access to the CCWs. The principal and/or the senior child care worker compiled a list of those CCWs who work with boy children with inappropriate sexual behaviour or who have worked with them in the previous two years. From the list of CCWs that work/worked with BC with ISBs, fourteen child care workers (seven from each Centre) were invited to a meeting, where the researcher presented the study and explained the objectives and value of the study, and questions were asked by the CCWs and answered by the researcher. The CCWs who had experience with sexualized male children in residential care, were then invited to participate in the study. As far as possible, a heterogeneous group in terms of gender, race, background and experience was sought. Using a small sample of 12-14 child care workers was effective as this allowed an in-depth exploration and investigation of the experiences of the child care workers as they cared for boy children, which suits this particular research study. Although the findings are not representative in a statistical sense; this research emphasizes many of the challenges and perceptions of child and youth care workers working in a child and youth care centre; and also highlights suggested issues that are likely to be transferable to similar contexts. A small sample was planned using a qualitative approach so that the research could describe and interpret child care workers experiences and feelings in human terms rather than through quantification and measurement (Blanche, Kelly & Durrheim, 2006).

Participation in the study was voluntary and dependent on the child care workers' willingness and interest in the study. According to Durrheim (2006), it is important for participants to voluntarily participate in the study, as they will be more vested in and committed to the research. The researcher approached the child and youth care workers to participate; a brief meeting was held with CCW's to explain the research, the potential benefits, the research process, discussed concerns and answered questions. Thereafter, interview arrangements were made with those CCWs who were interested; available and willing to participate. This process reduced the possibility of child and youth care workers feeling coerced into participation. (Durrheim, 2006). The researcher therefore obtained permission from both the gatekeepers and the individuals concerned, thus fulfilling the ethical obligations.

Refreshments were provided for each participant after the interview, and transport fees from home and back were paid for the CCWs who were not working at their shift at the time of the interviews. There were no other payments made to the participants.

4.5 METHOD OF DATA COLLECTION

According to Greef (2011), an interview can be defined as a social relationship in which there is an exchange of information. The researcher gains information through the interview, through direct interchange with an individual or group.

In this study individual semi-structured interviews were conducted in order to understand the perceptions and experiences of CCWs who work at CYCCs and who care for boy children who present with inappropriate sexual behaviours. Interviews were used to collect data, guided by an interview schedule which was semi-structured, however with themes and probes (see Appendix 2). According to Rodwell (1998), the human instrument is the primary data gathering instrument in constructivist research; and is the most powerful and adaptable instrument to adjust to various realities in natural settings.

The technique of broad, universal, overview questions, called “a grand tour” by Spradley (1979) was used initially to give participants practice in the process, to relax the atmosphere, and help the CCW to provide thoughtful information. Since very little was known about this phenomenon in local communities and the SA context, the justification of this approach was to ensure that in-depth knowledge is ascertained on experiences of CCWs caring for BC with ISB (Cresswell, 1994: 21). This type of interviewing can give greater richness and breadth; and helps the researcher to understand the complexity of perceptions and behaviours of the participants, without imposing any prior categories that may hinder the research. The researcher can establish a human-to human relation with the participant, with the need to understand rather than to only find explanations.

The interviews were conducted at the child and youth care centre; as this was most convenient for the CCWs. It was held in a venue that was comfortable and that provided privacy, and at times that were convenient for the respondents. A nurturing, safe, respectful environment was created as the context for the interviews. Data collection was flexible and sensitive to the context, and contact between the participant and researcher was interactive. The researcher was aware of factors such as dress, role assumed, level of formality; time; venue and how these impacted the interviews (Durrheim, 2006)

The language used during the interviews was English. The researcher was aware that English was not the mother tongue of all of the participants, and was sensitive in ensuring that all participants understood the probes and questions. Communication was kept simple and clear; and the researcher, who is a social worker, made use of social work skills to observe body

language, facial expressions and other non-verbal cues and constantly checked that participants were comfortable and understood the communication. Social work skills were also used to build rapport, trust and convey empathy. All respondents were comfortable with English. The researcher moved at the pace of each participant. The researcher had to be especially careful in her communication, as this is a sensitive topic in the participants' second language.

The researcher chose not to use an interpreter during the interviews for many reasons; for example, there is often a loss of intimacy when an interpreter is present; the participants could also feel a sense of invasion of their privacy - especially when the topic is sensitive; and it is possible that the richness of the data is diluted (Durrheim, 2006).

It was decided that the use of an interpreter would have diluted the richness, depth and realness of the data and therefore the researcher preferred to conduct the interviews personally.

Participants provided verbal and written consent, in accordance with ethical requirements. Pseudonyms have been used for all participants, and both child and youth care centres mentioned during the interviews, and throughout the thesis, in order to preserve confidentiality and anonymity of the participants in accordance with the ethical requirements presented in Chapter Three.

As outlined in the previous chapter, the sample comprised of twelve child care workers that cared for BC who presented with ISB, in child and youth care centres. The initial planned sample comprised of 14 CC's; but due to unforeseen circumstances (one was hospitalized and another had resigned) the final sample was thus reduced to 12.

As discussed in Chapter Three, permission to do the research was obtained from the principles of both CYCCs. The objectives and benefits of the research were discussed, and the researcher requested a list of all the CCWs that worked with BC who exhibited inappropriate sexual behaviours. The researcher thereafter set up a meeting with all the CCWs on the list. The research process, objectives and benefits were conveyed to these CCWs. Seven CCWs from each centre were selected in terms of availability, interest, differing ages, gender, and years of experience, to ensure a range of experiences and opinions.

There are many benefits to interviewing, especially when talking about sensitive issues. Semi-structured individual interviews are less inhibiting. Kelly (2008b) states that individual interviews are most appropriate for addressing sensitive and personal experiences. Because interviews are face to face, it is easier to establish a rapport with participants: the interview

context can be one of relation and interaction. This is vital, as the goal of unstructured interviewing is understanding as the researcher must try to understand the situation of the respondents from their viewpoint.

Interviews allow for flexibility so that there is room for generating meanings. This is in line with the social constructionism framework, which assumes that people are social beings who actively interacts with society; and is involved in a process of meaning- making and the creation of social constructs. Individual interviews assists research in seeking detailed accounts, and allow for the flexibility of clarifying and following up with the participants (Kelly, 2008b). Interviews are thus a powerful way to try and understand another human being; as they gather rich, in-depth experiential descriptions of events or episodes in the life of the participants. The researcher ensured that the participants were comfortable and felt safe to share their experiences about sexualized boy children in their care.

According to Holstein & Gubrium (2011) *'interviewing is not merely the neutral exchange of asking questions and getting answers. Two or more people are involved in this process and their exchanges lead to the creation of a collaborative effort'*. They go on to describe this process as "active", and that leads to a contextually bound and mutually created story. Scheurich (1995) supports this statement that an interview is not a neutral tool, but is impacted by the interviewer who is located historically and contextually, and carries conscious and unconscious biases, feelings and motives. In this study the interviewer adopted an empathic approach, to become an advocate in the study; hoping to use the results to advocate social policies and improve the conditions of the interviewees. An interview can be seen as a social encounter. Saukko (2000) asked, "How can we be true and respect the inner experiences of people and at the same time critically assess the cultural discourses that form the very stuff from which our experiences are made" (p299).

Warren (2002) describes the interview: *"In the social interaction of the qualitative interview, the perspectives of the interviewer and the respondent dance together for the moment but also extend outward in social space and backward and forward in time"* (p. 98). Finally, we try to piece together the kaleidoscope of shapes and colours into a coherent story -something that has some meaning and, in the common understanding that we achieve, brings us all closer together (Atkinson 2002).

There are also disadvantages when using interviewing as a tool for gathering data. The researcher was limited in terms of stimulating discussions and debates between respondents;

or listening to shared ideas and observing individual differences between participants; a focus group would have added these benefits and the synergistic effect of group interaction could have produced data that may not be uncovered during individual interviews (Babbie, 1995).

The researcher concluded that the use of a semi-structured interview schedule, with themes and probes, was effective in order to elicit rich information from the CCW, in accordance with the research questions and objectives. The researcher saw the need for CCWs to talk about their own families and children, their dreams and hopes, thus the interviews generally ended with a time of debriefing. This allowed the CCW to receive the time and attention to debrief, to focus on their future, and allowed for adequate closure: this ending also provided the researcher with precious information about the needs of the CCWs.

4.6 PROCESS OF DATA COLLECTION

Interviews were held in a private room at the CYCC where the participants worked. This arrangement was the most convenient and comfortable for the CCW. The researcher conducted the interviews in English.

A consent form was signed by each participant before the interviews (Appendix 3)

At the outset of the interview, a brief introduction to the research was outlined, and the motivation and potential benefits of the study was explained (Appendix 4)

Permission was sought from the CCW to audio record the interviews using the researchers cell phone. This request was made known at the initial meeting with the CCWs, and it was sought again at the beginning of the interview. Confidentiality was re-enforced and the researcher checked that participants were comfortable. The request to audio record the interview was made in order to have a clear account of the conversations during the interview; and also to preserve the actual occurrence of the experiences shared (Silverman, 2011). All the CCWs, with one exception, agreed and were comfortable with the interview being recorded. The request not to be recorded was respected and accepted; and the researcher took notes during the interview, with the permission of the participant.

The researcher transcribed the participant's responses as timeously as possible, so that the research data was not compromised. The interviews lasted for approximately one and a half to two hours each.

4.7 DATA ANALYSIS

All interviews were recorded and transcribed verbatim, with the participant's permission. Thus, all the narratives provided by the CCWs were transcribed in order to produce text. The researcher's thoughts and feelings and behaviours were noted and a diary was kept to record key observations and factors.

Thematic content analysis was selected as the most appropriate method for this study. According to Krippendorff (1980, p22), content analysis may be "characterized as a method of inquiry into the symbolic meanings of messages".

The theoretical framework, which is social constructionism, assumes that an individual is a social being who actively interacts with society; and in doing so, is involved in a process of meaning-making and the creation of social constructs. These meanings are then used to make interpretations about the world. In this way, people are able to make sense of their lives. Discourse and communication is central to social interaction, and subsequent content analysis allowed the researcher to make valid inferences from this kind of data (Weber, 1985).

Various common themes and patterns that emerged from the interviews were identified and categorized. The relationship between themes was examined. Content analysis helped to identify explicit as well as implicit themes, and allowed for the depth and richness of the qualitative data to emerge in a structured framework, sorted in categories.

The researcher analyzed the data in such a fashion that the data could be sorted, organized and reduced into manageable parts in order for the information gathered to be interpreted (Schurink et al. 2011). Since this study was explorative in nature, it was not necessary to use a highly rigorous form of content analysis.

Terre Blanche et al. (2008) outlined steps to analyze data: this research followed this process; in addition a structure that was outlined by Krippendorff (1980) was used to improve the trustworthiness of the results of this study. The steps that were followed for the data analysis are discussed below.

Identify units of analysis/ familiarization and immersion

The data was transcribed as soon as possible after each interview session. In order to get a preliminary understanding of the content, the data was read and the researcher immersed herself to identify themes. The researcher constantly re-read and familiarized herself with the

data throughout the research process. When data collection was complete, the transcripts were re-read as a whole several times.

Inducing themes/sampling the text

The data was organized using color coding, which helped to divide it into suitable text units. The researcher sought patterns and relationships in the data; a process which Rubin and Babbie called analytic. Main themes and sub-themes were identified throughout this process. Consistencies and inconsistencies in the data was also explored (Schurink et al. 2011). Sampling included the whole text.

Code the data

In qualitative analysis, the coding focuses on identifying meanings and indicators of themes that each or together explain the research topic (Rubin & Babbie, 2011). The researcher color-coded and marked different parts of the data, which represented and highlighted different themes. This involved breaking down, comparing, conceptualizing and categorizing the data; so as to interpret and find meaning. Some examples are the different training needs of the participants and their anxiety about their low salaries.

Elaboration

Different sections of the data were examined and understood; and insight was gained. Elaboration was a continuous process, in which relationships and connections between data; as well as contradictions, are examined. The process of inducing explicit and implicit themes and coding was a consistent process.

Interpretation and checking

The data was explored in relation to the literature reviewed and to a social constructionism approach.

4.8 TRUSTWORTHINESS

In qualitative research the emphasis is on trustworthiness. Schurink et al., (2011, p 421) emphasizes trustworthiness in terms of “rigour and authenticity”. According to Lincoln and Guba, (1985) trustworthiness demonstrates truth value, applicability, consistency and neutrality via the four elements: credibility, dependability, transferability, and confirmability. Trustworthiness demonstrates elements necessary to ensure that there can be confidence in the

research findings. Rubin and Babbie (2011) highlight that social constructivists see trustworthiness as important in terms of capturing multiple subjective realities rather than ensuring that an objective reality is captured.

-Credibility: this means attending to the 'truth' value of the findings. Credibility attests to the process and product accuracy in understanding the depth and scope of the issues under study. In this study the researcher ensured the following to increase the probability of credible findings (as stated by Lincoln and Guba, 1985):

- Engagement: the researcher took time to establish a good relationship with participants and made sure not to hurry the process. Time was spent at the initial meeting with participants; as well as during the interview. The researcher engaged with the participants and data collection involved interviews of one to two hours in duration.

-Persistent observation: a reflexive journal was used to record the process and the researcher's reactions.

-Peer debriefing: supervision was used to discuss the interviews and the researcher's feelings about the process.

-Member checks: interviews were summarized at the end to check that the researcher had correctly understood each participant. The participants were given the opportunity to give feedback about the research observations and interpretations. The researcher used a social constructivist approach to member checks and carried these out with the aim to determine whether the participants acknowledged that their realities were being portrayed (Rubin & Babbie, 2011). Accurate descriptions of the participants' experiences were also ensured by the use of probing and transcription of recorded data.

- Dependability: according to Rodwell (1998), dependability speaks to the point that all procedures employed to collect, analyse, and interpret data fall within a theoretical framework; which is social constructionism in this study. In this study, the researcher achieved dependability by using a social constructionism framework. All interviews and coding decisions were fully recorded. This, together with supervision, ensured that a dependability audit was available. Dependability thus relates to whether the research process is logical and well documented (Schurink et al., 2011).

- Transferability: transferability refers to whether the research findings allow for the possibility that information created and lessons learned in one context can have meaning and usefulness in another. This was accomplished by ensuring that the narrative was richly descriptive enough to impart a vicarious experience of the setting, the problem and the findings. Sufficient

description must be: “thick description” as described by (Geertz, 1973; Ryle, 1968). This study used a qualitative approach that used a social constructionism framework. There are many CYCCs in Kwa-Zulu Natal, and the other provinces in SA: the information from this study may be useful to other researchers with regards to determining how the findings apply to other studies (Schurink et al., 2011, and the possibility is increased that the findings of the study can be applied to other research and to others contexts (Gray, 2009) This may benefit boy children and the management of sexualized behaviour, and also child and youth care workers in residential settings.

-Confirmability: confirmability refers to clear illustration of the link between data and the researchers’ interpretations. Raw data such as transcribed interview notes can be included within the research report (Gray, 2009). Confirmability further relates to the existence of evidence to support findings and interpretation in order for an audit to be possible. A paper-trail has been saved by the researcher in case this is requested by an auditor (Schurink et al., 2011).

4.9 ETHICAL CONSIDERATIONS

According to Johnson (2002) *“the most important ethical imperative is to tell the truth”*. (p116).

Two types of ethical responsibility formed the foundation of this study. A) The responsibility to the participants of the study. B) The responsibility that the research is reported accurately and honestly.

The topic of childhood sexuality, especially ISB among children, is a sensitive topic especially when children have a history of sexual abuse and violence; and especially when the child care workers who care for these children also have childhood memories and a history of childhood abuse; or have been exposed to personal trauma or stressful life circumstances. Caring for vulnerable and traumatized children is challenging. The researcher was aware of this need to be sensitive and patient; and data was thus not gathered at the expense of the participants. Data was only collected that was relevant to the research goals. CCWs are also very stressed and ‘tired’ people, due to the long hours of work, frequently being away from their own families, being underpaid and experiencing financial difficulties, lack of support, and other factors. The researcher was aware of these factors. Many CCWs were also contemplating resigning, or were

in the process of leaving their current employment; one needed to be aware of how these factors impacted on data collection.

Permission was sought from both Centres (Appendix 1).

Ethical clearance was obtained from the University Ethics committee (Appendix 5).

The following ethical obligations were completed:

Participant's right to privacy: coding/pseudonyms were used for each participant, to ensure confidentiality and protection of the respondent's identity; each participant was allocated a code name e.g. participant 1 Participant 2 etc. to ensure anonymity.

The participants were assured that all identifying information would be kept safely and confidentially by the researcher and supervisor. The participants were informed that the two CYCCs would also not be identified.

Participant's protection from harm: participants were safe physically, emotionally and from any other kind of harm.

Informed consent was obtained from the participants, after the researcher carefully and truthfully informed them about the research and its procedures. Participants signed an informed consent form, which was written in English, as all of the CCWs were comfortable with English. The consent form included the research objectives and goals, details of the participant's involvement, the research procedures, and the credibility of the researcher (as per Strydom, 2011).

Participants were informed about the voluntary involvement in the study: participants were aware that their involvement was voluntary and that they could withdraw from the interview at any time if they feel uncomfortable or unsure. Two participants did withdraw from the study due to hospitalization and resignation.

Participants to choose the interview venue: all participants were comfortable with the interviews being carried out in a quiet and private room in both Centres.

Permission was sought to use the audio recorder: all participants were asked permission to use the audio recorder; after it was explained that the data collected will be more available and accurate with a recorder, and that all information gathered is private and confidential. All the

CC's except one were comfortable. This request was respected, and the researcher used written notes to gather information.

Safekeeping of transcripts: the participants were informed that all research material will be kept safely for 5 years.

Debriefing, referrals for counseling or other services: the debriefing of participants at the end of an interview is a vital part of the research process, in that it recognizes and respects the dignity and autonomy of participants (Durrheim & Wassenaar, 1999).

The researcher acknowledged the stress and trauma that CCWs face daily when caring for vulnerable and abused children. The interviews also covered sensitive issues that had the potential to resurface past or childhood memories. The researcher offered contact details for referrals and also offered to set up relevant appointments. The researcher discovered during the interviews that majority of the CCWs needed time to debrief and an opportunity to talk about personal challenges and issues. The audio recorder was switched off at the end and each participant was given the opportunity to talk freely about their own issues. During this time an informal debriefing session took place and participants had the opportunity to discuss or ask any questions. The researcher is a social worker; and also offered counseling to the CCWs when it was requested.

Hertz (1997a) made the "*self of the researcher visible*" and suggested that it is only one of many selves that researcher takes to the field. She asserted that interviewers need to be reflexive; that is, they need to "*have an ongoing conversation about experience while simultaneously living in the moment*" (p. v iii). By doing so, they will heighten the understanding of differences of ideologies, culture, and politics between interviewers and interviewees.

The researcher was naturally also influenced by her own experiences, attitudes and opinions. This may have impacted on the way she interpreted the data collected through her interactions with the child care workers. Thus, it was important for the researcher to maintain openness throughout the study, especially during the data collection and analysis. Thus the researcher adopted a reflexive stance.

4.10 LIMITATIONS AND CHALLENGES FACED BY THE STUDY

Although there is ample information on the sexual abuse of children from adults and on ISB among children, there appears to be limited studies conducted on ISB among male children; and no studies in a child and youth care centre that focuses on CCWs. The researcher then consulted literature and looked at studies in schools and families.

The sample was small, therefore generalizations are limited. The researcher-therapist role was at times mixed, but did not pose a limitation. Instead it allowed for a more empathic entry into the lives of the CCW. There was a high level of compassion fatigue amongst the CCWs and many presented as ‘burnt out’. CCWs needed space to talk. They needed to talk about personal and troubling issues, and it was a challenge to gently steer the interview back to the schedule. There is a definite need for consistent debriefing of CCWs. The researcher allowed time in the end for debriefing, which the participants appreciated.

‘Socially acceptable responses and information being withheld due to loyalty or fear, was another limitation. It seems that one CCW felt under pressure to only say what was expected of her, due to loyalty to the Centre and also fear of being heard or identified even though confidentiality was stressed. This was evident through the anxious facial expressions and tense body language and the refusal to be audio taped. The researcher conveyed empathy and acceptance by reassuring the participant of confidentiality and not taping the interview.

4.11 SUMMARY

This chapter has outlined and discussed the methodology used in this research. The limitations of the study are highlighted and the sampling, data collection and process of data analysis are discussed. Ethical considerations are also explored. The following chapter explores and describes themes which emerged from the data collection. The research findings are also discussed.

CHAPTER 5: RESULTS AND DATA ANALYSIS

5.1 OUTLINE OF CHAPTER

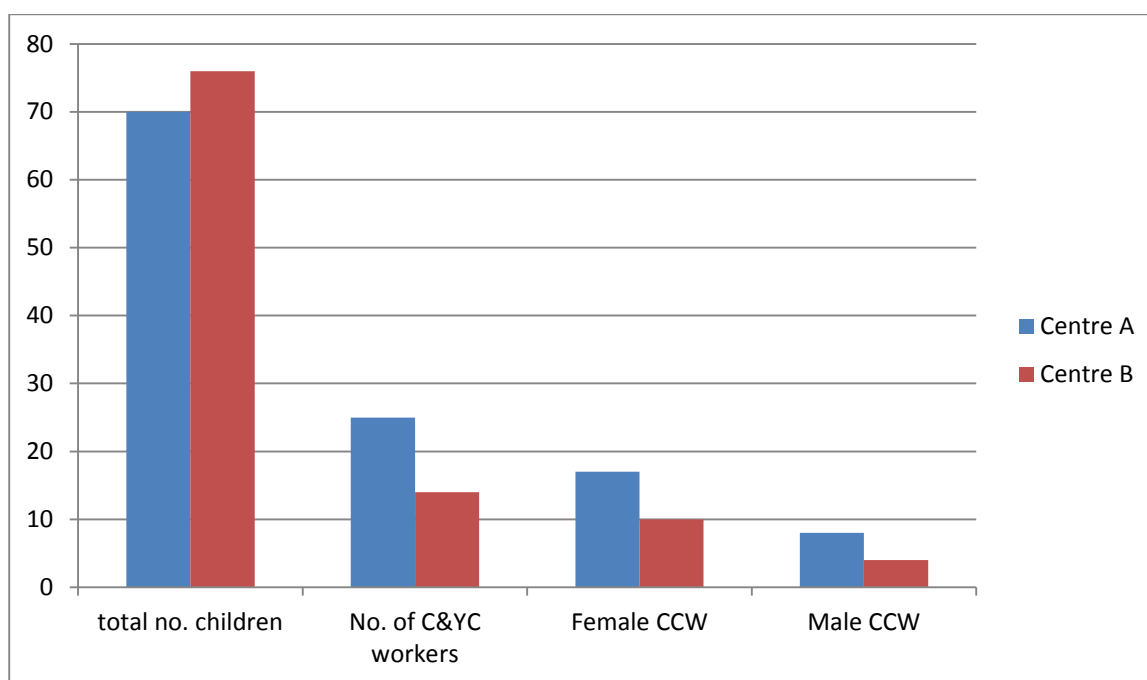
This chapter outlines the results of the study in two child and youth care centres in Kwa-Zulu Natal, Durban. It includes an in-depth analysis and discussion of the results from individual interviews with child and youth care workers who care for or who have cared for boy children who present with inappropriate sexual behaviour in the past two years.

The chapter begins by providing background information on the 12 participants who are child care workers (CCWs). It then proceeds to discuss the analysis of the themes that emerged from the data. The actual words and views of research participants will be presented in accordance with the study's qualitative approach. The analysis will be guided by social constructionism theory. In keeping with the objective of the study, the focus will be on how child care workers construct the realities of boy children presenting with ISBs. Further the analysis of the themes link to the objectives which were outlined in Chapter One. In order to support, understand, or contradict the results of the study and the themes; the literature review presented in chapter two will be used.

5.2 DEMOGRAPHIC INFORMATION ABOUT PARTICIPANTS

The following table presents information about the twelve child care workers that participated in individual interviews (N=12). These participants worked at the two different child and youth care centres called centre A and centre B. Centre A was a mixed children's home i.e. both boy and girl children reside here. Centre B was a boys' only child and youth care centre.

Table 5.2.1: Number of child care workers in the two CYCCs



| Centre | No of children | No of child and youth care workers | No of female CCW | No of male CCW |
|---------------------------------------|----------------|------------------------------------|------------------|----------------|
| Centre A (both boy and girl children) | 70 | 25 | 17 | 8 |
| Centre B (boy children only) | 76 | 14 | 10 | 4 |

From these results it can be seen that the number of female CCWs outweighs the male CCWs; the ratio is particularly significant in Centre B, which only houses boy children.

Table 5.2.2: demographic information on participants

| PARTICIPANT And centre | GENDER | AGE | RACE |
|-----------------------------------|---------------|------------|-------------|
| Participant 1- centre A | Female | 57 | African |
| Participant 2- centre A | Male | 39 | African |
| Participant 3- centre A | Female | 52 | African |
| Participant 4- centre A | Female | 31 | African |
| Participant 5- centre A | Female | 43 | African |
| Participant 6- centre B | Female | 56 | Coloured |
| Participant 7- Centre B | Female | 57 | African |
| Participant 8- Centre B | Female | 53 | African |
| Participant 9- Centre B | Male | 35 | African |
| Participant 10- Centre B | Female | 50 | African |
| Participant 11- Centre B | Male | 26 | African |
| Participant 12- Centre B | Female | 43 | African |

The sample comprised of both male and female child care workers. The sample represented a variety of experiences, which added richness to the data; as it comprised both male and female; chronologically young and old; those experienced in the field and those that are new to the field; those who are themselves parents and those who are not; CCWs that have completed their FET child and youth work training; and those that have not.

Women who care for boy children in child and youth care centres represented the majority of child care workers in this study. Of the 12 CCWs, three were male and nine were female. It is

noted that this is a recognised challenge in the child care field as most CCWs are female and there is a lack of male CCWs available for boy children in CYCCs. Previous studies have also found that there are more women than men in child and youth care (Barter, 1997). Furthermore, according to Jewkes, Levin, Mbananga, & Bradshaw (2002), it is possible that, due to the distrust of men in South African culture - fuelled by high rates of sexual abuse toward children - most child care workers are female. It was also noted that majority of the CCWs in this study were African with only one Coloured female worker.

Many of the female CCWs are widows or single parents who are breadwinners for their children, elderly parents, and often extended families. Some of the elderly CCWs started as domestic workers or cooks at the CYCC, and gradually; through experience, familiarity and opportunities to study, became child care workers. Many became CCWs 'accidentally'. For example, they initially volunteered to help, or due to unemployment, were desperate to earn a stipend. This gradually led to full-time employment. Many wished they had the finances or opportunity to pursue other careers. Research by Dunlop, (2004); and Salhani & Charles, (2007) concurs with this present finding and they showed that CCWs at residential centres feel that their work is not a 'real career'. Another study by Moses (2000) found that staff often made reference to the fact that they saw their work as short-term, in that it pays poorly, lacks security and benefits, and is very physically and emotionally demanding. This appears to be particularly relevant in the context of this study as three CCWs had recently resigned and one was planning to resign.

Only one female CCW has 25 years of experience as a CCW. Six CCWs have less than 10 years of experience in the field.

It is also interesting to note that six of the child care workers in this sample are above the age of 50 years. However, they had varying years of experience in the child care field. This is in contrast with findings by Dunlop (2004) and Salhani & Charles (2007) who found that one of the assumptions made by Moses (2000), about CCW at residential centres was that that only young and single people can be residential CCWs.

FET (further education training certificate) is a certificate that requires 17 modules to be completed. It was clearly noted that most CCWs did not complete the 17 modules.

In terms of qualifications, findings revealed that only four CCWs had completed their FET child and youth care modules. The lack of formal training is of concern because literature makes the point that training has a positive impact and is effective in improving practice

(Ridley and Kleiner, 2003). Furthermore, researchers such as Moleiro et al. (2010) have found that even brief training improved the cultural diversity competencies of CCW's. Van der Laan (2011) argued that characteristics such as professionalism, education, training, and relationship skills are important indicators of positive treatment outcomes for children in their care.

| PARTICIPANT And centre | NO. OF YEARS IN THE CHILD CARE FIELD | QUALIFICATIONS FET: FURTHER EDUCATION TRAINING | NO. OF YEARS WORKING WITH BOY CHILDREN |
|-----------------------------------|---|---|---|
| Participant 1- centre A | 7 | FET child and youth work completed. | 7 |
| Participant 2- centre A | 8 | Certain Modules completed. FET child and youth work: not completed. | 8 |
| Participant 3- centre A | 25 | FET child and youth work completed. | 25 |
| Participant 4- centre A | 7 | FET child and youth work completed. | 7 |
| Participant 5- centre A | 7 | Certain Modules completed. FET child and youth work: not completed | 5 |
| Participant 6- centre B | 19 | Certain Modules completed. FET child and youth work: not completed | 4 |
| Participant 7- Centre B | 17 | Certain Modules completed. FET child and youth work: not completed | 10 |
| Participant 8- Centre B | 7 | Certain Modules completed. FET child and youth work: not completed | 7 |
| Participant 9- Centre B | 12 | Certain Modules completed. FET child and youth work: not completed | 9 |

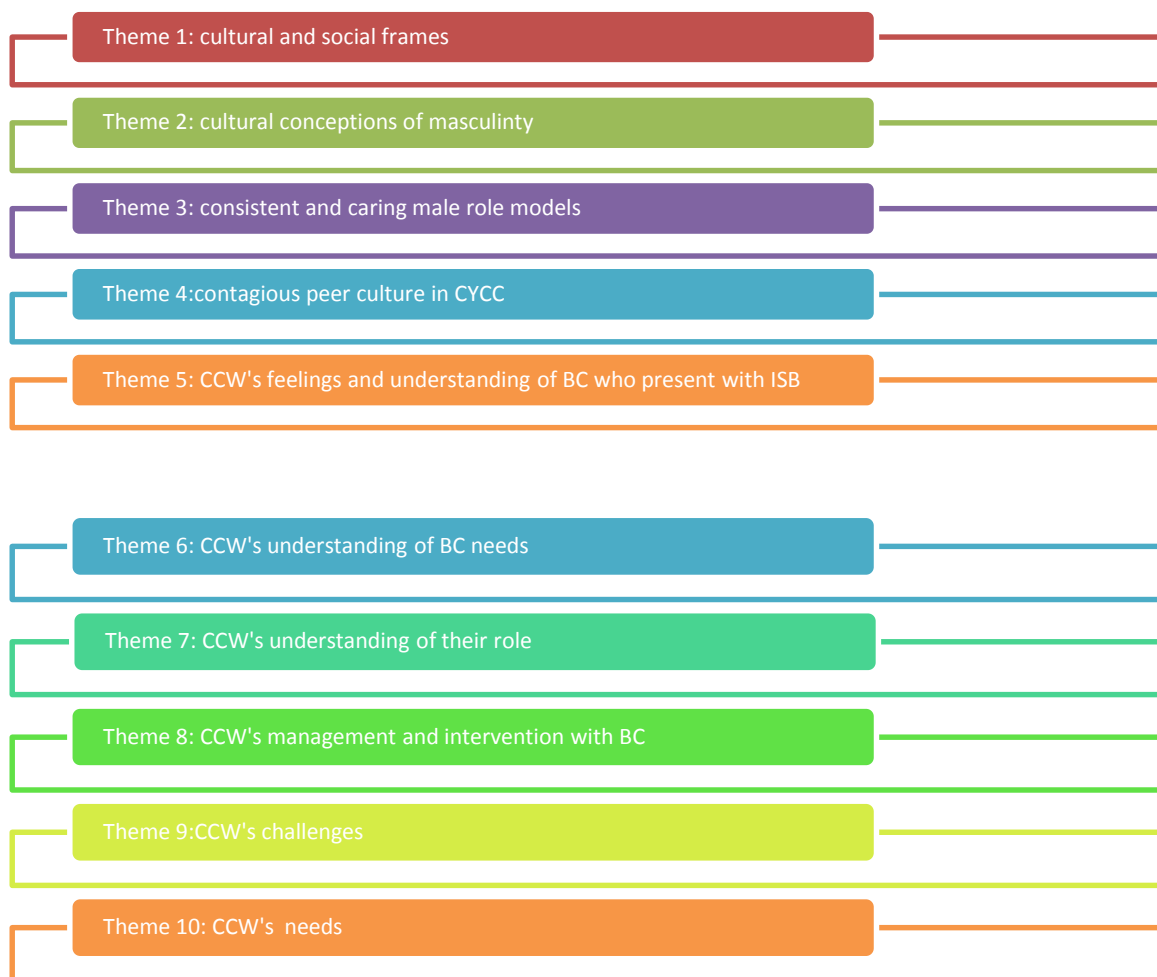
| | | | |
|-----------------------------|----|---|----|
| | | | |
| Participant 10- Centre B | 15 | Certain Modules completed. FET child and youth work: not completed | 12 |
| Participant 11- Centre B | 5 | Certain Modules completed. FET child and youth work: not completed | 5 |
| Participant 12- Centre B | 15 | Certain Modules completed. FET child and youth work: not completed. 4 th year social work student. | 8 |

Table 5.2.3: Details regarding the study participants qualifications and years of experience

It can be seen that most of the participants had not completed the full FET child and youth work study; most had only done some modules. This undoubtedly has relevance in the South African context with respect to the confidence of the CCWs, and their ability to deal with problem issues.

5.3 ANALYSIS OF THEMES

Participants shared their experiences and perceptions regarding ISBs among boy children in their care, or in the child care Centre. The child care workers also described their feelings, challenges and understanding regarding this phenomenon. As previously alluded, the terms ISB and sexualized behaviour is used interchangeably. The following 10 themes emerged from the discussions. These are presented in the following diagram.



THEME 1: CCW’s understand childhood sexuality and ISB through their own cultural and social frames.

Findings revealed that the way that CCWs were socialized as children was linked to how they managed and responded to boy children presenting with ISB. Their constructions about childhood sexuality were based on their childhood experiences as well as their cultural and religious beliefs. These perceptions are fed back to the boy children through their management styles and response. For example, if a CCW believes that a child is sexualized because of an evil spirit, then their response is prayer and offering spiritual help for the child.

CCWS attributed factors such as spiritual factors, traditional rituals, diet, sexual abuse, genetic factors, abuse and HIV medication as being linked to the cause of ISB among male children. This will be discussed below.

The following excerpts illustrate some of their perceptions about ISB;

Three participants (1, 6 and 12) understood that ISB may present as a result of spiritual or genetic factors. The following participants highlighted the importance of spirituality in the socialization of BC.

“There is a devil in their body. The child is not right in body. I don’t know...maybe it’s in their genes.”(Participant 1)

Similarly participant 6 said:

“When kids touch other kids, it is a spirit. There is lust in child’s eyes.”(Participant 6)

“Children need African rituals to make them calm. If rituals are not done, or done incorrectly...this can make boy children to become sexualized. In a children’s home, children are deprived of rituals...this is my feelings.” (Participant 12)

“Boys need God.” (Participant 6 and 9).

A contradiction was noted in participant one’s narrative as she speaks about spiritual and genetic factors being the same thing.

CCWs make use of different cultural frameworks for understanding and responding to ISB. These different frameworks are likely to produce the different responses that are seen in this study. Many CCWs understood that inappropriate sexual behaviours amongst the male children were present because of childhood abuse or trauma. The current study findings revealed that many of the child care workers were insightful and empathic, more especially those who had their own male children, even though their management styles revealed a basic lack of skill, knowledge and training.

This is in contrast with a study by Lowenstein (2006), who stated that the inadequate ways in which sexual behaviour in children’s homes was perceived and managed, compounded problems of both the sexually abusive and non-sexually abusive adolescents. (Phipps-Yonas et al., 1993) hinted that residential caregivers often lack the confidence to understand and manage ISB. According to (Phipps-Yonas et al., 1993: p, 5), child care workers often show greater uncertainty and confusion about sexual behaviours and are “confused about what happens among youngsters in their care as well as about how, if at all, they should intervene”. This study does agree that management of ISB is inadequate, but the CCW’s understanding of children with ISB was very insightful.

The study indicates that the spiritual dimension of a child's being exerts a powerful influence on their thoughts and behaviours, especially their sexual behaviour and choices. In many cultures, spiritual values dictate sexual behaviours for example; in some cultures pre-marital sex is forbidden. A lack of spiritual values can impact a child's sense of boundaries and sexual rules.

This study's findings concur with research by Thigpen et al. (2003); who highlighted that values may be affected by many factors, including religious beliefs; and religion impacts powerfully upon how sexuality is viewed. Moreover, he stressed that values influence sexual behaviours especially religious beliefs, thus illustrating that children do learn sexual behaviours and are influenced by their families and environments. Findings thus demonstrate the power and the need for spirituality in male children's lives to be part of their development. According to Rothbaum (2000), children's behaviours can be changed and impacted by cultural expectations and principles. Furthermore, Vosmer et al. (2009) in their study found that participants agreed that own values influenced views on sexual behaviours and that these values may be affected by many factors including religious beliefs.

Data gathered from the interviews suggests that CCWs feel that BC learn many of their sexual behaviours from their peers and environment, and also from fathers and family members, who themselves exhibit dysfunctional sexual behaviours. For example,

“When new children come to the home, many are not sexual. The boys teach them about sex. When the new children disclose, they tell us that the boys taught them the sexual behaviours. In black families, they all sleep together...the children see sex between adults from small. The children learn sex from families.” (Participant 1)

Smith and Grocke (1995) found that children are not able to distinguish between acceptable and unacceptable sexual behaviours because they do not acquire this knowledge from their families. Lower socio economic families in particular do not teach children about sexuality. Ryan's (2000) study supports these findings. He stated that children learn how to behave sexually, and that sexual behaviours are repeated because they are very reinforcing due to arousal, intimacy or tension reduction.

One participant communicated her concern that there was no rituals or traditions in CYCC, and that this would impact on the young BC who live in the homes for long periods of time. Findings, as seen above, show that cultural practices and traditions can play a vital role in

helping children to develop moral and appropriate behaviours; or in contrast can influence them to behave in a sexually inappropriate manner.

One participant felt that a child's diet causes ISB:

For example, participant 3 shared:

“Children must not eat certain foods when they are young, or they will be sexual, e.g. if they eat cheese and eggs it will make children active. My gran told me. I'm not sure...” (Participant 3)

Another participant shared that ARV's makes children to present with ISB:

Participant 7 said:

“Most of the HIV positive children have high ISBs, maybe the medication makes them sexually active.” (Participant 7)

This could highlight the socially constructed perception and stereotype that HIV causes promiscuity and a change in sexual behaviour. This also reveals a possible lack of understanding and knowledge.

Most responses from the child care workers were that children who are themselves sexually abused, abuse other children and exhibit ISB; for example two participants shared:

“Children are damaged forever when they are sexually abused...then they abuse other children.” (Participant 8)

Participant 6: “boys are victims of sexual abuse- then they abuse the other boys.” (Participant 6)

Research concurs with the above narratives, as a number of studies demonstrate that child victims of sexual abuse exhibit more ISB than children who have not been sexually abused, for example Putnam (2003), and Friedrich, Olafson and Faller (2007).

This study's findings also concur with a study by Everson & Faller, (2012) which found that “abnormal” or inappropriate sexual behaviour is a strong indicator that a child has been sexually abused.

All participants shared their concern about children having access to pornography, being exposed to adult sexual behaviour and inappropriate sexual behaviours on television and other

media sources - especially when they visited families. These children return to the Centre more sexualized and damaged.

Example participant 1 and 4 talked about children learning ISB from their families. This is exemplified in the following quotes.

“In black families, they all sleep together...the children see sex between adults from small. Alcohol is involved. The children learn sex from families. Drugs can also make boys sexual.” (Participant 1)

“The children learn about sex from their families; they visit home and when they come back they want to practice.” (Participant 4 and 5)

Similarly three participants understood that boy children learn ISB from the television and other children. The following quotes illustrate this:

“They learn it from TV and sharing rooms.” (Participant 7)

“Children are born with sex and they learn from TV.” (Participant 2)

“I asked the children...they said that they learn the sexual behaviour from the TV, movies, they talk in school; and watch others.” (Participant 3)

Research supports the notion of children’s behaviour being influenced by the media and from exposure to adult sexual behaviour. A study by Lightfoot and Evans (2000) supports the findings of this current study as they found that children being exposed to inappropriate sexual expression in their family/home and exposure to sexually inappropriate experiences like pornography or witnessing adult’s sexual behaviours can lead to inappropriate and abnormal sexualisation. Literature reviewed also indicates that exposure to pornography, which has been associated with sexually inappropriate behaviour (Gil, 2013), and is available on the internet, may impact on children’s sexual activities as well as their expression of sexual violence (Greenfield, 2004).

Current findings thus reveal that children develop cognitive distortions as a result of family or peer group thinking or from societal messages; for example, about the treatment, degradation, and desires of women. These findings are rooted in the socially constructed assumption of male sexual dominance, and the negative view of women and sex which male children develop

from families and society during socialization. Friedrich et al. (2007) also found that family nudity was associated with increased problematic sexual behaviour by children. Many participants expressed their concern about children being exposed to adult sexual behaviour and nudity when they return to their family homes for visits.

THEME 2: Cultural conceptions of masculinity:

One participant talked about the pressure that male children face in their communities to be sexually active, as this is seen in some cultures to be a sign of masculinity. This is exemplified by Participant 9:

“I was raised different...I was taught to respect female bodies. Children learn from TV, from being in overcrowded homes. Condoms are free and children follow instructions. Children are influenced from friends. There is pressure to ‘be a man’. In my community, if a boy child is good looking; older women have sex...they make it nice. This is still happening.” (Participant 9)

These socially constructed ideologies that it is acceptable and masculine for males to be sexual from a young age and sexually aggressive is evident in the current findings. Many cultures encourage male children to be sexually active; which concurs with a study by Rothbaum (2000), who found that children’s behaviours can be changed and impacted by cultural expectations and principles; and that there is great variance from culture to culture on what is permissible for children and what is not. This study disagrees with the common cultural acceptance that boys can be sexual because they are male; all children both males and females should learn what is appropriate and inappropriate sexual behaviour.

In summarising the findings in respect of how the CCWs understood ISB, and are influenced by their cultural and social frames of reference, it should be noted that the results of this study show that the child care workers have different understandings of ISB, shaped by their own cultural and social upbringing and their own unique experiences and knowledge. This corresponds with research findings by Farmer & Pollock (2003), who suggested that one’s cultural frames and processes will determine ones interpretations and response. Gergen (1985) stated that people understand the world in terms of social artefacts which results from an historical context made up of interactions among and between people.

Schon (1983) also talked about how workers respond to situations using their innate, buried and unarticulated knowledge. According to Garcia et al. (2000), a child's development is influenced by factors in their milieu such as beliefs, practices and cultural norms.

The current findings gathered from this research show the impact of socio-cultural influences on child and youth care workers and how this affects their perceptions, management and care of sexualized boy children in residential care. The development of their understanding of sexuality, and the perceptions of CCWs regarding childhood sexuality, is strongly shaped by cultural norms, familial and societal messages and life experiences. The findings highlight how child care workers construct reality from their own experiences. The study also illustrates the level of understanding and empathy the child care workers have towards male children who display ISB in the centres.

THEME 3: Need for more male role models in CYCC: boy children need consistent and caring male mentorship

Most of the CC's expressed concern about the lack of caring male role models for the boy children in the CYCCs. They see a link between ISB among the boys and the absence of a nurturing, consistent adult male who can mentor and guide boy children.

The CCWs strongly advocated the need to have more mature male CCWs to be employed in CYCCs. Boys have special needs when growing up, and require both male and female child care to meet their needs. At the moment, there is a lack of adequate male CCWs who are well trained and available to care for boy children in South African CYCCs. In this study there were only three male CCWs. Some CCWs saw a distinct role for male and female CCWs as illustrated by participant 8 below.

Most CCWs understand that one of the needs of male children is to have positive males available. This is exemplified in the following three texts.

“We have male role models, but not enough.” (Participant 1)

“I had a good role model when I was growing up. My dad taught me about God, family and prayer. In the Centre, older boys feel that their sexual behaviour is right. The little boys see the older boys as role models and respect them and learn and do sexual behaviours.” (Participant 6)

“Boys need ‘big brothers’ in the children’s home; they need male role models.”
(Participant 7)

Many CCWs shared their perceptions that male children will be more comfortable with male CCWs with regard to sexuality issues. For example, 4 participants (2, 8, 9, and 10) shared:

“Boy children have a need to have someone to talk to and to learn about sex. They need males. Males must talk to boys, because the boys are more comfortable with them.” (Participant 2)

“Boy children are clever and manipulative. Need male role models to help with special programs like sexuality. But females are needed to do mothering. The best is to have male and female in a cottage. There is only one on duty.” (Participant 8)

“When I was growing up, I had a good relationship with my father. As a boy I had a good role model. Boys get confused about sexuality when growing up. They get a lot of mis-information. We need more male CCW in CYCC. Boys need males e.g. when they wake in the morning and have erections, they need a male to talk to and who can understand them.” (Participant 9)

“I feel that males should talk to boy children. I don’t know much about the ‘male thing’. Boys are secretive, they need someone to listen to them and confide in, like a big brother.” (Participant 10)

The CCWs understood that most of the boy children had already been exposed to violent and/or criminal father figures and other inappropriate males in their families or communities before coming to the Centre; and that they therefore need caring and consistent male mentorship and role modeling to learn appropriate sexual behaviours. Ryan (2000) concurs with these findings by stating that children learn how to behave sexually; this study implied that male children can be taught; and the best teachers are caring father figures in the lives of these children. Budlender & Lund, (2011) also support these findings when they highlighted that factors that place children at risk for developing ISB, include lack of positive attachments between parents and children, especially in terms of the relationship between fathers and children.

It seems that some female CCWs lack the confidence or experience to talk to male children about sexuality issues; and struggle to manage ISB among the boys, especially if they don’t have their own male children.

It is the researcher's belief that sufficient male CCWs who are mature, trained and have the ability to bond/build caring therapeutic relationships with boys in residential settings; and who are consistently available; will have a powerful healing impact on boy children and positively influence their sexual development; as well as teach BC to empathize; and teach BC how to treat females with care and respect and build confidence and self-esteem in male children.

Male CCWs needed to help with boy children's sexuality:

Current findings thus show that most CCWs are uncomfortable regarding male childhood sexuality and ISBs; whilst a few are very comfortable e.g. participant 1 said: *"it is not easy talking about sex to children... as a gogo."*

This also relates to cultural practices where gogos (older mother figures) do not talk to children about sex.

One of the objectives of the current study was to ascertain the challenges and needs of the CCWs. The child care workers in the study expressed their need for more male assistance and knowledge in the area of male sexuality when caring for boy children. Phipps-Yonas et. al (1993) hints that residential caregivers often lack the confidence to understand and manage ISB. Parkin and Green (1997) are in line with the findings of this thesis as they found that child care workers lack the expertise and also the resources to offer sexualized children constructive support that is both sensitive and non-judgemental. Timmerman et al. (2012) also found that professionals feel ambivalent and uneasy towards open discussions regarding sexuality.

In this study it is noted that the lack of male child care workers intensifies the feelings of confusion and lack of confidence that female CCWs hold on how to manage sexuality issues among BC.

According to the literature review, CCWs spend the greatest amount of time with these boy children. Their understanding, management, and response of the ISB can either promote healing or cause greater damage.

This study's findings agree with previous research findings. Knopp (1985) found that children who sexually offend are confused and unsure about what is acceptable or right behaviour because of the lack of positive role models in the family. She went on to state that the lack of bonding experiences, neglect and being exposed to confused sexual values in the home causes these children to distrust adults. The current findings highlight this in CYCC as well. Boy

children need more than just talks and education; they need male mentors and father figures to copy and imitate positive actions.

The importance of male role models for BC was examined by Prentky et al., (2002); as discussed in Chapter Two. He suggested that one of the factors associated with sexual offending among male children was their negative constructs of masculinity and what it means to be a man, related to the absence of appropriate male parenting models. As discussed in Chapter Two, Marshall and Herman (2000) and Magwaza (1997) highlighted that male role models for children in SA are often absent because of the legacy of apartheid and the migrant labor system which separates families.

THEME 4: Contagious Peer culture in CYCCs

Many CCWs perceived inappropriate sexual behaviours among boy children as ‘contagious’. There are many sub-themes that emerged from this theme that are discussed below.

Three participants understood that younger male children learn ISB from the older boys. For example,

“When new children come to the home, many are not sexual. The boys teach them about sex. When the new children disclose, they tell us that the boys taught them the sexual behaviours.” (Participant 1)

“Children report to me that other boys want to have sex. Children teach other children about sex. I feel bad that children are not safe here.” (Participant 2 and 3)

“I feel shocked when I see boys with boys (being sexual). They are children. They can pass HIV. The children are teaching the other children.” (Participant 3)

It seems that because boy children lack a strong positive male role model, the younger male children begin to see the older boys as role models and learn and copy their behaviours, including inappropriate sexual behaviours. Also the findings show that some of the older boy children bully and pressurize the younger children to be sexual. The findings of this current study shows that peer culture in group homes thus exert a powerful influence especially on the younger children who are impressionable, eager to find a sense of belonging, and often have unmet intimacy needs.

Anxiety about safety of the more vulnerable children in CYCC

Many participants expressed anxiety about the physical and emotional safety of the young, new, and physically and/or intellectually challenged children in the Centre; as evident in their narratives in this section. The safety of children in CYCC's was a great concern to CCW. They talked about drug abuse in the CYCC; and the transmission of HIV during the sexual abuse of young children by the older children. The CCWs shared their concern, shock and anger when older HIV-positive boys sexually abuse the younger boys.

The following three quotes express these perceptions of CCW:

"The boy children call sex 'kushoo'. It happens at night in the rooms. I was shocked. I feel shame. I'm worried about HIV transmission. Why must the children live together (HIV positive and negative)? The children with sexualized behaviour teach the children who don't have this behaviour." (Participant 5)

"There are drugs in children's home. Drugs changes the boys. Then they 'dang myself' i.e. Masturbation. I don't know about the safety of the young children. The young must be separated from the older ones. I feel sorry..." (Participant 7)

"I feel bad that children are not safe here." (Participant 2)

Their narrative also highlights their concern about HIV-positive children passing the virus to new and younger children who are HIV-negative. The current findings highlights a grave and dangerous situation in our South African CYCCs; and illustrates the helplessness that child care workers experience as they cannot protect the children in their care due to high ratios of children to workers, insufficient night time staff, and lack of space to separate these children; as well as a lack of qualitative therapeutic services to help the boy children who present with bullying and aggressive ISBs.

Many CCWs consistently shared that they are very concerned that older children sexually abuse the younger children. Most CCWs shared that they feel anxious on how to manage these behaviours.

For example one participant said:

"I saw an older boy who is HIV-positive in bed with a young boy. This is dangerous and sad. The little ones in the home are victims of sexual abuse in the home. There is a

lot of sexual abuse in the home, and homosexuality...the older boys sexually abuse the younger boys. It happens a lot.” (Participant 6)

Some CCWs also talked about bullying in cottages, for example:

“Sex is contagious in the home. The children learn from one another. They look for opportunities to do sex. A painful case was when a HIV-positive 16 year old had sex with a 10 year old boy. Inappropriate sexual behaviour is contagious. The other children want to try sex when they see the others. The older boys who have sex with the young boys are bullies. I feel angry.” (Participant 4)

“There is bullying in the cottages. I fear that boys will grow up to be rapists”.
(Participant 8)

CCWs shared that older boys groom or bribe the younger children at night, as illustrated below:

“There was a 15 year old boy who introduced sexual behaviours to the younger boys. He was nice to them at night will wake the young ones and took them to watch adult TV programs. The CCW were asleep. The children are sexualized because they are influenced from their friends. There is pressure from the other boys. They have to be ‘man enough’. Many are bullied in the home and become victims of sexual abuse.”
(Participant 9)

A number of authors are in agreement that children are not safe in residential care. A study by Farmer and Pollock (2003) shows that very often residential settings do not meet the unique needs of children, nor do they offer protection; in fact, a study by Green and Masson (2002) suggests that residential placements can expose children to further risks of violence, sexual abuse, and drug use, and have a criminal peer culture.

Moreover, according to Friedrich (2007), children may present with increased sexual behaviours due to the experience of stress in residential homes. Another qualitative study by Freundlich, Avery and Padgett (2007) found that youth in care reported violence at the hands of peers; inappropriate staff conduct; and the lack of consistent quality care or supervision from staff. Furthermore, Timmerman et al. (2012) found that half of the reported cases of sexual abuse in a residential setting involved male peer perpetrators.

According to Mahoney, Palyo, Napier, & Giordano (2009), the express goal of child care is to create an optimal healing environment, in which the children feel safe and supported in their

environment to heal. The researcher notes that the current findings reveal that this goal is not always possible due to factors like a lack of adequate resources; high ratios of children to CCW; and the lack of effective and consistent trainings.

The current findings show that the peer culture in a group home is very powerful. Children learn from, and are influenced and pressurized to behave like, other children. Older children from the home may victimize the new and younger children; or sexually abuse them; or 'groom' children to consent to inappropriate sexual behaviours. It seems that children are not always as safe and protected in CYCCs as they should be. These findings correlates with research, for example (Green and Masson 2002) who warned that children who are sexually abusive (who present with ISB) should not be placed with children who are victims of abuse; as this will intensify problems because of the inadequate ways in which sexual behaviour in children's homes is understood and managed.

Studies have found that the challenges facing children in child and youth care centres may include peer pressure, and bullying and intimidation (Little, 1990; Browne and Falshaw, 1996; Kahan, 1994; Hudson, 2000). Research also suggests that interaction with peers in a residential setting has a significant impact on the cognitive, emotional and social development of children. As discussed in the literature review, the complexity of group living has also been explored by authors such as Whitaker et al., (1998) and Chakrabarti and Hill (2000) who confirms that group living has a profound impact on the children and recognizes that peers play a vital role in child development.

In this thesis, it is concluded that group living can be unsafe for children at times, and preventative strategies and interventions are urgently needed to protect children from further abuse in CYCC. Findings also gravely point out the need for CYCCs to contain the ISBs among male children who are HIV positive. G J. Domek (2013) conducted a study on the psychosocial needs of HIV-positive children on antiretroviral. He conducted a survey of South African children's homes and found that there is a high prevalence of HIV-positive children in children's homes in SA.

Children confused about sexual identities

A few CCWs talked about boy children being confused about their sexual identities. They shared that boy children think that they are homosexuals and therefore seek sex from other boys. They expressed concern about some boy children acting like girls. For example one participant said:

“One boy in the cottage talks and acts like a girl.” (Participant 7)

Young people experience many challenges in working out their identity. This current study highlights how much more difficult this process must be in CYCCs; especially when children have experienced sexual abuse.

Watkins and Bentovim (2000) found that boy children often experience intense fears that they were sexually abused because their perpetrator perceived something ‘homosexual’ in them. The current study revealed that CCWs are insecure on how to manage issues linked to confused gender identity and homosexual tendencies in children. Current findings also hint at boy children secretly believing that they are homosexual; but have no channel to speak about it; and their secret fears are re-inforced when other boy children involve them in inappropriate sexual behaviours, especially if their response is arousal. These current findings correlates with Freund and Kuban (1994) who found that in males, arousal can be tied to events if initial sexualisation results from abuse, witnessing abuse, or private experimentation. A study by Everson & Faller (2012) concurs with this present study. They showed that traumas like sexual abuse can undermine healthy identity development in profound ways and cause confusion about psychosexual identity and competence in adult roles.

Boy children lack the opportunity to interact with female children in boys’ only CYCCs

A few participants shared their beliefs that in a boys only CYCC, boy children sexually abuse other boy children because there are no girls. Current findings from the present study show that boys need many opportunities to socialize with girls in a variety of settings; and need opportunities to interact with and learn how to treat females. Participants’ perception was that there are more ISBs in a boys’ only CYCC because there is no opportunity for the boy children to build relationships with the girls.

“Boy children need interactions with girls to socialize. If only boys, then boys are sexual with boys because there are no girls.” (Participant 11)

It is also possible that sex role confusion and homosexual tendencies are more common in a boys' only CYCC, rather than in a mixed home. This is true for male victims of sexual abuse. This current study correlates with findings by Gilgun, (2012) who noted that males who were sexually abused may experience confusion and anxiety about their sexuality and confusion about their sexual orientation. The development of gender identity issues are linked to sexual abuse. Male survivors of childhood sexual abuse may attempt to prove their masculinity by engaging in high risk or aggressive behaviours, having multiple female sexual partners or sexually victimizing others.

Current findings thus highlight the need for CCWs to receive training on male sexuality, and also highlight the fact that male children require therapy to deal with secret fears about homosexuality or sexual identity confusion, and other unresolved issues.

Children with special needs in CYCCs and ISBs

Data shows that most CCWs struggle to manage with children with ISB who also have special needs or disabilities. They find it difficult to communicate, teach or establish boundaries for these children; thus making it a challenge to keep these children safe in the CYCC. For example one participant said:

“There is a disabled 11 year old boy in my cottage. He is low functioning. He likes to touch all the other boys. He does not understand when I teach him. I only sleep when they all are sleeping. Children can pretend to sleep.” (Participant 8)

Similarly another participant shared:

“Some children’s behaviour are not normal e.g. they take Ritalin. There is no training for us. Each cottage decides. We run out of ideas what to do.” (Participant 11)

Data in this study gathered from both CYCCs seems to indicate that many children may have learning challenges, conduct, and other psychological disorders, which may not be diagnosed. For example, they described children as not understanding, presenting with severe and extreme behavioural problems, not being able to sit or focus for a short time period, and similar. These children require specialized care and attention, and current findings suggest that CCWs lack confidence on how to manage with children with special needs. These findings concur with studies by Cook et al. (2005) who believe that children who sexually abuse may have learning disabilities.

Research by Hunter (2003) shows that children with special needs may see themselves as socially inadequate and expect peer rejection and ridicule. They also feel sadness and loneliness, and often prefer to be with younger children. According to Hunter, et al. (2003), sexually abusive children who have noticeable psychosocial deficits exhibit sexualized behaviours in an attempt to meet unmet intimacy needs. Furthermore, Cook (2005) found that children in residential settings may exhibit deficits in problem solving; struggle with sustaining attention (ADD); may display deficits in abstract reasoning, language development, executive functioning, as well as problems with perception and other learning difficulties. Research (Perry 2009) consistently shows that early trauma impacts brain development in children; thus this may impact cognitive abilities.

As discussed previously, Domek's (2013) study on the psychosocial needs of HIV-positive children on antiretrovirals revealed that the homes included in Domek's study expressed an urgent need for more special and remedial and education programs to accommodate HIV-positive children. The researcher notes that this is a need for all children in state care in SA. The researcher also notes that a child's nurturing relationship with an adult caregiver can promote not just emotional wellness, but also mental wellness. Gunner and Donzella (2002) study concurs with this as they found that when a child is attended to by a secure caregiver, including residential staff; a child's biological development can be enhanced. These current findings also illustrate the lack of training, support and feelings of helplessness that the CCWs experience in CYCCs.

THEME 5: CCW feelings and attitudes towards the boy children who present with ISB

This research revealed that that most CCW's showed empathy, compassion and understanding towards boy children when they presented with ISB. The following two quotes illustrate that CCW perceive boy children with ISB as needing help and not judgment:

"They are not bad children...they don't know." (Participant 4)

"Boy children are victims. There are not bad. They don't know it is wrong. We must help them." (Participant 7)

Most CCW's interviewed understood the stages of child development but had limited knowledge about the sexual development of boy children, and limited practical skills and

knowledge on how to manage and intervene in a practical way. None of the child care workers labeled boy children with ISB as ‘abusers’ or ‘criminals’. This was a pleasing finding; as some research showed that workers can see children as criminals. CCWs perceived the boy children as children who need help and can be helped. Many felt sad about the traumatic histories of these children; some felt angry or shocked about their ISB. Many CCWs perceived the boy children as ‘victims’ and not ‘perpetrators’, although a few saw them as ‘bullies’. The researcher notes that most CCWs in this present study were aware of the children’s deep and often hidden pain.

This corresponds with findings by Anglin (2003) who conducted a research on group homes. He coined the term “pain-based behaviour” to refer to the reactions of young people such as lashing out, exploding with anger, or withdrawing from those around them, and emphasized the fact that most of the time the origins of these behaviours lie in deep and profound psycho-emotional pain. His study illustrated that workers needed to be careful not to simply “inflict pain on pain” by reacting with harsh consequences or punishments, and to find ways to respond sensitively to the pain that lies just beneath the surface.

THEME 6: CCWs understanding of the needs of boy children

Child care workers were very insightful about what boy children need to grow and heal and to be safe and happy.

The following quotes exemplify their insight, compassion and sensitivity.

“Children need us to be there for them.” (Participant 2)

“Boys need love, care, someone to talk and someone to teach them about sex, and to be with family. They need to belong.” (Participant 3)

“Children need a bond. They need to feel special. They need female attachment. Boys need God. They are children in need and victims. Children need more programs and education on sexuality.” (Participant 6)

“Boys need a role model. They need someone to be there; and need goals and direction. They need God. Boy children also need sports, gym, gardening, camps and education.” (Participant 9)

“Children in a CYCC are not prepared for the real world. The children’s home must be relevant and holistic. Boys need sisters so they can learn how to treat females. They need a home and a family. CCW provide inconsistent care- there are changes. There is a lack of resources in CYCC for boy children. Boys need physical things e.g. punching bags and a gym.” (Participant 11)

“The CYCC is like a fridge-the children get rotten because they are forgotten. The children stay here for so long. The programs even get repeated- we need new programs after two years.” ((Participant 12)

The quotes above also show that boy children need consistent and caring attachment from CCWs, and that CCWs are aware of this need in male children. The challenge is that they often lack the practical skills and knowledge, or the time and resources, to implement their understanding.

This study’s findings show that it is more the lack of resources, support, time, sufficient training, and compassion fatigue that prevents the CCWs from doing what they know they have to do. A study by GAO (2008) contradicts findings that CCWs are insightful, caring and empathic. The United States Government Accountability Office (GAO, 2008) found cases in varied residential facilities that many staff use abusive physical practices and questionable treatment practices; thus implying that workers lack empathy and a caring attitude. Thus contrary to reviewed studies, this current study reveals that CCWs are compassionate, caring and sensitive to the needs of the children.

Similarly, a study by Biehal, Cusworth, Wade and Clark (2014) found that most young people do not suffer abuse or negativity from those caring for them. Garfat (2008), in fact states that child care workers have the opportunity to encounter children in a way that is intimate, close, human and real. According to Holden (2009) a core principle of the care model states that children need to build safe, trusting and meaningful relationships with the adults who care for them; as positive attachments help children to become competent, resilient and emotionally-well adults. Children who are placed in residential care present with very challenging behaviour that is rooted in pain and trauma. It is thus recommended that child and youth care workers respond sensitively rather than coercively to traumatized children. The current findings reveal that CCW’s are compassionate and understanding towards sexualized male children; which are in contrast to literature reviewed, as mentioned above.

Research by Osborne (2006) has also examined the link between sexualized behaviour in children and the lack of positive and consistent attachments in their young lives. Their findings strongly suggested that children who lack caring and consistent nurturance and stability could develop criminal and deviant behaviours whilst growing up and as adults. They found that, for both children and adults, the primary defence to prevent dysfunction caused from trauma, are secure attachments. Children and adults with caring attachments are able to seek support and comfort from others and can also manage their trauma and anxieties more effectively. However, for those who have insecure attachments and are also hurt and damaged by their attachment figures, find no protection and close relationships are often linked to insecurity, fear and filled with trauma cues rather than safety and reassurance. The current findings seem to indicate that some boy children struggle to form attachments with CCWs in CYCCs; and the facts that children move to different cottages in residential homes as they grow, and that the turnover of CCWs can be high, exacerbates their inability to form trusting relationships.

Moreover, Marshall (2010) reported that children with insecure parent-child relationships have poor self-esteem, weak skills on relationships, and an intense need for attention, leaving them vulnerable to inappropriate attention from others.

Ward et al. (2012) suggested that children who lack caring and consistent nurturance and stability could develop criminal and deviant behaviours whilst growing up and as adults. This thesis thus highlights the urgent need for male children to have the appropriate environment, parenting, and opportunities to establish trusting and caring attachments whilst at CYCCs or cycles of dysfunction will continue into adulthood.

As reviewed in the literature review, it is noted that most boy children in SA placed at CYCCs have experienced multiple traumas, including sexual abuse, and lacked the opportunity to bond consistently with one loving adult figure. Research by Hunter, Becker, & Lexier, (2006), shows that children who have experienced chronic sexual, physical, or emotional abuse and neglect may display ambivalent, insecure or avoidant attachment to their primary caregivers and a number of maladaptive behaviours (ACF, 2005). According to Hunter et al. (2006), children who are victims of sexual abuse may be predisposed to seek inappropriate, sexualized outlets, as an expression of hostility and anger and a need for self-soothing, as these children have emotions such as aggression, loneliness, depression, and fear. The data from this current research points to the possibility that many; not all, children in CYCCs are seeking closeness

and love through their ISB, as this is the only way they know how. ISB could be a way to meet unmet intimacy needs.

The data from this thesis supports these findings, as it shows how boy children find it difficult to positively attach to CCWs; how these children believe that adults will not provide the nurturance that they need; and how they find closeness and intimacy through inappropriate and maladaptive sexual behaviours (Ward 2006).

This quote illustrates this:

“The children need support and our help...they know their behaviour is wrong. They need love. They need their families. But they don't know how to bond.” (Participant 1)

This thesis also shows that CCW's positive relationship with male children; and in being a supportive adult is a strong predictor of resilience in children. As reviewed in the literature, it is clear that one of the biggest concerns with residential or collective care of children is the struggle in maintaining, and properly training staff, in order to create a stable and protective environment in which attachment relationships can be built.

Theme 7: Child care workers understanding of their role in CYCC

The findings of this research study show that most child care workers have a good understanding of their role, although they struggle to implement this understanding in a practical way. The participants' narrative highlights their diverse roles whilst caring for children on a daily basis. Five participants (6, 2, 8, 10, and 12) understand their role as being a mother figure to the boy children.

“I am like a mother and gran for the children. I look after the children and care for them.” (Participant 2)

Others see themselves as being teachers and role models, as illustrated below.

“We must care, support, talk and understand the children. We must listen and ask questions. We must be confidential. We must not fight...we must be calm.” (Participant 1)

Two participants understood their role within a spiritual framework. They perceive their role to be a kind of ministry and service to God, as indicated below.

“This is ministry...we are like parents. We take care of children who don’t have parents...our role is important.” ((Participant 4)

“God wants me here.” ((Participant 6)

Research by Krueger (2000) identifies three main tasks of CCWs. These are: to be a caring and significant caregiver and role model; to have the best interests and wellbeing of children; and to be involved in the total life of each child in their care, in a dedicated way. Moreover he believed that an effective CCW is one who is pro-active, can create a nurturing climate and space; can provide for the physical needs and positive development of each child; can create and maintain a healthy routine and structured environment; as well as perform their administrative duties. The current findings illustrates that CCWs are unable to complete these tasks in a competent manner as illustrated in their narratives:

But I’m not sure how to help the children.” (Participant 3)

“We need a program to help the boy children. We don’t have one now.” (Participant 5)

In addition, Maier (2014) states that, each child who is placed in CYCC has a distinctive background, history and culture; and their social preferences and cultural needs should be expressed and heard. He went on to state that the differences of children contribute to ‘the soul’ of child and youth care. Current findings illustrate that CCW’s do attempt to remember that each child in their care is unique; but often cannot implement this understanding due to time constraints and their many tasks.

Findings reveal that the child care workers take on a role that makes them feel the most competent and in control; for example most of the female CCW’s took on a motherly role towards the children, as this made them feel empowered and able to cope with challenges.

Home circumstances

The researcher also noted that those child care workers that had their own children, especially male children, were more skilled to manage the boy children they care for in the CYCC.

THEME 8: CCWs management and intervention strategies with the boy children with ISB.

Most of the CCWs expressed confusion and doubt about how to support the boy children with ISB. It became clear from this study that many understood intervention as only ‘talking to children’. The following quotes illustrate some of the intervention methods used by CCWs. It is positive and hopeful to see that findings show that some of the CCWs try to intervene in a kind and firm manner, but are not confident and do not feel competent to deal with the complexities of inappropriate sexual behaviours that the children exhibit. Some respond in anger and frustration.

A number of narratives are listed to demonstrate the CCWs perceptions of management of boy children with ISB:

“We talk to them. We have a meeting. We changed their rooms and separated the children. I’m old. I feel angry and powerless. I talk to the boys but they do it again. We report it to the social worker and she guides us. We refer the children to ChildLine .we have a case discussion and have in-service training. We all share ideas. We call the experts at times, and we teach the children. We have rules about the TV.” (Participant 1)

“We talk to them and teach and monitor them.” (Participant 2)

“We have a talking session about sexuality, and do activities with children. We read about it and talk in supervision.” (Participant 3)

“I feel angry. I shout at them. I have a one-on one with the child. I talk to him and question him. I have a cottage meeting with children once a week and talk to them. The children’s behaviour is challenging, and the small children need a lot attention.” ((Participant 4)

“I pray for child. I spend time with him. I teach him about sexuality. I refer him to the social worker and child care manager.”(Participant 6)

“We need special programs to manage sexuality of the children. I contact the social worker; or we refer case to the police. We separate the children and monitor them.” (Participant 9)

“We report to management- but staff often does not report because management approach is not right. They say we don’t do our work.” (Participant 11)

“I believe in a firm but gentle approach. I use my own techniques. I have sons-it helps in child care.” (Participant 12)

Many CCWs used their own techniques to cope with the children’s behaviours. Some consulted with the social worker or the child care manager for guidance. There is no consistent program or method that is taught to the child care workers regarding this phenomenon. It seems that each cottage is managed differently in terms of intervention of ISB and discipline, especially in Centre B. For example, *“I use my own techniques.” (Participant 12)*

However, it is noted that majority of the CCWs are dedicated to protecting and monitoring the children and looking for methods to cope with the ISB.

The participants’ narratives correlate to the study by Phipps-Yonas (1993) that CCWs are uncertain about how to intervene with behaviours that are sexual in nature. According to Phipps-Yonas et al.. (1993: p, 5) child care workers often show greater uncertainty and confusion about sexual behaviours and are “confused about what happens among youngsters in their care as well as about how, if at all, they should intervene”. Furthermore, Lowenstein (2006) stated that the inadequate ways in which sexual behaviour in children’s homes was managed and understood, intensified problems of both the sexually-abusive and non-sexually abusive adolescents.

Moreover, studies by Farmer and Pollock (2003) and Lindsay (1997), illustrate that, when child care workers are confronted with peer sexual abuse in residential settings, they are faced with the challenge of providing professional intervention that is based on insufficient knowledge of what constitutes appropriate sexual behaviour for these children. Barter (1997) stated that child care workers find it difficult to define the boundary between sexual abuse and intimidation, and acceptable experimental behaviour. He also stated that the professionalism of residential child care workers still left much to be desired; and that they usually ignore or deny peer sexual abuse; or did not know how to manage it.

Masten (2006) reinforced that child and youth care workers (CCWs), who in fact spend the most amount of time with these children, are the adults who need to understand, manage and intervene in a caring but effective manner, on a daily basis; as this is a resiliency factor.

Farmer and Pollock (2003) findings showed that there are four areas of managing sexually abused and abusing children. They stated that close supervision, effective sex education, modification of inappropriate behaviours and therapeutic attention to children's unmet needs are key areas to effectively manage children in care. They also stressed the importance of workers understanding and knowing the children's past. They stated that these four areas include the qualities of good substitute parenting, and the need to create a protective environment and help children deal with past trauma. They stressed the importance of receiving help and containment from well –trained supervisors; and the role of field workers. Current findings reveal the lack of knowledge and skills in these four areas of management. The researcher notes that there is no structured, standardized empirically based method of intervention or management for these CCW's in coping with sexualized male children in residential settings. It is clear from the current findings that CCW's are sensitive and compassionate towards the children; but are not sure how to manage the ISB among male children; and lack the knowledge and skills thereof.

THEME 9: Ccws' challenges

The current findings from the study showed that CCWs face many challenges whilst caring for children who present with ISB in CYCCs. This will be discussed below, under various sub-headings.

Inadequate staffing

A few participants talked about their concern that there is no night-time staff. According to the CC's most of the ISB occurs at night. Two participants exemplify this.

“CCWs are alone at night. There is no night-time staff. We have to monitor and walk around at night after a tiring day. Organization must employ more child care workers.”
(Participant 4)

“I'm alone in my shift. There is no night-time staff. I have to monitor and walk around. Not enough male workers.” (Participant 9)

Eastwood (2008) found that the ratio of child to worker in a residential setting was high. The lack of available CCWs in residential homes implies that children are not qualitatively cared for or supervised.

The researcher notes in this current study that there was a lack of night-time staff to adequately monitor and care for sexualized children, who need greater supervision.

Lack of information about children

Another challenge that almost all CCWs face in CYCCs is the lack of background information on the children that they care for. The following two quotes illustrate how CCWs understand this challenge. It seems that although staff, are at times involved in case discussions and planning for the children they care for, they are not given detailed background information that will empower them to help the children daily.

“It is a challenge because we do not receive background information about the children...it is in the files. It is not shared. We need to know the information to help them. The children hide their feelings and it takes time to get to know them.”
(Participant 3)

“I don’t have access to children’s file. We are given very little information. Staff misuses information to hurt child. It is important that we get to know child so we can cope and help child.” (Participant 6)

Most CCWs expressed strong feelings that in order for them to understand the children and care for them daily, they need to know their histories. However, it seems that due to misuse of confidential information, CCWs are often not given the full history and background of each child. This is a grave concern, as the CCWs spend the most amount of time with the children and have to deal with the day to day challenges. Current findings highlight that the lack of background information on each child in their care causes more damage rather than promoting healing.

One of the objectives of the current study is to ascertain the challenges of the CCW. The findings show that this is a constant challenge for almost all the participants. The solution to this challenge could be relevant and effective training on ethics, confidentiality and how inappropriate use of children’s personal information could negatively impact the children and cause grave damage. The CCWs seemed open to learning and being trained on this matter.

For example, Farmer and Pollock (2003) suggested that in order to provide good substitute caring for children, a thorough understanding of children’s history is needed by fieldworkers and caregivers, so that behaviours are understood in the context of their past experiences. They found that over half (53%) of cases where young people had abused others this information

was not shared with the caregivers. Important details were omitted such as the extent and severity of abuse; and that a child had been abused by multiple abusers. It is argued that such details can help caregivers to manage children better and to protect them more efficiently. It was found that children abused by multiple perpetrators had blurred boundaries and showed highly sexualized behaviour. Adequate background information alerts caregivers to exert close and tight supervision so that all the children are safe. The current findings of this study agrees that CCWs should be trained to receive the full histories of children in their care; and communication should be open and should flow between CCWs, social workers and management; so that they have the opportunities to take special precautions to prevent new arrivals in the CYCC from being abused; and to offer the best support and care possible to each child.

Fear and anxiety

Two child care workers displayed unusual anxiety about managing ISB among the older boy children in their care. One was anxious about her safety with the older boy children who were presenting with ISBs. She felt fearful in her room, being in a cottage with all males who are older male children. She shared:

“I lock my door; I’m the only female in the cottage. The boys are sexual. They masturbate on the bed, with the pillow.”

One CCW seemed to be anxious about sharing her true feelings during the data gathering interview. Her responses seemed to be ‘socially acceptable’ responses and it seems that the CCW was fearful of aligning herself with the CCWs, as she did not want to displease management. Her responses and anxiety was observed by the researcher, who used her social work skills of observation to notice the participant’s tense body language and facial expressions and guarded communication.

Other CCWs displayed anxiety about issues like salaries and coping financially; safety of their own children; loss and death in their family; and health issues. The CCWs needed someone to listen to their personal anxieties and problems, and the researcher responded positively by taking on the role of therapist at times. Debriefing was a part of the process and opportunity was given to each participant at the end of the interview to debrief and share issues that were not related to the research; and appropriate referrals were made.

Gharabaghi (2008) shows that residential work can be very intense, and the environment is often crisis-driven- this results in a loss of boundaries, or blurred boundaries between staff. He found that CCWs complain that their voice is dismissed and not taken seriously in the context of case conferences and development of interventions or care plans for children. Residential CCWs find this frustrating as they spend the most time with children. Heron and Chakrabarti (2003) found that staff in residential homes feel powerless to address the real issues and problems affecting children; despite significant changes in the residential sector. Moreover, they found that staff are not empowered, and children's needs are not prioritized.

Low salaries

All participants felt that salaries were insufficient, and was a cause for great distress and demotivation and worry. Most CCWs understood that the centres they work for are dependent on support from the Government, and that this support was inadequate. The current findings illustrate how poor salaries contributed to the lack of motivation and stress of the CCW's.

Some examples are illustrated in the six quotes below.

"I'm a single parent; my challenge is my salary...we are not recognized." (Participant 1)

"Our salaries need to be increased. I feel abused. I cannot look after my own family." (Participant 2)

"Our salaries must increase. We need a gift sometimes like a bonus at Christmas." (Participant 3)

"My salary causes me stress." (Participant 4)

"Our salaries must increase. We don't earn our worth- we supposed to get an increase every year, but it does not happen. Our Government needs to increase our salaries." (Participant 6)

The researcher notes that a huge challenge faced by CCWs is that they are not paid well enough, compared to the amount of work they are expected to complete. Early research by Braxton (1995) found that direct care staff members in residential care centres in America are not paid commensurate to the amount of work they are expected to do. This creates a volatile mixture and a crisis situation results because of the low morale, and a lack of motivation and high staff turnover; which in turn results in staff that cannot be effective CCWs who care for children.

New staff members are young and severely under-trained to care for children. Fulcher (2006) stated that poor pay and poor conditions reflect the status given to CCWs and the value given to improving the wellbeing of children in care.

Lack of motivation- “feeling stuck”

Most participants narratives highlights that many lack motivation and feel ‘tired’ due to the monotony of daily tasks. Furthermore, it appeared that they lack hope that positive change will be implemented. This is revealed in the following statements.

“I did not choose to be a child care worker...I had no work and volunteered.”
(Participant 2)

“Child care workers need to be recognized...we are with the children for 24hours- we change children’s lives.” (Participant 3)

“We need recognition, respect and appreciation.” (Participant 6)

“We work long hours...we get tired- and we monitor the children at night.”
(Participant 4)

“Night monitoring staff not are available. Staff are tired, their morale is low and there is disunity and anger among the staff.” (Participant 6)

Findings reveal that CCW’s are de-motivated and not recognized. A number of studies concur with these findings as they show that CCWs feel powerless, de-motivated and not recognized. This will be discussed below.

Carson (2005) supports the fact that CCWs need the opportunity to communicate and report, or their perspective loses priority and they lose the opportunity to advocate on behalf of the child or family because they have no clear voice. Dunlop (2004) and Salhani & Charles (2007) showed that CCWs at residential centres feel that their work is not a real career.

Fulcher (2006) states that front line workers, like child care workers, are placed at the bottom of organisational charts and given limited acknowledgement for their role. Gharabaghi (2008) found that CCWs complain that their voice is dismissed and not taken seriously in the context of case conferences, development of interventions, or care plans for children; and that residential CCWs find this frustrating as they spend the most time with the children. Heron and Chakrabarti (2003) found that staff in residential homes feel powerless to address the real issues

and problems affecting children; despite significant changes in the residential sector. Moreover, they found that the staff are not empowered and children's needs are not prioritized. (Gaughan & Gharabaghi (2008) concur with these studies by stating that it is clear to see that historically, and even at present, CCWs are not really noticed; and they thus see themselves as being less valuable than many other professionals. Current findings thus reveal that the role of CCWs is perceived negatively and is undermined, and that respect and recognition is not given to them.

Powerlessness

Many CCWs felt a strong sense of powerlessness both as child care workers and in their own personal lives. They felt unrecognized, under paid and not listened to. Three participants describe their feelings in the following narratives.

“We need good living conditions. Someone must listen to CCW’s ideas. We need an opportunity to talk.” (Participant 10)

“Don’t place CCWs in a container. Management must show they care. They should not let workers feel useless. I’m resigning.” (Participant 11)

“We don’t even have good programs. There are insufficient funds. The children don’t go out.” (Participant 12)

In contrast one participant highlighted how being a CCW is helpful:

“Being a child care worker is good. It helps me at home and I can share information to others.” (Participant 2)

Ainsworth (2012) emphasises that basic care is the core function and the cornerstone of child care practice. He reflects the 24-hour nature of the work and believes that CCWs' are the people who have the most power to influence what happens to children. He states that it is strange that direct care workers feel the opposite and express powerlessness; and that their importance and influence is disregarded in programs.

Lack of support from management

A few child care workers talked about the lack of support from their management. This is illustrated by one participant:

“We have no rights. We are frustrated. If management is a good role model then staff and children will copy.” (Participant 11)

According to Gharabaghi (2008), challenges facing CCWs include lack of communication and transparency from management and supervisors; lack of support from management; lack of accountability between CCW and field social workers; favouritism and conflict over staff selection; lack of involvement in decision making and lack of consultation and participation in restructuring and changes in policy. Gharabaghi (2008) goes on to suggest that poor relationships most often exist between CCWs and the residential centre because of power imbalances; lack of communication and transparency and focus on different priorities.

In contrast, a few CCW's shared that management is kind and supportive and helpful. Current findings show that most CCWs understand that management is limited and that funding from government is the problem, although a few workers did express their concern about management.

THEME 10: Child care workers' needs

The current findings from this study reveal that CCWs have many unmet needs. One of the objectives of the current study was to ascertain the needs of CCWs; which will be discussed below.

Training

All the CCWs talked about their strong and urgent need to receive training and their need for trainings to be free and consistent.

The social worker holds information about children, because CCW uses the information inappropriately. We need training on confidentiality and children. If we get more information, we can understand the children better. I don't really know what to do. We need information, training and reading material. CCW have to pay for own fees. Organization pays half. The Government needs to pay." (Participant 12)

"What we are doing is not working...how do we support the children? How do we let the sex feelings go down? We need training for both the boys and girls. We need free training." (Participant 1)

"Child care workers need skills and training." (Participant 2 and 4)

"We do receive training. But I'm not sure how to help the children. They are not open to talk about sex. We have team building trainings." (Participant 3)

“We need a program to help the boy children. We don’t have one now. We receive in service training. Our principal teaches us.” (Participant 5)

“We need training on disability and slow learners.” (Participant 8)

“Our child care manager supports us and helps us to cope. But we need more training because it is challenging to work with children.” (Participant 7)

“CCW need to be empowered. Children will not listen so well to outside people. They know us...we need training especially on sex and sexuality.” (Participant 9)

“Male ccw need to be understood in the child care sector- we need specific training. CCW don’t understand enough about children. Children hide things from us. We need experts from outside to come and train us.” (Participant 11)

It seems that CCWs presently have to pay for part or all of the trainings they receive, which may account for why so few had completed the modules, and, given the poor salaries, this places an undue burden on CCWs. This is exemplified in the following extensive list of narratives; to illustrate that all the CCWs strongly stated that they need more training. All child care workers shared their concern about the need for more training. Current findings highlight the lack of consistent and relevant training as a huge challenge.

In summary therefore, the research study revealed that presently in two CYCCs in SA, there is no consistency regarding the child care management of ISB in CYCCs, or the developmentally appropriate discipline of children, anger management for children, and the process of relationship-building with children. Child care workers have differing methods of coping, using their knowledge and individual experiences. This is a concern; as children placed in CYCCs need healing, consistent care, stability, and proper management of their challenging and complex behaviours.

According to Butler and McPherson (2007), staff in residential centres are often highly stressed and under-trained. Ridley and Kleiner (2003) show that training is compulsory and of paramount importance for child care workers to grow, develop and care for children in a qualitative and effective manner. Studies by Roeden et al., (2012) have also found that there are improvements with staff and child functioning in residential centres, when there are interventions with staff.

According to McFee (2014), trainings for direct care staff (CCWs), do not focus on psychological dynamics such attachment, interaction with children or self-care.

Without this training, it seems that CCWs rely on their life experiences, workplace experience and available psychology sources for an understanding of traumatized and emotionally disturbed children; and this can hinder their effectiveness in intervening with these children. A study by Bettman and Jaspersen (2009) noted that it is not clear if staff in residential centres are schooled in any given orientation. Furthermore, Van der Laan (2011) found that characteristics of youth care workers such as professionalism, education, training and relationship skills is an important indicator of positive treatment outcomes for children in their care.

Ainsworth (2012) argued that, sophisticated information about child development is knowledge that should be gained from studying and thereafter from direct experience. Both are vital to care for children. These studies and the thesis findings demonstrate the critical need and importance for effective, relevant and consistent trainings for CCWs.

Support

Current findings from this study showed that the personal and professional needs of CCWs are neglected. The five quotes below illustrate the CCWs need for support.

“..We receive no debriefing.” (Participant 5)

“It is so difficult to hear the cases. I cry.”” (Participant 1)

“Debriefing is informal, as you need it. We also talk to the principal; but we need debriefing.” (Participant 3)

“There is pressure from management to do right. There is not enough support from them on how to deal with the children-they tell us to find solutions.”” (Participant 4)

“I’m dried up spiritually. The balance in my life is lacking. I have to put food on my table. There is no debriefing or team building.” (Participant 6)

All the participants felt they needed more support. This thesis highlights the fact that there are no debriefing programs that are consistent and available for CCWs in SA. Child care workers are experiencing compassion fatigue, which shows itself through health issues; mental health problems, de-motivation, a high turnover of staff and the inadequate quality of care given to children.

Moses (2000) found that staff frequently made reference to the fact that their work was not long-term, because it pays poorly, lacks security and benefits, and is very demanding, both physically and emotionally. Seti (2008) stated that CCWs are uniquely vulnerable to burnout because they go through the same stressors as other workers in the helping professions, but do not receive the same respect or recognition; thus debriefing and burnout treatments are important. This researcher notes that there is a lack of debriefing that is consistent, qualitative and relevant for CCWs.

Neglect of own families

All the child care workers whether they had their own children or not, talked about their sense of failure, guilt, and powerlessness in terms of not spending adequate time with their own children and family members. This researcher felt it is vital to include many of the quotes; as illustrated below; to show how important this issue is to the CCWs.

“I cannot look after my own family. I feel abused. There is no time to spend with my own children. I am away from my family a lot”. ” (participant 2)

“I stay at the child and youth Centre most of the time. I am away from my family; this is very stressful. I am exhausted when I do go home. No family can visit at the Centre. I am neglecting my children. I don’t do homework with my son. This makes me stressed.” (Participant 4)

“I miss my family. My son is a teenager and my mum is old. They live in a rural area far away. I live near the Centre, because of my salary. I want to leave child care work...I am too tired. I am neglecting my children and family.” (Participant 5)

“I wish we lived in suitable cottages...and my family is allowed to visit and stay, I miss them. I have to work on weekends and I miss my church; I miss the ministry.” (Participant 6)

“I am not spending enough time with my own family. Child care workers don’t spend enough time with their own children, especially single parents. Needs at home are unmet...no time and not enough money. I feel de-motivated. I feel like a failure at my own home...I cannot provide.”” (Participant 9)

“Child care workers miss home and their own children. They are anxious about their own children. They cannot be productive...feeling like this. If management don't care for us...how do child care workers care?” (Participant 11)

“Child care workers are away from home for 7 days. We are away from our children...but kids at children's home need us. If we live far...it is costly to travel home. My children are kind of neglected; this is a challenge for me.”(Participant 12)

Due to shifts and long periods of time away from home, they cannot spend quality time with their children; or care for them adequately. Many live in rural areas that are geographically a long distance away from the child and youth care centre; which are usually situated in urban areas. During weekends off they are tired and do not have the finances to travel long distances back home. Many fear for the safety of their children, as they lack strong or adequate support systems; or their support is usually their own mother who is old, and in need of care themselves. Their children are not supervised in terms of safety, homework and discipline. Some child care workers feel a sense of resentment that they have to care for children in the Centre; but cannot care for their own children, due to the need to work and earn a living. Some cannot pursue their own interests and hobbies that bring them joy because of tiredness and a lack of ‘I time’. The lack of debriefing for CCWs exacerbates their disillusionment and sadness. This challenge was highlighted by CCWs in every interview.

In contrast to all the hurt and pain revealed above, participant 2 shared that child care work also helps and empowers her:

“... but being in child care also helps me to be a good parent. It helps me at home; and I can share information with others in my community.” (Participant 2)

The researcher often felt that the role as researcher was overpowered by the need to take on the role as therapist. Child care workers showed distress and tears when voluntarily sharing sensitive and important issues. Current results show that CCW's are physically and emotionally tired people. This current study illustrates the strong need of CCWs to receive therapeutic support and consistent debriefing. Debriefing was a critical part of the interviews; and appropriate referrals were made.

Previous research such as Farmer and Pollock (2003) found that the anxiety levels of caregivers and professionals rise sharply when the children in their care show intense and age inappropriate sexual behaviours. These findings support the current findings. They went on to

state that this reaction is understandable, but that care should be taken to prevent paralysis, minimization and denial whilst workers care for children. In addition, (Gharabaghi, 2008), also showed that residential work can be very intense; and the environment is often crisis-driven. These studies correlate with this present study to show that CCWs are often stressed and anxious.

Literature reviewed also found that CCWs role is complex and tiring, both physically and emotionally. Maier (2014) establishes that caring for the caregiver is extremely important to prevent compassion fatigue, commonly known as burnout. CCWs are stressed people. Moreover, Maier (2014) states that CCW will feel de-motivated and not provide sufficient attention and care to the needs of children in their care if they are not cared for physically and emotionally. The current findings strongly concur with these studies.

The following three quotes illustrate the physical and emotional tiredness of CCW's:

“I am too tired. I want to leave child care work.”” (Participant 5)

“Staff resign. There is a high turnover of staff. They leave. There is no consistency for the children, to build relationships. Also, the children are moved to new cottages with new CCW.”” (Participant 6)

“We are tired. Seven days in a row we work. We also clean cottages, we cook at times; we have school and hospital appointments.” (Participant 11)

Supervision

Most Child care workers shared that supervision is not enough and not consistent.

The following narratives reveal their concerns:

Participant 1:

“Supervisors must be fair, neutral and not have favorites. We receive individual supervision once a month; if problems we have case discussions. There is no group supervision and no debriefing.” (Participant 1)

In sharp contrast Participant 2 and 9 and 12 shared:

“Supervision is enough” and “supervision is helpful.”

Participant 4:

“I saw my supervisor two times this year. Busy. Supervisor wants to do supervision when I’m off duty.” (Participant 4)

The present research study highlights that there is an overload of work and a lack of time available for qualitative and consistent supervision. A South African study by Nel and Fouche (2015) found that supervision is essential for professional development and promotes factors like emotional support, self-acceptance, autonomy and personal growth. Similarly a study by Fawcett and Caruso (2007) found that supervision impacts staff morale and their effectiveness, and also their emotional well-being. Supervision should be planned individually and in a group setting, as there are benefits from both. Supervisors themselves also need guidance and ongoing mentorship and training. Supervision should include both the element of education and support for child care workers.

According to Phelan (2005), CCWs need consistent and appropriate supervision to support, guide and mentor their work, as discussed previously. Caring and consistent supervision from a skilled supervisor is vital. This cycle of mentorship, support and care should flow from the management to the supervisors, and on to the children.

5.5 SUMMARY

This chapter has presented the qualitative data obtained from the individual interviews with the child care workers that care for male children, who present with ISB, in child and youth care centres. The data was discussed qualitatively using content analysis. In terms of this, extracts were used to illustrate the themes and implicit meanings arising out of the interviews and were analyzed in depth.

A social constructionist theoretical orientation was adopted in this study since it emphasized the notion of social interaction between people and the environment in order to understand, explain and describe the world in which they live in (Gergen, 1985). In this study, the objective was to explore and understand the perceptions of CCWs who care for boy children, who present with ISB, in CYCC. This theoretical perspective draws attention to the fact that human experience, including perception, is mediated culturally, historically and linguistically. This study shows how child care workers in CYCC describe and perceive the same phenomenon of ISB among male children in different ways. The results are able to identify the various ways that CCWs construct this reality in our South African context and this data gives us useful implications for human experience and social practice.

Based on all the narratives and excerpts above, it is clear that the role of CCWs in CYCCs is extremely vital and powerful, and their role is relevant; but they need to be cared for in terms of training, supervision, debriefing, and being recognized; so that they can care for traumatized children who exhibit challenging and complex behaviours. The current findings also highlight the importance of CC's having the skills to form caring and consistent attachments with the children they care for, as this has multiple benefits for the children, as well as the CCWs.

The next chapter will focus on reflections, conclusions and recommendations in relation to the study findings.

CHAPTER 6

REFLECTIONS, RECOMMENDATIONS AND CONCLUSION

This chapter begins with a presentation of some reflections and thereafter a discussion of the recommendations and conclusions that resulted from these findings. The themes from the previous chapter will be looked at in relation to the overall aim and the objectives of the research project.

6.1 REFLECTIONS ON THE STUDY

Why is it important to understand the perceptions of child and youth care workers around the phenomenon of inappropriate sexual behaviours among male children in child and youth care centres? Many young male children are presenting with inappropriate sexual behaviours in South Africa, and in other countries. The role of child care workers in the lives of children living in residential settings is critical. They have a powerful impact on children. How they perceive the children and their behaviour influences their management style and influences how they respond to the boy children; and how the children respond to their care; and this in turn affects how the children grow and develop, which impacts on our society. It determines whether we have a generation of male children that are healing from their childhood traumas into emotionally well and stable men; or male children growing up into men with unresolved issues that will either result in violent, abusive and criminal behaviour, or adult men stuck in victim roles.

There is a cycle of abuse that exists, even in CYCCs, which needs to be broken. Many children in SA are abused in communities and families. When they are placed in CYCCs they teach other children ISBs; or sexually abuse other children; or are further victimized. These children repeat the pattern and do the same to others, and CCWs struggle to contain and manage these sexual behaviours in a therapeutic and healing manner because of a complex array of factors. This can cause more damage, and the child grows to become either a victim of sexual abuse again, a perpetrator of sexual abuse, or presents with criminal tendencies. However, training, empowering, supporting, and caring for the CCWs will ensure that they are more satisfied in their positions and will remain in their jobs for longer periods; that they can attach positively to male children; and will manage and care for boys and their behaviour better. The boy children will thus feel cared for: there is greater possibility of behaviour change, children are safer in CYCCs, and this prevents further victimization and can prevent further rates of

perpetration and dysfunction. Child care centres have a greater potential of becoming safe places for children to live.

The research is presented in such a way as to protect and to view the boy children positively, even the boy children who present with abusive sexual behaviours or bullying behaviour. This is as a result of the way the boy children were presented in the study. They were not called child offenders or abusers; rather they were presented as children who are also victims and also need help and healing. The view of them as offenders could have contaminated the perceptions of the participants.

A difficulty faced in the research was that very often the CCWs had the need to share and talk about both personal and professional challenges and feelings. The researcher took on the role of therapist in many of the interviews. These also strongly re-in forces the need CCWs have to debrief, and to have the opportunity to talk about their personal feelings and problems; as well as their needing affirmation about how to manage the children that they care for. It was very sad to know that CCWs perform such a vital role, yet are not recognized or cared for by the government; and because of this lack of sufficient funding and support, the centres that they work for have limited resources; or are not prioritizing the needs of their staff.

The research also reflects on issues of dishonesty, unfair practice, and unethical behaviours from some management and senior staff at one of the centres; and how these have a powerful negative impact on the CCWs and ultimately the children.

The voices of children are important. Children know what they need to be safe and emotionally well, but are often unheard and unseen, especially in residential care. According to Fulcher & Ainsworth (2006), responsive practice requires that the perspectives of children are heard, and that they participate fully in the plans for their treatment and care. It is known that many centres both in SA and internationally have policies to encourage active participation and child consultation; but it seems that there is no application of these policies i.e. the voicing of the needs by children is not encouraged or listened to.

6.2 CONCLUSIONS

This study highlights issues important to child and youth care workers, and the seriousness and pervasiveness of ISB in CYCCs.

The analysis revealed the following:

- The data showed that there is no standardized program, training, or set of guidelines or theoretical approaches, with which the CCWs are empowered in order to manage the inappropriate sexual behaviours among the male children in the child and youth care centres.
- The CCWs use their own experiences and knowledge and the limited training and skills they have to care for the children.
- During the interviews; no one talked about the life space intervention or milieu therapy whilst managing with the children's behaviours.
- There is a lack of consistency of methods utilized and practical implementation of knowledge. ISB's are challenging, and although each child is recognized for their uniqueness and differences in presenting with unique symptomatic behaviours, there is an urgent need for child and youth care workers to be trained on how to use a consistent and standardized method/approach to manage the children in a therapeutic but practical way.
- Child and youth care centres need to have policies and preventative and therapeutic programs in place regarding this phenomenon.

The study showed that the perceptions of CCWs are strongly shaped by familial and societal messages, life experiences and cultural norms. The child care workers construct reality from their own experiences.

The results showed that female CCW need more male assistance and knowledge in the area of male sexuality when caring for boy children. They understand that boy children require male role models and consistent mentorship from a father/big brother figure.

The safety of children in CYCCs is a great concern to CCW. They talked about drug abuse in the CYCCs; and the transmission of HIV during the sexual abuse of young children by the older children, and other related issues.

Some CCWs perceive inappropriate sexual behaviours among boy children as 'contagious'. This current research shows that peer culture in group homes thus exerts a powerful influence,

especially on the younger children who are impressionable, eager to find a sense of belonging, and often have unmet intimacy needs.

Data shows that CCWs struggle to manage with children with ISB who also have special needs or disabilities in CYCCs.

Most CCWs showed empathy, compassion and understanding of boy children when they present with ISB. Most CCWs understand the stages of child development, but have limited knowledge about the sexual development of boy children and limited practical skills on how to manage and intervene.

The study also highlighted that child care workers are very insightful about what boy children need to grow and heal and be safe and happy. The challenge is that they often lack the practical skills or the time to implement their understanding.

Results show that child care workers have a good understanding of their role. Their understanding of their role includes being a mother figure; a teacher; a role model; and doing God's work.

This study shows that child care workers are uncertain about how to intervene with behaviours that are sexual in nature. They expressed confusion and doubt about how to support the boy children with ISB. Data shows that CCWs have not been trained to respond consistently to children's behaviours, but are eager to obtain more information and desperate to receive relevant training.

This study showed that CCWs face many challenges whilst caring for children: for example, inadequate staffing, lack of information about the children in their care, low salaries, lack of motivation and recognition, feeling powerless, and lack of support from management.

The data thus illustrated the strong and urgent need CCWs have to receive training; and their need for training to be free and consistent.

Research data also strongly highlights that the own needs of CCWs are neglected. All the participants feel they need more support. The results show that there are no debriefing programs that are consistent and available for CCWs in SA. Child care workers are experiencing compassion fatigue. This study illustrated the strong need of CCWs to receive therapeutic support and consistent debriefing.

This study also revealed that supervision for CCWs is not enough, and not consistent. This study illustrates that in our South African context, there is an overload of work and a lack of time available for qualitative and consistent supervision

The study thus revealed many complex issues that child and youth care workers experience whilst caring for boy children with ISBs.

Although these present findings are not fully representative in a statistical sense; this research shows many of the challenges and perceptions of child and youth care workers working in a child and youth care centre; and also highlights suggested issues that are likely to be transferable to similar contexts.

6.3 RECOMMENDATIONS

All the CCWs referred to the challenges of raising boy children in today's society. Therefore it is clear that change at all levels in society is needed. It was clear from the results that child care workers need more support. Changes in the greater context; on all levels; are needed to reduce and prevent ISB among boy children. How we socialize and parent our children; and what laws the government enforces to protect our children; and what policy makers implement all impact on whether ISB's among male children will be prevented and/or reduced. Socio-cultural change is urgently needed in our South African context. Changes in policy are needed in all social and cultural levels in our communities - for example, open acceptance of sexual stimuli and messages that promote abusive and dysfunctional attitudes and glorify abusive behaviours must be challenged. Social acceptance of aggression and violent behaviour, sexual objectification, and compensatory sexual behaviours must be questioned. Modern culture is teaching our children inappropriate and dangerous values and behaviours which should be stopped.

Cicchetti and Lynch's (1993) ecological-transactional model provides a good framework for understanding and planning preventive strategies for inappropriate sexual behaviours among children. This model views development as a result of co-occurring domains of influence, including many contexts like the macro system (e.g. cultural beliefs); the exosystemic (e.g., neighbourhood settings), and influences that are more proximal – the microsystem (e.g., family factors such as parenting) and the ontogenic characteristics of the child (e.g., age,

temperament). This study understands that there is a dynamic interplay of complex factors that causes ISB among boy children in CYCCs; and thus changes are needed on all domains.

It was clear from the results that all the CCWs need training. Consistent and ongoing training is critical for the ongoing growth and development of CCWs. There is a lack of free and relevant training for CCW's. It is recommended that CCWs be trained on important issues like how to discipline challenging children; how to care for children with disabilities; how to manage bullying behaviour; how to teach anger management; how to be therapeutic in daily tasks; how to use sport with children to promote healing; how to manage inappropriate sexual behaviours among children; how to understand and manage homosexuality and gender confusion in children; and other sexuality issues. CCWs need a standardized and researched program that all CCWs can use which is relevant to our South African context. At the moment different approaches and methods are used with children; and there is no consistency in managing the different issues in children. This causes confusion and possibly more damage. Specific and practical training, including preventative strategies, early detection, and possible interventions, will empower CCWs and build their sense of competence. Supervisors can monitor and offer ongoing support after the training. According to Kellogg (2009), child care workers need interventions that are researched as best practice, for assessing when children's sexual behaviours are concerning and when they are not, and how to manage them.

Child care workers that have the opportunity to be exposed to relevant training that provides them with tools and knowledge for managing challenging and problematic childhood sexual behaviours are more likely to understand, respond to, and manage ISB in CYCC more appropriately and therapeutically, For example; the Kempe Centre's curriculum (Ryan et al., 1988, rev.1993) focused on training adults who care for children to care for and to respond to children in an objective and consistent manner, which increases their sense of competence.

Silovsky, Niec, Bard, and Hecht (2005) found that the use of educational, short term and focused Cognitive Behavioural treatment approaches for children who present with sexual behaviour problems, is effective. This includes teaching children defined and clear rules on sexual behaviour and skills on self-control and empowering caregivers with basic behavioural parenting and monitoring skills. Their findings demonstrate that CCWs can be trained to manage ISB's.

It is recommended that training adults (CCWs, teachers, parents) on how to respond to children in a consistent, objective manner, with increasing adult comfort during this response thereby increasing their feelings of competence will make management and prevention of ISB more effective.

Training will help child care workers to identify children with ISB early, thus providing the opportunity to intervene early. Vizard (2007), proposed that children under the age of ten years who present with sexual behaviours that are abusive should be identified early to prevent a maladaptive trajectory of development, which could later lead to criminal behaviour.

The analysis from this study clearly revealed that CCWs struggle to manage ISBs and other issues linked to sexuality in children. The findings from a study from Farmer and Pollock (2002) suggest that the key areas for managing children who are sexually abused and/ or abusing children, fall into four areas:

- Close supervision of children, for example making plans for safe care once the workers receive background information about the child's ISB's.
- effective sex education for the children - for example teaching children about their sexual development and sexual health and correcting cognitive distortions about sex;
- modification of inappropriate behaviour, and
- Therapeutic attention to the children's deeper unmet needs, including a proper understanding of the child's history, so that behaviours are assessed in the context of their early experiences.

These four broad areas capture the essence of the qualities of good substitute parenting, with special focus given to creating a safe and protective environment and empowering the child to heal from past trauma.

It is recommended that further research is needed to explore

- The level of compassion fatigue in CCWs, and their response to consistent debriefing, as well as
- The potential impact of relevant and consistent training and supervision on their management of challenging children in CYCCs.
- Furthermore, it is recommended to research how CCWs could practically spend more time with their own families, and the impact this has on their child care work.

- Further research is also needed to explore how to ensure the safety of children in CYCCs, as well as the development and evaluation of training, supervision and debriefing programs for CCWs and
- Therapeutic and safety programs for children with inappropriate sexual behaviours.

All of these issues have important implications for policy makers in terms of the psycho- social and educational needs of CCWs in formulating relevant and structured training, supervision and debriefing programs. This study also has implications for the government to actively recognize the needs of CYCCs. Policy makers within the field of child care and social work need to devise intervention and treatment plans and other policies to aid child care workers in their complex task of child care in child and youth care centres.

Martin and Luke (2010) find that parents' who teach their young children about sexuality, focus primarily on sexual abuse prevention, with 80% saying they had had some talk with their pre-schoolers about it. This research agrees that parenting young children today means thinking about preventing sexual abuse, yet this study demonstrates that children need more education than just on sexual abuse. Children require education on healthy sexuality, sexual boundaries, how to view and treat the opposite sex, and other sexuality issues. Literature reveals that there is little consensus on what intervention strategies are needed to treat children presenting with ISBs.

The literature reviewed shows that one of the biggest concerns with residential or collective care of children is the challenge in maintaining, and adequately training staff, so that children can feel safe and build caring attachments. This study recommends that children need caring, safe, consistent and available attachments to thrive, especially in a residential setting; and this study fully supports the belief that well trained and empowered child care workers will create a safer and more stable place for children.

Many CCWs in this study were unsure what interventions to use with male children with ISBs. Common interventions suggested by the Kempe Centres' curriculum (Ryan et al., 1993), include programs on educating children about sexuality, setting boundaries for sexual behaviours, more monitoring and supervision of children, and awareness of harm to victims. The programs emphasize different issues.

Ryan (1999) believes that building empathy in children is important. He believes that through empathy, children can be prevented from exhibiting abusive and inappropriate sexual behaviours (meaning that, children should be responsive to the discomfort and cues of distress of those around them). Ryan went on to state that supervision of children, education on sexuality and sexual boundaries differ in various settings (because they mirror the beliefs and values of the community, caregivers or the centre), the goals of accountability, empathy and communication are universal because they generalize across all settings.

These studies discussed above demonstrate the importance of training for adults who care for children with inappropriate sexual behaviours. These adults need education and knowledge, skills and insight to manage children with ISB's; which is lacking in South Africa. This present study shows that almost all CCWs experience compassion fatigue. The emotional and physical tiredness illustrates the urgent need for debriefing that is consistent and well structured. It would be more effective for CYCCs to seek the services of an external therapist to offer debriefing to CCWs than replace the CCWs. The CYCCs need to plan for this. The long shifts, being away from their own families and personal support systems, as well as the financial stress and anxiety for their own families, added to the challenging behaviours of the children they care for and numerous other factors all contribute to the high stress levels of the CCWs. Well cared-for workers will provide better caring services to vulnerable children.

One of the challenges that were revealed in this study was the need for male CCWs. More male child care workers need to be trained and employed at CYCCs. Specialized training is necessary so that they can mentor male children, and be a positive male role model for both male and female children. CYCCs need to establish more programs so that male mentors from the community; religious organizations etc. volunteer their time to mentor male children. A standardized program to identify, train and structure male mentors or 'big brothers' for children is needed. The child and youth care profession and government needs to make the position of and role as CCWs more appealing so that males become interested. The cultural and stereotypical image of men in SA needs to change. Men can also provide fathering to children; and be educated as to how vital their role is.

Many CCWs felt that children were not safe in the centres. The safety of children placed in CYCCs is of paramount importance. At the moment, in South African residential homes, including CYCCs, places of safety and industrial homes, children are not always physically or emotionally safe. As discussed in the literature reviewed there is physical and emotional abuse

among the children, inappropriate sexual behaviours including sexual abuse, bullying behaviour, and other inappropriate behaviours that places children, especially the younger and new children, at risk. There needs to be a structure in place that will assess children and separate the young from the older, and children with high risk behaviour from the more vulnerable children. As discussed, CCWs need to be trained on how to recognize, manage, heal and refer children with these behaviours. More night-time CCWs are needed to monitor children at night. Children need to be referred to specialized services for therapy or rehabilitation. At the moment there is also a lack of external resources that is available for sexualized children to be referred to.

Child and youth care centres need greater support and recognition from the government. Subsidies at the moment are too low and insufficient to provide qualitative resources and services for the children in residential care, and for the child care workers employed by the CYCCs. A lack of consistent or sufficient funding also challenges the ability of CYCCs to provide well rounded, evidence-based care, with competent, well-trained staff.

Sufficient funding will ensure that sufficient staff are employed to care for the children. The ratio of CCWs to children will improve, and the availability of night-time staff will prevent ISBs at night; ensuring the safety of children and reducing the present cycle of inappropriate sexual behaviours. This study agrees that a lack of adequate funding interferes with the quality of care provided to children.

One of the challenges that CCWs face is low salaries. The professionalism of CCWs needs to be improved. Salaries need to be increased. Training should be subsidized by the Government. Child care workers need to earn an adequate living. This will promote job satisfaction, personal achievement and a sense of competence as they will also be able to care for their own families.

This present research study also reveals the negative influence of the media on children's sexual behaviours in CYCCs. It could be that, due to the work overload, there is inadequate supervision of children, thus children have access to adult sexual behaviour through the media. The literature reviewed suggests that children could develop distortions due to exposure to negative media portrayals of sex or sexual relationships. Research reviews on the effects of the media on children and their violent behaviour indicate that media does indeed contribute to a child's aggressive behaviour.

Female children are also presenting with ISB in CYCCs. Programs need to address this issue. The needs of female children need to be explored and met.

Results from this study also showed that CCWs find it challenging to discipline children. Education on discipline is required. A standardized program that allows for creativity, cultural differences and the uniqueness of children is essential in SA residential settings. Children need consistent boundaries and healthy rules. Residential centres lack a well-structured and standardized training program to teach CCWs how to cope with and discipline children in the CYCCs. This is urgently required, as many challenging behaviours are manifested by children.

The analysis sadly revealed that CCWs spend a lot of time away from their home and families, and impacts negatively on their performance. CCWs should not spend so much time away from their own families. This creates a sense of failure and incompetence and anxiety. It is a concern that CCWs are protecting the children at the CYCC, but are unsure about the safety of their own children, and lack the funds to ensure proper child care for their children. CCWs will also feel more content and eager to work if they spend sufficient time with their own families. Employing more staff at CYCCs and offering better salaries will assist with this. Policies need to be in place to allow CCWs own children or families to visit.

Results showed that the voices of CCWs are not heard. CCWs should be able to offer possible solutions and express their feelings and ideas openly - e.g. many CCWs in one centre expressed their view that food being served at the CYCC should be well cooked and nutritious, so that the children are happy. Eating is a nurturing act and helps both children and staff to feel content and well cared for. The CCWs recommendation that the present cook be sent for cooking classes, or to replace the cook, was ignored.

It is recommended that field social workers collaborate more closely with CCWs, as they collect a wealth of information about the children in their care. At the moment it seems that most field workers work in isolation, place children in the CYCC, and do not stay active in monitoring the children's families; working at family re-unification; or advocating appropriate services to the families. The children placed at the CYCC are thus 'forgotten'. Children feel the loss of not having safe and consistent contact with their own families and their challenging behaviours are often intensified. CCWs need to be more involved in case consultations and group discussions about the children.

Good child care practice includes relationships between management and staff, and between residential child care workers and field social workers. There needs to be co-ordination on

admission and transfer policies and procedures, the blend of children, staff employed and procedures and training. Team building and staff meetings where there is transparency and trust is needed.

This research shows the need of CCWs to receive more and consistent supervision from supervisors who are skilled and can offer both educational and personal support. Supervisors need to be role models for the CCWs.

CCWs need to be trained, and trusted to receive the background information and histories of the children that they care for. They are the people that spend the greatest amount of time, and exert the greatest influence on the children, yet this research shows that relevant information about the children is withheld because a few CCWs used the confidential information inappropriately to hurt the child. This could be prevented by training the CCWs on ethical behaviour; the importance of the oath of confidentiality and the damaging impact on the children. Data shows that many incidences of ISB among the children could have been prevented if the CCWs had the relevant background information, as this would have alerted them to high risk behaviours, and thus the children would have been safer.

Children have an important need for correction of sexual learning and a legitimate need for validation. This research data shows that CCWs have not been trained to respond consistently to children's behaviours, but are eager to obtain more information and desperate to receive relevant training. Thus it can be argued that male children are very vulnerable in our communities due to the multiple traumas they face as children. If their inappropriate sexual behaviour is not recognized and managed in a therapeutic way, and if their caregivers are not capacitated to contain and heal these children, we are potentially facing a huge problem where these male children will grow and become adult offenders who may sexually abuse other children and continue the cycle of violence in our country; or they could themselves become victims of sexual abuse.

In SA, there is also a shortage of residential centres for children. Resources are in fact, very scarce for children in many Provinces; especially in the rural and peri-urban areas. Due to the limited options children who offend and child victims are placed together in residential care with CCWs that are not adequately supported and trained to understand and manage these children. Even urban areas lack specialized and qualitative psychological and therapeutic/counseling services for children and families. This is especially true in the field of

child sexuality; and there is an absence of services providing long term therapeutic services for children who present with inappropriate sexual behaviours, including child-on-child sexual abuse. This needs to be addressed.

CCWs need recognition from the Government and other professionals that they are vital role-players in the care of children. They should be involved in decision making and consultations on the best interests of children. Changes are required from a policy level.

It is also recommended that boy children in boys' only CYCCs, and who may attend a boys' only school, have opportunities to interact with and socialize with female children. This will teach the children interpersonal skills, how to respect the opposite gender, how to establish boundaries, and how to build healthy relationships.

Poverty is linked to ISBs among children. The SA government needs to target schools and families and focus on sex education for children. Awareness and education is needed for parents for example in overcrowded homes, where children are exposed to adult sexual behaviour. Adults need to prevent children being exposed to this; caregivers and professionals need to break the taboo about sexual behaviour, develop a calm comfort about sex when teaching children, and set consistent boundaries for children.

This present study also highlights the critical importance and need of children in residential care for positive attachments and caring consistent relationships with their child care workers. The data from this present study supports these findings as it shows how boy children find it difficult to positively attach to CCWs; and how these children believe that adults will not provide the nurturance that they need and subsequently go on to find closeness and intimacy through inappropriate and maladaptive sexual behaviours.

Masten (2006) stated that resiliency promoting factors e.g. consistent long term positive relationships with non- parental caregivers (includes CCWs) can buffer children in care, from adversities in their future.

An important reflection is that CCWs were very insightful about the importance of bonding and building trusting and caring attachments with the children in their care. Many factors however hindered this process of relationship building, for example boy children are moved to new cottages as they grow older; the high turnover of staff because of dissatisfaction about salaries and work conditions; and the irony that CCWs cannot qualitatively bond with, or care for their own children because they work away from their family and don't have enough time

or money to visit them. Also, the fact that they themselves are not cared for or about hinders their ability to build caring relationships with the boy children.

It was also a concern to understand that child care work is often seen as the last option as a career. CCWs feel that the profession of child care in SA needs to be more recognized and given appropriate status, and that the remuneration for CCW's need to improve drastically.

Milieu therapy has not been well researched or compared to other forms of intervention; and most residential settings cannot define their milieu (everything making up the surroundings'). This research believes that child care workers are important in the delivery of milieu therapy, as well as a primary source of care for children in CYCCs.

However, it is a concern in SA that it is unclear if child care workers, who work in CYCCs, are adequately schooled in any given orientation; thus it is difficult to measure the delivery of a given therapeutic intervention.

CCWs need to be positive, creative and resilient in their work; and be able to deliver a response that is relevant to the realities of South Africa. Logically; it can be seen that to be child care workers working in the contexts discussed above requires serious adaptation of any first-world approach in child care. According to Dawes, Richter and Higson-Smith (2004), minimum active knowledge presently informs theory or recommended practice in South Africa.

Spirituality for boy children is vital; and can positively influence their sexual behaviours. According to Rothbaum (2000), children's behaviours can be changed and impacted by cultural expectations and principles. This present study strongly believes that CYCCs need to develop programs and routines that encourage children's spirituality.

It would also be beneficial to have a selection process to assess the suitability of people who are interested in child care. This would screen out potentially harmful and unsuitable people and highlight people who love children and whose temperament, attitude and personality will promote positive care for traumatized children.

This research shows that we need to develop a South African response that is relevant to the realities of our country. All the issues identified in this study represent gaps in our South African context, as well as a dire need for training and support of professionals who care for vulnerable children - such as child and youth care workers. It is through a study like this that these gaps become visible and greater research needs to be conducted and policies changed and

created, and programs developed, to create a safer and more supportive environment for both children and the professionals caring for children.

In conclusion, it needs to be stated that child care workers in South Africa are definitely needed to care for vulnerable children; and they play a fundamental and critical role in protecting children.

Finally, Frederick Douglass again: "*It is easier to build strong children than to repair broken men.*" There is indeed hope in our country for child care workers to help build strong male children, and for these children to grow into emotionally well adults.

REFERENCES

- Ainsworth, F. 2012. Therapeutic residential care for children and young people. An attachment and trauma induced model for practice. *Children Australia*, 3,72-80
- Aiyegbusi, A., Kingsley N. 2009. Modern milieus: Psychiatric inpatient treatment in the twenty-first century. *The art and science of mental health nursing*, (2009): 260-282.
- Allardyce, S. & Yates, P. M. 2013. Assessing risk of victim crossover with children and young people who display harmful sexual behaviours. *Child abuse review*, 22, 255-267.
- Amand, A. S., Bard, D. E. & Silovsky, J. F. 2008. Meta-analysis of treatment for child sexual behaviour problems: Practice elements and outcomes. *Child Maltreatment*, 13, 145-166.
- Anglin, J. 1999. The uniqueness of child and youth care: A personal perspective. *Child and Youth Care Forum*, 1999. Springer, 143-150.
- Anglin, J. 2014. *Pain, normality, and the struggle for congruence: Reinterpreting residential care for children and youth*, Routledge.
- Anglin, J. & Knorth, E. 2004. Competing declarations on residential care for children and youth—Stockholm versus Malmö: international perspectives on rethinking residential care, *Child & Youth Care Forum*, 33(3), 141-149.
- Atkinson, R. 1998. *The life story Interview*. Sage Ltd.
- Babbie, E. Mouton, J. 2001. *The practice of social research*. Oxford university press.
- Babbie E, Rubin A. 2011. *Research methods for social work*. Brooks/Cole.
- Bandura, A. 1986. The explanatory and predictive scope of self-efficacy theory. *Journal of social and clinical psychology*. Volume 4. Issue 3. Pages 359-373.

- Bandura, A. 1997. *Self-efficacy: The exercise of control*. New York: Freeman
- Barter, C. 1997. Who's to blame: Conceptualizing institutional abuse by children. *Early Child Development and Care* 133, 101-114
- Bastiaanssen, I. L., Delsing, M. J., Kroes, G., Engels, R. C. & Veerman, J. W. 2014. Group care worker interventions and child problem behaviour in residential youth care: Course and bidirectional associations. *Children and Youth Services Review*, 39, 48-56.
- Beker, J. & Maier, H. W. 2014. *Developmental group care of children and youth: Concepts and practice*, Routledge.
- Belsky, J. 1993. Etiology of child maltreatment: A developmental ecological analysis. *Psychological bulletin*, 114, 413.
- Bettmann, J.E., & Jaspersen, R.A. 2009. Adolescents in residential and inpatient treatment: A review of the outcome literature. *Child & Youth Care Forum*, 38 (4), 161-183
- Biehal, N., Cusworth, L. S., Wade, J. & Clarke, S. E. 2014. Keeping children safe: Allegations concerning the abuse or neglect of children in care.
- Blanche, M. T., Durrheim, K. & Painter, D. 2006. *Research in practice: Applied methods for the social sciences*, Juta and Company Ltd.
- Borduin, C. M., Henggeler, S. W., Blaske, D. M. & Stein, R. J. 1990. Multi-systemic treatment of adolescent sexual offenders. *International Journal*, 996, 1.
- Bowlby, J. 1988. Attachment, communication, and the therapeutic process. *Journal: A secure base: Parent-child attachment and healthy human development*. Pages 137-157.
- Braxton E, 1995. Angry children and frightened staff. Implications for training and staff development. *Residential treatment for children and youth*. 13.1 13-28.

- Budlender, D. & Lund, F. 2011. South Africa: A legacy of family disruption. *Development and Change*, 42, 925-946.
- Burton, D. L. 2000. Were adolescent sexual offenders children with sexual behaviour problems? *Sexual Abuse: A Journal of Research and Treatment*, 12, 37-48.
- Butler, L. McPherson, P. 2007. Is Residential Treatment Misunderstood? *Journal of Child and Family Studies* 16(4):465-472
- Carpentier, M. Y., Silovsky, J. F. & Chaffin, M. 2006. Randomized trial of treatment for children with sexual behaviour problems: ten-year follow-up. *Journal of Consulting and Clinical Psychology*, 74, 482.
- Carson, J. Burks, V & Parke, R. (Eds.), 2005. Parent-child play: Descriptions and implications. *Journal of Research in Early Childhood Education*, 19(3), 251-267
- Caruso, J. J. & Fawcett, M. T. 2015. *Supervision in early childhood education*, Teachers College Press.
- Chaffin, M., Berliner, L., Block, R., Johnson, T. C., Friedrich, W. N., Louis, D. G., Lyon, T. D., Page, I. J., Prescott, D. S. & Silovsky, J. F. 2008. Report of the ATSA task force on children with sexual behaviour problems. *Child Maltreatment*, 13, 199.
- Chaffin, Mark. Bonner, Barbara L. Hill, Robert F. 2001. Family preservation and family support programs: Child maltreatment outcomes across client risk levels and program types. *Journal of Child Abuse & Neglect*. Volume 25. issue 10 pg 1269-1289
- Chakrabarti, M. & Hill, M. 2000. Residential child care. *International Perspectives on links with families and peers*.
- Cherry, K. 2013. An overview of Bandura's social learning theory. *Jack Meams Publication..*

Clark, A., Cameron, C. & Kleipoedszus, S. 2015. Sense of place in children's residential care homes: Perceptions of home? *Institutionalised Children Explorations and Beyond*, 2, 190-209.

Cort, N.A., Toth, S.L., Cerulli, C. and Rogosch, F., 2011. Maternal intergenerational transmission of childhood multitype maltreatment. *Journal of Aggression, Maltreatment & Trauma*, 20(1), pp.20-39.

Dawes, A., Richter, L. and Higson-Smith, C., 2004. Confronting the problem. *Sexual abuse of young children in southern Africa*, pp.1-18.

Delpont, C.S.L. & Fouché, C.B. 2011. Mixed methods research. In De Vos A.S., Strydom, H., Fouché C.B. & Delpont C.S.L. *Research at the grass roots for the social sciences and human service professions*. 4th ed. Pretoria: JL Van Schaik Publishers.

Dhabicharan L. 2002. The life experiences of adolescent sexual offenders: factors within the family that contribute to offending behaviour. Journal article.

Dhabicharan, L. Adolescent Sexual Offending, unpublished thesis submitted to the University of Natal. Durban, July 2002

Domek, G. J. 2013. Psychosocial needs of HIV-positive children on antiretrovirals: A survey of South African children's homes. *Vulnerable Children and Youth Studies*, 8, 37-48.

Douglas, A. R. 2000. Reported anxieties concerning intimate parenting in women sexually abused as children. *Child Abuse & Neglect*, 24, 425-434.

Douglass F. *Famous Quotes*. https://www.brainyquote.com/quotes/authors/f/frederick_douglass.html (accessed 2 February 2017)

Douglass, F (1855). *My bondage, my Freedom*. Urbana university.

Dowdell, E. B. & Cavanaugh, D. J. 2009. Caregivers of victimized children: Differences between biological parents and foster caregivers. *Journal of psychosocial nursing and mental health services*, 47, 28-36.

Dozier, M., Kaufmann, J., Kobak, R., O'Connor, T., Sagi-Schwartz, A., Scott, S., Shaffer, C., et al. 2014. Consensus Statement on Group Care for Children and Adolescents: A Statement of Policy of the American Orthopsychiatric Association. *University American Journal of Orthopsychiatry, American Orthopsychiatric Association* 2014, Vol. 84, No. 3, 219–225

Dunlop, T. 2004. Own your Own Supervision. *Journal of Child and Youth Care*, 15(2), 51–64.

Eastwood, C. D. & Ecklund, K. 2008. Compassion fatigue risk and self-care practices among residential treatment centre childcare workers. *Residential Treatment for Children & Youth*, 25, 103-122.

Elkovitch, N., Latzman, R. D., Hansen, D. J. & Flood, M. F. 2009. Understanding child sexual behaviour problems: A developmental psychopathology framework. *Clinical Psychology Review*, 29, 586-598.

Everson, M. D. & Faller, K. C. 2012. Base rates, multiple indicators, and comprehensive forensic evaluations: Why sexualized behaviour still counts in assessments of child sexual abuse allegations. *Journal of Child Sexual Abuse*, 21, 45-71.

Faller, K. C. & Everson, M. D. 2012. Contested issues in the evaluation of child sexual abuse allegations: Why consensus on best practice remains elusive. *Journal of child sexual abuse*, 21, 3-18.

Farmer, E. & Pollock, S. 2003. Managing sexually abused and/or abusing children in substitute care. *Child & Family Social Work*, 8, 101-112.

Farr, C., Brown, J. & Beckett, R. 2004. Ability to empathise and masculinity levels: comparing male adolescent sex offenders with a normative sample of non-offending adolescents. *Psychology, crime and law*, 10, 155-167.

- Finkelhor, D. 1984. *Child sexual abuse*. New York.
- Fowler, N. 2015. We're like one, big, dysfunctional family: Struggling to define the role of residential child care workers. *Scottish Journal of Residential Child Care*, 14.
- Freund, K. & Kuban, M. 1994. The basis of the abused abuser theory of paedophilia: A further elaboration on an earlier study. *Archives of Sexual Behaviour*, 23, 553-563.
- Freundlich, M., Avery, R. J., Padgett, D. 2007. Preparation of youth in congregate care for independent living. *Child & Family Social Work*, 12(1), 64-72.
- Friedrich, W. N. 1993. Sexual victimization and sexual behaviour in children: A review of recent literature. *Child Abuse & Neglect*, 17, 59-66.
- Friedrich, W. Olafson E and Faller K. 2007 Standardised tests and Measures, in *Interviewing children about sexual abuse : controversies and best practice* Kathleen Coulborn Faller. New York : Oxford University Press, 2007.
- Friedrich, W N., Davies, W., Feher, E., Wright. 2003. Sexual behavior problems in preteen children. *Annals of the New York Academy of Sciences*. Volume 989. Issue 1. Pages 95-104
- Fulcher, L. C. 2006. The soul, rhythms and blues of responsive child and youth care at home or away from home. *Child & Youth Services*, 27, 27-50.
- Fulcher, L. C. & Ainsworth, F. 2012. *Group care practice with children and young people revisited*. Routledge.
- Fulcher, L. C. & Garfat, T. 2012. Outcomes that Matter (TM) for Children and Young People in Out-of-Home Care. *Reclaiming Children and Youth*, 20, 52.
- Garcia-Coll, C., Akerman, A., Cicchetti, D. 2000. Cultural influences on developmental processes and outcomes: Implications for the study of development

and psychopathology. *Journal of Development and Psychopathology*, Volume 12, Issue 3 September 2000, pp. 333-356

Garfat, T. & Fulcher, L. 2012. Characteristics of a relational child and youth care approach. *Child and youth care in practice*, 5-24.

Geertz, C., 1973. *The interpretation of cultures: Selected essays* (Vol. 5019). Basic books.

Gergen, K. J. 1985. The social constructionist movement in modern psychology. *American psychologist*, 40, 266.

Gharabaghi, K. 2008. Contextual dialectics in relational work with youth. *RCYCP* Vol.21 No.2 pg 5

Gibbs, I. & Sinclair, I. 2000. Bullying, sexual harassment and happiness in residential children's homes. *Child abuse review*, 9, 247-256.

Gil, E. and Johnson, T.C., 1993. *Sexualized children: Assessment and treatment of sexualized children and children who molest*. Rockville, MD: Launch Press., 1-20.

Gil, E. & Shaw, J. A. 2013. *Working with children with sexual behaviour problems*, Guilford Publications.

Gilgun, J. F. 2012. *Child sexual abuse: From harsh realities to hope*, Jane Gilgun.

Gilgun, J. F. & Reiser, E. 1990. The development of sexual identity among men sexually abused as children. *Families in Society*.

Glasgow, D, Horne L, Cox, A, & Calam, R. 1991. Sexual abuse of children by children. *The Journal of Child Law*, September - December, 147-152.

Glasgow, D., Horne, L., Calam, R., & Cox, A. 1994. Evidence, incidence, gender and age in sexual abuse of children perpetrated by children: Towards a developmental analysis of child abuse. *Child Abuse Review*, 3196-210

Gordon, B. N., Schroeder, C. S. & Abrams, J. M. 1990. Age and social-class differences in children's knowledge of sexuality. *Journal of Clinical Child Psychology*, 19, 33-43.

Graaf, D., Rademakers, J. 2006. Sexual development of prepubertal children. *Journal of psychology and human sexuality*. Volume 18. Issue 1. Pg 1-21

Grant, J., Indermaur, D., Thornton, J. & Stevens, G. 2009. Child Maltreatment, vol 14(4):316-329.

Gray, A., Busconi, A., Houchens, P. & Pithers, W. 1997. Children with sexual behaviour problems and their caregivers: Demographics, functioning, and clinical patterns. *Sexual Abuse: A Journal of Research and Treatment*, 9, 267-290.

Gray, A., Pithers, W. D., Busconi, A. & Houchens, P. 1999. Developmental and etiological characteristics of children with sexual behaviour problems: treatment implications. *Child Abuse & Neglect*, 23, 601-621.

Greef, M. 2011. Information collection: Interviewing. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. (eds.) *Research at grass roots: For the social sciences and human service professions*. 4th edition. Pretoria: Van Schaik, 341-374.

Green, L. & Masson, H. 2002. Adolescents who sexually abuse and residential accommodation: Issues of risk and vulnerability. *British Journal of Social Work*, 32, 149-168.

Green, L., and Parkin, W. 1999. Sexuality, Sexual Abuse and Children's Homes - Oppression or Protection. *The Violence Against Children Study Group, Children, Child Abuse and Child Protection, Chichester: John Wiley.*

Greenfield, P. 2004. Inadvertent exposure to pornography on the Internet: Implications of peer-to-peer file-sharing networks for child development and families. *Journal of Applied Developmental Psychology*, 2004 - Elsevier

Grocke, M., Smith, M., Graham, P. (1995). Sexually abused and nonabused mothers' discussions about sex and their children's sexual knowledge. *Journal of child abuse and neglect*. Volume 19, issue 8. Pages 985- 996.

Grossi, L. M., Lee, A. F., Schuler, A., Ryan, J. L. & Prentky, R. A. 2016. Sexualized behaviours in cohorts of children in the child welfare system. *Child abuse & neglect*, 52, 49-61.

Gubrium, J. and Holstein, J. (eds). 2002. *Handbook of Interview Research: Context and Method*. USA: Sage Publications Ltd.

Gunnar, M.R. and Donzella, B., 2002. Social regulation of the cortisol levels in early human development. *Psychoneuroendocrinology*, 27(1), pp.199-220.

Hair, H.J. 2005. *Journal of Child Family Studies* 14: 551.

Hall, D. K., Mathews, F. & Pearce, J. 1998. Factors associated with sexual behaviour problems in young sexually abused children. *Child Abuse & Neglect*, 22, 1045-1063.

Hall, D. K., Mathews, F. & Pearce, J. 2002. Sexual behaviour problems in sexually abused children: a preliminary typology. *Child Abuse & Neglect*, 26, 289-312.

Halse, A., Grant, J., Thornton, J., Indermaur, D., Stevens, G. & Chamarette, C. 2012. Intrafamilial adolescent sex offenders' response to psychological treatment. *Psychiatry, Psychology and Law*, 19, 221-235.

Heron, G. & Chakrabarti, M. 2003. Exploring the perceptions of staff towards children and young people living in community-based children's homes. *Journal of Social Work*, 3, 81-98.

- Hertz, R. 1997. *Reflexivity and Voice*. Sage.
- Holden, M., 2009. Children and residential experiences. Creating conditions for change. *Arlington VA*
- Holstein, J., Gubrium, J. 2011. *Varieties of Narrative Analysis*. SAGE, 05 Aug 2011
- Honor, G. 2004; Sexual behavior in children: normal or not? *Journal of Pediatric Health Care*. Mar-Apr;18(2):57-64.
- Hudson, J. 2000. Peer groups: a neglected resource. *Residential Child Care. International Perspectives on Links with Families and Peers*, 141-156.
- Hunter, J., Becker, J., Lexie, L., Barbaree, H., Marshall, L . 2006. The female juvenile sex offender. *The juvenile sex offender*. Pages 148-165
- Hyde, J. S. & Oliver, M. B. 2000. Gender differences in sexuality: Results from meta-analysis.
- Ijzendoorn, M. H., Bakermans-Kranenburg, M. J., Scott, S., Thapar, A., Pine, D. S., Leckman, J. F., Snowling, M. J. & Taylor, E. 2015. Residential and foster care. *Rutter's Child and Adolescent Psychiatry*, 261-272.
- Jewkes, R., Levin, J., Mbananga, N., Bradshaw, D. 2002. Rape of girls in South Africa. *Lancet*. 2002 Jan 26;359(9303):319-320
- Johnson, E. K. 2015. The business of care: the moral labour of care workers. *Sociology of health & illness*, 37, 112-126.
- Johnson, J. 2002. In-depth interviewing. *Handbook of interview research: Context and method*. Sage, 103-119
- Johnson, T. C. & Aoki, W. T. 2014. Of Latency Age Children. *Sexual Abuse in Residential Treatment*, 1.

- Josephs, L. 2015. How children learn about sex: a cross-species and cross-cultural analysis. *Archives of sexual behaviour*, 44, 1059-1069.
- Kahan, V. L. 2013. *Mental illness in childhood: A study of residential treatment*, Routledge.
- Kellogg, N. D. 2009. Clinical report—the evaluation of sexual behaviours in children. *Pediatrics*, 124, 992-998.
- Kendall-Tackett, K. A., Williams, L. M. & Finkelhor, D. 1993. Impact of sexual abuse on children: a review and synthesis of recent empirical studies. *Psychological bulletin*, 113, 164.
- Kendrick, A. 2013. Relations, relationships and relatedness: residential child care and the family metaphor. *Child & Family Social Work*, 18, 77-86.
- Kent, R. (1997) Children's Safeguards Review. *Edinburgh: Scottish Office*
- King-Hill, S. & Barrie, R. 2015. Perceptions of consent in adolescents who display harmful sexual behaviour. *British Journal of School Nursing*, 10.
- Kinsey C, Pomeroy WB, Martin CE, Sloan S (1948). Sexual behavior in the human male. Journal article.
- Knopp, L., Lauria, M. 1985. Toward an analysis of the role of gay communities in the urban renaissance. *Journal Urban Geography* Volume 6, 1985 - Issue 2
- Knorth, E. J., Harder, A. T., Zandberg, T. & Kendrick, A. J. 2008. Under one roof: A review and selective meta-analysis on the outcomes of residential child and youth care. *Children and Youth Services Review*, 30, 123-140.
- Knoverek, A. M., Briggs, E. C., Underwood, L. A. & Hartman, R. L. 2013. Clinical considerations for the treatment of latency age children in residential care. *Journal of Family Violence*, 28, 653-663.

- Kordich Hall, D., Mathews, F. & Pearce, J. 1998. Factors associated with sexual behaviour problems in young sexually abused children1. *Child Abuse & Neglect*, 22, 1045-1063.
- Kriel, A. J. 2001. An exploration of the conceptualisation of child-on-child sexual offenders by a group of Isizulu educators.
- Krippendorff, K. 1980. *Content analysis: an introduction to its methodology*. Sage Publications.
- Krueger, Mark. 2011. Pictures of Praxis *RCYCP Vol.24 No.1/2 p26*
- Krueger, R.A, and Casey, M.A. 2000. *Focus Groups: A Practical Guide for Applied Research*. 3rd ed. Thousand Oaks, CA: Sage
- Larsson, I. 2001. *Child sexuality and sexual behaviour*, Citeseer.
- Larsson, I. & Svedin, C. G. 2002. Teachers' and parents' report on 3-to 6-year-old children's sexual behaviour—a comparison. *Child abuse & neglect*, 26, 247-266.
- Leichtman, M, 2006. *American Journal of Orthopsychiatry Volume 76, Issue 3 July 2006 Pages 285–294*
- Lincoln Y, Guba E. 1985. *Naturalistic Inquiry*, Sage Publications.
- Lock ,A., Strong, T. 2010. *Social Constructionism. Sources and Stirrings in Theory and Practice*. Cambridge University Press.
- Lightfoot, S. & Evans, I. M. 2000. Risk factors for a New Zealand sample of sexually abusive children and adolescents. *Child abuse & neglect*, 24, 1185-1198.
- Lowenstein, L. 2006. Aspects of young sex abusers—a review of the literature concerning young sex abusers (1996–2004). *Clinical Psychology & Psychotherapy*, 13, 47-55.

Lynch, J., Kaplan, G., Salonen, J. 1997. Why do poor people behave poorly? Variation in adult health behaviours and psychosocial characteristics by stages of the socioeconomic lifecourse. *Journal of Social science & medicine*. Volume 44. Issue 6. Pg 809-819

Macleod, C.I., & Tracey, T. (2010). A decade later: follow-up review of South African research on the consequences of and contributory factors in teen-aged pregnancy. *South African Journal of Psychology*, 40(1), pp. 18-31.

Mahoney, J., Palyo, N., Napier, G. & Giordano J. 2009. The therapeutic milieu reconceptualized for the 21st century. *Archives of Psychiatric Nursing*, 23:6 (2009), 423–9.

Maier, H., Beker, J., 2014. *Developmental Group Care of Children and Youth: Concepts and Practice*. Routledge

Manlove, E. 1993. Multiple correlates of burnout in child care workers. *Early Childhood Research Quarterly*, 8, 499-518.

Marshall, W. L. 2010. The role of attachments, intimacy, and loneliness in the etiology and maintenance of sexual offending. *Sexual and Relationship Therapy*, 25, 73-85.

Marshall, W. L. & Barbaree, H. 1990. *An integrated theory of the etiology of sexual offending*, Springer.

Marshall, W., Hudson, M., Hodkinson, S. 1993. The importance of attachment bonds in the development of juvenile sex offending. *Journal of the Juvenile sex offender*. Pg 164-181

Martin, K. A. 2014. Making sense of children's sexual behaviour in child care: an analysis of adult responses in special investigation reports. *Child abuse & neglect*, 38, 1636-1646.

Maughan B. 2006. Continuities and discontinuities in psychopathology between childhood and adult life. *Journal of Child Psychology and Psychiatry*. 2006 Mar-Apr;47(3-4):276-95.

Magwaza, A. 1997. Sexual abuse: A socio-cultural developmental perspective. *Contemporary issues in human development. A South African focus*. Page 159-169.

Masten, A. S. 2006. Developmental psychopathology: Pathways to the future. *International Journal of Behavioral Development*, 30(1), 47-54. DOI: 10.1177/

Mcfee, S. 2015. *Staff Perception and Assessment of Residential Treatment of Adolescents and Children in the United States (SPARTAC-US)*. The Chicago School of Professional Psychology.

Meintjes, H., Moses, S., Berry, L., Mampane, R. 2007. Home truths: The phenomenon of residential care for children in a time of AIDS. *Children's Institute, University of Cape Town & Centre for the Study of AIDS, University of Pretoria, June 2007*

Meiring, M., Sherman, G., Meyers, T. 2006. Children's Homes and The HIV epidemic: what is their role? *Paper presented to the International AIDS conference, Toronto: 13 18 August 2006*

Meyer, A., Rose, D., & Hitchcock, C. (Eds). 2006. *The universally designed classroom: Accessible curriculum and digital technologies* (pp. 37–68). Cambridge, MA: Harvard Education Press.

Meyer, K and King, J . 2006. Service integration and co-ordination: a framework of approaches for the delivery of co-ordinated care to children with disabilities and their families. *Journal of Child: care, health and development*. Volume 32, issue 4, pages 477-482

Moleiro, C., Marques, S. & Pacheco, P. 2011. Cultural diversity competencies in child and youth care services in Portugal: development of two measures and a brief training program. *Children and Youth Services Review*, 33, 767-773.

Moses, T. 2000. Attachment theory and residential treatment: A study of staff–client relationships. *American Journal of Orthopsychiatry*, 70, 474.

Moses, T. Why people choose to be residential child care workers. *Child and Youth Care Forum*, 2000. Springer, 113-126.

Nel, L. & Fouche, P. 2016. Experiences of master’s students regarding clinical supervision in an applied psychology programme in South Africa. *Teaching in Higher Education*, 1-14.

Niekerk, J. 2004. At the coalface: the Childline experience. *Sexual abuse of young children in southern Africa*. Pages 263-275

O Neill, T. 2008. Gender matters in residential child care. *Research highlights in social work*, 47, 93.

O'Donnell, J., Hawkins, J. D., Catalano, R. F., Abbott, R. D. & Day, L. E. 1995. Preventing school failure, drug use, and delinquency among low-income children: Long-term intervention in elementary schools. *American Journal of Orthopsychiatry*, 65, 87-100.

O’Sullivan, L.F. and Meyer-Bahlburg, H.F., 2003. African-American and Latina inner-city girls’ reports of romantic and sexual development. *Journal of Social and Personal Relationships*, 20(2), pp.221-238.

Oliver, M., Hyde, J. 1993. Gender differences in sexuality: A meta-analysis. *Journal* psycnet.apa.org

Omar, S. & Patel, L. 2012. Child-on-child sexual abuse: results of a survey in Johannesburg. *Social Work*, 48.

Ortlipp, M., 2008. Keeping and using reflective journals in the qualitative research process. *The qualitative report*, 13(4), pp.695-705.

Parkin, W. and Green, L. 1997. Cultures of abuse within residential child care. *Early Child Development and Care*, 133. pp. 73-86.

Phelan, J. 2005. Child and youth care education: The creation of articulate practitioners. *Child and Youth Care Forum*, Springer, 347-355.

Phipps-Yonas, S., Yonas, A., Turner, M. & Kauper, M. 1993. Sexuality in early childhood. *University of Minnesota Centre for Urban and Regional Affairs Reports*, 23, 1-5.

Plummer, C.A. and Njuguna, W., 2009. Cultural protective and risk factors: Professional perspectives about child sexual abuse in Kenya. *Child abuse & neglect*, 33(8), pp.524-532.

Posel, D. 2005. The scandal of manhood: 'Baby rape' and the politicization of sexual violence in post-apartheid South Africa. *Culture, Health & Sexuality*. Volume 7. Issue 3. Pages 239-252

Pithers, W. D., Gray, A., Busconi, A. & Houchens, P. 1998. Caregivers of children with sexual behaviour problems: Psychological and familial functioning. *Child Abuse & Neglect*, 22, 129-141.

Prentky, R. A., Lee, A. F., Lamade, R., Grossi, L., Schuler, A., Dube, G., Demarco, M. & Pond, A. 2014. Placement Instability as a Risk Factor in Proximal Sexually Inappropriate and Aggressive Behaviours in a Child Welfare Sample. *Journal of Child Custody*, 11, 251-277.

Putnam F, 2003. Ten-year research update review: child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry*. Mar; 42(3):269-78.

Rabley, S., Preyde, M. & Gharabaghi, K. 2014. A survey of adolescents' perceptions of their relationships with nonparental caregivers in group home settings: An attachment perspective. *Children and Youth Services Review*, 40, 61-70.

Rich, P. 2006. From theory to practice: the application of attachment theory to assessment and treatment in forensic mental health services. *Criminal Behaviour and Mental Health*. Volume 16. Issue 4. Pages 211-216.

Ridley, C. R., & Kleiner, A. J. (2003). Multicultural counseling competence: History, themes, and issues. In D. B. Pope-Davis, H. L. K. Hardin, W. M. Liu, & R. L. Toprek (Eds.) *Handbook of multicultural competencies in counseling and psychology* (pp. 3-20). Thousand Oaks, CA: Sage Publications.

Rodwell, J, Kienzle R, Shadur M. 1998. The relationship among work-related perceptions, employee attitudes, and employee performance: The integral role of communications. *Human Resource Management* 37 (3-4), 277-293

Roeden, J. Maaskant A, Curfs L. 2012. The Nominal Group Technique as an Evaluation Tool for Solution-focused Coaching. *Journal of Applied Research in Intellectual Disabilities*; 24 July 2012

Romeo, K. E. & Kelley, M. A. 2009. Incorporating human sexuality content into a positive youth development framework: Implications for community prevention. *Children and Youth Services Review*, 31, 1001-1009.

Rothbaum, F., Grauer, A. & Rubin, D. J. 1997. Becoming sexual: Differences between child and adult sexuality. *Young Children*, 52, 22-28.

Rothbaum, F. & Weisz, J. R. 1994. Parental caregiving and child externalizing behaviour in nonclinical samples: a meta-analysis. *Psychological bulletin*, 116, 55.

Rothbaum, F., Pott, M., Azuma, H., Miyaki, K., Weisz, J. 2000. The development of close relationships in Japan and the United States: paths of symbiotic harmony and generative tensions. *Child development*, 71 no 5.

Rutter, M., Colvert, E., Kreppner, J., Beckett, C., Castle, J., Groothues, C., Hawkins, A., O'connor, T. G., Stevens, S. E. & Sonuga-Barke, E. J. 2007. Early adolescent

outcomes for institutionally-deprived and non-deprived adoptees. I: Disinhibited attachment. *Journal of Child Psychology and Psychiatry*, 48, 17-30.

Ryan, G. 2000. Childhood sexuality: a decade of study. Part I—research and curriculum development. *Child abuse & neglect*, 24, 33-48.

Ryan, G. 2000. Childhood sexuality: a decade of study. Part II—dissemination and future directions. *Child abuse & neglect*, 24, 49-61.

Ryan, G., Lane, S., Davis, J. & Isaac, C. 1987. Juvenile sex offenders: Development and correction. *Child Abuse & Neglect*, 11, 385-395.

Ryan, G., Lleversee, T. F. & Lane, S. 2011. *Juvenile sexual offending: Causes, consequences, and correction*, John Wiley & Sons.

Ryan, G., Miyoshi, T. J., Metzner, J. L., Krugman, R. D. & Fryer, G. E. 1996. Trends in a national sample of sexually abusive youths. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35, 17-25.

Ryle, G. 1968. From *Collected Essays 1929 - 1968: Collected Papers, Volume 2*. Taylor & Francis, 16 Jun 2009

Salhani, D., Charles, G. 2007. The dynamics of an inter-professional team: The interplay of child and youth care with other professions within a residential treatment milieu. *Relational Child and Youth Care Practice*, 20 (4), 12

Santtila, P., Sandnabba, N., Wannäs, M., Krook, K. 2005. Multivariate structure of sexual behaviors in children: associations with age, social competence, life stressors, and behavioral disorders. *Journal of Early Child Development and Care*, Volume 175. Issue 1. Pages 3-21.

Sarantakos S, 2005. *Social Research*. Palgrave Macmillan.

Saukko, P. 2000. *Doing Research in Cultural Studies: An Introduction to Classical and New Methodological Approaches*. Goldsmith.

Schon, D. 1983. *The Reflective Practitioner: How professionals think in action*. London: Temple Smith.

Scheurich, J. 1995. A postmodernist critique of research interviewing. *International Journal of Qualitative Studies in Education*. Volume 8, 1995 - Issue 3

Schmid, K., Rivers, S., Latimer, A., Salovey, P. 2008. Targeting or tailoring? Maximizing resources to create effective health communications. *Marketing Health Services*, 28 (1) (2008), p. 32

Schurink, W., Fouché, C., De Vos, A., De Vos, A., Strydom, H., Fouché, C. & Delpont, C. 2011. *Research at grass roots: For the social sciences and human service professions*. Pretoria: Van Schaik.

Sekol, I. 2013. Peer violence in adolescent residential care: A qualitative examination of contextual and peer factors. *Children and Youth Services Review*, 35, 1901-1912.

Seti, C.L., 2008. Causes and treatment of burnout in residential child care workers: A review of the research. *Residential Treatment for Children & Youth*, 24(3), pp.197-229.

Silovsky, J. F. & Niec, L. 2002. Characteristics of young children with sexual behaviour problems: A pilot study. *Child maltreatment*, 7, 187-197.

Silovsky, J., Niec, L., Bard, D. & Hecht, D. B. 2007. Treatment for preschool children with interpersonal sexual behaviour problems: A pilot study. *Journal of Clinical Child and Adolescent Psychology*, 36, 378-391.

Silverman, D., Seale, C. 1997. Ensuring rigour in qualitative research. *The European Journal of Public Health*. Volume 9. Issue 4. Pages 379-384

Sinclair, I., Gibbs, I. 1998. *Children's Homes: A Study in Diversity*. Wiley.

Smart R. 2003a. Policies for orphans and vulnerable children: A Framework for Moving Ahead. *Washington, DC: The Policy Project*

Smart, R. 2003b. Children affected by HIV/AIDS in South Africa: a rapid appraisal of priorities, policies and practices. *Arcadia: Save the children (UK)*.

Smith, A., Balsler, A. & Johansson, B. 2014. A Renewed Perspective of Group Care and Residential Treatment: An Orientation toward Therapeutic Group/Residential Care. *Relational Child & Youth Care Practice, 27*.

Smith, C., Allardyce, S., Hackett, S., Bradbury-Jones, C., Lazenbatt, A. & Taylor, J. 2014. Practice and policy in the UK with children and young people who display harmful sexual behaviours: an analysis and critical review. *Journal of Sexual Aggression, 20*, 267-280.

Smith, M. and M. Grocke . 1995. Normal Family Sexuality and Sexual Knowledge in Children. *Child Protection. Messages from Research. London, HMSO: 81–83*

Soenen, B., D'oosterlinck, F. & Broekaert, E. 2013. The voice of troubled youth: Children's and adolescents' ideas on helpful elements of care. *Children and Youth Services Review, 35*, 1297-1304.

Sparkes, A.C. & Smith, B. (2008) Narrative Construction Inquiry In Holstein, J. & Gubrium. J. (Eds) *Handbook of Constructionist Research*. New York: Guilford Press.

Spiro, M.E., 1958. Children of the Kibbutz.

Spradley, J. P. 1979. The Ethnographic Interview. New York, NY: Harcourt Brace Jovanich College Publisher.

Strydom, H. 2011b. Sampling in the quantitative paradigm. In De Vos A.S., Strydom, H., Fouché C.B. & Delport C.S.L. *Research at the grass roots for the social sciences and human service professions*. 4th ed. RSA, Pretoria: JL Van Schaik Publishers.

Terre Blanche, M., Durrheim, K., Kelly, K. 2006. *First steps in qualitative data analysis. Research in practice: Applied methods for the social sciences*, Cape Town University Press.

Thigpen, J. W. & Fortenberry, J. D. 2009. Understanding variation in normative childhood sexual behaviour: The significance of family context. *Social Service Review*, 83, 611-631.

Thigpen, J., Pinkston, E., Mayefsky, J., Bancroft, J. Normative sexual behavior of African American childhood. In Bancroft, J., 2003. *Sexual development in childhood* (Vol. 7). Indiana University Press.

Timmerman, M. C. & Schreuder, P. R. 2014. Sexual abuse of children and youth in residential care: An international review. *Aggression and violent behaviour*, 19, 715-720.

Van der Helm, G. H. P., Stams, G. J. J. M., & van der Laan, P. H. 2011. Measuring group climate in prison. *Prison Journal*, 91(2), 158–176

Vincent, R. 2010. *Case studies on the attachment origins of adolescent sexual offending*. 3534071 Ph.D., Pacifica Graduate Institute.

Vizard E (2007). Adolescent sexual offenders. *Journal of Psychiatry*, Volume 10. Issue 6. Pages 433-437

Vosmer, S., Hackett, S. & Callanan, M. 2009. “Normal” and “inappropriate” childhood sexual behaviours: Findings from a Delphi study of professionals in the United Kingdom. *Journal of sexual aggression*, 15, 275-288.

Warren, C. 2002. Qualitative Interviewing. In: Gubrium, J., and Holstein, J., eds., *Handbook of Interview Research: Context and Method*. USA: Sage Publications Ltd.

- Watkins, B. and Bentovim, A., 1992. The sexual abuse of male children and adolescents: A review of current research. *Journal of child psychology and psychiatry*, 33(1), pp.197-248.
- Westcott, H., Clement, M. 1992. NSPCC Experience of Child Abuse in Residential Care and Educational Placements: *Results of a Survey*. London, NSPCC
- Whitaker, D., Archer, A. & Hicks, L. 1998. *Working in children's homes: Challenges and complexities*, Wiley.
- Withington, T., Burton, J., Lonne, B. & Eviars, A. 2016. Carer perspectives of factors affecting placement trajectories of children in out-of-home care. *Children and Youth Services Review*, 65, 42-50.
- Wood, C. & Ehlers, L. 2001. Diversion of young sex offender in South Africa. *Youth Justice Matters*, 13-16.
- Wyse, W. J. 2014. Sexually Abused Children: Symptomatology' and Incidence of Problematic Sexual Behaviours. *Building Excellence: The Rewards and Challenges of Integrating Research into the Undergraduate Curriculum*, 27.
- Zaddach, C. 2010. Youth in Substitute Care Presenting with Sexual Behaviour Problems. *Loyola ecommons.luc.edu*

APPENDICES

APPENDIX: A

GATEKEEPERS LETTER

Social work masters research

Dear Sir/Madam

Thank you for your time, in reading this request. I am a social worker who has been in the field for 16+ years. I am presently studying my masters in social work and humbly request your assistance.



Research topic: Child and youth care workers perceptions of inappropriate sexual behaviours among boy children in child and youth care centres.

Motivation for research:

- Although a no of studies focusing on child offenders of sexual abuse have been conducted internationally, this is not the case in SA. Limited research on BC presenting with ISB in SA- No research in CYCC.
- Informal information gathered through NGO clinical/therapeutic work in KZN reveals that many BC present with ISB: caregivers and social workers of CYCC lack sufficient skills/knowledge/training to cope with these behaviours, especially since

specialized skills and care are required to manage children with ISB, especially in a residential setting.

- Lack of proper management and care of BC with ISB, can cause further trauma/damage to male children. CYCC should be safe, stable, nurturing places: not a place where children can be abused by other children. This research can help increase the safety/stability and level of care in CYCC-practical knowledge could lead to purposeful intervention in CYCC.
- CCW have a challenging role as caregivers. CYCW often lack adequate, relevant and consistent training; skills; knowledge; support and debriefing and supervision.
- My research will be relevant and beneficial as it will explore the child care experiences of the CYCW in caring for BC- their challenges/needs/perceptions will be highlighted. Research will also highlight the needs of BC and what is appropriate/healing care.
- Research will highlight what treatment/interventions are required at all levels in CYCC (therapeutic; structural; capacity building etc.).
- A training and skills development program needs to be developed for CYCW in KZN/provincially: on care and management of BC with ISB.
- A debriefing program can be developed for CYCW.
- A therapeutic residential program can be developed for BC to reduce/prevent ISB.
- Creating visibility of the experiences of CYCW, can encourage policy makers within the field of social work and child care to devise policies/programs etc. to assist CYCW and heal male children.

OVERALL OBJECTIVE OF STUDY: To explore the childcare experiences of residential caregivers (child and youth care workers- CYCW) who care for boy children (B.C) who present with inappropriate sexual behaviours (ISB).

- To describe how caregivers understand ISB among BC in CYCC. To describe the perceptions of caregivers: in terms of the boy child's needs/challenges/feelings/thoughts/behaviour.
- To explore how caregivers manage and intervene with ISB from BC in Child and youth care Centre's. (discipline; care; boundaries; relationships; support; supervision)
- To explore the needs/feelings/challenges of caregivers caring for BC who present with ISB in CYCC.
- The research study will be undertaken in Durban- SA, at 2 CYCC (one boys only Centre and one mixed; boys and girls Centre).
- Specific criteria: CYCW who care for boy children with ISB in CYCC, in Durban. A heterogeneous group will be selected if accessible.
- Sample: 14 CYCW (7 from each children's home).

- 2 CYCC will be purposively selected. The principals of the home will be contacted- as the gatekeepers. Informed consent will be negotiated and process of building trust.
- Interviews will be the primary data collection tool- the interview schedule will be unstructured with themes and probes.
- Interview will be reciprocal, face to face, one-on-one, and in person.
- Interview will be in a context of a nurturing, safe, respectful environment. Data collection will be flexible and sensitive to the context; and contact between the participant and I will be interactive and therapeutic. All interviews will be recorded and transcribed verbatim, with the participant's permission. Interview times and dates will be discussed.

Should you require further information, please contact me:

Thank you for your time and interest.

GATEKEEPERS LETTER:

CONSENT TO PARTICIPATE IN RESEARCH STUDY

I, ----- (Full Name and Surname); principal of
..... (Name of Child and Youth care Centre); hereby
acknowledge that I have read and understand the research information.

I therefore hereby agree to participate in the study.

I understand that information collected will be used for research purposes, but will be treated
with the utmost confidentiality.

I understand that, if possible, feedback will be given to my Child and youth care Centre on
the results of the completed research.

Informed consent forms will be completed at a later stage in the research process.

Name of participant (print):

signature:

Date:

APPENDIX: B

INTERVIEW SCHEDULE FOR CHILD AND YOUTH CARE WORKERS

DEMOGRAPHIC DETAILS

1. Name (initials only)
2. Gender
3. Age
4. Race
5. Religious affiliation
6. Home language
7. Married or single
8. No of children
9. Highest educational qualification
10. Duration of employment at present Child and youth care Centre
11. No of years' experience as a child and youth care worker
12. Experience working with male children
13. No of years' experience working with children with inappropriate sexual behaviours

THEMES AND PROBES

Experiences as a child and youth care worker

- Role and function as a child care worker
- Motivation to choose this profession
- Experiences while caring for male children
- Child care experiences while caring for boy children who present with inappropriate sexual behaviour.

Understanding and perceptions of 'inappropriate sexual behaviour' among boy children

- Understanding of this term
- Understanding of what is 'normal' and 'abnormal' sexual behaviour in stages of development of children and what influences this understanding.
- Attitudes/beliefs about children abusing other children.

- Perceptions about the needs/feelings/thoughts/behaviour of boy children
- Understanding of why boy children become sexualized
- Challenges when caring for boy children who present with inappropriate sexual behaviour
- Possible solutions to these challenges

Management/methods /approaches used by child care workers to manage male children in a Child and Youth Care Centre

- Challenges working in boys' children's home/mixed home.
- Experiences about how you manage/cope with ISB among boy children.
- Activities and programs about sexuality
- Methods of intervention currently used with BC with ISB- what works/what does not.

Support/training/supervision

- Existing in- service training and supervision programs
- Needs in terms of in- service training and supervision
- Needs in terms of support and debriefing

NB. The above probes were used as an interview guide. No particular order was followed.

APPENDIX: C

INFORMED CONSENT INFORMATION AND FORMS FOR RESEARCH PARTICIPANTS

Hello, I am Hannah Annie Varaden, a social worker and master's student at UKZN. I am conducting a research study at 2 Child and Youth Care Centre's in Durban, which I hope will benefit both children and caregivers in residential homes.

During practice in the field of social work for many years, I have become concerned about boy children who have sexualized behaviours and who present with inappropriate sexual behaviours that may include the sexual abuse of other children.

My topic: Child and youth care workers' perceptions of inappropriate sexual behaviours among boy children in child and youth care centres.

The purpose of the study is to explore the childcare experiences of residential caregivers (child and youth care workers- CYCW) who care for boy children (B.C) who present with inappropriate sexual behaviours (ISB).

Specifically I hope to explore:

- The child and youth care workers' understanding and perceptions of inappropriate sexual behaviour among boy children
- The methods and approaches used by child and youth care workers to manage such children
- The challenges that they face in dealing with such children
- Their needs for training, supervision and support.

I would appreciate your participation as I believe you would be able to provide useful information for the study. However your participation is voluntary and the choice of whether to participate or not is yours alone. If you agree to participate, you may stop at any time and discontinue your participation. There is no problem if you decide to do this.

I will not record any names or identifying details. Only my university supervisor and I will have access to the information. All information will remain confidential.

I will be interviewing 14 Child and Youth Care Workers at 2 Child and Youth care Centre's. The interviews may last around 1-2 hours. I will be talking to you about your experiences as a child care worker; caring for boy children. I request that you are as open and honest as possible while sharing your experiences with me. You may choose not to answer personal or sensitive questions. There are no right and wrong answers.

If I ask questions which may make you feel sad or upset, we can stop and talk about it. If you require any further assistance I will refer you to the relevant professionals.

I would like to share my research findings with your Child and Youth Care Centre, after completion of the study.

If you have any other questions about any aspect of this study, you may contact me on ...or my UKZN supervisor. You can also contact the research office at the University for Further Information.

INFORMED CONSENT FOR PARTICIPATION IN A RESEARCH PROJECT

I,.....(Full Name and Surname) hereby acknowledge
That I have read and understand the research information.

I acknowledge that I have had the opportunity to discuss any questions with the researcher.

I agree to voluntarily participate in the study. The purpose of the study has been explained to me, and I understand what is expected of my participation. I understand that I may terminate my participation in the study at any time.

I accept and agree with the conditions as stated in the information sheet.

I have received the telephone number of a person to contact should I need to speak about any issues that may arise in this interview.

I understand that this information will be used only for research purposes, and will be treated with the utmost confidentiality.

I understand that, if possible, feedback will be given to my Child and Youth care Centre on the results of the completed research.

Name of participant (print):

Signature:

Date:

Researcher/social worker:

Signature:

Additional consent to audio recording:

In addition to the above, I hereby agree to the audio recording of this interviewing for the purposes of data capture. I understand that no personally identifying information or recording concerning me will be released in any form. I understand that these recordings will be kept securely in a locked environment and will be destroyed or erased once data capture and analysis are complete.

Signature of participant:

Date:

APPENDIX: D
ETHICAL CLEARANCE FROM UKZN



12 October 2015

Mrs Hannah Annie Varaden 9304590
School of Social Sciences
Howard College Campus

Dear Mrs Varaden

Protocol reference number: HSS/0772/015M

Project title: Child and youth care workers' perceptions of inappropriate sexual behaviors among boy children in child and youth care centres

Full Approval – Expedited Application

In response to your application received on 23 August 2015, the Humanities & Social Sciences Research Ethics Committee has considered the above-mentioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully


.....
Dr Shenika Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

cc: Supervisor: Dr B Simpson
cc: Academic Leader: Professor Sabine Marschall
cc: School Administrator: Ms Nancy Mudau

Humanities & Social Sciences Research Ethics Committee

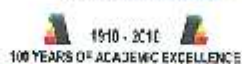
Dr Shenika Singh (Chair)






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Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

