



UNIVERSITY OF
KWAZULU-NATAL

INYUVESI
YAKWAZULU-NATALI

Masters' Degree Dissertation
BSS Social Science Masters (Counselling Psychology) degree

Title: A formative evaluation of a child abuse prevention programme
in KwaZulu-Natal

Name: Sinothile Andile Sinegugu Makhathini

Student Number: 213572010

Supervisor: Dr Kerry Frizelle

2022

College of Humanities

DECLARATION

I **Sinothile Andile Sinegugu** Makhathini declare that:

- (i) The research reported in this dissertation, except where otherwise indicated, is my original research.

- (ii) This dissertation has not been submitted for any qualification or examination at any other university.

- (iii) This dissertation does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.

- (iv) This dissertation does not contain other persons' writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, then:
 - a) Their words have been re-written, but the general information attributed to them has been referenced and
 - b) Where their exact words have been used, their writing has been placed inside quotation marks and referenced.

- (v) This dissertation does not contain text, graphics or tables copied and pasted from the Internet, unless specifically acknowledged and the source being detailed in the dissertation and in the references section.

Signature:

23 May 2022

Dedication

I dedicate my dissertation work to my family and many friends. To my family that has been supportive and encouraging over the years, thank you for never losing faith in me. My mother, Zandile Makhathini who would always tell me to focus and work hard.

I also dedicate this dissertation to my church family who have supported me throughout the process. Peter Houston and Bernice Cousins for checking up on my wellbeing, always lending an ear and listening to my concerns about my research topic. St Agnes Church for allowing me to use the office space and WIFI to work on this thesis.

Thank you to my friends, always helping me to balance work life and entertainment. A special thank you to Jenna Hollocks, Emma Shewell, Tarryn Joubert and Rebecca Dwyer for believing in me and motivating me to achieve all that my heart desires.

Acknowledgement

I would like to acknowledge The Open Door Crisis Care Centre who has granted me access to their staff to conduct this research. They have been phenomenal with assisting me and providing information. Thank you to Sis Khethiwe for managing my appointments with social workers and confirming these.

I would like to acknowledge Jenna Hollocks for taking the time to read over my work and highlight any grammatical errors she could find. Her assistance is much appreciated.

Dr Kerry, my supervisor, has dedicated a lot of her time in monitoring this thesis. Thank you to her, for her hard work and dedication. Thank you for taking the time out of your busy schedule to supervise and assist me in completing this thesis.

And most importantly, I'd like to acknowledge The University of KwaZulu Natal, Howard Campus, Psychology Department, and staff for granting me this opportunity to further my studies. It has been challenging; however, each member of staff has been very helpful. A special thank you to Doreen Hattingh and Ayanda Ntuli.

SUMMARY ABSTRACT

Background

Abuse against children has been a concerning social phenomena in South Africa for many years, yet there are only a few child abuse prevention programmes that have been developed and designed to try and address this issue. Such prevention programmes aim to create awareness, educate children and families, assist with reporting cases, and provide trauma counselling and safe houses. Formative evaluations are important an important part of tracking the success in offering and managing prevention interventions.

Aim:

The aim of the study was to conduct a formative evaluation of a child abuse prevention programme at the Open Door Crisis Care Centre (ODCCC). To do so this study explored, from the perspective of social workers responsible for running the programme, the roles the social workers play in the organisation, the design of the child abuse prevention programme, the facilitators' experiences in facilitating the child abuse prevention programme, the challenges faced in the implementation of the child abuse prevention programme, how those challenges can be overcome, and the areas that the child abuse prevention programme can be improved on.

Methodology:

The study adopted a qualitative design. The researcher conducted semi -structured interviews with four social workers to collect data and used thematic analysis to interpret and analyse the data collected.

Findings:

The findings show the ODCCC child abuse preventive programme, from the social workers perspective, provides essential services such as counselling, safe shelter, support groups and awareness campaigns for those affected by child abuse in the surrounding community. The social workers employed at ODCCC view their roles as improving the general well-being of abused children and their families by assisting them in meeting their fundamental needs which include reporting of abuse to the police, referral to a doctor to gather evidence, and preparation for court. The creating awareness has been a powerful tool because children are more cautious and aware of grooming. The findings further highlight that the ODCCC child abuse prevention programme is facing many challenges, these challenges are; (1) shortage of social workers, (2)

high workload, (3) political interference, (4) lack of funding, and (5) the lack of volunteers. These challenges are further exacerbated by the COVID 19 pandemic.

Conclusion:

The ODCCC child abuse prevention programme has been instrumental in helping the victims of child abuse by offering a range of services including counselling, shelter, support groups and awareness campaigns in the surrounding communities and schools.

Recommendation:

The social workers in the current study recommend the Department of Social Development to prioritise child abuse prevention programmes in South Africa and avail funding to these programmes across the country. As demonstrated in the current study, the child abuse prevention programme faces huge challenges, and a lack of funding is a major obstacle in the implementation of this programme.

TABLE OF CONTENTS

DECLARATION.....	1
DEDICATION.....	2
ACKNOWLEDGEMENT.....	3
ABSTRACT.....	4
TABLE OF CONTENTS.....	6
LIST OF ACRONYMS.....	9

CHAPTER 1 INTRODUCTION

1.1. Introduction to the study.....	10
1.2. Definitions of child abuse.....	10
1.2.1. Physical abuse.....	10
1.2.2. Sexual abuse	11
1.2.3. Emotional abuse.....	12
1.3. Prevalence and incident rates.....	12
1.4. Factors driving child abuse.....	13
1.5. Impact of child abuse.....	14
1.6. Programmes to prevent child abuse.....	15
1.7 Problem statement.....	17
1.8. Location of the study.....	17
1.9. Aim, objectives, and research questions.....	18
1.9.1. Aim.....	18
1.9.2 Objectives.....	18
1.9.3 Questions.....	18
1.10. Significance of the study.....	19
1.11. Structure of the dissertation.....	20

CHAPTER 2 LITERATURE REVIEW

2.1. Introduction.....	21
2.2. Overview of child abuse in South Africa.....	21

2.3. Strategies applied globally to end child abuse	21
2.4. Examples of child abuse awareness and programme globally.....	23
2.5. Child abuse prevention programmes in South Africa.....	24
2.6. Positive impact of school-based prevention programmes.....	26
2.7. Challenges involved in addressing child abuse and policy responses.....	27
2.8. Impact of child abuse.....	29
2.9. Programme evaluations.....	30
2.10. Theoretical framework.....	31

CHAPTER 3 RESEARCH METHODOLOGY

3.1. Introduction.....	35
3.2. Study context.....	35
3.2.1. Goals/Aims/Objectives.....	36
3.2.2. Counselling.....	36
3.2.3. Play Therapy.....	37
3.2.4. Victims Empowerment Programme.....	37
3.3. Formative evaluation.....	38
3.4. Research paradigm and design.....	39
3.5. Selection of participants.....	40
3.6. Inclusion criteria.....	40
3.7. Demographic characteristics.....	41
3.8. Data collection method.....	41
3.9. Researcher as a key instrument.....	42
3.10. Data analysis.....	44
3.11. Reflecting on integrity in social research.....	46
3.12. Trustworthiness of the study.....	47
3.13. Credibility.....	47
3.14. Transferability.....	48
3.15 Dependability.....	48
3.16. Confirmability.....	48

3.17. COVID 19 regulation and social research.....	49
3.18. Ethical clearance.....	49
3.18.1. Informed consent.....	49
3.18.2. Anonymity and confidentiality.....	50
3.21. Plagiarism.....	50
3.22. Conclusions.....	51

CHAPTER 4 PRESENTATION OF FINDINGS

4.1. Introduction.....	52
4.2. Intersecting programme services.....	52
4.2.1 Counselling services.....	52
4.2.2. Awareness/ Education campaigns.....	53
4.2.3. Child protection/Empowerment.....	53
4.2.4. Shelters for children and women.....	54
4.3. Roles social workers play at ODCCC.....	55
4.3.1 Psycho-social support.....	55
4.3.2. Awareness campaigns.....	55
4.4. Success of the child prevention programme.....	56
4.4.1. Increased reporting of child abuse.....	56
4.4.2. Disclosure of abuse.....	57
4.4.3. Multi-disciplinary collaboration.....	58
4.5. Challenges implementing the child abuse prevention programme.....	59
4.5.1. Political interference.....	59
4.5.2. Effects of COVID 19.....	60
4.6. Organisational challenges hampering the programme.....	60
4.6.1. Excessive workload.....	60
4.6.2. Lack of resources.....	61
4.6.3. Shortage of social workers.....	62

CHAPTER 5 DISCUSSION OF FINDINGS

5.1. Introduction.....	63
5.2. Discussion.....	63
5.3. Conclusion.....	68

CHAPTER 6 MAJOR CONCLUSIONS AND RECOMMENDATIONS

6.1. Introduction.....	69
6.2. Title of Thesis.....	70
6.3. Summary of the previous chapters.....	71
6.4. Major conclusions.....	70
6.5. Recommendations.....	71
6.6. Recommendations for future research.....	72
6.7. Concluding remarks.....	72
References.....	74
Appendices.....	88

List of Acronyms

DALYs	Disability-Adjusted Life Years
GDP	Gross Domestic Product
LMICs	Low-to-Middle Income Countries
NGO's	Non-Governmental Organisations
ODCCC	Open Door Crisis Care Centre
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

CHAPTER ONE

1.1. Introduction

The chapter provides a broad overview of the research reported on in this thesis and its research strategy. The chapter begins with a definition of 'child abuse', it then discusses prevalence of abused children, provides the overview of this social phenomenon in the South African context. In addition, the chapter provides a description of the adopted evaluation process. The chapter ends with the presentation of the aim of the study, followed by the research questions and research objectives.

1.2. Definitions of child abuse

Child abuse, according to the "United Nations Children's Fund" encompasses "physical, sexual, emotional/psychological, and neglect" (UNICEF, 2014). However, WHO (World Health Organisation) has a broader view that acknowledges both existing and perceived harm to children by incorporating inattentive care and exploitation (Panjwani, 2013). The Department of Social Development in South Africa uses such a broad definition and recognises that such harm can impact on a child's "health, survival, development, or dignity" (UNICEF, 2014, p.6).

In the South African context child abuse is defined as "bullying, exploitation, physical, sexual, emotional, or psychological harm", while neglect is defined as "a failure in the exercise of parental responsibilities to provide for the basic physical, intellectual, emotional, or social needs" of a child under the Children's Act 38 of 2005 (Mathews & Benvenuti, 2014, p. 27). From these definitions it clear that child abuse is a complex and nuanced experience, impacting on the physical, social, and psychological dimensions of children. In the following section I will briefly discuss three forms of child abuse that emerges from the literature.

1.2.1. Physical abuse

Physical abuse is easier to notice than other forms of abuse due to bruises, wounds or scars on the child's body that are visible for others to see. Physical abuse includes "punching, kicking, biting, shaking, tossing, stabbing, choking, hitting, burning" that is caused by a caregiver or parent, or any persons who's responsible for taking care of a child, (American Psychiatric Association, 2013, p. 717). But this definition does not take into consideration children inflicting harm on other children. In most cases, physical abuse is perpetrated by a parent and leaves tangible evidence such as bruises, scratch marks, bite marks, a fractured or broken bone, burns, or damage to the eyes and lips. As a result of persistent crying and the psychological toll

on unsupported caregivers, toddlers are mostly at a significant risk and could suffer from non-accidental head injuries, which causes brain trauma, or a “shaken baby syndrome” (Rao & Lux, 2012). Likewise, Mathews & Benvenuti (2014) highlight that “physical abuse” is more common with children younger than four years old.

Another form of physical abuse is corporal punishment which in most instances begins at the school. Laws prohibiting beating children were developed and used in modifying the definition of physical abuse. South Africa has had a long-standing ban on corporal punishment in schools, but the practice remains. In 2017, a court's ruling declared it unconstitutional to use corporal punishment at home in South Africa (Swanepoel, 2017). The goal was to align with and abide to the country's Constitution, the Children's Act, and with Criminal Law. The defence of "moderate or acceptable spanking" is no longer accepted because it is contrary to the best interests of the child (Swanepoel, 2017). Alternatives to corporal punishment must be found by parents or caregivers. Physical discipline that is deemed "reasonable" is culturally distinctive, and the above regulations are seeking to narrow the interpretation gap. The ruling intends to prevent any psychological harm that a child may suffer, as well as to diminish South Africa's violent culture (Swanepoel, 2017).

1.2.2. Sexual abuse

The DSM-5 defines “sexual abuse” as “any sexual act involving a child that is intended to provide sexual gratification to a parent, caregiver, or other individual who has responsibility for the child” (American Psychiatric Association, 2013, p. 718). The term “child sexual abuse” includes a range of activities like “intercourse, attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography, and the use of the child for prostitution or pornography” (Singh et al., 2014, p. 430).

Eben et al. (2017), who studied child sexual abuse in Africa, explains that child abuse can take many forms, including physical contact for example, rape, defilement, sodomy, or oral sex also non-contact activities such as “involving children in looking at or producing sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways”. Child sexual abuse, is a horrible and tragic tragedy, as well as a major violation of children’s right to health and safety (Cohen et al., 2015).

1.2.3. Emotional abuse

Emotional child abuse is rarely reported, which could be due the lack of awareness of this type of abuse. It is frequently concealed and is often inappropriately judged as harmless, thus obscuring what constitutes abuse (Gibson, 2019). Emotional abuse is difficult to ascertain since harm psychologically is subjective, it can be interpreted in a variety of ways. Emotional child abuse is labelled as “non-accidental verbal or symbolic acts by a child’s parent or caregiver that result or has reasonable potential to result in significant psychological harm to the child” (American Psychiatric Association, 2013, p.719). Activities such as “berating, disparaging, or humiliating the child, threatening the child, harming/abandoning – or indicating that the alleged offender will harm/abandon – people or things that the childcares about, confining the child” can cause emotional and/or psychological harm (American Psychiatric Association, 2013, p.719). Abandonment, exploitation, taunting, disparaging behaviors towards children, facetiousness, abuse verbally, severe penalties or intimidations, demeaning, name-calling, insulting, and patronising are all examples of this emotional abuse (Gibson, 2019). Emotional abuse also includes not offering a nurturing, appropriate setting/ environment or a primary caregiver for the child (Stoltenborgh et al., 2012).

1.3. Prevalence and incident rates

Childhood violence manifests itself in the form of numerous forms of child abuse and neglect (World Health Organisation, 2018). Historically, most children are mistreated and exposed to horrible violent acts, classified as emotional, physical, or sexual abusive. Violence against children is harmful and unacceptable, irrespective of how it is defined (World Health Organisation, 2016).

Even though there are efforts to combat child-abuse, it continues to be a worldwide problem. According to the World Health Organisation (2016) “a quarter of all adults’ report having been physically abused as children”, while 1 in 5 women and 1 in 13 males reported has been abused sexually as children. Annually, around 95 million children are abused, with Africa being the worst-affected continent (Badoe, 2017).

In an article, Badoe (2017) acknowledges how the scale of abused children in Africa is underrepresented, and states that estimates differ based on the country’s analyses, the form of abuse, classifications, and data value. South African children are exposed to disproportionately “high levels of violence” (VAC). According to Hsiao et al., (2018) “South Africa’s projected child homicide rate of 5.5 per 100 000 children is more than twice the global norm, with child

abuse and neglect accounting for approximately half of all child homicides”. Another study on the prevalence of violence against children in South Africa revealed nationally representative data (Jamieson, Sambu & Mathews, 2017). For example, this study reported that 1 in 5 children reported sexual-abuse which is 19,8%, compared to the 18% for girls and 8% for boys in the global average (Jamieson, Sambu & Mathews, 2017). Therefore, it is not surprising that child abuse has been seen as a national disaster in South Africa. According to the Parliament of South Africa “at least 41% of all reported rape cases in the last three years include children” (Wolfson, Vorster & Mages, 2018).

1.4. Factors driving abuse

Poverty is widely recognised as a substantial and complex impediment to children's well-being, affecting health and educational chances as well as raising the risk of child abuse (Fernandez, Delfabbro, Ramia, & Kovacs, 2019; Manyema & Richter, 2019 as cited in Haffejeen & Levine, 2020). For example, lack of money or having a job creates food insecurities which are all likely to escalate family conflicts, putting children at danger (Mathews, Jamieson, & Makola, 2020). Aron et al. (2010) discovered “a strong link between poverty and incidences of child abuse”. Unemployment, foreclosure, and a reduction in state welfare assistance have all been linked to elevated stress levels, which can lead to child abuse, according to research (Doidge et al., 2017)). Parents who are experiencing financial difficulties, unemployment, or failure to attain their planned goals are at a higher risk of developing role ambiguity within the family. Role ambiguity occurs when a person is unsure about their exact responsibilities and acceptable amount of authority (Johns & Saks, 2014).

Child maltreatment, low family cohesion and adaptation, and alcohol misuse were all found to be significantly linked, according to the authors. Cronin, Murphy, and Elklit (2016) discovered a link between the existence of alcohol misuse and emotional abuse, sexual abuse, and a combination of several types of abuse. A study of the literature has revealed the need of establishing a solid link between parental risk factors for drug and alcohol misuse and certain types of child maltreatment. According to Oshri, Carlson, Kwon, Zeichner, and Wickrama (2017), both alcohol and cannabis usage are linked to child neglect and can affect the child’s emotional development. Among reported episodes of sexual abuse, Oshri, Tubman, and Burnette (2012) discovered a link between alcohol abuse and substance dependency symptoms. Doidge et al. (2017) investigated the role of economic factors in child maltreatment, both physical and sexual. Economic characteristics were seen as important factors that influence physical abuse, sexual abuse and emotional abuse or neglect, according to the authors.

COVID 19 has exacerbated child abuse in South Africa. The pandemic's fear and accompanying pressures create a climate that might intensify or instigate many forms of violence against children (Peterman, O'Donnell, Shah & Gelder, 2020 as cited in Haffejeen & Levine, 2020). With the high incidence rate of gender-based violence, sexual assault, and child-abuse in South Africa, the safety of children is a major worry throughout COVID 19, especially because many children are near prospective abusers in isolation at home (Haffejeen & Levine 2020). According to Haffejeen & Levine (2020) with COVID 19, Childline South Africa stated there's been a 400% increase in distress calls and a 62% increase in cases of "child abuse and neglect". Also, since the start of lockdown there has been an increase in babies being abandoned, with over 30 abandoned babies being taken in by organisations (Bega, Smillie, & Ajam, 2020).

1.5. Impact of child abuse

Repercussions of "child abuse" are severe, they have a negative immediate and long-term implication for children in terms of their well-being and functioning. Child abuse has long-term psychological damage on an individual's well-being. This might include everything from health challenges to psychosocial difficulties with education, employment, an increased risk of HIV infection (Richter et al., 2013). Child maltreatment has been found to have a significant impact on cognitive development, leading to functional and emotional problems in teenagers (Blakemore, 2012). Furthermore, according to Nguyen (2015), survivors of child sexual abuse, particularly female, are more likely to develop social and/or health problems as adults, such as alcoholism, drug misuse, suicide attempts, and marital or family problems. Physical wounds may take time to heal but eventually they do whereas the effects of sexual abuse can cause trauma that impacts the brain and its development. This may then lead to "psychological troubles, psychiatric disorders, marital problems, substance misuse, behavioural issues, and criminal participation" (Childline South Africa, 2020). Artz (2016), showed that "victims of child sexual abuse are more likely to come into conflict with the law", these children tend to also engage in sexually risky behaviour, and/or more likely to fall pregnant before finishing school.

Sexual abuse in children is another form of child abuse. According to Nguyen, (2015) there is a pattern that derives from children who have been exposed to other forms of violence who then end up being sexually abused. Family violence is a specific concern because of "its profound developmental repercussions as well as the possibility of intergenerational transmission" (Doidge et al., 2017). With there being a link between family violence and child

sexual abuse, there needs to be more evidence-based programmes that help caregivers with nonviolent techniques in disciplining children so to minimise the effects of violence in the family. The aim of minimising violence between romantic partners should be widely achieved, so to decrease violence within the home. From such a background, there was need to do a process evaluation focusing on the implementation phase and the social workers' experiences involved in the Child abuse prevention programme at ODCCC who also implement educating families about violence within the home and how that can increase the chances of sexual assault on children exposed to such violence. Hence, this study was important in evaluating the effectiveness of a prevention programme on child abuse being implemented by the Open Door Crisis Care Center. The focus is on this project and the processes around it and how the different people within the organisation are experiencing it and what their insights are.

1.6. Programmes to prevent child abuse

Prevention programmes must address individuals, families, and the community to safeguard children from abuse. Because child abuse is a problem with causes and factors impacting it from multiple societal levels at the same time, each of those layers need to be explored and addressed. These child abuse prevention programmes provide a variety of services to parents, children, schools, as well as a wide spectrum of individuals and organisations in our community (WHO, 2016). One important programme to prevent child abuse is to focus on parents and caregivers. Assisting parents and primary caregivers, for example, comprehend the importance of gentle parenting, which involves “nonviolent discipline” and “effective parent-child communication”, will encourage positive interactions between the child and parent, which then helps increase the bonding – all of which contribute to the prevention of child abuse (Gumbo, 2020). Assisting family systems, parents, and primary caregivers in learning positive parenting skills can help prevent children from being separated from their families, child maltreatment at home, witnessing intimate partner violence against mothers or stepmothers, and aggressive behavior in children and adolescents (WHO, 2016). Therefore, these comprehensive programmes, which are often administered in the community at health centers, schools, or neighbourhood centers target vulnerable families. According to WHO (2016) these programmes “provide family support, pre-school education, childcare, and health services”.

School and community-based interventions are important as well in preventing child abuse. Most of the child's time is spent in school. As a result, having school-based intervention measures to prevent child abuse is critical. Schools are mostly focused on the academic performance of pupils, ignoring their psychosocial needs. As a result, a thorough, holistic

intervention in schools is required, focusing on children's biological, psychological, social, and economic well-being (Gumbo, 2020). Therefore, child abuse awareness programmes can be effective to educate children on what abuse entails and the resources available for them when abused. Additionally, interventions should also be implemented in the community to raise awareness of the consequences of child abuse. The community should also implement an after-school programme. Children's after-school programmes are vital because they allow children to learn important life skills. Extra mural activities after school can holistically prepare youngsters with essential life skills. This means that children will be occupied and there's a slight chance for them to be exposed to detrimental social evils like child maltreatment, sexual abuse, and drug abuse.

Preventing child abuse through counselling and therapeutic intervention is important. To break the cycle of abuse and trauma in children's lives, it is important to provide them with counselling and social services, not only to the victims but to the perpetrators too so they don't commit the assault again (UNICEF, 2014). Counselling assists victims to cope with and recover from physical health and mental health, which includes trauma symptoms (UNICEF, 2014). Effective "child-focused services and methods" are essential in increasing the number of children who have access and can receive support services (UNICEF, 2014). Referrals to child protection services (e.g.: the police, health care providers, and social workers) are critical in preventing child abuse (UNICEF, 2014).

During the lockdown, the media stated that "violence against children in South Africa escalated" (Lund et al., 2020; Nkomo, 2020). Also, a child-focused crisis care line reported a 67% spike in calls; 400% increase in cases opened and counselling required between the 27th of March and the 30th of April 2020, compared to 2019 (Childline Gauteng, 2020). Hence, it is also important to provide a range of psychosocial interventions needed post COVID 19 to prevent child abuse. Because children are at a particularly vulnerable stage of life, child abuse prevention should pay special attention to psychological interventions for children and in crisis situations. Governments have an important role in "providing food and cash assistance, redeploying personnel from public services and child protection systems to deal with emergency situations and establishing national alert and information systems; local governments are critical in complementing national assistance and tailoring support to local needs" (Nkomo, 2020). According to Lund et al., (2020) service providers that focus on family interventions are critical as they "identify the needs of the populations in question,

communicating about available resources, and providing practical advice, as well as fostering dialogue between families and professionals to develop the best possible solutions”.

1.7. Problem statement

Despite the severity and scope of child abuse in South Africa, evaluations of child abuse prevention programmes are still lacking. Social workers and psychologists find it hard to determine whether a child is being abused or not because of the nature of child abuse in this country. This problem is aggravated by the perpetrator's threats to the children if they disclose the abuse. Many perpetrators go unseen, and most victims wait until they are adults to then disclose. This highlights the need for more focused attention on prevention measures through prevention programmes. As a result, it's vital to evaluate prevention programmes.

Thus, this study is important as a formative evaluation of the Open Door Crisis Care Center child abuse prevention programme can provide vital feedback to the programme directors which could improve its overall efficacy in the community it is focused on. Even though similar programmes have been successful in other parts of South Africa, it is critical to do a formative evaluation of the local ODCCC programme in KwaZulu-Natal to understand the process evaluation focusing mainly on the implementation phase and the social workers' experiences with the Child abuse prevention programme.

1.8. Location of the study and motivation for the study

The study took place at the Open-Door Crisis Care Centre (ODCCC). It's a Non-Government Organisation (NGO) located in Pinetown in KwaZulu-Natal Province and this organisation solely depends on donations to keep operational. In the past decade they have expanded their staff, most are employed by the Department of Social Workers in Pinetown and others are volunteers. ODCCC developed a Child Abuse prevention programme. This programme was developed 10 years ago when the social workers at the time were experiencing high volumes of child abuse cases being reported to the center. The programme was developed to create awareness, it has thus evolved into a Child Abuse prevention programme with the goals of dropping the statistics of “child abuse” being reported at the ODCCC. The motivation for engaging in this study resulted from my experiences of volunteering at the ODCCC for 3 years as their lay counsellor. I was overwhelmed by the number of files on my desk that were cases of child abuse I had to manage. This was a motivating factor for me to evaluate the ODCCC child abuse prevention programme to better understand the benefits and challenges of such a programme based on the experiences of social workers working at ODCCC. I then spoke to the

CEO of ODCCC about the need to evaluate the child abuse prevention programme and she agreed to the evaluation of the programme.

1.9. Aim, Objectives, and Research Questions

1.9.1 Aim

The aim of the study was to conduct a formative evaluation of a child abuse prevention programme at the Open-Door Crisis Care Centre

1.9.2 Objectives

1. To explore what the child prevention programme offers from the perspectives of the social workers.
2. To explore what the social workers believe their roles are in the child abuse prevention programme.
3. To explore the challenges faced by the social workers in the implementation of the child abuse prevention programme.

1.9.3 Research questions

2. What does the child prevention programme offer from the perspectives of the social workers?
3. What do the social workers believe their roles are in the child abuse prevention programme?
4. What are the challenges faced by the social workers in the implementation of the child abuse prevention programme?

1.10. Significance of the study

Process evaluations are also known as implementation/formative evaluations which are intended to “investigate programme integrity” by defining the extent to which a programme is operating as intended, by assessing the programme’s elements and the “extent to which the target population is being served”. (Nixon 1997)

In an article published by the government it shares how South Africa has approved the ‘United Nations Convention on the Rights of the Child’ and the ‘African Charter on the Right and Welfare of the Child’ (Parliament, 2019). It states that “domestic legislation and policies that promote the survival and wellbeing of children have been developed with the socioeconomic rights of children high on the agenda” (Parliament, 2019). Nonetheless abuse, maltreatment

and violence against children are still issues that impend children's rights to survival, health, protection, and development.

Despite legal and policy frameworks that activist for children's rights South Africa still has high levels of violence against children (Seedat et al, 2009). Human Science Research Council (HSRC) directed a qualitative study in 2009 to examine South Africa's state of preparedness for preventing child maltreatment. This study used policy makers' and implementers' knowledge about child maltreatment prevention, resource availability and programme implementations to measure the readiness for prevention and reported that it was very low.

Based on the evidence provided, it is evident that child abuse prevention programmes need further evaluation, particularly in South Africa. Therefore, the aim of the present study was to understand and assess the efficacy of the prevention programme based on the accounts of social workers. The results from this study can assist in providing key information and guide efforts to reduce the incidence of child abuse. It will be beneficial in improving the current programme, in addition to, documenting the prevalence of cases, composing policies, and observing trends over time. This study is important as a formative evaluation of the Open Door Crisis Care Center's child abuse prevention programme as this could provide vital feedback to the programme directors which could be used to improve its efficacy in the community it is focused on.

1.11. Structure of the dissertation

CHAPTER 1: This chapter provides the introduction and background of the study. Following those key terms are defined such as child abuse, physical abuse, sexual abuse, and emotional abuse. After that the problem statement that underlined the study, the location of the study, its main aim, objectives, and research questions are provided.

CHAPTER 2: This chapter reviews literature on strategies applied in high income countries, child abuse prevention programmes in South Africa, challenges of child abuse programmes and programme evaluations.

CHAPTER 3: This chapter discusses the qualitative research methodology that was used to conduct the study.

CHAPTER 4: This chapter presents and discusses the study's findings emanating from data analysed through thematic analysis.

CHAPTER 5: This chapter is the concluding chapter and presents a summary of data collected and interpreted from Chapter 4 in relation to the research objectives.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter reviews a relevant body of literature, explores the current emerging issues from this body of literature, and identifies the research gap that emerges from the review.

2.2. Overview of child abuse in South Africa

Although the exact prevalence of child abuse in South Africa is unknown, policymakers, the public, and practitioners all agree that it is a major issue (DOSD, 2019). There is general consensus that child abuse research, both qualitative and quantitative, should be undertaken (DOSD, 2019). South Africa, as a country, lacks a comprehensive understanding of the full impact and scope of child abuse, resulting in a knowledge gap (DOSD, 2019).

The Minister of Social Development, the Honorable Susan Shabangu, signed a pledge at the 2018 Child Protection Week in the Free State to protect children, moving South Africa forward in its public commitment to child protection (May, 2018). Following a high amount of reports of child abuse and neglect in the 2017/2018 financial year, child protection measures in KwaZulu-Natal will be enhanced (May, 2018). The financial year concluded in March, and the Department of Social Development (DSD) recorded a total of 1934 incidents of sexual abuse, as well as 1979 cases of neglect and 876 cases of physical abuse (May, 2018). A total of 356 incidences of emotional abuse were also documented. The DSD has decided to invest R694 million in the fight against child abuse (May, 2018). According to the first South African homicide report, 5.5 per 100 000 children under the age of 18 died as a result of homicide in 2009 (Rutherford, 2014). Furthermore, the study found that child neglect and abuse were responsible for 44.6 percent of child killings (Rutherford, 2014). Fatal child abuse within the 0-4-year age group accounted for 74% of the deaths (Rutherford, 2014). Hence, child abuse prevention programmes have been implemented in South Africa to curb child abuse.

2.3. Strategies applied globally to end child abuse

In high-income countries, parenting programmes have been successful in the prevention and reduction cases of child abuse (Cluver et al., 2016). In the “#ENDVIOLENCE” campaign run by the United Nations Children’s Fund (UNICEF) (2014) one of the main objectives was to raise public awareness that violence against children is everywhere. The campaign worked on the assumption that once a community is empowered with knowledge about what the

consequences of child abuse are, and how they can put prevention measures in place to protect children from being victims of child abuse, child abuse will be prevented from escalating in that community. Such programmes, however, haven't been implemented in many communities in Africa. According to UNICEF (2014) child abuse awareness programmes and prevention strategies are limited in Low-to-Middle Income Countries (LMIC). According to WHO, the rates of child abuse are highest in Africa, with a greater incidence rate occurring in LMICs in comparison to high-income countries (UNICEF, 2014). This has led to the increase in child abuse or and most communities do not have the resources to challenge and prevent child abuse.

In South Africa, increasing rates of child abuse is a leading problem. The president, Cyril Ramaphosa, in his address to the nation on the 25th of November 2020, pleaded with men to protect woman and children rather than abusing them. There is a greater need for 'child abuse prevention programmes' to be implemented in LMIC however there are limited studies exploring the process of intervention roll out and/or impacts of these intervention programmes. Instead, studies indicate an increase in child abuse due to several other intersecting factors such as an increase in poverty.

According to UNICEF (2014), there are critical strategies in the prevention and response against child abuse. These strategies include providing support and education to the families, caregivers and parents and highlighting the effect of using positive methods of instilling discipline in their children without violence. For LMIC most of these strategies have not been implemented due to lack of resources to do so. Such strategies would have to come from a governmental level as the initiative needs financial resources. Families need to be well-informed about the psychological development of children, for example, female children are often mistakenly perceived as woman once their bodies appear mature, this is a perception that needs to be challenged as it leads to some men in the community feeling entitled to engage in sexual activities assuming the child can give consent (UNICEF, 2014).

Another strategy is skills development among children. Children need to be able to cope with challenges and stress and equipped with the skill to identify abusive behaviors. They also need to have access to resources that they can seek help from (UNICEF, 2014). Changing the attitudes and social conventions that conceal violence is a guaranteed tactic to prevent the occurrence of violence, however, in order to do so families need to be educated on how such attitudes and social conventions have been normalised by years of repetition. Families also need to be empowered with tools to create change in their communities. One of those tools can

be on how to educate their own children on safety measures. Children need to be taught to get professional help and encouraged to report abuse or violent incidents (UNICEF, 2014). Families also need training in dealing with experiencing violence, whether they are directly involved or witness an act of violence. With these collective measures in place, it is assumed that perpetrators will start perceiving their actions as a crime with consequences and this will challenge the norm in society around child abuse (UNICEF, 2014). In most communities, violence against children is labelled as a family matter and kept a secret (Amukwelele, 2017). Laws, regulations, and policies need to be enforced to protect children. In South Africa the constitution has laws that protect woman and children from abuse, however such laws need to be enforced by law officials for them to be effective (DOSD, 2019). Doing so also delivers a message to perpetrators that violence against children will not be tolerated by the authorities.

Lastly, UNICEF (2014) emphasised the role that research plays in attempting to address and limit child abuse. They outlined that it is vital to know which communities and age groups of children are the most prone to experiencing child maltreatment. Such knowledge is powerful as it can be used to design an effective child abuse prevention programme since each community is different, ‘one shoe will not fit every foot. Knowing such information can drive research and assist in advancing measures, remedial tools, and prevention programmes aimed at decreasing child abuse.

2.4. Examples of child abuse awareness and prevention programmes globally

Educational interventions with children are one kind of prevention intervention that is being implemented. These, however, must be age appropriate. For example, pre-schoolers do not have the same ability to acquire and remember information as older children, according to research, but they can be taught self-defence skills. Strategies such as puppet shows, films, plays, interactive role play, and active behavioural skills training can all be used to deliver child abuse prevention programmes that are age appropriate (Brassard & Fiorvanti, 2015). The “Stay Safe, The Body Safety Training Programme, Talking About Touching, and Safe Child” were among the four types of child abuse prevention programmes reviewed and evaluated by Brassard and Fiorvanti (2015). Each of the four programmes came with its own set of teaching materials for elementary school students. Age-appropriate ideas and exercises were included in the curriculum. The findings approved that child abuse awareness and prevention programmes created using these strategies which were age appropriate were available for implementing both in the classroom and outside of the classroom.

In contexts like America, certain states have pushed for the implementing child abuse awareness and prevention programmes in schools and communities. The ‘Texas Education Agency’ (2019) which regulates Texas’ primary and secondary schools, has, for example, developed a child abuse prevention programme that entails the agency posting a list of links on its website that offers information on child abuse prevention that the districts can use for staff developments. Also, in primary and secondary schools, each school district must conduct a “child abuse anti-victimisation programme” (Texas Education Agency, 2019). The ‘Texas Education Agency’ (2019) also mandates that all schools adopt a child abuse prevention programme and put it in the parent handbook. Schools must also undergo child abuse prevention training sessions and closely monitor all employees that attend. It also indicates that each school should post information containing information/instructions on when to call 911.

2.5. Child Abuse Prevention Programmes in South Africa

Wessles (2016) states that intervening with parents is one potential child abuse intervention and is implemented through group-based parenting programmes. This involves parents attending parenting support programmes that support and strengthen existing parenting abilities and equip them with new competencies. This has been successfully used in high-income countries and has showed positive results for the children involved. The success of such interventions in LMICs is relatively unknown, particularly in South Africa since few group-based parenting programmes are available (Cluver et al., 2016).

An example of a parenting programme that has been implemented and evaluated in South Africa is the Sinovuyo Caring Families Project which strives to decrease the number of cases of child abuse in the country (Cluver et al., 2016). There are also three academic institutions which are the “University of Cape Town, Bangor and Oxford; and three local community-based organisations (Clowns without Borders South Africa, Ikamva Labantu and The Parent Centre)” that collaborated on the Sinovuyo Caring Families Project (Cluver et al., 2016). This programme has targeted parents as a mode of change and are using strategies of teaching positive methods of instilling discipline in their children without violence, informing them about the psychological development of children, and changing the attitudes and social conventions that conceal violence as tactics to prevent the occurrence of violence (Wessles, 2016).

The Sinovuyo Caring Families Project pilot study was conducted in Khayelitsha, which is a township in the Western Cape. Khayelitsha is classified as an area of high deprivation due to

interpersonal violence, high rates of poverty, substance abuse, crime, and high HIV prevalence (Cluver et al., 2016). The programme was presented to relevant families to assist them if they were experiencing problems with their children's behaviour. The results of the study showed that the programme had been effective with parents learning more positive methods to raise and spend time with their children. Parents praised the programme for the content related to enforcing household rules in a positive manner, where they got taught how to "compliment and reward their children", conveying orders, disregarding problematic behavior, and dealing with stressful issues (Cluver et al., 2016). Future recommendations as an outcome of the evaluation included increasing the duration of the sessions or increasing the number of sessions to reinforce the principles taught at the programme (Cluver et al., 2016). Posters, a handbook, and public awareness were also recommended as educational tools.

Civil society organisations working in the GBV domain, such as faith-based and non-profit community-based organisations, have made and continue to make significant contributions to child abuse prevention in South Africa. They provide an opportunity for hope and dignity restoration in the face of terrible acts of violence against children. A few examples are discussed to highlight the role and extent of some civil society organisations. In the Helderberg, child sexual abuse prevention and treatment is a priority (PATCH, 2000). The Helderberg Child Abuse Centre helps "children who have been sexually abused in the Helderberg neighbourhood of Cape Town" (PATCH, 2000). This non-profit organisation was founded in 1992 and is run by a Board of Directors made up of volunteers from the community (PATCH, 2000). Within the Helderberg basin, which is part of the Cape Metropole, PATCH has three offices where victims of sexual abuse can be assessed. Qualified social workers do the evaluation. A 24-hour crisis center is available at the local government hospital for children who have been sexually abused (PATCH, 2000). Essential awareness and prevention programmes are conducted at schools to encourage learners to report incidents of abuse and to show to them that help will be provided.

Save the Children South Africa is a non-profit organisation dedicated to working towards ensuring that no child in the country suffers from violence. This organisation advocates the practice of good discipline in the home and works to maintain the ban on corporal punishment (STC, 2011). Effective programmes to prevent and respond to violent acts against children have been put in place. In addition, the organisation provides help and mentoring in parenting skills. They are currently working on defining the scope of child trafficking in the context of South Africa (STC, 2011).

The South African Professional Society on the Abuse of Children (SAPSAC) is a multi-professional organisation founded in March 1999 to provide a platform for professionals working with abused children to exchange information (SAPSAC, 2019). This organisation is a “non-profit, non-governmental, non-political organisation” that offers membership to the following professions: legal, policing, criminology, education, media, psychology, nursing, and medicine (SAPSAC, 2019). SAPSAC's mission is to promote excellent standards in the field of child abuse investigation and treatment. They also want to foster research and comparative literature so that practitioners in the field can share information. Furthermore, they seek to enhance professional coordination and cooperation in the pursuit of a community of practice (SAPSAC, 2019).

Women and Men Against Child Abuse (WMACA) is a non-profit child protection organisation dedicated to “fighting for children's rights and putting an end to child abuse” in South Africa (WMACA, 2019). It was founded in 1997. In addition to providing services, they also serve as advocates, using the media to draw attention to the injustices perpetrated against abused children because of insufficient judicial processes (WMACA, 2019). In Alexandra, Boksburg, and Pretoria, there are three clinics that offer free medical and psychological interventions as well as therapies to abused children (WMACA, 2019). WMACA recognized the necessity for the implementation of prevention programmes to break the complicated cycle of child abuse. The cycle of child abuse has a domino effect, with one episode of abuse influencing many people's lives (ARC, 2016). This is extremely costly to society and can lead to a lifetime of lost potential as well as physical and mental health issues (ARC, 2016).

The Teddy Bear Foundation/Clinic, based in Tygerberg Hospital, aims to prevent child abuse by providing effective assistance to children who have been harmed to aid in the healing process and prevent further abuse (TTBC, 2019). Teddy Bear Clinic attempts to minimize any secondary trauma when a child joins the child protection system. Medico-legal specialists, as well as forensic examinations, psychiatric assessments, therapeutic counselling, court preparation, and assistance will be provided to abused children (TTBC, 2019).

2.6. Positive Impacts of school-based prevention programmes

Children can be empowered with vital information if they are educated about child abuse. According to Brassard & Fiorvanti (2015) school-based prevention programmes can teach children what to do if they are abused or spot indications of abuse, effectively giving them the power to advocate for themselves and lowering their chance of becoming a victim or being

victimised again. According to Brassard & Fiorvanti (2015) programmes that are cohesive with the school curriculum and tailored to appropriate age cognitive level, such as enhanced growth in skills like “assertiveness, problem solving, and communication”, are beneficial. According to research, children who participate in any child abuse preventative programme are more likely to tell others about incidences of abuse compared to those who haven't, they were also less likely to put blame on themselves, these children believed that their reporting prohibited further injury or harm (Ko & Cosdon, 2001).

Applying a preventative programme in the school curriculum allowed students to address a serious matter in the safety of their classroom (Gumbo, 2020). By putting in place a ‘child abuse prevention programme’, schools would be able to inform parents and primary caregivers that abuse against children is being considered at the school and addressed. According to Brassard & Fiorvanti (2015) school-based programmes can include educating parents about child abuse. Such a programme will not only inform abusive parents that their children are being educated, but it will also assist parents in evaluating their punishment methods to see whether they are too severe or excessive (Brassard & Fiorvanti, 2015). Through a school-based programme, parents can also have access to information and resources, such as child abuse hotline numbers. This strategy has proven to be impactful as it increases the success of the prevention programme having parents communicate with their children about child abuse and measures to take in preventing (Brassard & Fiorvanti, 2015).

2.7. Challenges involved in addressing child abuse and policy responses

As with all interventions and plans to prevent child abuse, there are several challenges faced by researchers, clinicians, and policy makers and these will be outlined here. South Africa's legal and policy frameworks are broad, but implementation is lacking (Jamieson, Mathews and Sambu, 2017). South Africa is a society with a wide range of ethical and cultural values. Within different cultural groupings, there are diverse standards and attitudes regarding childhood and discipline (Makoae, Roberts and Ward, 2012). Intra-cultural differences may exist because of differences in residency, parent-child interactions, children's agency, and socioeconomic status (Makoae et al., 2012). For South Africa, implementing non-discriminatory social services will allow for “dignity, tolerance, and respect” to grow for individuals receiving healthcare or other services (Makoae et al., 2012).

Makoae et al. (2012) argue that there is little evidence that child protection programmes and healthcare providers in South Africa adequately consider the cultural diversity of the members

they are providing a service to. They argue that as a result, opportunities to learn more about how culture influences child abuse are being missed. For example, even when evidence reveals a pattern of violence, physical abuse is frequently seen by caregivers as 'justifiable' punishment under the guise of discipline (Jamieson, Mathews and Sambu, 2017).

The Western Cape Education Department's 'Abuse No More Protocol' acknowledges that wilful neglect and child abuse exist and are severe problems in communities across South Africa (Western Cape Government, 2014). Child abuse or neglect that has been suspected needs to be reported to the "Provincial Department of Social Development" or the police station, according to Section 110 of the Children's Act (Act 38 of 2005) (Western Cape Government, 2014). It is a criminal offense in and of itself if a person fails to report and comply with Section 110(1) (Western Cape Government, 2014). In addition, Section 110 of Act 38 of 2005, as amended, specifies that legal and medical professionals must have reasonable reasons to allege that a child has been injured, neglected, or abused (Western Cape Government, 2014).

Since 2005, the Centre for Justice and Crime Prevention has existed. They are a South African research NGO that focuses on youth and children and works in the subject of safety and violence prevention in South Africa (CJCP, 2015). In its briefing paper on child death reviews, the University of Cape Town's 'The Children's Institute' published child death data (Rutherford, 2014). Child killings receive little attention from policymakers and the public health community, and research on the subject is few (Martin et al., 2013). Young children are mostly killed because of child abuse than adolescents, who often die because of an interpersonal violence (Martin et al., 2013). According to Martin et al. (2013), there is less information on the causes of death because of abuse and neglect, yet child maltreatment is frequent in South Africa. Furthermore, according to Martin et al. (2013), the need for child protection services outweighs the services presently in place to react. Various studies have shown that, even in well-resourced communities, child abuse cannot be prevented by identifying at-risk children or by providing services such as community awareness (Martin et al., 2013). The fact that children identified by child protection services continue to be murdered backs this up (Martin et al., 2013).

In South Africa, there is a lack of congruence in the overarching conceptual and planning frameworks for violence against women and children (RSA, 2017). A diagnostic examination of the state's response to violence against women and children (VAWC) was conducted, and a "implementation gap" was discovered between the country's robust VAWC legislation and its

execution (RSA, 2017). Within South African leadership, there is a lack of an oversight authority that can hold the government accountable for the removal of VAWC (RSA, 2017). To address the issue of violence against women and children, training must be more sophisticated to overcome skill gaps (RSA, 2017).

2.8. Impact of child abuse

There is awareness that child abuse and neglect is a serious and escalating problem for all children (Pierce & Bozalek, 2004). The impact of “physical, emotional, and sexual abuse” have severe negative outcomes for survivors that are minors (Meinck, Cluver, Boyes & Loening-Voysey, 2016). Unresolved traumatic experiences may lead to suffering caused by remembrances of the event. Participation in social, academic, professional, or personal context may be affected, and long-term psychiatric disorders such as physical issues, emotional or behavioural problems, and bonding disruptions may occur in the aftermaths of traumatic experiences in general (Nader, 2015). Psychological consequences of sexualised violence are diverse and range from short- to long-standing effects (Singh et al., 2014; Vaillancourt-Morel et al., 2015). Classic signs of posttraumatic stress disorder (PTSD) such as flashbacks, fears, and depression are often mentioned in the literature (Nader, 2015; Singh et al., 2014; Wurtele, 2009). Further, the feeling of guilt, suicide attempts, eating disorders, and substance abuse are listed (Baxter et al., 2017; Manheim et al., 2019). Moreover, symptoms in the aftermaths of CSA affect even the child’s development regarding a diminished cognitive and emotional progress (Singh et al., 2014).

Physical consequences are closely linked to psychological issues that manifest as psychosomatic symptoms on the physical level (Singh et al., 2014; Vaillancourt-Morel et al., 2015). Besides, infection of the genitals and sexually transmitted diseases are directly related to sexual acts consequences (Singh et al., 2014). Internalised manners, which manifest in withdrawal from social relationships and events can be determined as after-effects of a CSA at the behavioral and interpersonal level (Wurtele, 2009). Contrary, externalised behaviour and the possibility of falling into the role of the perpetrator can be displayed (Singh et al., 2014). Research shows agreement that the short- and long-term effects of CSA vary due to personal and familial differences, the structure and dimension of the abuse, and possible support in the aftermath of the event (Vaillancourt-Morel et al., 2015).

Child abuse has long-lasting psychological impacts on the well-being of an individual. This can range from health issues to psychosocial difficulties associated with education,

employment and even pose as a risk to for HIV infection (Richter et al., 2013; Jewkes et al., 2012). Child abuse has been shown to impact brain development tremendously, contributing to functional and emotional dysfunction particularly in adolescents (Blakemore, 2012). This highlights the need for suitable intervention programmes.

With the numerous adverse effects of child abuse, the United Nations (UN) has recognised the importance of finding solutions to address child abuse. Efforts have been focused on eliminating child abuse according to the United Nations Agenda for Sustainable Development target (United Nations; 2015; Mathews et al., 2020). To achieve such a goal, reliable scientific data, prevention, and early identification policies are required (Hammond et al., 2006; Sumner et al., 2015).

2.9. Programme evaluations

There has been an increasing interest in programme evaluations in South Africa due to the potential impact that these evaluations have on developing programmes that are relevant to community needs (Seedat, Duncan & Lazarus, 2001). Programme evaluations can be conducted for different purposes. According to Seedat et al. (2001) there are two different forms of evaluations. There are formative evaluations, where the feedback is used for developing and improving the programme, whereas summative evaluations are done to make a judgement on outcomes and effectiveness. With formative evaluation, the researcher aims to “identify aspects of the programme that are or are not working well, aspects of the programme that are problematic, and aspects of the programme that need modification or improvement” (Seedat et al., 2001).

It is widely accepted that effective solutions for mitigating abuse in children is a necessary intervention in all levels of society (Lesa, 2012, p. 55). However, amongst researchers there are still disagreements about which prevention programme works best to provide child abuse prevention (Lesa, 2012. This results from the difficulty of the problem, the complexity of “measuring and interpreting outcomes, and the lack of attention to the interaction of variables in establishing risk status for subsequent child abuse in studies on child abuse prevention” (Amukwelele, 2017). However, there have been a variety of programmes designed and facilitated in the public and private sectors in different levels of most countries, for example in Namibia and in other Southern countries, there is slight evidence that back the appropriateness and/or effectiveness of these programmes however they are still facilitated (Amukwelele, 2017).

Additionally, it is significant to outline the importance of process evaluations as it is the focus of this study. Using assessments like process evaluations to examine ongoing programmes, and activities used to the targeted population determines whether a programme is “performing as planned” (Bowie & Bronte-Tinkew, 2008). These assessments assist the programme facilitators in discovering which interventions and programme components need to improve to still meet the goals and aims of the prevention programme, it allows for “improved service delivery” (Bowie & Bronte-Tinkew, 2008). According to Bowie & Bronte-Tinkew (2008) this is achieved by examining the “details of programme operation; intensity and quality of services provided; context and community in which a programme is delivered; demographic characteristics of programme participants; collaborative partnerships; and staffing and training are all examples of information collected during a process evaluation”. An outcome evaluation is not the same as a process evaluation. The goal of process evaluations is to see if the activities in the programme are running as they should. In contrast, outcome evaluations examine how activities in the programme affect the outcomes of programme and activity participants.

2.10. Theoretical framework

The theoretical framework underpinning this study is ecological theory. Urie Bronfenbrenner pioneered the concept an ecological perspective in the late 1970s (1979). Urie Bronfenbrenner formulated an ‘ecological perspective’ to describe how different factors in a children's surroundings can disturb or interrupt a child’s developmental growth (French, 2007). This ecological theory places human behaviour and social functioning in the context of a family's interactions with personal, family, and environmental elements (Van Wormer, 2007, p.127). Using this perspective, child abuse is then seen as an interaction between different factors in the environment that create a combination of risk and protective variables for child abuse within family, community, and society systems (Friedman & Allen, 2014).

This ecological theory offers the opportunity for a holistic analysis of the multiple contributing factors that drive and maintain in child abuse across four environmental systems. These systems can be labelled as “micro-, meso-, exo- and macrosystem” (French, 2007). The ecosystem theory indicates how “problems can occur within the individual in dynamic interaction with the microsystem, the family as the mesosystem, the social structures as the exosystem, and the wider social milieu in which families and communities exist as the macrosystem” (Böning & Ferreira, 2014). This theory views the environment and the person interconnected. This is then supported by Teater (2010, p.23) who states that “the ecological perspective focuses on the person-in-environment and the continual interactions and

transactions between persons, families, groups and/or communities and their environments”. In essence, the micro-system of the family, the most direct and possibly most powerful level of influence, is nested inside and interacts with institutional systems such as the neighbourhood, school, business, and church. Bronfenbrenner (1979) refers to the decisions made at wider institutional systems that indirectly impact the individual and labels them as exosystems confined within the larger macrosystem, constraining plus controlling what happens on the inner levels. This ecological model believes that individuals and their environments adapt to each other over time, and it recognises the interdependence of systems (mesosystems) and the importance of the social context.

Therefore, the microsystem is the child's closest layer, and it has immediate influence on their behaviour. This microsystem consists of immediate background such as the child’s home and school environment. The microsystem refers to “a person's network of ties with important individuals in his or her life, such as caregivers, parents, siblings, friends, classmates, and teachers” (Watts, Cockcroft & Duncan, 2009). It contains patterns of behaviours and relationships between individuals in the home, school, society (Du Plessis, 2008). This includes all the events, situations, and interpersonal interactions that the individual has in their immediate environment (Mothibi-Mathopo-Mofokeng, 2017).

Understanding the “inter-relationships” between two or more microsystems, each involving an entity, is required at the mesosystem level (Bronfenbrenner, 1979, 1986). A mesosystem is made up of the linkages and processes that occur between two or more microsystems, or the interrelationships amongst these systems (Thomas, 2005). The mesosystem is made up of “the child's ongoing interactions and interconnectedness with his or her family and immediate environment” (Böning & Ferreira, 2014).

While, in the exosystem, the development of the child is impacted by events occurring in settings where the individual is not present (Bronfenbrenner, 1979). The exosystem incorporates features of the community beyond the immediate structure involving the person, this includes communities. Exposure to community violence and environmental factors, for example, which may or may not directly touch children but may have an impact on them, could have a detrimental impact on them being abused in the community. The exosystem, according to Donald et. al., (2006), includes various institutions that are not immediate interaction with the child, but they can have an effect on those in the microsystem who are immediate interactions with the child. This means that when parents work all the time, they will be in no

position to know if their child is abused or not and because the child does not spend much time with them it might mean that the child will not be able to disclose abuse timely.

The macrosystem is the outer layer it has “the dominant values, beliefs, customs, and economic and social systems of a culture or subculture that filter down in countless ways to individuals’ daily lives” for the child (Papalia, 2006, p.37). It’s also known as “a cultural blueprint that may determine the social structures and activities that occur within the immediate systems level” (Bronfenbrenner, 1979, p.30). Another example are legislations, laws, social/cultural norms, a patriarchal/matriarchal system, and social/economic inequity that contribute to the environment of child abuse according to Jameson, (2014). The micro, meso, and exosystems all contribute to the macrosystem which influences the culture that person lives in (Bronfenbrenner, 1994, p.40). Socio-cultural factors include political and economic factors, to name a few (Bronfenbrenner, 1994, p.40). Factors such as “inequality, poverty, and unemployment”, because of the apartheid in South Africa, have a direct effect on child abuse (Bronfenbrenner, 1994, p.40).

The final stage of the ecological framework is the chronosystem, which is concerned with persistence or transition of events (Bronfenbrenner, 1994). Throughout one's life, it has an impact on both the individual and the community, for example changes in family structure impact interactions within the community. Because of this, it then claims, that “parent-child interactions are more potent during early childhood and pre-adolescent years”, and that changes in the family structure might negatively affect children over time (Sibisi, 2021). It also considers how historical events might impact on something like child abuse, like a pandemic.

As a result, the ecological approach emphasises the intricate interplay between individual, relational, community, and social elements (Johnson and Rhodes, 2005). It shows that overlapping perspectives on one level influence factors at another level, allowing one to comprehend the spectrum of factors that put children at risk of child abuse or prevention (Johnson & Rhodes, 2005). Apart from assisting in the clarification of these elements, the viewpoint advises that to prevent child abuse, action must be taken at different levels of the ecological theory simultaneously. This strategy is capable than any other to keep preventative efforts going over time (Krug et al., 2006, p.40).

The ecological theory provides a theoretical framework for dealing with child abuse, in a variety of ways. When one looks at abused children from this perspective, one can see the different influences in play and how each environment has a variety of risk and prevention

factors, hence the child-parent interaction is so intricate. Interventions to prevent child abuse by limiting risk factors and increasing protective factors at each ecological level can then be implemented and duplicated, in detailed and integrated prevention programmes. Child abuse is made feasible by cultural attitudes that condone violence and child abuse and devalue children as powerless and prone to violence at a macro level.

CHAPTER THREE

Research Methodology

3.1. Introduction

In this chapter, the researcher describes the approach that was adopted in carrying out this research study. The researcher describes the study context, research design and approach, research paradigm, researcher's entry into the field, the selection of participants, the data collection method, and data collection tool. In addition, the researcher describes the data analysis procedure, and reflects on issues of 'trustworthiness' of the study. Lastly ethical considerations are discussed which guided the whole process from the beginning to the end. Lastly this chapter discusses the aims and goals of this formative evaluation study at the ODCCC.

3.2. Study context

The study was conducted in at the Open-Door Crisis Care Centre (ODCCC) in Durban, a coastal city in KwaZulu-Natal, South Africa. It is important to locate the study within a localised area. Context is very important in social research because it recognises that the findings are influenced by the context, this assumes that reality is context specific. Maxwell (2012) reiterates that context is significant in social research because meanings are constructed and will always exist in specific contexts.

The ODCCC is an outreach organisation created by Thora Mansfield in 1997 when the South African Police Services (SAPS) asked her to assist in the community. This non-governmental organisation (NGO) offers crisis and trauma counselling, social services, support groups and training in counselling to women and children. Further, ODCCC assists families of the victims. The ODCCC focuses on domestic violence, child abuse, human trafficking, and trauma.

In terms of focus, the ODCCC is committed to four pillars of operation, which are summarised as the four Ps. These are prevention, protection, prosecution, and partnership. The ODCCC is committed to child abuse *prevention*, it involves creating awareness, training, and educational programmes with a focus on disadvantaged areas. The ODCCC prides themselves in providing *protection* of victims in their shelters. To ensure *prosecution*, the ODCCC equips victims to become effective witnesses in court. The last pillar in their values is *partnership*, and in line with this value the ODCCC focuses on government agencies and recognised NGOs for better service provision. State departments and the SAPS ensure prevention of secondary

traumatisation of victims through poor and insensitive treatment (<http://opendoor.org.za>). The ODCCC also runs a prevention programme that aims to create awareness against child abuse in disadvantaged areas. It aims to prevent child abuse by providing awareness, sheltering victims and prepping them for court so there is an increased chance of prosecution. The programme also equips parents with safety measures to put in place to prevent child abuse and educates them on what to do if their child has been assaulted.

3.2.1 Goals/Aim/Objectives

The ODCCC is committed to four pillars of operation: Prevention, involves creating awareness, training, and educational programmes with a focus on disadvantaged areas. They ensure this is upheld by facilitating the Child Abuse programme in various schools and community halls on a regular basis. The ODCCC provided protection for victims in their shelters. Prosecution takes place due to the preparation put in place such as equipping victims to become effective witnesses in court. The ODCCC also partakes in partnership with government agencies and recognised NGO's for better service provision by state departments and the South African Police Services including prevention of secondary traumatisation of victims through poor and insensitive treatment (<http://opendoor.org.za>). The ODCCC has a prevention programme that aims to create awareness against child abuse in disadvantaged areas, which needs evaluation and improvement. The aim of the present study is to understand and assess the efficacy of the prevention programme based on the accounts of the relevant stakeholders.

3.2.2. Counselling

The ODCCC works with those affected by abuse and human trafficking. Their facility provides several services. Professional counselling is offered by permanent qualified professionals, lay counsellors, psychology interns and social workers. Counselling aims to promote positive behaviours and assist in the individual's wellbeing by addressing issues in their intellectual, physical, emotional, psychological, spiritual domains of life. The Child Abuse prevention programme uses this service as one of the tools. When the facilitators visit various schools to promote awareness, victims of child abuse approach the facilitators and are then enrolled at the ODCCC for counselling sessions to improve their wellbeing. This assists with preventing ongoing abuse. The aim in therapy for such victims is to restore their emotional and psychological wellbeing after the trauma then put prevention measures in place so they are not victims of child abuse again. For children of child abuse who are too young to express their emotions in talk therapy, ODCCC uses play therapy to assist.

3.2.3. Play Therapy

ODCCC employs play therapy which incorporates the use of materials such as sand, clay, puppets, art, props and utilises story-telling to assist children who are dealing with incest, rape, loss, grief, dysfunctional families, and abuse. They have a counselling room designed to meet this purpose with specifically trained counsellors to help these children express and cope with such traumatic events.



Figure 1. Play therapy techniques used at ODCCC for children who suffered from child abuse (image obtained from opendoor.org.za/services/).

3.2.4. Victims Empowerment Programme

ODCCC also have a victim empowerment programme that runs side by side with the Child Abuse prevention programme. This is a programme provides information and assistance to victims of trauma. Trauma can range from suicide, accidents, rape, incest, and death and child abuse. The empowerment team includes professionals who are trained in trauma assistance and management. The team can visit the site of the encounter and assist the victim seek the appropriate medical care at a local clinic or a district surgeon.

The aim of the current study is undertaking a formative evaluation of the Child Abuse Prevention Programme run by the ODCCC since 2015, to ensure it is still meeting its goal and also to evaluate the experiences of social workers implementing the programme in terms of

their roles, services offered, and challenges being faced in implementing it. Feedback will be provided to the ODCCC, allowing for them to improve the programme if they wish to do so.

Moving into the research site/environment involves important skills. Prior to moving into the research site and data collection, the researcher established some important skills. These skills were important for a successful data gathering exercise, which included listening to the participant, making observations, posing pertinent questions (probes), and interpreting concerns. Active and attentive listening are important because they encourage the interviewee to be free to share information (Durrheim, 2006).

3.3. Formative evaluation

A formative evaluation is a method used to evaluate a programme during its developing or ongoing phase. Formative evaluation provides design feedback, often in the form of a list of problems and the recommended solutions (Andrews, 2008). According to Seedat et al. (2001) a formative evaluation is usually done during the initial phase of developing a programme; however, it can also be helpful for assessing the ongoing activities of an established programme. Findings from a formative evaluation provide feedback to the programme facilitators thus enriching the programme (William, 2006). Corrections and adjustments can therefore be made so that an intended goal can be accomplished such as creating awareness. Formative evaluations are important for improving the quality of human services such as this prevention programme that is facilitated in a community (Seedat et al., 2001). The utilisation of information is what classifies an evaluation as formative. Gathering information prior or throughout the programme turns onto a formative evaluation if the information is considered and included in preparing or altering the programme. A programme that has been evaluated and improved operates more efficiently than before.

Formative evaluation is a rigorous assessment process that allows the researcher to study how the project or programme is implemented. It answers questions about challenges, context, experiences, adaptations, and responses to change (Stetler et al., 2006). A formative evaluation employs similar methodologies as process or summative evaluations, with the exception that data is reported back to the implementation team throughout the research to modify and enhance the facilitation process (Bauer et al., 2015). For example, formative evaluation is continuous to this extent that it may lead to more successful implementations of healthcare improvements. To the point where intervention studies wouldn't be able to make meaningful changes in-patient care or public health care, without a formative evaluation assessment

(Glasgow, Lichenstein and Marcus, 2008). If problems in the intervention arise, it's critical to figure out if the problem was due to the “intervention's ineffectiveness in a new situation (intervention failure) or because a good intervention was deployed wrongly” (Proctor et al., 2011). Therefore, this research formatively evaluated a Prevention and Early Intervention Programme that aims to create awareness of child abuse, facilitated by the ODCCC for modification purposes.

3.4. Research paradigm and design

Muller (1998, p.2) define methodology as “a systematic approach to research that involves a clear preference for certain methods and techniques within the framework of specific epistemological and ontological assumptions”. This definition illustrates that social inquiry is far from a haphazard process. From Mouton and Muller's (1998) perspective social inquiry should be a systematic process that includes well thought-out processes and procedures. , which should entice the reader to consider the results as worthwhile.

A qualitative research approach was used in the current study. The decision to use this approach was backed by Liamputtong (2007) that qualitative research tools produce best results when used in studies about marginalised and destitute social groups because such techniques make provision for respondents to accurately articulate their story. According to Rubin and Babbie (2013), qualitative research focuses on subjective data as perceived by the study respondents. The researcher adopted the qualitative approach because it allowed them to gain a deeper understanding of the phenomenon of interest, which is child abuse. In qualitative research, depth is more important than breadth (Ulin, Robinson, & Tolley, 2004). Given that the study is qualitative and interpretive, the researcher's role was that of a key instrument in the executing the task of collecting and analysing data (Shumba, 2014). In essence, this study is doing a qualitative formative evaluation. Formative research employs qualitative methodologies to give researchers specific data for evaluating intervention initiatives (Gittelsohn et al., 2006). Objectives, implementation plans, applicable techniques, and data analysis can all be outlined using qualitative formative evaluation.

The study falls within the ‘interpretive paradigm’. According to Maree (2007), interpretivism describes how people as social actors make sense of their particular action. The interpretive paradigm as involving insight, deeper knowledge and the understanding of human behaviour and relationships (Burton, Brundrett, & Jones, 2008). This paradigm is relevant to this study because it aims to understand and explore the experiences of key informants. According to

interpretivists, there is no single reality or truth, rather there is a set of realities (Maree, 2007). Interpretivists strive to “enter a person and to understand from within to appreciate a person’s world view” (Cohen, Manion, & Morrison, 2011). Therefore, the interpretivist paradigm offered the researcher the opportunity to obtain more information about the child abuse programme.

3.5 Selection of participants

Formative research involves a variety of qualitative methods to help inform the researcher on the recruitment and retention of study participants (Gittelsohn, et al., 2006). This study used purposive sampling, in which the researcher selected participants who best meet the purpose of the study (Mofokeng & Green, 2015). Terre Blanche and Durrheim (2006, p.334) stated with “purposive or judgemental sampling in qualitative research, the investigator or interviewer selects cases that can shed light on the object of the study”, therefore the researcher used the purposive sampling to identify participants who met the purpose of this study. Hence, the researcher selected four social workers working at ODCCC and part of the child abuse prevention programme to take part in this study. The reason that the researcher chose only 4 (n=4) participants was that these were the only social workers working at ODCCC organisation at the time of the evaluation.

3.6. Inclusion criteria

It is important to consider work experience when selecting participants for a study (Anderson, 2010). The female participants had more than 4 years of work experience. The participants were between the ages of 35 and 40 and lived in the city of Durban. The participants were selected because they had the potential to provide a deeper grasp of the topic under investigation, which would add value to the study. Omair (2014) argues that if the participants are not suitably selected, the results will be affected. Further, Shumba (2018) argues that in qualitative research, the process of selecting participants must be a well-thought-out process, warning that the process must not be left to chance because doing so will compromise the quality of data that is produced.

3.7. Demographic characteristics

Pseudonyms	Age	Gender	Job description	Working experience
Micki	35	Female	Social worker	5 years
Asanda	40	Female	Social worker	11 years
Thenjiwe	37	Female	Social worker	8 years
Phindile	36	Female	Social worker	4 years

Presented above are the demographical characteristic of the social workers working at ODCCC as part of the child abuse prevention programme. The sample comprised of 4 females who were interviewed twice each. Average age of the social workers part of this study is 37, with the oldest aged 40, whilst the youngest is aged 35. The social workers (participants) interviewed had various years of experiences in the field ranging from 4, 5, 8 and 11 years of experience working with children.

3.8. Data collection method

Data collection is a process of gathering important information from the study participants' sources using an instrument that is appropriate to answering the study's key research questions and achieving the objectives (Canals, 2017). In-depth interviews are appropriate for qualitative research studies because they produce rich and thick data about the phenomenon of interest and explores more complex beliefs, knowledge, opinions, motivation, and experiences of the participants (Lodico et al., 2010). This method helps researchers to holistically capture the phenomena of interest and improve the researcher's understanding of essential characteristics (Vanderstoep & Johnston, 2009). In the current study, data was collected using in-depth interviews with purposively selected participants to provide a diversity of perspectives.

The researcher conducted face-to-face semi-structured individual interviews with the participants. To facilitate the discussion, an interview schedule (Appendix B) was used, which helped to ensure that all the relevant topics were covered. The interview guide offered a combination of semi-structured and unstructured interview questions, and all the questions were used in a flexible manner to facilitate discussion (Merriam, 2009). In the current study, data was collected using in-depth interviews with the participants to provide a diversity of perspectives. In the current study, face-to-face semi-structured individual interviews allowed

the researcher to engage one-on-one with each participant and offered the researcher the opportunity to explore the topic of interest in-depth, which helped in evaluating the child abuse prevention programme.

3.9. Researcher as key instrument

Because the researcher is important in qualitative research, it is reasonable to characterise them a key tool (Paton, 1990; Kvale, 1996). This characterisation is important because the researcher is responsible for collecting quality data and analysing the data (Shenton, 2004). Based on this characteristic, it is difficult to separate the researcher from the research (Jackson, 1990). Given that the researcher is the main instrument, they used their skills to conduct the interviews. Important skills that the researcher operationalised in this study are probing questions, and rigorous ethical considerations. Ethics is crucial they “are an essential part of rigorous research...not to be treated as a separate part of our research – a form filled for the ethics committee and forgotten” (Davies & Dodd, 2002, p.281).

Reflectivity, alternatively called positionality is an important concept in social research, especially in qualitative research. For example, “The status of the researcher is an important concept for cross-cultural and sensitive research” (Manohar et al., 2017, p.1). Given that language is a human social construct, “experiences, interpretations and meaning of language is individually constructed” (von-Glaserfeld, 1988). The nature of this research involving adverse experiences of children mean that the researcher must strive to mitigate her personal biases. For example, the sharing of some unpleasant experiences that the children might have resulted in the researcher being too sympathetic.

This section is a reflection on myself when I worked at the ODCCC as an intern lay counsellor. It reflects on my experiences and evaluates the origins of my emotions and how those impacted my perceive of the Child Abuse Prevention Programme facilitated by the ODCCC. This investigation leads me to understanding the important role the social workers play, and why a prevention programme is so crucial.

As a novice counsellor I prided myself of my work ethics, receiving appreciative feedback of a job well done assured me that I was in the right career path. I began working at the ODCCC on the 4th of August 2016. This followed suit when I had attended a Lay Counselling Course at the Centre. The goal was to increase my knowledge and skill set, so when I applied for Master’s Programme in ‘Counselling Psychology at University of KwaZulu Natal ‘(UKZN), I felt competent. I remember meeting Mrs Mansfield and being in awe, of how she has built a

successful NGO that empowers such an improvised community. I felt motivated to make a change.

It was two months into the position where I felt this motivation dwindle. The amount of child sexual abuse case files kept mounting on the left corner of my desk, and with each, my heart would sink. Eventually one day I asked my internal supervisor at the center if there were any measures, we could take to prevent these children from being sexually abuse. I recall feeling angry and frustrated at the world and at ODCCC for putting me in such a position. This was when I was informed of the Child Abuse Prevention Programme. I hastily got involved.

According to Gumbo (2020) for a holistic approach to prevention, school-based interventions are critical. Traveling to different schools in KwaNdengezi, Pinetown and Cleremont allowed me to feel a sense of relief. The children asked questions and shared interest in protecting themselves. Some would even report incidences where I would then take further measures of reporting. The novice lay counsellor in me felt reassured again of a job well done.

In 2017 I was accepted into an Honours programme at UKZN. My hours working at ODCCC decreased, however I did not feel ready to let go of the position just yet. I was then promoted into a position of specialising in Play Therapy and assisting in compiling forensic reports for the courts under the supervisor of my supervisor who'd sign off on the document. This position exposed me to the prosecution aspect. Despite the legal rights, there is still an increase in child abuse cases reported (Seedat et al, 2009). This has been the case in South Africa for many years. I got exposed to families that had given up on the prosecution system and rather opted to take matters into their own hands and resolve such crimes as family matters. This experience showed me the importance of developing child abuse prevention programmes that offer family support to parents which Wessles (2016) emphasises. Every day as I worked, I pushed myself to help the next child, and that was all I could do until I resigned in November 2017.

Four years later, I asked the ODCCC if I could do a formative evaluation of their Child Abuse Prevention Programme, as I recalled how much of an impacted it had on my novice lay-counsellor self and the children, and out of curiosity I was interested to know how those who were implementing it were experiencing it and whether they were encountering any challenges. I was also keen to know if they felt the programme could be improved on. When interviewing the social workers, I found that some of their experiences resonated with my own experiences. Child Abuse is a social phenomenon South Africa has dealt with for many years, and it can be disheartening. However, like Thenjiwe (one of the participants) says, the focus should be on

each child with a success story. This had helped me and is helping me from healing from the trauma of dealing with the enormity of the problem at hand. Those families that come back to the center to share how the programme has improved their lives is what makes this programme a success. This has refueled my motivation to never give up, to keep helping others through psychological interventions in communities, because the change does occur through a collective effort and one success at a time.

3.10. Data analysis

The analytic framework that the researcher used for data analysis was influenced by both “ontological and epistemological assumptions” (Mouton & Muller, 1998; Marshall & Rossman, 2011). Researcher transcribed the interviews verbatim. According to Kvale (1996), “verbatim transcripts are considered as being loyal and authentic, given that they can be true to the intentions of the participant”. Thus, the transcripts were reflective of what they participants intended to say considering the phenomenon under investigation. The researcher thoroughly went through the results to mitigate the effects of possible distortions and bias.

By its nature, qualitative research produces lots of data, this could be because unfocused interviewing where the researcher hasn’t devised a solid interview schedule (Kvale, 1996). Further, it is logical to argue that producing large quantities of collected data is unavoidable in qualitative research because respondents may share important aspects that the researcher never imagined. In that regard, it is difficult and unethical to ignore such data. Data were analysed using thematic analysis as described by Braun and Clarke (2006). Braun and Clarke (2006, p.78) explained that thematic analysis is used to, “provide a rich and detailed, yet complex, account of data”. The researcher considered this approach to qualitative data analysis to be ideal for this study because it makes data analysis a simple step-by-step process. The different steps are described below.

The first stage of data analysis entailed the process of reading through the transcripts that were generated during the process of transcribing. Within qualitative research, Ulin et al. (2005) stated that data analysis is not a one-time technique, but it is process that’s continuous from the beginning of analysis till the end. Therefore, in the current study, the researcher listened to each recorded audio clip before the next interview was conducted so she could identify strengths and weaknesses in her interviewing. Doing so would help to extract quality data in in the subsequent interview. This strategy is supported by Lindlof (1995), arguing that it is ideal for transcription to be conducted soon after the interview session. The logic behind this strategy is

to help shape the next interview by highlighting issues that the researcher required to follow-up, drop, or introduce, depending on how the data collection unfolds. Thus, the researcher generated rich and thick data by adopting Lindlof's suggestion to collecting data (Lindlof, 1995). Overall, this approach helped to enrich the quality of the data produced in the current study on assessing and evaluating the ODCCC child abuse prevention programme. To familiarise herself with interview data, the researcher thoroughly read the transcripts and became "immersed" in the data. Fourie (2007) describes the process of immersing oneself in the data as 'deep-drilling'. This phrase is important because it suggests the significance of gaining an in-depth understanding of the underlying issues in the study.

At stage two of the data analysis process, the researcher coded interesting features of the data systematically. This allowed for relevant data to be coalesced to each code.

Thirdly, the codes that were generated during the second phase put into themes. This stage compresses all data with a similar code into one category and labels it. This results with some codes having main themes, sub- themes or not being used at all. This stage requires combining, refining, separating or discarding codes.

With fourth stage, themes were reviewed, verifying to establish if they were like the codes prior. Stage four entailed two levels of theme reviewing and refinement which creates a thematic map, these are (i) reading each collated extract within individual themes (ii) reading through the entire data set.

The fifth stage entailed a process of 'defining and naming' the themes. Constant analysis of the data set to allow the researcher to be closely familiar with the findings, which is a process called 'immersion'. In simple terms, a theme is defined as the main, recurrent idea generated through a process of qualitative data analysis. A theme shows some level of "patterned experiences and views that are relevant to the research question" (Braun & Clarke, 2006).

The last stage was that of finalising and reporting of the themes that emerged from the data analysis process.

To increase ethical practice the researcher implemented efforts to avoid the "smash and grab" approach present in social research that researchers such as Holdaway (2000) advise against. To do so, the findings were read by the study participants. A process called member checking took place (Shenton, 2004). There are two advantages from avoiding the 'smash and grab' approach; member checking enhances data validation and the researcher can show

responsibility and commitment to the participants by allowing them to check that there aren't any undesired consequences that could result from being a participant in the study. The report back from the participants (social worker from ODCCC) confirmed that information shared was correct and they would not be in trouble with management with the information they reported. The transcription used pseudonyms to protect the identity of the participants, so although the interviews were checked, confidentiality was preserved.

Data was analysed based on emerging themes, namely the Child Abuse prevention programme, roles Social Workers play at ODCCC, services offered at ODCCC, success of the child preventive programme, challenges implementing the child abuse programme, challenges facing ODCCC organisation, and the impact of COVID 19 on the child abuse prevention programme. The researcher used a theme-based analysis technique in this qualitative study, which involved inductive reasoning. Thus, themes evolved during analysis and were identified through a thorough examination of all aspects of the data.

3.11. Reflecting on integrity in social research

The concept of integrity is fast gaining traction particularly in the context of social research. It is important to ensure that there is integrity in generating worthwhile knowledge. Thus, integrity is an important aspect in social research, and any researcher that embarks on a research journey must strive to describe how the data were collected, analysed and reported. Accordingly, Hammersley (2020) refers to this important concept as epistemic integrity. The term epistemic relates to the practical commitment to truth and justifiability of research findings. Considering this epistemic integrity, the researcher reflected on various important aspects in this study. Firstly, the researcher focused on trustworthiness of the study reflecting on credibility, transferability, dependability, and confirmability. Further, they reflected on ethical considerations, plagiarism, and reflexivity.

3.12. Trustworthiness of the study

Trustworthiness is the term used in qualitative research and it is equivalent to validity and reliability in quantitative research (Lincoln & Guba, 1985; Shenton, 2004). It is important that researchers must strive to ensure that any research method, or its ultimate output be subjected to quality control measures to ensure its reliability (Marshall & Rossman, 2016). It is a fact that the qualitative research approach is fast gaining popularity, recognised, and valued, hence, ensuring that the findings are rigorous and acceptable by the reading public is the researcher's moral obligation (Nowell et al., 2017). In a qualitative research, trustworthiness is ensured

through criteria that fulfil credibility, transferability, dependability, and confirmability of the findings (Gunawan, 2015).

3.13. Credibility

Credibility is concerned with truth-value, degree, or extent to which the findings represent the actual meanings shared by the participants (Korstjens & Moser, 2018). Credibility is determined by whether the findings represent what can be considered as believable information derived from the participants' views (Anney, 2014). Several strategies can be used to determine the credibility of qualitative data. An example of such is prolonged engagement with research participants to ensure credibility in qualitative findings (Lincoln et al., 2018). Prolonged stay helps researchers to familiarise with the participants, to adopt their beliefs, and to understand their ideas (Creswell, 2012). The researcher spent long periods with study participants. For instance, interviews were conducted with 4 social workers individually for 60 minutes per interview. Follow up interviews were conducted the following week with each participant to ensure more in-depth data. Overall, the researcher collected in-depth and sufficient data.

The researcher used yet another strategy to enhance the credibility of qualitative research, which is peer debriefing (Anney, 2014). This strategy helps to preserve the required scientific perspective where the researcher debriefs colleagues and informs them to watch for unintended consequences (Yin, 2016). After the data analysis process, the researcher reported the findings to a colleague that had experience in the qualitative research, and the research approach supervisor. The researcher considered feedback from these two. Further, the supervisor of this study was responsible for providing advice and follow-up on each step of the study starting from the proposal stage to this final draft of the dissertation. The supervisor provided regular feedback and directions that helped the researcher to compile this research report. Consequently, the researcher managed to improve the quality of the study findings.

To promote credibility in this qualitative study, the third strategy that the researcher used was conducting member checks or participant validation (Anney, 2014). Member checking is a process of returning the preliminary analysis of the study back to a few participants to establish if they make sense and corroborate with what participants wanted to share concerning the study (Merriam & Tisdell, 2016). The interviews were audio recorded; verbatim transcription was conducted to ensure that what was said by the participants was captured accurately. The researcher asked participants to go through the transcriptions to confirm if their views were captured accurately. It was then confirmed that information collected would not get the social

workers in to trouble with management and participants were happy to have it published. Doing so gave them the opportunity to confirm that the quotations and interpretations were accurately represented.

3.14. Transferability

When ensuring transferability, researchers consider the degree to which the findings can be transferred or extended to various locations, situations, times, and populations (Gunawan, 2015). Given their nature that they use small samples, qualitative research approaches yield findings that are specific to a small sample in a particular setting or context (Daniel, 2016). Researchers are expected to include adequate details to enable any reader of the findings to make an informed decision concerning transferability (Mertens, 2015). In this study, the researcher provided a full explanation of the demographic data, selection of participants, sample, and data collection methods, and data analysis techniques used to fulfil the requirement for transferability.

3.15. Dependability

According to Nowell et al. (2017), dependability refers to the consistency of qualitative findings of a study throughout time. If the process is repeated with the same participants in the same (similar) setting, the findings are expected to be consistent (Mertens, 2015). A qualitative researcher can use several strategies to ensure the dependability of their findings. Among the known strategies to enhance dependability are triangulation and peer examination (Merriam & Tisdell, 2016). In this study, dependability was enhanced through peer examination. The researcher asked a postgraduate in her Masters' year with experience in qualitative research to moderate the findings. Similarly, the research supervisor's advice played an important role in this regard.

3.16. Confirmability

The fourth component of qualitative data that constitutes an important pillar of trustworthiness is confirmability. To reduce the impact of the researcher's assumptions concerning the findings, the researcher considered the effect of participants' nonverbal communication, feelings, and emotions. Confirmability is about ensuring that the findings and their interpretation are based on the data and not a reflection of the researcher's own interests or imagination (Mertens, 2015; Korstjens & Moser, 2018). To mitigate bias, the researcher focused on each participant's knowledge construction to understand their thoughts and analyse how they made sense of their experiences considering the phenomenon under investigation.

Finally, data were collected, transcribed, analysed, and reported based on the perspectives and experiences of the participants.

3.17. COVID-19 regulations and social research

Generally, when conducting social research, it is very important to ensure that the rights, safety, and well-being of participants and that of the researcher are safeguarded. Given the fact that the data were collected during the era of COVID-19, this was a concern that was particularly important. After acquiring an ‘informed consent’ from the participants, it was important to conduct the interviews adhering to the COVID-19 safety guidelines and protocols. The three main strategies of social distance, masking up, and sanitising hands were observed. During the face-to-face interviews, both the researcher and the participant wore masks, ensured that sanitising of hands was done prior to touching chairs and any other objects before the interview could commence, and ensuring that there’s social distancing. Further, the interviews took place in a well-ventilated setting, and there was no physical contact between the researcher and the participant occurred.

3.18. Ethical clearance

To ensure that this study upholds the ethical standards of research, this study has received ethical approval from the Humanities and Social Sciences Research Ethics Committee (HSSREC) of the University of KwaZulu-Natal with protocol number: HSSREC 00001776/2020. In her quest to uphold the conditions of this clearance, the researcher made a commitment to ensure that the following research standards were maintained:

3.18.1. Informed consent

The principle of informed consent was upheld in conducting interviews with the participants. This involved paying attention to the three main elements of informed consent: (1) participants being given sufficient information about the research study, (2) emphasising that participation in the study was voluntary and no one was coerced (3) accessing and creating a conducive space for the participant to understand their role in the study. When conducting social research, it is imperative to make sure that participants are informed of what the research project is about and ensuring that they fully understood what the process of participation entails. Details of the steps to be taken in the process of collecting data were explained to all the participants. Part of the informed consent was allowing participants to read the interview transcripts to ensure that they are happy with what was reported, and it wouldn’t get them in trouble with management.

3.18.2. Anonymity and confidentiality

In instances where participants requested for their identity to not be known, the researcher maintained the ethics of anonymity. Prior to any interview or engagement, participants were informed of their right to anonymity and that any piece of information deemed private and confidential by a participant, or the researcher may not be divulged. All the raw data were treated with care and respect, and data were made anonymous at the earliest opportunity. Further, pseudonyms were used in reporting the results as a strategy to protect the participants.

Upholding the ethical practice of doing no harm, prior to giving the report to the organisation, participants were given the opportunity to read the interview transcripts. Pseudonyms were used in the transcript, so the identity of the participants were kept confidential. The participants were given an opportunity to ask for any information to be removed from the transcript. A report came back that the participants were happy with the information shared and felt their jobs were not at risk. Consent to publish the work was given by the participants.

Concerning data storage, the researcher kept all the documents related to the project secured using password-protected computers and USB sticks.

3.21. Plagiarism

Plagiarism is the act of taking someone else's ideas and claim as if they are the researcher's own. It is a type of academic misconduct that does not only affect several stakeholders such as the students and academic staff, but also puts a big dent on the reputation of the institution (De Maio, Dixon, & Yeo, 2019). In addition, plagiarism compromises the integrity of the qualifications that are issued to graduates when they complete of an academic programme. In legal language, plagiarism is intellectual theft, and its implications are serious and unpleasant. The researcher understood the seriousness of plagiarism in research and made efforts to appropriately acknowledge all the authors and their respective contribution to this body of knowledge through citation using the APA 6th reference style.

3.22. Conclusion

In this chapter, the researcher described the different components of methodology. The chapter focused on the various components of interest ranging from study context, research approach, design paradigm, selection of participants, data collection, analysis and ethical considerations. The researcher also focused on other important considerations that help the reader understand how the data were collected and all the important steps that were part of the data collection

process were described in detail. This helped the researcher to present a logical narrative on how the data that is reported in the next chapter were collected.

CHAPTER FOUR

Presentation of Findings

4.1. Introduction

This chapter provides an outline of the findings of the analysis of the interview data. A discussion of the emerging themes is presented in this chapter.

4.2. Intersecting programme services

When the social workers were asked about what the child prevention programme offered from their perspectives, they identified a number of key intersecting services. The findings under this theme indicate that the ODCCC child abuse prevention programme is holistic, intervenes in a number of systems, and expects the social workers to take up a number of roles and engage in a range of complex and nuanced interpersonal and emotionally demanding tasks.

4.2.1. Counselling services

Counselling services are at the core of the ODCCC child abuse prevention programme. Counselling is offered to child victims of abuse in a supportive environment by the social workers. Both Thenjiwe and Asanda identified counselling as a major component of the programme. This includes offering counselling in schools and the wider community of Pinetown. The geographical range of the programme is highlighted in the following excerpt:

In this organisation we do counselling in different schools around Pinetown and in the surrounding communities to victims of abuse and we make sure we access all the schools in Pinetown. We also do counselling at our offices for children and women who are abused (Thenjiwe)

Asanda indicates that the counselling focuses primarily on sexual abuse:

We provide counselling in the communities to victims of abuse especially those that have been sexually abused or raped. We counsel them and link them with additional resources to help them and their families (Asanda)

Counselling services are, therefore, one of the critical components offered by ODCCC. These services assist victims of child abuse at an individual micro level, such as providing children who have been abused with the methods necessary to manage their emotions and to be able to navigate their stressful situations. Importantly the counselling services are offered in a safe

conducive environment that enables the child abuse victims to express and process their emotions. Additionally, counselling plays an essential role in assisting in the healing a child after abuse and it offers a child a safe and non-judgmental space to learn to trust again. As Asanda above points out, the counselling services also function to link the victims and their families to additional services that are available in the community or government structures.

4.2.2. Awareness/education campaigns

In the following extracts Thenjiwe, Phindile, and Asanda agree that a central component of the programme is to offer awareness and educational campaigns on sexual assault and domestic violence in the wider community. Asanda, however, points out that the programme also addresses what “is relevant to the community at that time”.

In the community we play a positive role by educating the community on child abuse and equipping them so that they know what to do when a child is abused (Phindile)

We do awareness campaigns in different communities on child abuse to educate the community about this issue (Thenjiwe)

The community awareness programmes we do are on sexual abuse, rape and domestic violence and any other topics that are relevant to that community (Asanda)

The findings indicate that social workers implement awareness campaigns in the community and according to Asanda the topics they focus on include sexual abuse, rape, and domestic violence. As highlighted by Phindile, social workers play a vital role in educating the community on child-abuse and equipping them with the necessary information on what they need to do when a child is abused in the community.

4.2.3. Child protection/empowerment

Protecting children is one of the most important values of the ODCCC child prevention programme according to the participants. Some of the participants highlighted the importance of child protection as indicated in the following excerpts:

Because like I have explained we value the empowerment of children and we want children to be safe and children must be children and not be exposed to adult stuff. Thus children must be protected from abuse as highlighted in the children’s Act (Phindile)

The child abuse prevention programme seeks to protect children from abuse by doing community and school campaigns in the surrounding communities of Pinetown that involve teachers and parents (Micki)

The reference to the word's "empowerment", "safe", and "protect" by the participants indicates that they see their work as providing protection and creating safe communities for children in the communities they work in. Phindile emotively describes their work as allowing children to be children by protecting them from harmful "adult stuff". The goal of the ODCCC programme, according to Phindile, is to ultimately promote and protect children's rights enshrined in the Children Act 38 of 2005. Micki indicates that awareness campaigns target children, teachers, and parents in the communities.

4.2.4. Shelters for children and women

One of the most important necessities for children and women who are abused is the provision of shelter for them as some of them will be living with the perpetrator. Thus, some of the participants in the study indicated that the ODCCC child abuse prevention programme offers shelter to abused children and women who after being abused have nowhere to go. In support of this, some of the participants stated that:

This organisation also offers accommodation to victims of abuse so that they can be provided with the necessary support such as counselling and other services (Phindile)

uhm what else, we offer shelter for women that are victim of abuse we also have a shelter for children, and we are funded by department of social development that started in 2018 (Thenjiwe)

The findings indicate that it is important to provide a safe shelter for the victims of abuse, and this service relies on funding by the relevant government department. The shelter provides a safe supportive environment, where abused children and women can begin to deal with abuse and receive the necessary support. These shelters are immensely important as they play a mitigating role in responding to and addressing violence against women and children in South Africa. The ODCCC offers a safe shelter that provide the necessary opportunity for healing and a break in the abuse cycle and violence against women and children but is only possible if it receives funding.

4.3. Roles social workers play at ODCCC

Social workers at ODCCC are the ones implementing the child abuse prevention programme. Hence it is important to identify their roles in the programme. The participants indicated that the social workers at ODCCC play different roles in the child abuse prevention programme and these roles include providing psycho-social support and facilitating awareness campaigns.

4.3.1. Psycho-social support

Psycho-social support addresses the psychological and emotional well-being of abused children by providing counselling and support groups. Psychosocial support is afforded to the victims of abuse to enable them to feel cared for, accepted and supported. Asanda indicates that individual counselling and support groups is something that she offers:

In terms of psychosocial support, I provide counselling to children who have been abused and also do a support group for them (Asanda)

Thenjiwe states that a significant part of her work is to offer family counselling through which she links the family to relevant resources:

I do a lot of counselling of children who are sexually abused and I do this together with their family as well so that I can be able to link them with resources that they can use (Thenjiwe)

The findings indicate that social workers play a significant leading role in the ODCCC child abuse preventive programme. Social workers have multiple roles they play, and these involve individual counselling to victims of child abuse, facilitation of support groups for victims of abuse and they also link the victims of abuse to relevant resources as highlighted by Thenjiwe.

4.3.2. Awareness campaigns

Awareness campaigns conducted by social workers are an important component of the child abuse prevention programme at ODCCC. Social workers implement awareness campaigns in Pinetown and the surrounding communities in order to inform and educate people about child abuse with the intention of influencing their attitudes and behaviors towards the prevention of child abuse. In the following two extracts, Phindile and Micki indicate that an important component of the programme is awareness through education. This includes awareness about the different types of abuse, the consequences of abuse, how to prevent abuse, and what tools are available to assist if the abuse occurs.

As a team we go around the community and implement awareness campaigns to educate people about child abuse and the consequences this has on children. We also equip the community with helpful tools to use when a child is abused (Phindile)

Awareness campaigns are part of the child abuse prevention programme at ODCCC; hence we are required to do awareness campaigns in schools and in the community to teach parents especially about the types of abuse and how they can prevent abuse of their children. We also give them the resources to use when their children are abused. (Micki)

Social workers also do awareness campaigns in the community and in schools focusing on educating children and adults on the nature of abuse and the different types of child abuse and how to report such cases. As highlighted by the participants the awareness campaigns they do are immensely important as they equip the children and the community with vital tools to use to prevent child abuse and introduce them to the various resources available to them when a child is abused. Hence, as highlighted by the participants, awareness campaigns are underpinned by three important pillars of educating, empowering and linking children and the community to the much-needed resources to help victims of child abuse.

4.4. Successes of the child prevention programme

There are many factors that point to the success of the ODCCC child abuse preventive programme. The participants in the study highlighted that the ODCCC child abuse preventive programme has some notable success as it empowers victims and assists them with the necessary tools and support.

4.4.1. Increased reporting of child abuse

The social workers indicated that the child abuse prevention programme has increased reporting of child abuse in the community of Pinetown and other surrounding areas. Before implementing this programme, many people were not aware of the mechanisms in place to report abuse and what constitutes abuse. Therefore, the awareness campaigns on child abuse in the community has equipped people with the necessary information on child abuse. In relation to this, such was stated:

The programme has succeeded because now parents are reporting cases of sexual abuse to the police, and some come to our offices with their children to report such cases. This is very encouraging; indeed, it means we are making a difference in the community (Micki)

Ever since I have started working at ODCCC I have seen that many people are now coming to us to tell us about abuse of children. They are no longer afraid of reporting as we have educated them about child abuse and how to report sexual abuse.
(Thenjiwe)

These findings demonstrate that the ODCCC child abuse prevention programme has been instrumental in encouraging people to report cases of child sexual abuse and other abuses towards children. Micki is encouraged that the work being done is making a difference in the community as more parents are “*now able to report cases of sexual abuse to the police*” and some even come to their offices accompanied by the children’s victims/survivors to report. Hence, Micki feels that the child abuse prevention programme shows some successes in that it has raised awareness about child abuse. In addition, Thenjiwe points to the fact that fear may have prevented reporting abuse and that the intervention of the programme has addressed this fear and led to more cases being reported,

4.4.2. Disclosure of abuse

It is always difficult for children to disclose abuse as they might have been threatened by the perpetrator. However, the ODCCC child abuse prevention programme has provided a safe space for children to disclose abuse. Hence, some of the participants in the study highlighted that after implementing awareness programmes at schools there has been an increased disclosure of abuse by children.

You find out that after we implement the awareness campaigns in schools many children approach us to tell us that they have been abused and they would like to be assisted
(Phindile)

Many children are now disclosing to their teachers that they were abused as we encouraged them to disclose to their teachers they trust or friends when they are abused during some of the awareness campaigns we do at schools in Pinetown (Asanda).

The findings demonstrate that the awareness programme content and the way it is facilitated and the provision of a safe environment for children encourages them to disclose abuse, especially sexual abuse. As highlighted by Asanda many children are now encouraged to disclose abuse to their teachers and close friends as they have been empowered by the awareness programme on what steps to take when abused. Likewise, Phindile supports this by stating that most of the times just after their awareness programmes in schools, abused students

approach them seeking help, demonstrating that the child abuse prevention programme provides an important platform for children to disclose their abuse and get support.

4.4.3. Multi-disciplinary collaboration

The child abuse prevention programme has been successful largely because social workers at ODCCC work with different relevant stakeholders in the community to prevent child abuse. These different stakeholders bring to the table their own expertise which complement the social workers and together they can avoid child abuse and support the victims of abuse. The participants identified some of stakeholders and they comprise of SAPS, teachers, nurses, parents, and community leaders.

We do not work alone, we also work with the police, teachers and doctors to ensure that we help children that are abused to report such cases and also get help from the doctors at the hospital. (Thenjiwe)

At times when we are doing the awareness campaigns in schools we go with the police, nurses and other stakeholders so that they can also teach children about how to report and also to get evidence of sexual abuse at the hospital from doctors. (Phindile)

The findings show how important a multi-disciplinary team is when working to prevent child abuse. The multi-disciplinary team can successfully respond to reports of child sexual abuse and take action with investigations to protect the children involved from secondary traumatisation. Therefore, successful collaborative teamwork can help in the prevention of child abuse in South Africa. As highlighted by Thenjiwe and Phindile collaborative teamwork can promote prevention and awareness of child abuse in communities and schools and increase knowledge and information of child abuse.

4.5. Challenges implementing the child abuse programme

The participants highlighted many challenges in implementing the child abuse preventive programme at ODCCC. These challenges hamper the success of the ODCCC child abuse prevention programme.

4.5.1 Political interference

One of the major challenges affecting the child abuse prevention programme is the interference of political parties in this programme. Some of the participants indicated that there were some leaders of certain political parties hijacking their child abuse awareness campaigns in the communities for their own political gains. The following excerpts highlight that:

Uhm others you know when you come in as an organisation other community leader, they want to make our programme as if it's associated with a certain political party, so they'll now take that platform and be like this is what we are doing for you as a community whereas we are not affiliated with any political party we are just an independent NPO (Thenjiwe)

You find that when we do awareness campaigns in the community, the councilors always want to come and take a front role in the campaign as if it is their child abuse prevention programme as they want the community to believe that they are doing something for them (Micki).

The findings demonstrate that political interference in the child abuse prevention programme is a major obstacle in ending child abuse in communities. Political parties tend to hijack such initiatives for their own political gains and the child abuse prevention programmes are then turned into political campaigns. This means that the salient issues such as child abuse are set aside when politicians get involved and the best interests of the children are ignored for political scores as highlighted by the participants. This hampers the successful implantation of awareness campaigns in communities to prevent child abuse. The participants affirmed that the child abuse preventive programme is not affiliated to any political party and the interference of political parties becomes a major challenge in the successful implementation of this programme.

4.5.2 Effects of COVID 19

The COVID 19 virus had negative impacts on the marginalised and vulnerable people in the community such as children and women. The ODCCC child abuse prevention programme was also impacted negatively by COVID19 and the lockdown restrictions implemented by the South African government. Some of the participants indicated that:

Covid 19 impacted the child abuse prevention programme significantly as we were not allowed to go in the community and gatherings were not allowed so it means we couldn't do our community awareness campaigns (Asanda)

You see during the times of COVID, the schools were closed and we couldn't move and do awareness campaigns in the community as well, so we were grounded we didn't know what to do (Micki)

The findings demonstrate that the ODCCC child abuse preventive programme has been significantly impacted by COVID 19 and it has largely hampered the child abuse preventive programmes they do in schools and in the surrounding communities. The restrictions on gathering means that the social workers cannot go around the communities to implement the child abuse prevention programme.

4.6. Organisational challenges hampering the programme

The ODCCC organisation is faced with many challenges that impact negatively on the successful implementation of the child abuse preventive programme. These organisational challenges include high workload, lack of resources and shortage of social workers.

4.6.1. Excessive workload

The social workers in the current study indicated that they are overworked and burdened by the increased workloads. The heavy workload impact negatively on these social workers as some of them reported feeling stressed, depressed and this had an impact on their family. In support some of the participants indicated that:

Uhm it has because it meant now the pressure is on us a lot now that number of clients that you would see added more because instead of maybe volunteering.... Client the workload is coming more to me and I already have those other days when I'm working at the shelter. When I was the only one I was always fully, fully booked and then I would find that I'm not okay I was not alright and as a result I resorted to having my own gym to have me cope with this stress of the workload (Asanda)

The workload is too much, there is so much that we need to do. I do a lot of counselling then I am expected also to go in the community to do awareness campaigns and then write reports. I am feeling depressed, and I take anti-depressants because I can't cope with so much work (Thenjiwe)

The findings indicate that social workers working in the child abuse prevention programme at ODCCC are overworked. As highlighted by Asanda it is extremely difficult to have many cases at the organisation and be expected as well to implement the child abuse prevention programme in schools and in the communities. In extreme cases some of the participants such as Thenjiwe are taking medication to counter the effects of extreme workload. In essence, excessive workload makes it difficult for social workers to implement the child abuse prevention programme effectively and successfully. Hence, participants in the study are advocating for manageable caseloads.

4.6.2. Lack of resources

The participants bemoaned the lack of resources in the ODCCC organisation that hampers the effective implementation of the child abuse prevention programme. The participants indicated that being underfunded undermined and compromised the delivery of effective and quality child abuse prevention programme in Pinetown and surrounding communities. The following excerpts highlight this challenge:

This organisation does not have adequate resources to implement the programme. We do not have funding and we do not have adequate transport to go into the communities and schools to do awareness campaigns. The lack of funding is a big challenge in the organisation (Asanda).

You know and maybe resources are a bit of a challenge maybe because now its online things we need laptops to render the training if you have more staff, you going to need more resources and it's like you need 4 laptops for people to be able to do training (Micki)

The findings demonstrate that social workers are struggling to effectively implement the child abuse prevention programme due to underfunding and lack of resources. Social workers at ODCCC are in need of various resources such as transport, laptops and money to effectively implement the child abuse prevention programme in schools and in the communities. These are essential as the lack of resources increases their workload, which ultimately causes burnout.

4.6.3. Shortage of social workers

The shortage of social workers exacerbates the workload problem, as the few employed social workers at ODCCC are called upon to assume extra duties and roles that are beyond them. Consequently, their performance declines due to the low morale, causing more stress and incidences of burnout. The shortage of social workers which exacerbates the lack of effective child abuse prevention programme is described by some of the participants below:

This organisation has only 4 social workers and there is need for more social workers as the workload is too much we cannot cope with the high demand of the workload. This shortage of social workers means that sometimes we are not able to go to certain schools to do awareness campaigns as we will be dealing with too much caseloads (Asanda)

Mmm obviously its funding because we need more staff, Sne to carry on with their programme funding is an issue we don't have money you know to employ more staff yeah who can keep this programme going so funding is the one thing limiting a lot in as much as we want to expand but now how do they need to pay people to do anything to expand their programmes (Phindile)

The participants indicated that they are understaffed as the whole organisation has only four social workers who are expected to attend to individual cases and implement the child abuse prevention programme in schools and in the community. In some instances, the participants indicated that they are forced not to go to schools or in the community to do awareness campaigns on child abuse because they will be attending to their cases. This shortage of social workers further exposes vulnerable children to a greater risk of harm. In essence the findings have demonstrated that the shortage of social workers contributes significantly to a lower standard in the quality of child prevention programme provided in schools and in the communities.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1. Introduction

This chapter looks at the findings. These findings discussed relate to the objectives, relevant literature, and then theoretical framework underpinning this study.

5.2. Discussion

The findings have demonstrated that the social workers believe that the ODCCC child abuse preventive programme has been instrumental in helping abused children by providing services such as counselling, safe shelter, support groups and awareness campaigns. These services are provided by social workers employed at ODCCC and their role is to improve the general well-being of abused children and their families by assisting them in meeting their fundamental needs which include reporting of abuse to the police, referral to a doctor to gather evidence, and preparation for court. “Children are best supported when the school, family, and community work together with the mutual aims of solving problems and reaching goals” (Swart & Phasha, 2016). In essence, social workers at ODCCC child abuse preventive programme work to contribute towards the protection, support, and promotion of abused children rights, as well as the empowerment of these children, and important component of prevention programmes (Bess & Collins, 2014).

In addition, the perspectives of the social workers on their role and tasks are in line with McLennen’s (2010) study that notes that ensuring the abused child's safety and well-being is of paramount importance for a social worker. Another important finding from the study emphasises the importance of social workers also including parents of abused children in child abuse interventions because the abused child's progress in the therapeutic process depends on the parent's support. The participants view themselves as educators who, as social workers, can teach families and even communities how to spot indicators of abuse (Zastrow, 2010). Goldman (2005) argues that that social support and readily available resources aid in the development of a resilient child and these are two important tasks identified by the participants. Creating such awareness is what will educate the community about the warning signs or abuse and how best to spot them, with such information the community is empowered and confident enough with identifying abuse, this could lead to an increase in reporting. According to (Mohamed and Naidoo, 2014, p. 251). Raising community awareness and empowerment were viewed as two important tasks that the social workers engage in in the ODCCC programme.

Partnerships with the community are viewed as a tool for preventing child maltreatment. Social workers form connections with neighborhood organisations to access families and service providers to assist in preventing child abuse (Reynolds & Robertson 2013, p. 22).

The participants believe that the ODCCC child abuse preventive programme has had some successes as evidenced by the many people who come back to the facility to offer their gratitude to the social workers. The participants believe that the preventive programme has equipped the community and surrounding areas with vital information pertaining to the steps to be taken when a child is sexually abused. The participants believe that the programme has to some extent reduced the statistics of child abuse being reported at the facility. The social workers feel that the programme has also protected child abuse victims by offering shelter and partaking in the preparation of victims to be key witnesses in the court to make sure the perpetrators are incarcerated. Additionally, the participants note how the child abuse prevention programme has been successful in linking victims of child abuse with relevant stakeholders such as SAPS, health institutions, prosecutors, government agencies and other NGOs. Such findings support Cluver et. al (2016) statements that child abuse prevention programmes can be successful in the prevention and reduction of cases of child abuse (Cluver et al., 2016). The participants indicated that while counselling interventions at the micro level are important at assisting those who have experienced abuse, they also note that successful interventions are ones that extend beyond the individual into the exo and meso systems.

The social work participants reported that the child abuse prevention programme has also succeeded in increasing sexual abuse reporting by parents to the police and the social workers, something that many abuse victims are afraid to do. Sexual abuse is more difficult to identify unless the child shows signs of physical abuse too. This becomes a huge barrier and a challenge for the community because it solely relies on the victim to report (Marc & Osvat, 2013 p.129). It is important to acknowledge that disclosing is a difficult process as the victim might have been threatened by the perpetrator, such threats create psychological embeddings where the victim is anxious because they believed the threats or fearful that no one will believe them if they did report (Viviers & Lombard, 2013). The participants felt that the ODCCC programme has succeeded in increasing knowledge on child abuse, empowering families, and children, and, therefore, encouraged the disclosure and reporting of sexual abuse.

Despite these successes, the social workers indicated that the ODCCC programme is facing several challenges. The participants identified challenges that range from political interference

from political parties that want to take claim of the programme to score points in the community, and the lack of reporting by child abuse victims. While they indicated that there is an improvement in reporting, there are still too many that do not report. According to Oswalt (2008) “the macrosystem is the largest and most distant collection of people and things to a child, but it still has a significant impact on them”. Cavanaugh (2010) demonstrates how social norms and social marketing activities, such as “community meetings and awareness raising campaigns through mass media such as television and radio”, are frequently utilised to establish community climates that support healthy relationships. According to Johnson and Yanca (2007), social workers typically facilitate campaigns and engage in policy implementation and reforms at this level of intervention to encourage community change.

The lack of reporting by abused children may be influenced their young age, being afraid of the consequences of reporting, being unaware of who to report the abuse to (Viviers & Lombard, 2013). Children believing, they are to blame also influences reporting statistics (Guma & Henda, 2004). Most children are also afraid of the stigma attached to being a victim, if they believe they are to blame for the abuse which then results to a lot of under reporting (Richter & Dawes, 2008; Viviers & Lombard, 2013). More obstacles to reporting are due to not understanding legislation, not understanding child maltreatment, and/or experiencing negative outcomes to reporting prior (Hendricks, 2014). This points to the importance of children being taught to get professional help and encouraged to report abuse or violent incidents (UNICEF, 2014), as the social workers in this study indicated.

Some of the challenge identified by the participants mostly impact on themselves, the social workers, who are implementing the child abuse prevention programme at ODCCC. One of the key challenges the social workers identified is the high caseload they carry which ultimately results in burnout. This is in line with various studies that have identified high workloads as a big challenge facing social workers. According to Wilberforce et al. (2014, p. 825) it is the high caseloads that contribute to “stress, burnout, and illness, often leading to increased absenteeism and high employee turnover”, it is due to the absenteeism that personnel caseloads increase too. Marc and Osvat (2013, p. 129) warn that extreme work expectations, limited time constraints, sensitive case that are emotionally taxing, and a lack of supervision are all factors that contribute to social worker burnout. These challenges, according to Lizano and Barak (2015), contribute to job discontent, which has an impact on the quality of the service from social workers

Another challenge facing the child abuse prevention programme, according to the participants, is the shortage of social workers at ODCCC to implement this programme. Calitz et., al (2014) highlighted a bleak situation involving South Africa when it comes to employing social workers. The scarcity of social workers employed contributes to excessive caseloads it's also due to poor working conditions, low salaries, and a lack of resources leading to stress and burnout (Calitz, Roux, & Strydom, 2014; Kangéthe, 2014). The participants confirm, yet again, that the shortage of social workers, high caseloads, and lack of resources hamper child abuse prevention programmes in terms of service delivery and service efficiency. The social workers at ODCCC have stated that they are unable to provide efficient and critical services due to being short staffed and lack of financial resources. Importantly, this also aligns with the ecological theoretical framework supporting this study that highlight the impact of macro structures (organisational factors) on the effective social work interventions with abused children (Johnson and Rhodes, 2005).

These findings reinforce the literature research stating the challenges social workers experience, however linking these to child protection. These challenges also impact the quality and efficiency of the child abuse preventive programme. The COVID 19 pandemic has, however, brought additional challenges to the child abuse prevention programme at ODCCC, some of these challenges identified include a lack of resources such as laptops to adjust to online services and a related lack of funding. This is consistent with the ecological theory and in particular the chronosystem level that indicates how social workers need to be vigilant of how time and context impact on the effectiveness of their interventions (Johnson and Rhodes, 2005).

These challenges discussed above have a ripple effect on the child abuse prevention programme as the social workers will not be able to follow up and monitor some of the children abused. As a result, the “ecological perspective” highlights the complexity of individual, relational, community, and social factors interplaying (Johnson and Rhodes, 2005). Therefore, elements at one level influence factors at another level. This understanding allows social workers to grasp the range of factors that put children at risk of child abuse on all levels to protect them in each level (Johnson & Rhodes 2005). This perspective highlights that to avoid child abuse, interventions must be made available at the multiple levels of the ecological theory simultaneously. Therefore, this study acknowledges the importance of using a multidisciplinary team in the child abuse prevention programme to make it more comprehensive and effective. This will ensure that different professional pull their expertise,

resources, and tools together to help abused children. According to Collings, (2009) multi-disciplinary interventions are likely to be the most effective if they involve “ongoing, reciprocal engagement between all interested parties” (different experts, the children, and the children’s parents). Despite the effectiveness of a multi-disciplinary team, the current study showed social workers working alone. This lack of integrated “professionalism runs counter to the coordinated multi-sectoral response envisaged by Section 62(1) of South Africa's Criminal Law (Sexual Offences and Related Matters) Amendment Act”, implying that the government should put in place procedures to ensure that actions are in line with the law (Collings, 2009, p. 144).

Quite importantly, South Africa's child protection framework acknowledges the importance of caregivers and service providers in protecting children, however it appears that not enough is being done. The causes of abuse in the country are difficult to determine since it is multi-faceted and disguised amongst the many factors contributing (Richter & Dawes, 2008). Stakeholders such as police, communities, and other experts, contribute to definition differences, which determine which sorts of abuse are counted, casting doubt on the accuracy of the findings. Consequently, exacerbating such difficulties is South Africa's inefficient policing services, the criminal justice system with its poor record-keeping and poor child abuse surveillance, and a sense of distrust in the protection services. In South Africa the constitution has laws that protect woman and children from abuse, however such laws need to be enforced by law officials for them to be effective (Collings, 2009, p.144). According to Act 32, Chapter 3 of Criminal Law (Sexual Offences and Related Matters) Amendment Act, act of sexual offences against children has severe consequences, the institution of a prosecution for an offence must be authorized in writing by the relevant Director of Public Prosecution (Government gazette, 2007 p. 24). Doing so also delivers a message to perpetrators that violence against children will not be tolerated by the authorities

In essence, this existing intervention needs to evolve and consider new technology-related child abuse. If there is to be any extension of the Open-Door Crisis Care Centre programme to other provinces in South Africa, this must be accompanied by a robust holistic evaluation of the effectiveness of this programme to counter child abuse.

5.3. Conclusion

The ODCCC child abuse prevention programme has been instrumental in reducing the abuse of children and helping victims of child abuse by offering services including counselling,

shelter, support groups and awareness campaigns in the surrounding communities and schools. The findings further highlight that the ODCCC child abuse prevention programme is facing many challenges; scares social workers, excessive workload, lack of financial resources, political interference, and the scarcity of volunteers. These challenges have further been exacerbated by the COVID 19 pandemic.

Chapter 6

Conclusion and Recommendations

6.1. Introduction

This chapter is an integrated discussion of the major findings as well as the relevant conclusions and recommendations based on the study research questions. This chapter also includes a summary of all the chapters. The study's major conclusions and contribution to the body of knowledge on child abuse prevention programme is further included. Lastly are the recommendations.

6.2. Title of thesis

The title of the thesis is: *A formative evaluation of a child abuse prevention programme in KwaZulu-Natal*. The title was informed by the need to explore the ODCCC child abuse prevention programme in terms of implementation and the challenges being faced by this programme.

6.3. Summary of the previous chapters

Chapter 1 had the introduction and the background literature with the problem statement. The aim, objectives, and research questions of the study are provided.

Chapter 2 encompassed the literature review chapter. This chapter presents the literature review of some of the studies that have been done on strategies applied in high income countries to reduce child abuse, child abuse prevention programmes in South Africa, challenges of child abuse programmes and programme evaluations.

Chapter 3 is the methodology chapter. This chapter focused on defining and discussing a qualitative paradigm, research designs, sampling methods, data collection methods, data analysis methods, trustworthiness, and ethical considerations.

Chapter 4 and 5 focused on the study's findings. The main themes are presented in this chapter.

Chapter 6 is the last chapter that outlines the major conclusions drawn from the research findings and recommendations in relation to the study.

6.4. Major conclusions

The major conclusion from this current study is that the ODCCC child abuse prevention programme, according to the participants, is helping abused children and their families to deal with the consequences of abuse. The abused children and their parents are provided with counselling by social workers at ODCCC to help them deal with the trauma of abuse as well as equip them with the necessary tools and resources available in the community such as police and doctors. Other services offered by ODCCC include awareness campaigns in the community and schools on the steps to take when a child is sexually abused and the ODCCC child abuse prevention programme also offers support groups for victims of child abuse.

The findings further highlighted the many challenges that ODCCC as an organisation as well as the child abuse prevention programme is facing. One of the challenges facing the ODCCC child abuse prevention programme is the political interference from political parties that want to claim the programme as their own to gain political mileage in the community. This has made it impossible at times for the social workers to implement the programme in schools and the surrounding communities. Other challenges facing the child abuse prevention programme is the shortage of social workers at the organisation which translates into high caseloads, ultimately leading to burnout.

The child abuse prevention programme has a shortage of social workers at ODCCC to carry out the program. In summary, social workers suffer significant employee turnover, due to poor working conditions, a lack of resources and low salaries, all of which contribute to burnout and stress. As a result of these findings, the child abuse prevention programme has been limited in terms of service delivery and efficiency due to the scarcity of social workers, large caseloads, and a lack of resources.

The findings of this study corroborate previous research on social workers' issues, but they focus on child protection. These obstacles have a significant impact on the quality and effectiveness of the child abuse prevention programme. The COVID 19 epidemic has added to the obstacles faced by ODCCC's child abuse prevention programme, including lack of money and a shortage of resources, such as laptops to adapt to online services.

These difficulties have a knock-on effect on the child abuse prevention programme, as social workers will be unable to follow up and monitor some of the children who have been abused. It may be difficult to follow up on cases due to a lack of resources, which make it impossible to verify the child's security after the abuse. As a result, this study recognises the value of

including a multidisciplinary team into the child abuse prevention programme in order to make it more comprehensive and effective. Quite importantly, this existing child abuse prevention programme needs to evolve and consider new technology-related child abuse in the era of COVID 19 and the increase in online services.

6.5. Recommendations

The social workers working at ODCCC raised pertinent concerns that can be addressed by the Board and management at ODCCC. The social workers in the current study are concerned by the high turnover of child abuse cases which ultimately contribute to burnout. This means that these social workers might face long-term mental and physical consequences working with traumatic child-abuse cases. As a result, it is suggested that the Board and management at ODCCC seek the services of trauma counsellors that would be available and willing to offer debriefing sessions to social workers. It is suggested that the ODCCC organisation has regular wellness programmes that focus on stress and burnout, thus the establishment of Employee Assistance Programme is immensely essential. In addition, the Board and management at ODCCC could consider offering social workers flexible hours, increased leave days and sabbaticals so that they are able to rest and not suffer from burnout.

As demonstrated in the current study, the child abuse prevention programme faces huge challenges and lack of funding is a major obstacle to the success of this programme. It is recommended that ODCCC management advocate for more funding from the Department of Social Development (DSD). The allocation of adequate funding to ODCCC organisation should consider all their resource needs and social workers shortages. Increased funding for the ODCCC organisation will enable the hiring of additional social workers and the reduction of excessive caseloads, thus enhancing collaboration between social workers and the community at large to reduce child abuse. Increased funding for ODCCC organisation also assures the availability of essential resources such as vehicles, allowing social workers to conduct awareness programmes on child abuse in the community and schools.

In addition, in order to complement the four social workers working at ODCC organisation, there the ODCCC management could considering collaborating with universities such as University of KwaZulu-Natal (UKZN) and University of South Africa (UNISA). These universities can provide social work and psychology students to do their practical placements at their organisation. Hence, more efficient use of social work and psychology students could be encouraged to ease the burden of social workers at the ODCCC organisation. These students

will help the social workers with some of the cases as well as support them in the awareness programmes in the schools and the community.

Furthermore, in order to solve the challenge of lack of social workers and resources, the ODCCC organisation could conduct various fundraising activities targeting big corporates and business in KwaZulu-Natal such as Checkers, Woolworth, Shoprite, Mr Price, Makro, MTN, Vodacom and other relevant stakeholders. The funding that will be provided by these big businesses will help ODCCC organisation to employ additional volunteers and community workers to help social workers with the child abuse prevention programme. Furthermore, these businesses might donate essential resources needed by the ODCCC organisation such as laptops, printers, cell phones, internet access, and other essential resources needed by this organisation.

To aid children in reporting abuse, ODCCC organisation in partnership with community is encouraged to create child-friendly spaces and safe zones. After-school activities should be organised by the ODCCC organisation to give supervision and opportunity for bonding with children. These after school activities can include sport clubs or skill-based activities such as debate clubs and writers' clubs. Such extra mural activities are pivotal to the growth and wellbeing of children however they also provide a safe environment for children where they could report any abuse to an adult. These after school programmes can encourage children that are abused to disclose their abuse in a safe child-friendly environment such as an after school programme.

The study has underscored the importance of a multi-disciplinary team. Thus, the Board and management at ODCCC organisation could speak with the Department of Social Development to ensure that ODCCC becomes a one stop shop that houses relevant professionals that deals with child abuse. This will ensure that the ODCCC organisation has offices for social workers, psychologists, nurses and police in-house to centralise the services for child abuse victims. A multi-disciplinary team is critical when dealing with child abuse cases.

6.6. Recommendations for future research

It is important to undertake a study on the other child abuse prevention programmes in KwaZulu-Natal to understand the challenges they are facing. Victims, family, and stakeholders could be interviewed to learn more about their abuse experiences in terms of reporting and prosecution.

6.7. Concluding remarks

The formative evaluation has demonstrated that ODCCC organisation is meeting some of their objectives such as prevention, protection, and partnership. Social workers at ODCCC are implementing the child abuse prevention programme by conducting awareness campaigns in schools and communities and providing counselling to the victims of child abuse. As highlighted in the study, this has enabled the increase in disclosure and reporting of child abuse, thereby meeting one of the organisation's objectives of prevention. In addition, ODCCC organisation is providing safe shelter to the victims of child abuse, which aligns with their objective of protection.

Social workers at ODCCC do not work in isolation when implementing the child abuse prevention programme. They work in partnership with other relevant stakeholders such as police, teachers, doctors, and the community at large to ensure that the children are helped holistically in disclosure, reporting and prosecution. This aligns with the other objective of ODCCC organisation on the importance of partnership. Hence, the ODCCC child abuse programme is meeting some of their objectives, however, there are many challenges that are negatively impacting the organisation in fully meeting their objectives such as political interference, shortage of social workers, lack of resources and excessive workload.

6.8. Study Limitations

One of the study's limitations is the sample size. The researcher used purposive sampling due to the ODCCC having four social workers facilitating their prevention programme. Other staff members such as the interns, receptions, volunteers at the shelters didn't have access to the programme and therefore could not share their experiences facilitating the programme. This then could lead to some subjectivity by the social workers having a collective experience of the prevention programme due to their line of work. Also, the social workers interviewed are from one centre. Other crisis centre may be having different experiences that are not noted in this study. Due to this limitation, only the insider perspective was gained.

Another limitation was time. Due to COVID the ODCCC closed its doors to protect the staff. The researcher didn't have access to the participants as personal details were not shared and they had to wait till the centre was operating again. Time did not allow for interviewing of other members of the NGO, which would have provided an broader perspective of the prevention programme. Time did not allow for interviewing of members of the community

sites, which would have also provided the study with more information about how the programme is received and perceived by the community the programme services.

REFERENCES

- Almalki, S. (2016). Integrating Quantitative and Qualitative Data in Mixed Methods Research Challenges and Benefits. *Journal of Education and Learning*, 5(3), 288-296.
- Amukwelele, D. (2017). *Views of Social Workers on implementation of child maltreatment prevention services in Namibia*. Unpublished Master of Social Work, University of Stellenbosch, South Africa.
- Anderson, K.M. (2016). Handbook of research on professional development for quality teaching and learning, in T Petty, A Good & S.M Putman (eds). *Preparing teachers in the age of equity and inclusion* (pp. 229-251), USA: IGI Global.
- Andrews, K. (2008). *Evaluation Comes in Many Guises*. IICM, Graz University of Technology Revised Position Paper. BELIV'08 Workshop, CHI 2008, Florence, Italy.
- Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of emerging trends in educational research and policy studies*, 5(2), 272-281.
- Annum, G. (2017, March 20). Research instruments for data collection. Available at: <http://www.academia.edu/34823600/>.
- Aron, S. B., McCrowell, J., Moon, A., Yamano, R., Roark, D. A., Simmons, M., & Drake, B. (2010). Analyzing the relationship between poverty and child maltreatment: Investigating the relative performance of four levels of geographic aggregation. *Social Work Research*, 34(3), 169-179.
- Babbie, E., & Mouton, J. (2004). *The Practice of Social Research*. Cape Town: Oxford
- Babbie, E., & Mouton, J. (2011). *The practice of social research*. (1st ed.) Cape Town: Oxford
- Barbour, R. (2007). *Doing Focus Groups*. London: Sage.
- Bauer, M. S., Miller, C., Kim, B., Lew, R., Weaver, K., Coldwell, C., ... & Kirchner, J. (2015). Partnering with health system operations leadership to develop a controlled implementation trial. *Implementation Science*, 11(1), 1-11.
- Bess, A., & Collins, A. (2014). *Social service workers address ebola's widespread social impacts*. *CapacityPlus*. Available at <https://www.capacityplus.org/social-service->

- workers-address-ebolas-widespread-social-impacts.html. [Accessed on 23 December 2021].
- Blakemore, S.J. (2012). Imaging brain development: the adolescent brain. *Neuroimage*, 61(2): 397–406.
- Boning, A. & Ferreira, S. (2013). An analysis of, and different approaches to challenges in Foster Care practice in South Africa. *Social Work/Maatskaplike Werk*, 49(4).
- Bowie, L., & Bronte-Tinkew, J. (2008). Process evaluations: A guide for out-of-school time practitioners. *Washington DC: Child Trends*.
- Brassard, M. R., & Fiorvanti, C. M. (2015). School-based child abuse prevention programs. *Psychology in the Schools*, 52(1), 40-60.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Broaddus-Shea, E.T., Scott, K., Reijndersc, M., Aminc, A. (2019). A review of the literature on good practice considerations for initial health system response to child and adolescent sexual abuse. *Child Abuse & Neglect*.
- Bronfenbrenner, U. (1979). *Ecology of human development: Experiments by nature and design*. Cambridge: Harvard University Press.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22: 723-742.
- Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen & T. N. Postlethwaite (Eds.), *International Encyclopedia of Education* (2nd ed.) (pp. 1643–1647). New York: Elsevier Sciences.
- Burton, N., M. Brundrett, & M. Jones. (2008). *Doing your educational research project*. London: Sage Publishing.
- Calitz, T., Roux, A., & Strydom, H. (2014). Factors that affect social workers' job satisfaction, stress and burnout. *Social work*, 50(2), 153-169.
- CJCP. (2015, April 20). *Child Protection Policy-SAMPLE*. http://www.oscn.org.nz/uploads/86025/files/Child_Protection_Policy_2015.pdf.

- Clarke, V. and Braun, V. (2013). Teaching thematic analysis: Over-coming challenges and developing strategies for effective learning. *The Psychologist*, 26(2), 120-123.
- Cluver, L., Meinck, F., Yakubovich, A., Doubt, J., Redfern, A., Ward, C., Salah, N., De Stone, S., Petersen, T., Mpimpilashe, P., Romero, R.H., Ncobo, L., Lachman, J., Tsoanyane, S., Shenderovich, Y., Loening, H., Byrne, J., Sherr, L., Kaplan, L. and Gardner, F. (2016). Reducing child abuse amongst adolescents in low- and middle-income countries: A pre-post trial in South Africa. *BMC Public Health*, 16, 567.
- Cluver, L., Meinck, F., Yakubovich, A., Doubt, J., Redfern, A., Ward, C., ... & Gardner, F. (2016). Reducing child abuse amongst adolescents in low-and middle-income countries: A pre-post trial in South Africa. *BMC public health*, 16(1), 1-11.
- Cohen, L., Manion, L., & Morrison, K. (2011). *Planning educational research. Research methods in education*. New York: Routledge.
- Collings, S. J. (2009). Where the streets have no names: Factors associated with the provision of counselling and social work services for child rape survivors inKwaZulu-Natal, South Africa. *Journal of Child & Adolescent Mental Health*, 21(2), 139-146.
- Creswell, J.W. (2012). *Educational research: planning, conducting, and evaluating quantitative and qualitative research*. Fourth edition. Ohio: Pearson.
- Cronin, S., Murphy, S., & Elklit, A. (2016). Investigating the relationship between childhood maltreatment and alcohol misuse in a sample of Danish young adults: Exploring gender differences. *Nordic studies on alcohol and drugs*, 33(3), 287-298.
- Custer, D. (2014). Autoethnography as a Transformative Research Method. *The Qualitative Report*, 19(37), 1-13.
- Danese, A., Moffitt, T.E., Arseneault, L., Bleiberg, B.A., Dinardo, P.B., Gandelman, S.B. (2017). The origins of cognitive deficits in victimized children: implications for neuroscientists and clinicians. *American Journal of Psychiatry*, 174, 349–361.
- Daro, D., & Cohn-Donnelly, A. (2002). Child abuse prevention. *APSAC handbook on child maltreatment*, 431-448.
- Davies, D., & Dodd, J. (2002). Qualitative research and the question of rigor. *Qualitative health research*, 12(2), 279-289.

- Davies, M. & Webb, E. (2000). Promoting the psychological well-being of refugee children. *Clinical Child Psychology and Psychiatry*, 5(4), 541-554.
- De Maio, C., Dixon, K., & Yeo, S. (2019). Academic staff responses to student plagiarism in universities: A literature review from 1990 to 2019. *Issues in Educational Research*, 29(4), 1131-1142.
- De Vos, A. S. (2005). *Combined quantitative and qualitative approach. Research at grassroots: For the Social Sciences and Human Service Professions* (3rd ed.), (pp.357-366). Pretoria: Van Schaik.
- De Vos, A. S., Strydom, H., Fouchie, C.B. and Delport, C.S.L. (2002). *Research at Grass Roots: for the Social Services and Human Service Professions*. Pretoria: Van Schaik Publishers.
- DeFranzo, E. S. (2011, May 20). *What's the difference between qualitative and quantitative research?* <https://www.snapsurveys.com/blog/qualitative-vs-quantitative-research/>.
- Doidge, J. C., Higgins, D. J., Delfabbro, P., & Segal, L. (2017). Risk factors for child maltreatment in an Australian population-based birth cohort. *Child Abuse & Neglect*, 64, 47-60.
- Donald, D., Lazarus, S. & Lolwana, P. (2006). *Educational psychology in social context* (3rd edition). Cape Town: Oxford University Press.
- DOSD. (2019). *National strategy on child abuse, neglect and exploitation page 1 of 27 strategic plan on child abuse foreword national strategy on child abuse, neglect and exploitation*. pp. 1–27.
- Du Plessis, A.H. (2008). *Exploring secondary school educator experiences of school violence*. Unpublished Ph.D., University of Pretoria.
- Durrheim, K. (2006). Research design. *Research in practice: Applied methods for the social sciences*, 2(1), 33-59.
- Eyisi, D. (2016). The usefulness of qualitative and quantitative approaches and methods in researching problem-solving ability in science education curriculum. *Journal of Education and Practice*, 7(15), 91-100.

- Fang, X., Fry, D.A., Brown, D.S., Mercy, J.A., Dunne, M.P., Butchart, A.R. (2015). The burden of child maltreatment in the East Asia and Pacific region. *Child Abuse Neglect*, 42, 146–162.
- Finkelhor, D., Ormrod, R., Turner, H.A. (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse Neglect*, 31, 7–26.
- Flick, U. (2009). *An Introduction to Qualitative Research*. Fourth edition. London: Sage Publications.
- Fourie, P. (2007). The relationship between the AIDS pandemic and state fragility. *Global Change, Peace & Security*, 19(3), 281-300.
- French, W. (2007). Common Ground and Common Skies: Natural Law and Ecological responsibility. *Journal of ecumenical studies*, 42(3).
- Friedman, B. D. & Allen, K. N. (2014). Systems theory. In Brandell, J. R. (ed.). *Essentials of clinical social work*. California. Sage publications. 1-20.
- Gittelsohn, J., Steckler, A., Johnson, C. C., Pratt, C., Grieser, M., Pickrel, J., ... & Staten, L. K. (2006). Formative research in school and community-based health programs and studies: “State of the art” and the TAAG approach. *Health education & behavior*, 33(1), 25-39.
- Goldman, R. (2005). *Fathers' Involvement in their Children's Education: A Review of Research and Practice*. National Family and Parenting Institute.
- Government Gazette. (2007). *Criminal Law (Sexual Offences and Related Matters) Amendment Act*. The Presidency. Vol. 510 Cape Town
- Guba, E.G. & Lincoln, Y.S., (1994). Competing paradigms in qualitative research. *Handbook of Qualitative Research*, 2(163-194), 105-107.
- Guma, M., & Henda, N. (2004). The socio-cultural context of child abuse: A betrayal of trust. In L. Richter, A. Dawes, & C. Higson-Smith (Eds.), *Sexual abuse of young children in Southern Africa* (pp. 95-109). Cape Town: HSRC.
- Gunawan, J. (2015). Ensuring trustworthiness in qualitative research. *Belitung Nursing Journal*, 1(1), 10-11.
- Haffejee, S., & Levine, D. T. (2020). ‘When will I be free’: Lessons from COVID-19 for

Child Protection in South Africa. Child abuse & neglect, 110(Pt 2), 104715
<https://doi.org/10.1016/j.chiabu.2020.104715>

- Hall, K., Richter, L., Mokomane, Z. and Lake, L. (2018). *Children, Families and the State Collaboration and contestation, South African Child Gauge*. Pretoria.
- Hamby, S.L., Finkelhor, D., Turner, H.A., Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse Neglect*, 34: 734–741.
- Hammond, W.R., Whitaker, D.J., Lutzker, J.R., Mercy, J., Chin, P.M. (2006). Setting a violence prevention agenda at the centers for disease control and prevention. *Aggressive and Violent Behaviour*, 11, 112–119.
- Hancock, B., Ockleford, E., & Windridge, K. 2009. *An introduction to qualitative research*. UK: The NIHR RDS EM/YH.
- Harrell, M.C. and Bradley, M.A. (2009). Data Collection Methods Semi-Structured Interviews and Focus Groups. RAND National Defense Research Institute. *Health research*, 12 (2), 279-289.
- Hendricks, M. L. (2014). Mandatory reporting of child abuse in South Africa: Legislation explored. *South African Medical Journal*, 104(8), 550-552.
- Holdaway, S. (2000). Theory and method in qualitative research. *Research training for social scientists*, 156-166.
- Hovdestadt, W., Campeau, A., Potter, D., Tonmyr, L. (2015). *A Systematic Review of Childhood Maltreatment Assessments in Population-Representative Surveys since 1990*. PLoS ONE, 10. <http://opendoor.org.za>
- Hughes, K., Bellis, M.A., Hardcastle, K.A., Sethi, D., Butchart, A., Mikton, C. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health*, 2, e356–366.
- Jackson, J. E. (1990). I am a fieldnote: Fieldnotes as a symbol of professional identity. In R. Sanjek (Ed.), *Fieldnotes: The Making of Anthropology* (pp. 3-33). Ithaca: Cornell University Press.

- Jameson, D. (2014). *The relationship between mode and locus of exposure and the impact of interpersonal violence in a sample of South African adolescents*. Unpublished Ph.D. Thesis, University of KwaZulu-Natal.
- Jamieson, L., Mathews, S. and Sambu, W. (2017, 20 November) ‘*Tracking child abuse cases throughout the child protection system*’. http://www.ci.uct.ac.za/sites/default/files/image_tool/images/367/publication/2017/Child_Abuse_Tracking_Study_Report.pdf.
- Jewkes, R. (2012). Rape perpetration: A review. *Pretoria: Sexual Violence Research Initiative*.
- Khan, S.N. (2014). Qualitative research method: phenomenology. *Asian Social Science*, 10(21), 298-310.
- Ko, S. F & Cosden, M. A. (2001). Do elementary school-based child abuse prevention programs work? A high school follow-up. *Psychology in the Schools*, 38(1).
- Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120-124.
- Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. Thousand Oaks: Sage.
- Lesam M. 2012. *Primary Prevention of Child Abuse and Neglect*. Rowman and Littlefield: America.
- Liamputtong, P. (2007). *Researching the Vulnerable: A Guide to Sensitive Research Methods*. London: SAGE Publications.
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills: Sage.
- Lincoln, Y.S., Lynham, S.A. & Guba, E.G. 2018. Paradigmatic controversies, contradictions, and emerging confluences, revisited, in NK Denzin and YS Lincoln (eds). *The SAGE handbook of qualitative research*. Fifth edition (pp.213-263). Thousand Oaks, CA: SAGE Publications Ltd.
- Lindlof, T. R. (1995). *Qualitative Communication Research Methods*. London: Sage.

- Lodico, M.G., Spaulding, D.T., & Voegtle, K.H. (2010). *Methods in educational research: from theory to practice*. Second edition. San Francisco: Jossey-Bass.
- Lund, E. M., Forber-Pratt, A. J., Wilson, C., & Mona, L. R. (2020). The COVID-19 pandemic, stress, and trauma in the disability community: A call to action. *Rehabilitation Psychology, 65*(4), 313.
- Makoae, M., Roberts, H., Ward, C., Janssen, T., van Dijk, M., Regnaut, O. and Zimmerman, S. (2015) 'Family AIDS, poverty and child abuse victimisation: Findings from South Africa's first prospective study. *Child Abuse & Neglect, 49*(4), 227–236.
- Manly, J.T. (2005). Advances in research definitions of child maltreatment. *Child Abuse Neglect, 29*, 425–439.
- Marc, C., & Osvat, C. (2013). Stress and burnout among social workers. *Revista de Asistentia Sociala, (3)*, 121.
- Marshall, C., & Rossman, G. B. (2011). *Designing Qualitative Research*. Los Angeles: Sage.
- Martin, L., Lombard, C., Matthews, S., Jewkins, R. and Naemah, A. (2013). The epidemiology of child homicides in South Africa. *Bulletin of the World Health Organisation , 91*(8), pp. 562–568.
- Mathews, B., Norman, R., Dunne, M.P., Marston, C. (2020). *Improving measurement of child abuse and neglect: a systematic review and analysis of national prevalence studies*. PROSPERO International prospective register of systematic reviews.
- Maxwell, J.A. (2012). *Qualitative research design: An Interactive Approach*. Sage publications.
- May, A. (2018, 15 December). *Move to beef up child protection measures*. <https://www.iol.co.za/capeargus/news/move-to-beef-up-child-protection-measures-15303865>.
- McIlveen, P. (2008). Autoethnography as a method for reflexive research and practice in vocational psychology. *Australian Journal of Career Development, 17*(2): 13-20.
- McLeod, J. (2017). Qualitative methods for routine outcome measurement. *The cycle of excellence: Using deliberate practice to improve supervision and training, 97-122*.

- McMillan, J.H., & Schumacher, S. (2010). *Research in education: evidence-based enquiry. Seventh edition*. New Jersey: Pearson Education.
- Meinck, F., Cluver, L.D., Boyes, M.E. (2016). Physical, emotional and sexual adolescent abuse victimisation in South Africa: prevalence, incidence, perpetrators and locations. *Journal of Epidemiology and Community Health*, 70, 910–916.
- Merriam, S.B. (2009). *Qualitative Research: A guide to Design and Implementation*. San Francisco: Jossey-Bass Publishers.
- Merriam, S.B., & Tisdell, E.J. (2016). *Qualitative research: a guide to design and implementation*. Fourth edition. San Francisco: Jossey-Bass Publishers.
- Mofokeng, S. and Green, S. (2015). Exploring the views of health care service providers on life stressors and basic needs of hiv-positive mothers in rural areas of Lesotho. *Social Work/Maatskaplike Werk*, 53(3): 45-56.
- Mohamed, N., & Naidoo, S. (2014). A review of child abuse and the role of the dental team in South Africa: clinical review. *South African Dental Journal*, 69(6), 250-256.
- Mothibi, K.A., Mathopo, N.M. & Mofokeng, J.T. (2017). A criminological study of educators' perceptions regarding learner-to-learner school violence in rural communities of Limpopo province. *Acta Criminologica: African Journal of Criminology & Victimology*, 30(3), 68-86.
- Mouton, J., & Muller, C. (1998). Tracking trends in theory and method: Past and future. In Mpofo, S. 2018. *The lived experiences of Zimbabwean migrants raising children under conditions of irregularity in South Africa*. Unpublished Master's Thesis, University of KwaZulu-Natal.
- Mushunje, M.T. (2017). *The gender dimensions of the utilisation of agricultural inputs for food and income security: A case study of subsistence farming households in Goromonzi District, Zimbabwe*. Unpublished Doctoral Thesis. University of KwaZulu-Natal, South Africa.
- Nkomo, T. S. (2020). Social Work Field Instruction Supervision and Resilience during COVID-19 Lockdown. *Learner and subject at the dawn of digital research-led teaching and learning in the time of COVID-19*, 209-225.

- Nowell, L.S., Norris, J.M., White, D.E., & Moules, N.J. (2017). Thematic analysis: striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16, 1-13.
- Ntshangase, M.P. (2015). *A study of juvenile delinquency amongst adolescents in secondary schools in Gauteng*. Office of the United Nations High Commissioner for Refugees (1994:121)
- Omair, A. (2014). Sample size estimation and sampling techniques for selecting a representative sample. *Journal of Health Specialties*, 2(4), p.142.
- Orb, A., Eisenhauer, L., Wynaden, D. (2000). Ethics in Qualitative Research. *Journal of Nursing Scholarship*, 33(1), 93-96.
- Oshri, A., Tubman, J. G., & Burnette, M. L. (2012). Childhood maltreatment histories, alcohol and other drug use symptoms, and sexual risk behavior in a treatment sample of adolescents. *American Journal of Public Health*, 102(S2), S250-S257.
- Oshri, A., Carlson, M. W., Kwon, J. A., Zeichner, A., & Wickrama, K. K. (2017). Developmental growth trajectories of self-esteem in adolescence: Associations with child neglect and drug use and abuse in young adulthood. *Journal of youth and adolescence*, 46(1), 151-164.
- PATCH. (2000). *PATCH Helderberg*. Available at: <https://www.patchhelderberg.co.za/>. [Accessed 17 December 2021].
- Patton, M. Q. (1990). *Qualitative Evaluation and Research Methods* (2nd ed.). Newbury Park
- Paul, U.K. and Bandyopadhyay, A. (2018). Qualitative Research: Ethical Issues. *Bengal Physician Journal*, 5(3), 45-47.
- Parliament. (2019). *Promoting Children's Rights in South Africa: Fast Facts – United Nations Convention on the Rights Of The Child (UNCRC)*. Available at: <https://www.parliament.gov.za/storage/app/media/Pages/2019/november/19-11-> [Accessed 17 December 2021].
- Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & Van Gelder, N. (2020). *Pandemics and violence against women and children* (Vol. 528). Washington, DC: Center for Global Development.

- Pierce, L. and Bozalek, V. (2009). *Collaboration for the promotion of community and individual health*. Social Work and Public Health.
- Polkinghorne, D.E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counselling Psychology*, 52(2), 137-145.
- Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., ... & Hensley, M. (2011). Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and policy in mental health and mental health services research*, 38(2), 65-76.
- Richter, L. M., & Dawes, A. R. (2008). Child abuse in South Africa: Rights and wrongs. *Child Abuse Review*, 17, 79-93.
- Richter, L., Komarek, A., Desmond, C. (2013). Reported Physical and Sexual Abuse in Childhood and Adult HIV Risk Behaviour in Three African Countries: Findings from Project Accept (HPTN-043). *AIDS Behaviour*.
- Robert Wood Johnson Foundation (2008). *Taking Stock of Organisation al Performance*. Assessment Report.
- RSA (2017). *Diagnostic Review of the State Response to Violence against Women & Children*. South Africa.
- Rubin, A. and Babbie, E., (2013). *Essential research methods for social workers*. Belmont, CA: Brooks, Cole.
- Rutherford, L. (2014, 23 February). *Child death statistics South Africa*, pp. 2–3. <https://www.statssa.gov.za/publications/P03093/P030932016.pdf>.
- SAPSAC. (2019). ‘SAPSAC’. Available at: <http://www.sapsac.co.za/>.
- Seedat, M., Duncan, N., Lazarus, S. (2001). *Community psychology: Theory, method and practice*. Oxford University Press.
- Shalev, I., Moffitt, T.E., Sugden, K., Williams, B., Houts, R.M., Danese, A. (2013). Exposure to violence during childhood is associated with telomere erosion from 5 to 10 years of age: a longitudinal study. *Psychiatry*, 18: 576–581.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for information*, 22(2), 63-75.

- Shinebourne, P., 2011. The Theoretical Underpinnings of Interpretative Phenomenological Analysis (IPA). *Existential Analysis. Journal of the Society for Existential Analysis*, 22(1), 44-65.
- STC. (2011, 20 February). *Child Protection*. <https://www.savethechildren.org.za/what-we-do/our-work/child-protection>.
- Stetler, C. B., Legro, M. W., Wallace, C. M., Bowman, C., Guihan, M., Hagedorn, H., ... & Smith, J. L. (2006). The role of formative evaluation in implementation research and the QUERI experience. *Journal of general internal medicine*, 21(2), S1-S8.
- Steyn, J. (2013). *Investigative Criminology*. Department of Criminology and Forensic studies, University of KwaZulu-Natal, Durban. July-November 2013.
- Sumner, S. A., Mercy, J. A., Saul, J., Motsa-Nzuza, N., Kwesigabo, G., Buluma, R., ... & Hillis, S. D. (2015). Prevalence of sexual violence against children and use of social services—seven countries, 2007–2013. *Morbidity and Mortality Weekly Report*, 64(21), 565.
- Sustainable Development Goals (2015). United Nations General Assembly.
- Suzuki, L.A., Ahluwalia, M.K., Mattis, J.S., Quizon, C.A. (2005). Ethnography in Counselling Psychology Research: Possibilities for Application. *Journal of Counselling Psychology*, 52(2), 206–214.
- Swart, E., & Phasha, T. (2010). *Family and community partnerships. Addressing barriers to learning: a South African perspective*. Pretoria: Van Schaik.
- Teater, B. (2014). *An Introduction to Applying Social Work Theories and Methods*. UK: CPI Group.
- Teicher, M.H., Samson, J.A. (2016). Annual research review: enduring neurobiological effects of childhood abuse and neglect. *Journal of Child Psychology and Psychiatry*, 57: 241–266.
- Terre Blanche, M., & Durrheim, K. (2006). Histories of the present: Social science in context. M. Terre Blanche, K. Durrheim, & D. Painter (Eds.). *Research in practice. Applied methods for the social sciences*, 1-17.

- Terre Blanche, M., Durrheim, K. and Painter, D. (Eds). (2006). *Research in Practice Applied Methods for the Social Sciences*, (2nd Edition). Cape Town: University of Cape Town Press.
- Texas Education Agency. (2019). Child abuse prevention: An overview. Texas Government.
- Thanh, N.C. and Thanh, T.T.L. (2015). The Interconnection Between Interpretivist Paradigm and Qualitative Methods in Education. *American Journal of Educational Science*, 1(2): 24-27.
- Thomas, E. and Magilvy, J.K. (2011). Qualitative rigour or research validity in qualitative research. *Journal for specialists in pediatric nursing*, 16: 151-155.
- TTBC. (2019). *Teddy Bear Foundation*. Available at: <http://ttbc.org.za/>. [Accessed on 25 November 2021].
- Ulin, P. R., Robinson, E. T. and Tolley, E. E. (2004). "Qualitative Data Analysis." In P. R. Ulin, E. T. Robinson, and E. E. Tolley (eds.), *Qualitative Methods in Public Health: A Field Guide for Applied Research*. San Francisco: Jossey-Bass.
- Tolley, E. E., Ulin, P. R., Mack, N., Robinson, E. T., & Succop, S. M. (2016). *Qualitative methods in public health: a field guide for applied research*. John Wiley & Sons.
- UNICEF (2014). *Hidden in plain sight: A statistical analysis of violence against children*. New York: UNICEF.
- Van Wormer. K. (2007). *Human Behaviour and the Social Environment, Micro level: individuals and families*. Oxford University Press. New York.
- Vanderstoep, S. W., & Johnson, D. D. (2008). *Research methods for everyday life: Blending qualitative and quantitative approaches*. John Wiley & Sons.
- Viviers, A., & Lombard, A. (2013). The ethics of children's participation: Fundamental to children's rights realization in Africa. *International Social Work*, 56(1), 7-21.
- Vrolijk-Bosschaart, T.F., Brilleslijper-Kater, S.N., Benninga, M.A., Lindauer, R.J.L., Teeuw, A.H. (2018). Clinical practice: recognizing child sexual abuse- what makes it so difficult? *European Journal of Paediatrics*, 177(9), 1343-1350.

- Wahyuni, D. (2012). The research design maze: Understanding paradigms, cases, methods and methodologies. *Journal of applied management accounting research*, 10(1), 69-80.
- Watts, J., Cockcroft, K., & Duncan, N. (Eds.). (2009). *Developmental psychology*. Juta and Company Ltd.
- Wessels, I., Lester, S. and Ward, C.L. (2016). *Engagement in parenting programmes*. Policy Brief 82.
- Western Cape Government. (2019, 27 June). Presentation - Overview of Gender Based Violence in the WesternCape.pdf.
https://www.westerncape.gov.za/assets/day_2_session_2_gbv_lillian_artz.pdf.
- Wilberforce, M., Jacobs, S., Challis, D., Manthorpe, J., Stevens, M., Jasper, R., ... & Netten, A. (2014). Revisiting the causes of stress in social work: Sources of job demands, control and support in personalised adult social care. *British Journal of Social Work*, 44(4), 812-830.
- WMA. (2017, 10 January). World Medical Association Annual Report.
<https://www.wma.net/publications/wma-annual-report/wma-annual-report-2017/>.
- Wolfe, D.A., Crooks, C.V., Lee, V., McIntyre-Smith, A., Jaffe, P.G. (2003). The effects of children's exposure to domestic violence: a meta-analysis and critique. *Clinical Child and Family Psychology Review*, 6: 171–187.
- Yin, R.K. (2016). *Qualitative research from start to finish*. Second edition. New York: The Guilford Press.
- Zastrow, C. (2016). *Empowerment Series: Introduction to Social Work and Social Welfare: Empowering People*. Cengage Learning.