THE DEVELOPMENT OF A COMMUNITY BASED RESPONSE TOWARDS FAMILIES WITH SPECIAL NEEDS CHILDREN WHO HAVE BEEN VICTIMS OF ABUSE

By

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Submitted in fulfillment of the requirements for the Degree of Masters in Health Sciences at the Durban University of Technology.

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ABSTRACT

The abuse of children with special needs has burgeoned yet it remains an under-researched area particularly in South Africa. This study sought to look at some of the experiences of abuse that children endured, through the lens of their parents. Moreover it sought to explore what community based interventions could be leveled to provide support to victims and their families and prevent this type of abuse. Qualitative research methodology was used to guide the study and collect data from three samples. These included family members of children who had experienced abuse, community members and social service professionals who were involved in cases related to the abuse of children with special needs. A total of twenty seven participants from these aforementioned samples, were purposefully selected to participate in the study. Data was collected using semi-structured interviews and thematic analysis was used to analyze the data.

The study found that whilst services were available for children who were abused, it did not extend itself to cater for the unique needs of those special needs children who became victims of this. Interviews with parents reflected the deep trauma and distress both children and family members endured and also uncovered the deep vulnerability of this population to greater abuse, than the general population of children. Their fragility was further reflected by their inability to communicate their experiences, making reporting more complex and the ability to secure conviction of perpetrators more difficult.

Many potential community based initiatives for both support and prevention were unraveled through the study. It was salient to discover that many community stakeholders had attempted to provide greater support and enable children with special needs to receive the necessary support to cope and when possible to enable families to report such matters. Community based initiatives that emerged in the data focused around the need for greater advocacy and awareness in relation to this problem. Participants also emphasized the need for social service professionals to provide more specialized therapeutic interventions for victims of this abuse. Holistically these initiatives both micro and macro were used to develop a community based crisis centre guideline which can be used to address this problem.

DECLARATION OF CANDIDATE

I, Shivani Bigun, hereby declare that except where acknowledged, this thesis is entirely my own work, that all resources used or quoted have been acknowledged and that this study has not previously been submitted for any degree to any other tertiary educational institution.

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Shivani Bigun

Student No. 21330049

DEDICATION

To the families of children with special needs whose pain continues to be silenced: may you be heard and seen soon!

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BACKGROUND TO THE STUDY

INTRODUCTION

Children with special needs are often marginalized and experience violations of their rights. “Too often, children with special needs are defined and judged by what they lack rather than what they have. Their exclusion and invisibility serves to render them uniquely vulnerable to abuse, denying them respect for their dignity, their individuality, even their right to life itself” (The United Nations Children’s Fund 2005:04). Thornberry and Olson (2005:01) added that children with special needs are sometimes viewed as belonging to the outskirts of society and are frequently shunned or ignored. This results in social isolation and often leads to these children being subjected to discrimination, maltreatment and abuse.

When parents receive a diagnosis that their child has a special condition, they are confronted with multiple challenges. One of the challenges parents face is having to live and work in a community that may present problems such as racism, rejection and , other challenges around mobility or a lack of opportunities to participate in community affairs (Vargas *et al*. 2010:21). Making their voices heard within their community may be unthinkable to many of these families as they often feel marginalized. Other challenges and hardships have little or nothing to do with the child’s condition, but are caused by negative social responses and social arrangements that do not take their needs, interests and circumstances into account (McConnell *et al*. 2014:01).

The approximate number of children with special needs are between 0 and 18 years and ranges between 90 million and 150 million globally (World Health Organisation 2011:36). Child abuse is on the increase and can manifest in a diversity of forms which ranges from passive neglect and emotional rejection, to physical abuse and sexual molestation, as well as more severe consequences such as homicide (Gordon and Brown 2004:599). It may also include physical punishment and other types of harsh and degrading treatment at the hands of their parents, other family members, or by persons responsible for their care in child protection facilities,

schools and the workplace (United Nations 2009:04). The National Society for the Prevention of Cruelty to Children (NSPCC) (2013:04) indicated that children with special needs are more prone to abuse than children without special needs. This is because there are fewer individuals to confide in or children with special needs find it difficult to make themselves understood (NSPCC 2013:04).

The impact of abuse on children with special needs includes a range of psychological and social problems such as mental disorders, health problems and educational failure (Lazenbatt 2010:02). Several authors have found that among child victims of abuse, children with special needs exhibited a similar pattern of findings to children without special needs (Sequeira and Hollins 2003:13; Stalker, Lister, Lerpiniere and McArthur 2010:11). However, alleged child victims with special needs suffer more severe forms of abuse compared to children without special needs. Specifically, “they are more likely to report being repeatedly victimized, victims of more intrusive abuse and victims of more incidents involving the use of threat force than other young children” (Hershkowitz, Horowitz and Lamb 2007:633). Reporting is essential and it is one of the primary modes of getting justice, yet issues of under reporting of child abuse especially in South Africa is severe (Hsiao et al 2017:01). According to Sullivan (2003:271) parents and other family members may not report the incident related to the child in their care for many reasons. Some of these reasons are that families are afraid that the child may be removed from the home, or someone in the home is the perpetrator. Hence the family does not know who to seek support from and the parents or family members experience feelings of shame, guilt or embarrassment. Moreover, the perpetrator is also often the provider at home, the child lacks knowledge about the cycle of abuse or the child has the constant fear of not being understood.

Hence the safety and well-being of children, particularly children with special needs across the nation becomes more threatened by child abuse and neglect (Karageorge and Kendall 2008:01). Intervening in the lives of children with special needs as well as their families should not be the responsibility of any agencies or professional groups, but instead it should be a shared community concern and responsibility.

1.1 Child abuse in South African context

South Africa's socio-political history has given birth to a society characterised by multitude forms of abuse (Savahl, Isaacs, Adams, Carels and September 2013:02). Throughout history, children with special needs have been vulnerable to abuse. They have been called deviants, imbeciles and retards. These are all negative terms which increase the dehumanization process and foster abuse (Thornberry and Olson 2005:13). Children with special needs in particular are abused daily, which has resulted in many being deeply traumatised as well as emotionally scarred. Child sexual abuse in South Africa is one of the most serious forms of abuse against children (South African Police Service 2010). The South African Crime Quarterly (2015:05) asserted that this is one the most frequent types of abuse committed against children in South Africa.

In South Africa between 2011 and 2012 more than 50 000, crimes occurred against children (South African Police Service 2012). In addition, more than 52% of the crimes reported against children were sexual in nature. In the year 2013 and 2014, 29% of sexual offences were reported to the police and it involved children under the age of 18 years, which included an estimate of 51 cases of child sexual victimisation each day (South African Police Service 2014). There was no national estimate of children's experiences of abuse and neglect until a recent optimus study that was conducted in the year 2016. The study estimated that 34.4% of children in South Africa experienced some type of sexual abuse, 34.8% of children experienced physical abuse, 26.1% of children experienced emotional abuse and 15.1% of children experienced neglect. The study concluded that 42% of children had experienced some form abuse (Artz *et al*. 2016:13). Children with special needs were also more likely to be sexually abused than other children (The Department of Social Development 2012:15). In the year 2010, it was estimated that South Africa had approximately one million children with special needs. According to the Department of Social Development (2012:26) it was found that young people with special needs, had a higher rate of physical abuse, sexual abuse and neglect compared to children without special needs. For example children with special conditions had a 10% prevalence rate for physical abuse, compared to 6% of children without any special conditions, neglect was found in 23% of children with special conditions compared to 13% of children without special conditions.

Child abuse violates the rights of children. Child abuse has been described as a daily and unreported issue that hinders the population of South Africa (United Nations 2009:02). Child abuse can manifest in multiple ways, such as physical, emotional or sexual abuse and neglect, which is common in South Africa (Isaacs, Savahl, Rule, Amos, Arendse and Lambert 2011:59). Abuse is one of the most traumatising and damaging experiences that children can endure. Globally children face physical, sexual, emotional abuse and neglect. Hernon *et al*. (2015:01) emphasised that children with special needs should be treated equally and should have the same rights as all children, which is to be protected from abuse, to have their concerns listened to, to participate in decisions pertaining towards them and to receive the necessary help they require in order to recover from the abuse.

South Africa is a self-governing country with laws that guard people and children with special needs. In addition, South Africa has “excellent and extensive legislative frameworks for protecting children and has made important advances in providing social welfare services to children” (Department of Social Development 2012:47). There are various legislations, policies and programs that protect and safeguard children (as well as children with special needs who have been the victims of abuse). Some of these legislations and policies include the South African Constitution, the African Charter and the UN Convention on the Rights of the Child (UNCRC). For instance article 16 from the African Charter stipulated that “state parties to the present charter shall take specific legislative, administrative, social and educational measures to protect the child from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment...” (African Charter on the Rights and Welfare of the Child 1999:06). Much of the required legislations and policies are in place. The challenge however is to establish mechanisms to ensure that the implementation of legislations, policies and related programmes are efficient and effective in order to fulfill the goal of making our society a better one, one which is characterized by welfare and happiness of all South Africans.

1.2 Rationale and purpose of the study

The purpose of the study was to explore the views of various community stakeholders with regards to formulating a community based approach to this problem and to providing psycho-social support towards families and children with special needs. This study was timeous because it has not been the subject of any previous research study. According to Lightfoot et al (2011:01) the majority of research conducted on child abuse and children with special needs have been conducted in the United States, with a few studies conducted in Australia, Canada and Western Europe. There is very limited, recent information regarding the prevalence of abuse among children with special needs in South Africa and that is what makes this study more significant. The purpose of this study is to also explore the challenges families have experienced when their child has been a victim of abuse and when they find that they are unable to get the necessary support they require, both legally as well as psychosocially.

This study has focused on developing a holistic community based response, that will help families with special needs children, who have been the victims of abuse. Anecdotal evidence from varied child welfare organizations, suggested that an increasing number of children with special needs, have been victims of abuse and that there are limited resources available to assist these children and families. At this stage, the reasons for the under reporting of these cases to the relevant authorities is not fully understood and these children are left in a disempowered situation. Miller and Brown (2014:17) explained that families with special needs children experience physical, attitudinal and skills barriers to accessing support services and resources as well as community activities. These barriers include communication barriers, inaccessible buildings, transport difficulties, lack of information, as well as lack of skills in working with children with special needs. Hence these families have not received the legal and psycho-social support they deserve. The intention of developing a community based support structure will enable families to have access to the necessary resources they require.

It was within this context that this study endeavours to develop a holistic multidimensional community based approach to prevent this problem and to develop strategies, that will enable families and their children to secure the community

support and help they need, should they experience such a situation. This study was important as there has been no prior study undertaken related to this issue. Many families and child justice advocates are facing tremendous challenges with regards to assisting victims with special needs to get the justice they deserve. Hence an inquiry of this nature will assist families to secure the necessary support and assistance, which will enable reporting to relevant legal authorities and securing psycho-social support.

1.3 Personal relationship to the topic

The researcher has worked (fieldwork as a student) with children who have been abused. She was also aware that abuse has an immense impact on the development of children. Practical experience of working with children suggested, that children rely immensely on their personal strength and safety for healing as well as recovery. Academic and practical experience has also led the researcher to believe that child and youth care workers can create and provide therapeutic relationships and care, they can engage with children and families in collaborative ways, and take practical actions to create opportunities for children to experience meaning and support them to imagine hopeful futures for themselves (White 2007:01). Hence the findings of this study are critical to enabling child and youth care practitioners to work therapeutically and advocate for change with regards to children with special needs who have been victims of abuse.

1.4 Problem statement

The number of children who have experienced abuse is on the increase in South Africa. Abuse is the most frequently reported crime against children in South Africa, accounting for one-third of all offenses against children (Hirschowitz, Worku and Orkin 2000: 30). Robinson (2012:05) explained that the abuse and neglect of children and young people with disabilities has been a longstanding and pervasive social problem. With respect to gender, an inconsistent and complicated pattern has emerged. One study found that amongst abused children with special needs, boys were over represented in all types of abuse when compared to children without

special needs (Kvam 2004:13). Conversely, Sullivan and Knutson (1998:296) found that more girls compared to boys were sexually abused. The same authors, Sullivan and Knutson (cited in Stalker et al 2010:10) later found that among children without special needs, girls were more prone to abuse than boys (54% compared to 44%) but, among children with special needs, boys were more likely to be abused. Kvam (2004:02) further reported that, amongst children with special needs who were suspected of being abused, 12-17% were female and 5-8% male. In addition Hershkowitz et al (2007:633) indicated that more girls with special needs were more likely to be victims of sexual abuse, where as the males outnumbered the females as victims of physical abuse. Therefore, "the disability status seems to affect the association between maltreatment and gender although the full picture has yet to be painted" (Stalker et al 2010:10).

According to the report from the Department of Social Development (2012:26) it was found that young people with special needs had a higher prevalence of abuse compared to children without special needs in South Africa. In addition, several other studies from countries such as New Zealand, Canada and Israel, have pointed to an increased risk of child abuse among children with special needs (Briggs 2006 cited in Stalker et al 2010:08; Kvam 2004:01; Reiter *et al*. 2007:371). According to Hsiao et al (2017:01) on a global scale children in South Africa experience disproportionally high levels of abuse. He added that the issue of under-reporting of child abuse in South Africa is severe. According to the Department of Health (2000) children with special needs represent an estimate of 3% of the total children's population. Nathanson and Crank (2004:02) added that on a yearly basis, approximately one million children are victims of child abuse. Children with special needs are estimated to be as ten times more likely to be abused than children without special needs. Similarly, other researchers have indicated that children with special needs are more prone to abuse than children without special needs (Sullivan and Knutson 2000 cited in Stalker et al 2010:04; Hershkowitz *et al*. 2007:629; Lightfoot, Hill and LaLiberte, 2011:01; Mikton, Mahuire and Shakespeare, 2014:02; Miller, 2002:01 and Wissink, Van Vugt, Moonen, Stams and Hendriks, 2015:21).

Children with special needs who have been victims of abuse experience multiple challenges. Emily (2012:03) for example, explained that children with special needs are denied basic educational information about sexual relationships and their sexual

health and this leads to children with special needs, having insufficient education or the ability to comprehend such issues. Hence when they are subjected to abuse they may be unaware that it is not right. Children with special needs often have difficulties when it comes to the issue of disclosing the abuse which they have experienced. There are many affected children (including those with special needs) of child abuse, however the levels of reporting are quite low (United Nations 2009:07). According to Sullivan (2003:271) parents and family members may not report the incident related to the child in their care, for multiple reasons. Some of these reasons are that families are afraid that the child may be removed from the home. Also if someone in the home is the perpetrator and the family does not know who to turn to for support, the parents or the family may experience feelings of shame, guilt or embarrassment, or when the perpetrator is the provider at home. Lastly the child lacks knowledge about the cycle of abuse and the child has the constant fear of not being understood. The abuse may go unreported. The United Nations (2009:02) explained that multiple cases go unreported due to fear of appraisal and lack of information on how to file a complaint. Many staff who are child victim advocates are not trained on how to work effectively with children who have special needs. Professionals often lack training, skills and experience in communicating with disabled children and this increases the lack of reporting (Stalker *et al*. 2010:04).

No empirical research has been done on this topic and little exists with regards to community based interventions that can be leveled to prevent and provide support to victims and their families. There is very limited, recent information regarding the prevalence of abuse among children with special needs in South Africa and that is what makes this study more significant. The majority of research conducted on child abuse and children with special needs, has been conducted in the United States (Lightfoot *et al*. 2011:01). There are many children with special needs who are victims of abuse and various challenges exist in terms of them getting the justice they require. As a result, cases of children with special needs who are victims of abuse are hardly reported and neglected. Of equal importance is that little research has been done in the field of Child and Youth Care, which is an emerging profession that deals with these children and their families.

1.5 AIM OF THE STUDY

To develop a community based response towards families with special needs children who have been the victims of abuse.

1.6 OBJECTIVES OF THE STUDY

1.6.1. To inquire about the psycho-social and legal needs of children with special needs who have been the victims of abuse.

1.6.2. To explore how various community resources viz. the school and community organizations can be utilized as part of a holistic response.

1.6.3. To inquire what strategies can be put in place at community level to address this problem.

1.6.4 To develop guidelines on how Child and Youth Care workers can assist victims and their families.

1.7 RESEARCH QUESTIONS

1.7.1 What are the psycho-social and legal needs of children with special needs who have been the victims of abuse?

1.7.2 What are the various community resources within the school and community organizations that can be utilized as part of a holistic response?

1.7.3 What strategies can be put in place at community level to address this problem?

1.7.4 What guidelines can be developed by Child and Youth Care workers in order to help victims and their families.

1.8 DEFINITION OF CONCEPTS:

1.8.1 Disability: The term disability means “a condition (such as an illness or injury) that damages or limits a person’s physical or mental abilities” (Bornman and Rose 2010:133).

1.8.2 Child abuse: refers to “behaviour that causes significant harm to a child. It also includes when someone knowingly fails to prevent serious harm to a child” (Stalker, Lister, Lerpiniere and McArthur 2010:06).

1.8.3 Rape: Sullivan and Knutson (2000:115) explained that rape can be defined as when someone has unlawful sexual intercourse without the consent of another person, usually the victim.

1.8.4 Victim: According to Gregorie (as cited by De Witt 2009:333) the term victim refers to “a person harmed, injured or killed as a result of a crime, accident or other event or action.”

1.8.5 Perpetrator: “A person who perpetrates or commits, an illegal, criminal, or evil act” (De Witt 2009:332).

1.8.6 Child and youth care work: Child and youth care work “involves using the everyday, seemingly simple, moments which occur as CYC Practitioners live

and work with people to help them find different ways of being and living in the world"(Garfat and Fulcher 2012:10).

1.8.7 Therapeutic: Refers to interventions that help children to heal from abuse; such interventions could be spirituality, meditation, wilderness and creative therapy (Donovan 2010: 113).

1.8.8 Court intermediary: Collins *et al*. (2016:01) describes a court intermediary as someone who is skilled, well trained, supportive and who is experienced and suitable in providing services for vulnerable children who are victims or witnesses.

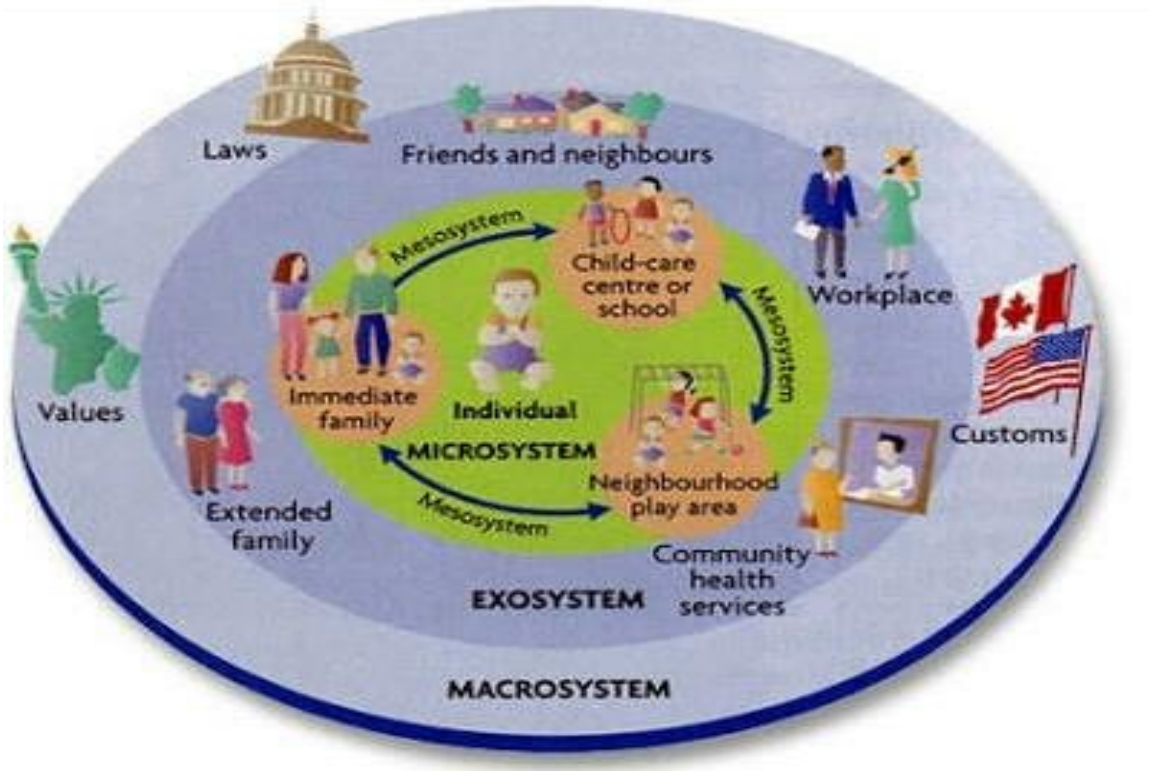
1.8.9 Community engagement: Can be understood "as a cluster of activities that includes service learning, problem-based teaching and research that addresses specific wants and needs, the pursuit of alternative forms of knowledge and challenges to established authorities that control and direct research systems and the allocation of qualifications" (South African Council on Higher Education 2010:07).

1.9 THEORETICAL FRAMEWORK

The theoretical framework guiding this study is the ecological theory developed by Urie Bronfrenbrenner. It posits that the mircosystem, mesosystem, exosystem and macrosystem are all interlinked. This framework takes into consideration that these systems of a child, are interconnected. "The theory looks at a child's development within the context of the system of relationships that form his or her environment" (Berk 2000:38). This theory focuses on understanding that the environment of a child is composed of five interacting levels as mentioned above. This theory is premised on the fact that all the levels are linked or inter-related to one another and that changes in one system can cause or influence changes in other levels. Each of the levels can be elucidated further, by describing the risk and protective factors within each of these levels (Matthew and Benvenuti 2014:30). The Department of Social Development (2012:10) described risk factors as circumstances or events that

increase a child's risk of adverse outcomes and compromises a child's right to safety and protection. According to Matthew and Benvenuti (2014:30), protective factors interact with the risk factor and serves as a buffer in order to prevent an adverse outcome. It increases the chance of a child's positive adjustment.

Figure 1.9.1 below depicts the various contexts in a child's life. It illustrates, for example, that a child is influenced not only within their home and family but also by the school, while the home and school contexts are influenced by the community in which they are situated. Further, the community is situated within a broader society influenced by macro-level factors such as the government policy.



Source: Adapted from Berk & Roberts 2009:28

Urie Bronfenbrenner's structure of the child's environment is depicted in Figure 1.9.1 above Berk and Roberts (2009:28). It consists of the following interconnected systems:

The micro-system – this is the closest layer to the child and it contains the structures with which the child has direct contact. The micro-system reflects the

interactions and relationships a child has with his/her immediate surroundings. The structures in the micro-system include: a child's family, their school, their neighborhood and childcare environments. Children with special needs require special attention, which can create unique parenting challenges and compromise relationships and attachments between the parent and the child (Algood *et al*. 2011:1143). This level identifies personal history and biological factors such as age, gender, education, economic status, parent-child relationship, substance abuse, attitudes, knowledge and the history of abuse that can increase the likelihood of becoming a victim or offender (Jamieson, Berry and Lake 2017:34; Matthew and Benvenuti 2014:30 ; Wilkinson & Bowyer 2017:16). For instance, substance abuse (the risk factor) by parents or caregivers can interfere with their ability to monitor and care for their children with special needs. Furthermore, the poor impulse control associated with substance abuse, can result in parents or caregivers reacting in uncontrolled or aggressive ways which may lead to abuse against their children with special needs (Department of Social Development 2012:06).

An example that can be highlighted, in this level: is of a step-father who has a history of using alcohol, which can precipitate him to become abusive towards a child with a special condition. Substance abuse predisposes the child then to abuse. Potential protective factors for this example could be, a strong attachment bond between the step-father and child or available support services within the neighborhood. The support services within the neighborhood can include rehabilitation programs or workshops, so that parents/caregivers who abuse substances are able to recover or learn how to control themselves so that they may adopt healthier and stronger parenting styles towards children being abused.

The meso-system – this layer provides a connection between the structures of the child's micro-system, the connection between a child's teacher and his/her parents, between a child's church and his/her neighborhood. According to Jamieson, Berry and Lake (2017:34) this level can include formal and informal support systems and social networks including a child's family, their friends, school and spiritual networks. All of these can influence a child's behaviour. Matthew and Benvenuti (2014:30) explained that the factors within this system can increase the risk of abuse as either

a victim or perpetrator. Although schools have a significant role in protecting children with special needs from abuse, children can also be exposed to abuse within educational settings. In terms of preventing, it can also teach children about the reporting of abuse. Children often experience corporal punishment, as well as cruel and humiliating forms of psychological bullying and punishment (Department of Social Development 2012:07). A protective factor for this example could be therefore that schools, could create opportunities (for children who are being abused psychologically by their peers) for identifying children and by strengthening their relationships amongst peers. In addition, schools can also create opportunities for strengthening the relationships between a child and his/her family, religious group and their community.

The exo-system – this layer defines the larger social systems that influences the child indirectly through the micro-system. The structures in this layer impact the child's development by interacting with some structure in his/her micro-system. The exo-system consists of interactions between two or more settings, of which one is the child's immediate setting (Algood *et al*. 2011:1143). "Bronfenbrenner's theory posited that exo-systems can be both formal and informal, such as parent's employment, social network, neighborhood characteristics, relations between school and community" (Algood *et al*. 2011:1143). Relevant factors in the exo-system can include the parent's social network and poverty. For example, child abuse is exacerbated by poor socio-economic levels. In fact poverty has found to be associated with child abuse globally (Department of Social Development 2012:07). Hence poverty can affect children with special needs. In this system, the indirect involvement of the child is highlighted, as high levels of poverty and unemployment (risk factor) can cause family members frustration and stress, which results in abuse of children with special needs. A clear example is, if the parent of a child with special needs become unemployed. They can respond by abusing the child physically because of the frustration of being unemployed.

A protective factor for this system could be, the need for child care practitioners to address the issue of stress experienced by parents and caregivers, their lack of social support and the impact of poverty on children and family (Algood *et al*.

2011:1145). Interventions that may be levelled include positive parenting programs, community-based programs, which specifically targets risk factors such as parenting stress and dysfunctional parent and child relationships. Adequate community support interventions on the other hand may decrease the abuse.

The macro-system – this layer may be considered the outermost layer in the child's environment as this layer is comprised of cultural customs, values and laws. The effects of larger principles defined by the macro-system, have a cascading influence throughout the interactions of all other layers. Bronfenbrenner 1997 (cited in Algood *et al*. 2011:1145) defined the macrosystem as consisting of the micro-, meso-, and exo-systems that exist, or may exist at the level of the subculture or the culture as a whole, in conjunction with any belief system or ideology. The importance of identifying more specific social and psychological features of culture, which can influence particular conditions and processes at the microsystem level is also highlighted. Ogbu 1981 (cited in Algood *et al*. 2011:1145) argued that "culturally and socially defined role expectations can influence parenting processes and developmental outcomes." It is therefore important to examine roles and expectations of parents and their children, cultural values which influence parental perceptions of the meaning and causes of a special condition, and societal responses to children with special needs. Understanding the culturally defined parenting practices and beliefs pertaining to abuse and special conditions of diverse families can shed light on our understanding of the risk and protective factors for abuse and neglect (Algood *et al*. 2011:1145).

Cultural beliefs and customs, including early marriages in certain cultures can be seen as a risk factor for abuse of children. In some cultures, children are viewed as the property of adults, denying children of their rights and recognition. Linked to this is the belief that child abuse is a "private matter" and should not be disclosed outside the child's home (Department of Social Development 2012:08). The sexual abuse of females, is often kept a secret due to the fear that their child will be stigmatised in the wider community. At the macrosystem level there is a need for policy-makers to consider culture both as a potential risk or protective factor, for children with special needs (Algood *et al*. 2011:1146). It is important to ensure that before programs,

policies and interventions are implemented, policy makers should have a sense of how parents discipline and raise their children, their thoughts on the etiology of illnesses and special conditions, their views on the meaning of special conditions from a cultural perspective.

This theoretical framework is relevant as it provides a structural framework which considers the aetiology of abuse yet, at the same time identifies the varied systems which can serve as a source of support for the victim and their families.

1.10 OVERVIEW OF RESEARCH METHODOLOGY

Qualitative research focuses on understanding the meaning that people who are being studied, build or put together. Qualitative research can analyze the situated form, content and experience of abuse, as well as understand the subjective understanding of reality from the perspective of children with special needs. Berg (2007:03) explained that qualitative research refers “to the meanings, concepts, definitions, characteristics and descriptions of things.” It uses in-depth studies of small groups of people to guide and support the construction of hypotheses. Qualitative research is flexible because no predetermined steps have to be followed. It provides meaningful and important knowledge, hence is the most suitable approach for this study (de Vos *et al*. 2011.66).

Data was collected from three purposively selected samples viz. family members, community stakeholders and a group of social service professionals. According to Chesebro and Borisoff (2007:8) the best way to achieve meaningful information on the experiences of children with special needs who have endured abuse is through interviews. For the purpose of this study, semi-structured interviews was carried out amongst families, with special needs children who have been the victims of abuse. The interviews with open-ended questions enabled the researcher to gain genuine insight as required and in relation to the objectives of the study.

Data was analyzed using thematic analysis. Themes was developed with regards to the experiences of children with special needs who have been abused. Trustworthiness was used to ensure accuracy of findings (Frey *et al*. 1992:7). A

more detailed description of the research methodology will be provided in Chapter three.

1.11 STRUCTURE OF DISSERTATION

The dissertation will be structured as follows:

CHAPTER ONE: Introduction to study

CHAPTER TWO: Literature Review

CHAPTER THREE: Research Methodology

CHAPTER FOUR: Data analysis and discussion of findings

CHAPTER FIVE: Recommendations and conclusions

1.12 CONCLUSION

This chapter provided an outline of the topic under study. The problem statement, aim, objectives, purpose of the study as well as the key definitions used in this study has been presented. The theoretical framework used to guide the study has also been discussed and its relevance to the study has also been explained. A short overview of the research methodology was also presented. Chapter two will provide a more in-depth insight of the topic from a broader range of literature sources.

CHAPTER TWO:

LITERATURE REVIEW

INTRODUCTION

A literature review "is a review of the existing scholarship or available body of knowledge that helps researchers to see how other scholars have investigated the research problem that they are interested in" (De Vos *et al*. 2011:302). It paints a clear picture of the meaning and nature of the research problem. It also provides better insight into the phenomenon of the problem. A researcher should select a limited number of works that are central to the area of the study, instead of trying to collect large numbers of work, that are not as closely related to their topic area (Boote and Belie 2005:4). A literature review provides an opportunity to tell your story by carving a space for your topic and research question in relation to previous studies (Aveyard 2010). In addition, a literature review indicates that the proposed study is adding to the knowledge and understanding of the field and it helps to refine, refocus or sometimes even change the topic (Kirby and Greaves 2006:102).

A search was done by using the some of the following databases: DUT database (ProQuest -social science journals) and Google scholar. The following key words were used during the searches: disability, types of disabilities, abused children in South Africa, impact of abuse on disabled children, disabled children in South Africa, down syndrome, fetal alcohol syndrome, cerebral palsy, autism, muscular dystrophy, child and youth care work, court intermediary, community engagement, community based participatory research and statistics related to child abuse in South Africa.

The literature review in this study covered the following key aspects viz. community engagement, understanding children with special needs and various types of special conditions. Other sub-sections in this chapter focused on exploring child abuse (types of abuse, indicators of child abuse, prevalence of child abuse in South Africa, characteristics of perpetrators and abused children, child abuse in the South African context, impact of abuse on children with special needs and challenges experienced by victims of abuse), barriers which children and their families encounter and South African legislation, policies and programmes.

2.1 Introduction

People with special needs make up around 15% of the world's population and are at a greater risk of violence (Mikton *et al*. 2014:01). People (including children) with special needs are at a higher risk of experiencing all types of maltreatment (Hernon *et al*. 2015:01). Similarly, Nathanson and Cranke (2004:02) added that annually almost one million children are victims of abuse worldwide. Moreover, children with special needs more likely to be abused, than children without special needs.

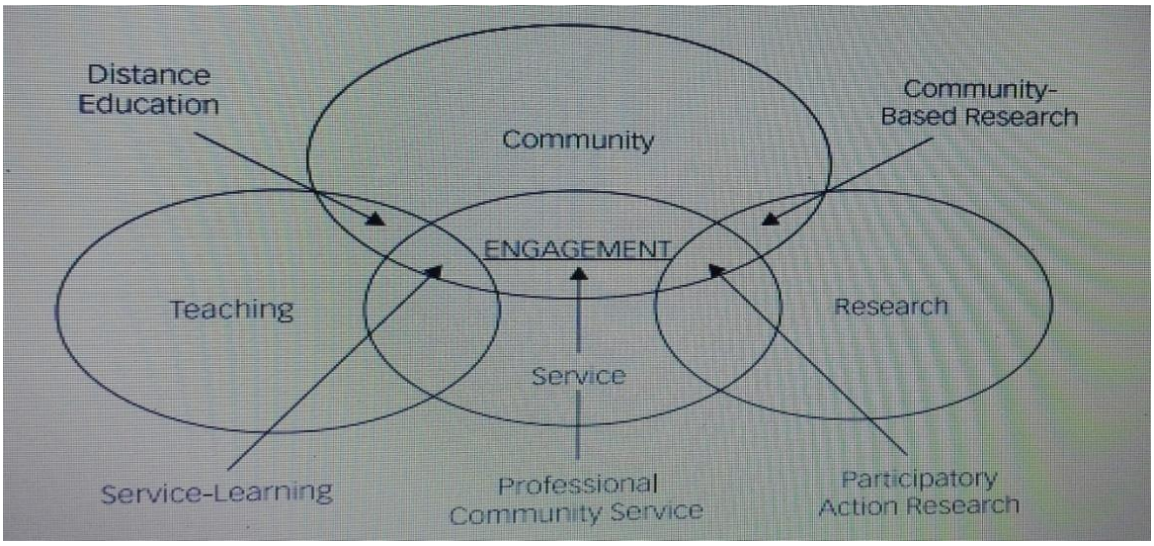
Article 16 of the United Nations Convention on the Rights of People with Disabilities (2008, cited in Miller and Brown 2014:05) stipulated that state parties are to "take all appropriate, legislative, administrative, social, educational and other measures to protect people with disabilities, both within inside and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects." While awareness of the extent of abuse against children with special needs is growing, empirical research is limited in terms of prevention strategies. Section nine of the South African Constitution, prohibits unfair discrimination on the basis of disability. Discrimination on these grounds is presumed to be unfair, unless it has been shown to be otherwise. Section nine of the Constitution further allows for positive measures to be taken to promote the achievement of equality for categories of persons previously disadvantaged by unfair discrimination, which includes people with disabilities (South African Human Rights Commission 2013:07). The following sub-section focuses on community engagement.

2.2 Community engagement

The White paper on the transformation of Higher education set the foundation for making community engagement, an integral part of the South African higher education system. (Lazarus, Erasmus, Hendricks, Nduna and Slamat 2008:60). The term community engagement can be "understood as a cluster of activities that includes service learning, problem-based teaching and research that addresses specific wants and needs, the pursuit of alternative forms of knowledge and challenges to established authorities that control and direct research systems and the allocation of qualifications" (South African Council on Higher Education 2010:07).

Similarly, community engagement is an umbrella term that encompasses a range of various approaches to involving communities of place and/or interest in activities which aim to improve health and/or reduce health inequalities, ranging from the simple provision of information to full community control (Attree, French and Milton 2011:251). In addition, community engagement can be described as initiatives and processes through which the expertise of higher education institutions in the areas of teaching and learning and research are applied to address issues relevant to their communities (The Higher Education Quality Committee cited in Maistry 2010:144). From the above definitions it is clear that community engagement is a type of process in which individuals from universities build a permanent and on-going relationship, with communities in order to benefit them.

Figure 2.2.1: Community engagement activities



Source: Adapted from Lazarus, Erasmus, Hendricks, Nduna & Slamat 2008:63

Figure 2.2.1 illustrates that there are various types of community engagement initiatives (Lazarus *et al*. 2008:63). These include service-learning, community based research as well as participatory action research. Community based research guided the current study. Jagosh *et al*. (2015:01) explained that community based research is a type of approach in which both researchers and community stakeholders come together in order to form an equitable partnership. In addition, community based

research increases community understanding of the issues under study and enhances the researcher's ability to understand community priorities, the importance of addressing community priorities and the need for culturally sensitive communication and research approaches (Ahmed & Palermo 2010:1380). Similarly, community based research refers to the process which brings researchers and community members together, to collaborative in order to conduct research on a problem of concern to the community (Radda *et al*. 2003: 204). Community-based research addresses the unmet needs of a community through research (Badiee *et al*. 2012:42). Over the past two decades, community-based research has employed interdisciplinary mixed and multi-method research designs to generate outcomes that are meaningful to communities (Lucero 2018:02).

There are various benefits of community based research. Communities that use community based research as a framework are able to facilitate collaborative, equitable partnerships in all phases of research, recognize community as a unit of analysis, build on community strengths and resources and promote skill-sharing and capacity building among all partners (Burns *et al*. 2011:08). The goals of community based research are therefore to ensure that a community's health needs are addressed and interventions to address these needs are implemented in partnership with community stakeholders and leaders (Freudenburg and Tsui 2014:11). The following sub-section focuses on aspects related to children with special needs.

2.3 Understanding children with special needs

Since 1994, South Africa has placed the rights of children high up on the agenda of all governmental programmes. These rights are all firmly entrenched in the Bill of Rights of the South African Constitution (Act No: 108 of 1996) which outlines how the best interest of every child should be protected and promoted. However, "the situation of children with special needs continues to be characterized by neglect, ignorance, marginalization and institutional failure, despite the vision and policy imperatives being adopted within a developmental and rights-based framework" (Department of Social Development 2009:05).

When parents receive a diagnosis that their child has a special condition, they experience many hardships. The first challenge is having to deal with the

confirmation of their fears and wondering about what their life would be like for both their child as well as the family. The second challenge is that they will have to learn how to navigate within their country's health care system. The third challenge which these parents have to overcome is that, "they must live and work in a community that may present service problems, mobility challenges, or a lack of opportunities to participate in community affairs" (Vargas *et al*. 2010:21). Miller (2002:03) explained that families of children with special needs experience a range of barriers to their full participation in society, as a result it limits their capacity to contribute towards and access community services and resources. According to McConnell, Savage and Breitkreuz (2014:01) families of children with special needs have to contend with many out of the ordinary challenges. These challenges may be related directly to the child's special condition. Other challenges may have little or nothing to do with the child's special condition, but rather caused by negative social response and social arrangements that do not take their needs and interests into account (Breitkreuz *et al*. 2014:02).

Vulnerable children exist in our society. At some part within our lives, depending on the circumstances, we have all been or have felt vulnerable. According to Thornberry and Olson (2005:01) one of the most vulnerable groups in our society are children with special needs. They are sometimes viewed as belonging to the outskirts of society and are often ignored. This often leads to these children accepting behaviour and treatment, which they do not approve of. In addition society devalues and dis-empowers people with special needs (Miller 2002:03). Children with special needs are often judged by what they lack rather than what they have. In fact their invisibility and exclusion serves to render them uniquely vulnerable, denying them respect for their dignity and their individuality (United Nations International Children's Emergency Fund 2013: 04).

There are various types of special need conditions such as intellectual disabilities (down syndrome), physical disabilities (cerebral palsy) as well as sensory disabilities (visual impairments and hearing loss. Children may inherit these special conditions either from being in an accident, through an injury or they can be born with it. Similarly the United Nations International Children's Emergency Fund (2013:06) added that children are not only born with special needs but can also acquire it later on in their childhood, through an accident, disease or natural disaster. Each type of

condition has different effects on a child. As a result of these conditions, children with special needs experience developmental delays and also have difficulties in their daily lives. Some of the special conditions are presented in the sub-sections that follow.

2.4 Physical disabilities

2.4.1 Introduction

Children who have physical disabilities are those who often have limited movement abilities (Bornman and Rose 2010:153). Jansen, Heymsfield and Ross (2002:890) defined physical disability as experiencing difficulty in performing activities of daily living. Children with this type of disability, experience difficulties when it comes to moving around, participating in activities involved at home, school and their community and they also experience activity limitations. According to the World Health Organization (2002) these types of concepts are defined in the International Classification of Functioning (ICF), and these concepts include activity limitations (challenges in executing daily and other activities), participation restrictions (experience problems when involved in real life situations) and motor skills which can further be divided into two categories; gross motor skills (refers to movement and posture such as rolling, standing and skipping) and fine motor skills (refers to the control of the upper limbs such as writing and drawing). Two types of physical disabilities will be described in detail below. These include muscular dystrophy and cerebral palsy.

2.4.2 Muscular dystrophy

Muscular dystrophy is a genetic condition that affects the muscles throughout the body. Muscular dystrophy is one of the most prevalent fatal genetic diseases, occurring in 1 out of 5000 male births (Fairclough *et al*. 2013, cited in Nelson *et al*. 2016:403). It results in muscle degeneration and premature fatality (Nelson *et al*. 2016:403). “It is a progressive disease in which the muscles get weaker over months

and years" (Bornman and Rose 2010:160). Muscular dystrophy is an inherited group of disorders characterized by variable distribution of muscle wasting and weakness (Sathasivam 2012:62). The weakness of the muscles does not only affect a child's motor skills (gross and fine motor skills) but also their lung and heart function.

There is no cure for this type of condition but children with muscular dystrophy should be kept independent and active for as long as possible. These children should be included with families as well as other children (playing and learning with them), as it is vital for them. According to Birnkrantet al (2018:447) primary care providers for this particular condition are physicians, physician assistants or nurse practitioners, who specialize in paediatrics, family medicine and provide a so-called medical home for their patients. Children with muscular dystrophy begin to show signs of their condition, between the ages of two and six years old. Some of the early signs that children with this condition experience are frequent falls, clumsiness and poor balance. Improvements in the function and quality of life of children with muscular dystrophy have been achieved through a multidisciplinary approach across a range of health-care specialties (Birnkrant *et al*. 2018:446).

Many of these children do not survive to their late twenties, although some individuals are now living to the age of forty and beyond. According to Bornman and Rose (2010:161-162) one of the main challenges of muscular dystrophy is to support the child's family and to keep the child as independent and mobile as possible. Birnkrant *et al*. (2018:451) explained that with the support of occupational and physical therapy, educational activities and services might need modification on the basis of a child's physical functioning.

2.4.3 Cerebral palsy

Cerebral palsy is a neurological disorder which can be caused by a non-progressive brain injury or malformation that occurs while a child's brain is under development (Raj *et al*. 2017:26). According to Novak (2012:1143) cerebral palsy can be used to describe "a group of permanent disorders of the development of movement and posture, causing activity limitation, that are attributed to non-progressive disturbances that occurred in the developing fetal or infant brain. The motor disorders of cerebral palsy are often accompanied by disturbances of sensation,

perception, cognition, communication, and behaviour, by epilepsy, and by secondary musculoskeletal problems." Similarly, cerebral palsy can be defined "as motor impairment that limits activity, and is attributed to non-progressive disturbances during brain development in fetuses or infants. The motor disorders of cerebral palsy are frequently accompanied by impaired cognition, communication, and sensory perception, behavioural abnormalities, seizure disorders, or a combination of these features" (Aisen, Kerkovich, Mast, Mulroy, Wren, Kay and Rethlefsen 2011:844). In addition Rosenbaum (2014:01) argued that cerebral palsy is not a specific genetically determined biomedical condition. The term encompasses a group of conditions that have in common an impairment in brain function or structure that causes an enduring impairment in the development of motor control, often (but not invariably) with additional central nervous system impairments such as learning disabilities and sensory difficulties.

There are various causes of cerebral palsy. These include, a pregnant mother consuming medication during her pregnancy, that may harm the fetus, a mother having an infection during the early stages of her pregnancy, part of the baby's brain failing to develop in the womb, blocked blood vessels in fetus/ baby and if the baby experiences any head injuries. Children with cerebral palsy are not necessarily affected by it in the same way. Each child with this special physical condition has special and unique characteristics and these are related to the extent of their brain damage. Singogo *et al*. (2015:01) explained that because of the functional limitations experienced, some children with cerebral palsy are dependent on others for assistance with daily activities, which leads to long-term care giving. Bornman and Rose (2010:157) said that three parts of a child's body can be involved. Firstly hemiplegia which is used to describe the physical involvement of the arm or leg on one side of the body, secondly paraplegia which is used to describe the physical involvement of the legs only and lastly quadriplegia, which is a term used to describe involvement of both legs and arms.

There is no cure for cerebral palsy and the condition does not get any better or worse. However a child can be enabled to develop his/her unique potential by managing their condition. Every child with cerebral palsy is unique and therefore every intervention plan and every child's outcome will be different. Their condition can be managed by providing them with appropriate support and services that they

require. In addition, Curtis *et al.* (2014:01) mentioned that training interventions can aim towards improving the child's motor function in the hope that it will improve the child's levels of activity and participation, thus enhancing the child's quality of life. This sub-section explored functional definitions of physical disabilities and also highlighted the two most common types that are associated with physical disabilities. The following sub-section focuses on intellectual disabilities.

2.5 Intellectual disabilities

2.5.1Introduction

Many children may have difficulty learning for various reasons. In this section, the functional definitions of intellectual disabilities will be explored and the three most common syndromes that are associated with intellectual disabilities will also be highlighted (down syndrome, fragile-X syndrome and fetal alcohol syndrome).

2.5.2 Intellectual impairment

Terminologies used in the field of disability have been and will continue to be a sticky issue. The term intellectual impairment can be referred to as "a particular state of functioning that begins in childhood and is characterized by limitations in both intelligence and adaptive skills" (Bornman and Rose 2010:113). In addition, intellectual disability can be defined as a significantly reduced ability to understand new and complex information and to learn and apply new skills (Wissink *et al.* 2014:21). Similarly, the American Psychiatric Association (2013:01) explained that intellectual disability involves impairments of general mental abilities that impact adaptive functioning in three domains (conceptual domain, social domain and practical domain). These domains determine how well an individual copes with everyday tasks. The conceptual domain includes skills in language, reading, writing, reasoning and memory. The social domain refers to empathy, social judgment and the ability to make and retain friendships. The practical domain focuses on self-

management in areas such as personal care, job responsibilities and organizing school related and work related tasks.

From the above definitions, it is clear that intellectual impairment is characterized by a range of characteristics. These include that the child's intellectual functioning is sub-average and will lead him/her to having difficulties with attention, memory and perception, that inclusive community settings are important (places where these children live, learn and play together such as schools, communities, places of worship etc.) This implies the right for everyone, including children to be socially included in their communities and that limitations related to intellectual impairment will be seen in adaptive skills such as communication, academics and health skills (Bornman and Rose 2010:114).

Children with intellectual disability have more difficulty than others in learning new things, understanding concepts, concentrating and remembering. Consequently, they require extra support to learn and achieve their full potential. Children with intellectual disabilities also achieve their developmental milestones at a slower rate and are also more dependent on those around them for support. In most cases, these children require help for the rest of their lives and support which is ongoing in order for them to lead happy and meaningful lives. The causes of intellectual disabilities or impairments in many cases are unknown and even if they were known, it would not make this condition curable. The term intellectual disability is an umbrella term that encompasses, a range of syndromes. A few of these syndromes will be explored in the sub-sections that follow.

2.5.3 Down syndrome

Down syndrome can be described as a chromosomal disorder. Down syndrome affects 1 in every 732 live births and can be regarded as the most prevalent cause of intellectual impairment affecting children. This increases to 1 in every 84 births as maternal age exceeds 40. It can be described as a genetic disorder, caused by the presence of trisomy of chromosome 21(O' Duffy *et al*. 2013:02). Normally, a fertilized egg has 23 pairs of chromosomes. In most children with Down syndrome, there is an extra copy of Chromosome 21 (also called trisomy 21 because there are three

copies of this chromosome instead of two). This changes the body's and brain's normal development.

According to Bornman and Rose (2010:116) down syndrome has a range of features such as intellectual impairment and distinctive facial features, heart defects at birth, epicanthal folds (small skin folds on inner corner of the eyes) and fatigue which is a negative side effect as it can seriously hinder daily activities in the lives of children and muscle weakness. Children who have down syndrome have a variety of physical characteristics viz. a slanted eye, flat chin, poor muscle tone and a protruding tongue due to a small mouth and other features such as a big toe and short fingers (Asim *et al*. 2015:01).

2.5.4 Fetal alcohol syndrome

The fetal alcohol syndrome (FAS) is a pattern of physical malformations observed in the offspring of women who consume alcohol during their pregnancy. Fetal alcohol syndrome is one of the few disorders that is completely preventable. If a mother does not consume alcohol during any stage of her pregnancy, then her baby will not have fetal alcohol syndrome (McConahey 2011:iii). In addition, fetal alcohol syndrome is currently recognized as the most prevalent known cause of mental retardation, “affecting from 1 to 7 per 1000 live-born infants” (Niccols 2007:135). Similarly Mukherjee, Hollins and Turk (2006:298) explained that fetal alcohol syndrome is a broad term for a set of disorders caused by the consumption of alcohol by a mother whilst pregnant. Popova, Lange and Rehm (2016) explained that fetal alcohol syndrome is “most commonly recognised for abnormal facial features; growth delays; and central nervous system (brain) damage and/or physical impairments.” Fetal alcohol syndrome is characterized by a combination of retarded growth, face and body malformations as well as disorders of the nervous system (McConahey 2011:01).

Children with fetal alcohol syndrome suffer from changes in brain structure and cognitive impairments. Many researchers who investigate neuropsychological functioning have identified deficits “in learning, memory, executive functioning, hyperactivity, impulsivity, and poor communication and social skills, in children with

fetal alcohol syndrome" (Niccols 2007:135). According to Mukherjee, Hollins and Turk (2006:299) fetal alcohol syndrome has both psychological and secondary difficulties. The psychological effects include hyperactivity, sustained attention, learning/memory problems, social understanding difficulties, lower IQ and verbal processing problems. Some of the secondary difficulties include viz. psychiatric problems, disrupted school experience and trouble with the law. Similarly Hughes et al (2016:02) explained that fetal alcohol syndrome is diagnosed where there is evidence of abnormal facial features, thin upper lip and narrow opening between the eyelids. In addition, height and/or weight are at, or below the tenth percentile. The latter includes multiple deficits in cognition, attention, motor functioning and social skills.

Although there is no cure for fetal alcohol syndrome, Malbin (in Bornman and Rose 2010:119) identified areas of interests and talents that serve as resilience factors and that should be used, like planning programs for children. This includes therapeutic activities such as the use of music (playing, composing, singing), poetry, art and much more. The focus should be on trying differently rather than trying harder (Mablin 2002, cited in Bornman and Rose 2010:119). The idea is to try different approaches, perspectives and options based on every individual child. This approach also encourages strength-based interventions, which allows the child to develop more positive outcomes. Education is the number one method of preventing fetal alcohol syndrome. The greatest opportunities for healthy pregnancy outcomes, however, lie in the prevention strategies implemented prior to conception (McConahey 2011:02).

2.5.5 Fragile-X syndrome

Fragile-X syndrome is a family of genetic conditions, which are related in that they are caused by gene changes in the FMR1 gene" (Bornman and Rose 2010:116). According to Vistootsak et al (2008:371) fragile X syndrome is the most commonly inherited cause of mental retardation and it occurs in both male and female. The sign and symptoms of this condition can differ in individuals who have this special condition. The first clinical indication is often delayed developmental milestones,

such as language delays and mild motor delays. In addition, anxiety and mood disorders, hyperactivity, impulsivity, and aggressive behavior can present (Garber *et al*. 2008:667). The characteristics of fragile-X syndrome can be classified into five categories. These are intelligence and learning, “the degree of intellectual impairment usually falls into the severe range” (Bornman and Rose 2010:117). Children with this condition experience difficulty processing new information. The second category is physical appearance, children usually have large ears, an elongated face and low muscle tone. The third category is known as social and emotional skills. Children normally display challenging behavior and come across as shy and have limited eye contact. The fourth category is speech and language skills, the speech of children with fragile-X syndrome sounds cluttered. Children who have fifth stage sensory skills experience visual problems and also have ear infections. There is no cure for fragile-X syndrome. Children with this special condition can be treated with behavioural therapy and medication.

In this section, the functional definitions of intellectual disabilities were explored and the three most common syndromes that are associated with intellectual disabilities/ impairments were also highlighted. The term intellectual impairment brings to mind the image of a child who is unable to interact with those around them meaningfully or who is unable to behave in an appropriate manner. These are often the assumptions of community members and should be set aside so that children with intellectual impairments can have their unique strengths and vulnerabilities recognized. The following sub-section focuses on issues related to child abuse.

2.6 Child abuse

Child abuse is on the increase and can manifest itself in a variety of types which range from neglect and emotional rejection, to physical abuse and sexual molestation and even the death of a child (Gordon and Browne 2004:599). Child abuse has a huge impact on the psychological and physical development of children. In addition, child abuse can be regarded as continued and deliberate prejudice of children by either active or direct abuse, or by neglectfully withholding care (De Witt 2009:327). In addition child abuse can be described as a violation of basic rights of

all children, constituting all forms of physical, emotional ill treatment, sexual harm, neglect and other exploitation. There are four types of abuse which the researcher will be exploring in this study, these include: physical abuse, emotional abuse, sexual abuse and neglect. Each type of abuse differs however as the signs and behaviours that are displayed by abused children are sometimes similar. The Constitution guarantees children's rights to protection from abuse and neglect, and to freedom from child abuse. Yet abuse against children remains widespread. Exposure to neglect, abuse and other types of violence continues to compromise children's ability to thrive and increases their risk of mental health problems (Jamieson, Berry & Lake 2017:61).

Each day, the safety and wellbeing of children across the world are threatened by abuse and neglect. Intervening effectively in the lives of these children and their families is not the responsibility of any agencies or professional groups, but rather is a shared community concern and responsibility (Karageorge and Kendall 2008:01).

2.6.1 Indicators of abuse

Mahery, Jamieson and Scott (2011:14) stated that in relation to a child and adolescent the experience of abuse, means any deliberately inflicted type of harm or ill-treatment, which includes assaulting a child or causing any other form of deliberate injury on a child, sexually abusing a child or allowing a child to be sexually abused**,** and labour practices that exploits a child. It also includes exposing a child to behaviour that may harm the child psychologically.

2.6.2 Types of abuse

The United Nations (2009:07) stated that worldwide, 275 million children a year are victims of child abuse. Child abuse can be defined as "all forms of physical and or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation resulting in actual harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power" (The National Department of Social Development 2004:113). Children are abused in a wide range of settings such as in their family or at home, at school and

on the streets. Such instances are defined in South Africa under the Children's Act No. 38 of 2005, as children in need of care and protection (Richter and Dawes 2008:81). There are four types of abuse viz. physical abuse, sexual abuse, emotional abuse and neglect. Although each form of abuse can occur by itself, some children are often the victims of more than one type of abuse.

2.6.2.1 Physical abuse

Physical abuse of children includes "any non-accidental physical injury caused by the child's parent or a non-parental caregiver" (Karageorge and Kendall 2008:10). In addition, Gilbert, Widom, Brownie, Ferqusson, Webb and Janson (2009:69) described physical abuse as the intentional use of physical force against a child that results in physical injury. Similarly Mohamed and Naidoo (2014:250) described physical abuse as non-accidental injuries which are intentionally caused and result in physical injury or death. Children who are physically abused are often kicked at, bitten, whipped, cut and burned. In addition, "physical abuse considered less serious consists of slapping, pinching and blows to the arms, legs and head. More serious abuse is less common, and consists of blows with objects, whippings, threats and in some cases the use of weapons" (United Nation 2009:07). As a result of physical abuse children display signs such as visible injuries (cuts, wounds and bruises) and the manner in which they explain those visible injuries, may be in a way that doesn't really make sense. Other signs and symptoms of physical abuse include hitting, punching, kicking, beating, stabbing, biting, pulling, shaking, strangling, burning and throwing (Gilbert *et al*. 2009:69).

Children who are physically abused also behave in a different way. They have nightmares when they are asleep, they have constant fear within them, they are aggressive towards others and generally withdraw themselves. Lazenbatt (2010:03) added that child physical abuse, can also be associated with a range of debilitating behavioral and emotional problems. He added that child physical abuse has also been linked to aggressive behaviour and educational difficulties. Determining an estimate number of physically abused children is rather difficult, as only severe cases are likely to be reported. For example according to a report by the Department

of Social Development (2012:16), in South Africa in the year 2008, Child Line received a total of 3 428 calls, from children reporting physical abuse.

2.6.2.2 Emotional abuse

Unlike other types of abuse, emotional abuse takes the form of a relationship rather than an event (Department of Social Development 2012:17). Emotional abuse occurs “when a parent or caregiver harms a child’s mental and social development, or causes severe emotional harm” (De Witt 2009: 331). In addition, emotional abuse is also known as psychological maltreatment, and includes failure to meet a child’s need for affection and attention. Constant verbal abuse, threats of abuse and rejection or attempts to frighten the child also constitutes emotional abuse, as does humiliation and social isolation (Mohamed and Naidoo 2014:250). Children who are abused emotionally generally experience rejection from those around them, they are often ignored and they are often told that they are unwanted or not loved. Children who have endured this type of abuse can also experience other conditions such as panic disorders, crying and reactive attachment disorder (Lazenbatt 2010:08). According to Gilbert *et al*. (2009:69) emotional abuse can also include acts of blaming, belittling, degrading, intimidating, terrorizing and isolating children. Perpetrators who abuse children emotionally usually humiliate them and bring shame to them. According to Scouts South Africa (2013:15) emotional abuse also includes threatening, taunting and shouting at children. When ongoing threats, anger, sarcastic and degrading comments or behaviour occurs, children feel unloved, causing them to lose confidence and their self-esteem, and to become fearful, nervous and withdrawn.

Children who are emotionally abused often display bed wetting, speech disorders and also experience delays in their development. As a result, they behave in an aggressive way and they have anti-social behavior, they often lie, cheat and are cruel to others and their pets. There may also be acts towards a child, that may cause harm to the child’s health or physical, mental or social development (Department of Social Development 2012:17). Some of these acts include threatening, restricting movement, scapegoating, discriminating or other non-

physical forms of rejecting treatment. It may also include threatening, taunting and shouting at children.

2.6.2.3 Sexual abuse

According to Gilbert *et al*. (2009:69) sexual abuse can be regarded "as any completed or attempted sexual act, sexual contact, or non-contact sexual interaction with a child by a caregiver." The World Health Organisation (2006:10) defined child sexual abuse as "the involvement of a child in sexual activities that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violate the laws or social taboos of society." These activities can or may involve physical contact, including penetrative (such as rape, defilement or oral sex) or non-penetrative acts (Badoe 2017:33). Children can be sexually abused by adults or other children who are of their age or stage of development in a position of responsibility or power over the victim. Child sexual abuse in South Africa is one of the most pertinent forms of abuse against children (South African Police Services 2013), affecting 29% of all children between the ages of 0-10 years (UNICEF 2011:36). Annually in South Africa, between 18 000 and 20 000, child sexual abuse cases are reported to the police. For instance, police statistics from 2013/2014 reveal that 18 524 cases of child sexual abuse were reported to the police, which amounts to 51 cases daily (Artz *et al*. 2016:13).

Perpetrators who abuse children sexually intentionally make their victims(children) watch or view sexual acts (pornography), they talk to the children using very inappropriate sexual talk, they also make children perform certain sexual acts and sometimes even turn the child towards child prostitution(Gilbert *et al*. 2009:69). As a result of this, children who are sexually abused, experience difficulties when they are sitting and they experience pain and sometimes even bleeding in their genital areas (Wissink, Van Vugt, Moonen, Stams and Hendricks 2015:32). As a result, they often become withdrawn, they tend to develop a poor self-image and they experience sleep disturbances. A report by the National Society for the Prevention of Cruelty to Children (2013:05) explained that other signs which can indicate that children are suffering from sexual abuse includes, withdrawal, depression and suicidal ideation,

eating disorders, risk taking behaviour (such as running away and self-harming) and using sexually explicit language that is not appropriate for a child their age.

Dagon (2012:36) and Pemberton (2011:14) both used three distinct models to describe the abuser-victim relationships with regards to child sexual abuse. They are as follows:

- Inappropriate relationship: where the abuser is older than the victim and has a measure of power over their victim. This could be physical or emotional and in many cases the victim will believe that they have a loving relationship with their abuser.

- The boyfriend model: where the abuser and victim enter into an almost conventional relationship, with the exchange of gifts and other dating related activities. This model leads the abuser towards manipulating the victim, into undertaking sexual acts with others. This is a common model for abuse by peers.

- Organised exploitation and trafficking: where children are abused by a number of adults as part of a network, which may involve the movement of victims into and across countries as well as exchanging of pictures of the abuse.

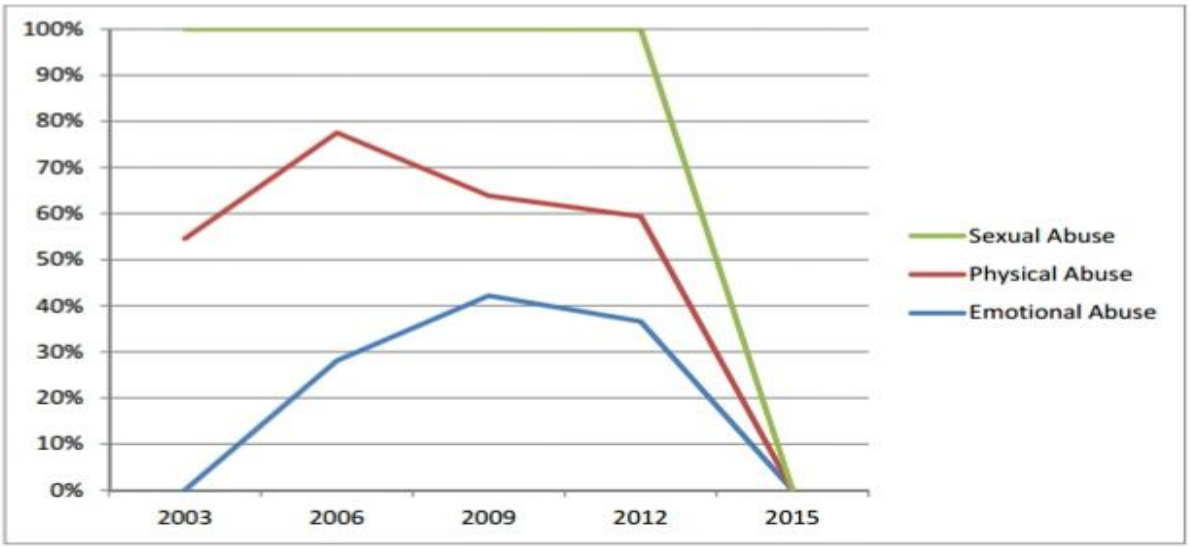
2.6.2.4 Neglect

Neglect can be described as “an act of omission and involves a variety of caregiver behaviours that includes abandonment, inadequate supervision and failure to provide basic necessities” (Richard and Jennifer 2009:316). Brandon, Bailey, Belderson and Larsson (2013:17) further described neglect as “the persistent failure to meet a child’s basic physical and /or psychological needs, and is likely to result in the serious impairment of the child’s health or development.” In addition exposing

children to alcohol and drugs, depriving them of education, providing inadequate protection and not seeking appropriate health care, also constitutes the neglect of children. According to the Department of Social Development (2012:17) children who have been neglected may experience developmental delays which can hinder their language, attention, intellect, academic achievements in school and can also result in behavioural problems. Neglect can also include failing to provide adequate food, accommodation or clothing not seeking medical attention when required and failure to protect a child from abuse in the home or neighbourhood (Gilbert et al 2008:69).

Figure 2.6.2.4.1, below reflects the various types of abuse that children were exposed to in South Africa between 2003-2015. Sexual abuse, physical abuse and emotional abuse are the three of the most prevalent types of abuse that are experienced by children in South Africa (South African Crime Quarterly 2015:5).

Figure 2.6.2.4.1: Types of abuse in South Africa



Green: indicates that sexual abuse is the highest type of abuse experienced by children in South Africa.

Red: indicates that physical abuse is the second highest type of abuse experienced by children in South Africa.

Blue: indicates that emotional abuse is the third highest type of abuse experienced by children in South Africa.

2.6.3 Characteristics of child abusers

According to De Witt (2009:328), child abusers are also commonly known as perpetrators. They have a range of characteristics, as follows:

- They are usually people who have been abused during their own childhood.
- They have poor self-images.
- They are not in touch with their own feelings.
- They are generally egocentric, dependent, isolated and depressed individuals.

2.6.4 Characteristics of abused children

De Witt (2009:208-209) described the characteristics of abused children as follows: they are often handicapped, they avoid confrontation, they are sometimes developmentally delayed and the injuries caused by the abuse are visible. He further argued that they experience difficulty when it comes to playing or being around others and they are often absent from school, they display inappropriate aggression and temper tantrums and have the fear of being touched (Mohammed and Naidoo 2014:251). The following sub-section elucidates aspects related to victims of abuse with special needs.

2.7 Children who are victims of abuse with special needs

The abuse of children and young people with special needs has been a longstanding and pervasive social problem (Robinson 2012:05). Children with special needs represent an estimate of 3% of the total children's population (Miller 2000:01). Several authors have indicated in their studies that children with special needs are more prone to be abuse than children without special needs (Hershkowitz et al. 2007:629; Lightfoot, Hill, & LaLiberte, 2011:01; Mikton, Mahuire & Shakespeare, 2014:02; Wissink, Van Vugt, Moonen, Stams & Hendriks, 2015:21). As a result,

many victims feel that because of their condition, they begin to believe that they are weak and are not strong enough to fight against their offender. In addition, a report by UNICEF (2012:12) indicated that children with special needs were at a higher risk of experiencing abuse than children without special needs, specifically 3.7 times more for combined measures of abuse, 3.6 times more for physical abuse and 2.9 times more for sexual abuse. Children with mental or intellectual conditions were found to be 4.6 times more likely to be victims of sexual abuse, than children without disabilities. Similarly, the National Society for the Prevention of Cruelty to Children (2013:04) added that children with special needs are more likely to be abused, because there are fewer people for them to confide in or some children with special needs may find it difficult to make themselves understood.

According to a report by UNICEF (2005:15) psychologists suggest that because many children with special needs have been socially marginalized growing up, they are easily persuaded into things because they want to please others and want to feel included. Children with special needs feel a need to shield the abuser because of emotional ties, which makes the children ambivalent about how they feel (Oosterhoorn and Rebecca 2001:04). All this indicates that telling or disclosing about the abuse, is a very difficult process. In addition, Hershkowitz *et al*. (2007:633) added that children with severe special needs failed to understand the suspect or perpetrator's motives. Child victims of abuse with special needs believe that they cannot notify others or even testify about what has happened. Many perpetrators believe that children with special needs are easier targets compared to children without specials needs. Wissink, Moonen, Van Vugt and Stams (2015:29) revealed that the perpetrators are often from within the immediate or extended family. In addition, children with special needs are especially vulnerable because of their extended dependence on caregivers for helping them meet their physical, emotional and social needs (Hershkowitz *et al*. 2007:630). Most of the victims with special needs therefore require services to assist them.

According to a report from the Department of Social Development (2012:26) it was found that young people with special needs had a higher prevalence of abuse compared to children without special needs in South Africa. In addition, several other studies from international countries (New Zealand, Canada and Israel) have pointed

to an increased risk of child abuse among children with special needs (Stalker *et al*. 2010:08).

2.8 Child abuse in South African context

South Africa's socio-political history has given birth to a society characterised by multitude forms of abuse (Savahl, Isaacs, Adams, Carels and September 2013:02). In addition, Thornberry and Olson (2005:13) added that throughout history, children with special needs have been particularly vulnerable to abuse. They have been called retards, deviants, morons and imbeciles, all negative terms which increase the dehumanization process and foster abuse. Children with special needs in particular are more prone to daily abuse because of their vulnerability, which results in deep trauma and emotional scarring. Child sexual abuse in South Africa is one of the most serious forms of abuse against children (South African Police Service 2010). In fact The United Nations Children's Fund (2009) asserted that this type of abuse, committed against children has remained a pervasive challenge in South Africa.

In South Africa between 2011 and 2012 more than "50 000" crimes occurred against children (South African Police Service 2012). In addition, more than 52% of the crimes reported against children were sexual in nature. In the years 2010/2011, 28 128 sexual offences of children were reported to the police. Police statistics indicate that in 2011 and 2012, a total of 50,688 children were victims of child abuse in South Africa. Some of these for this period include the fact that 793 children were murdered, 758 children were victims of attempted murder, 25,862 children were victims of sexual offences ,12,645 children were victims of common assault and10,630 victims of assault with grievous bodily harm (UNICEF 2012:02). Moreover, between the years 2008 and 2009 an estimate of 50,000 children were victims of abuse (South African Police Service 2010). This figure increased to 56,500 between the years 2009-2010 (United Nations Children's Fund 2009). Moreover, children with special needs were also more likely to be sexually abused compare to children without special needs (The Department of Social Development 2012:15).

In the year 2010, it was estimated that South Africa had approximately one million children with special needs. According to the Department of Social Development (2012:26), it was found that young people with special needs had a higher rate of

physical abuse, sexual abuse and neglect compared to other children. For example children with special conditions had a 10% prevalence rate for physical abuse, compared to 6% of children without any special conditions. Whilst neglect was found in 23% of children with special needs compared to 13% of children without special needs. In the year 2013/2014, 29% of sexual offences reported to the police involved children under the age of 18 years. In addition, there were approximately 51 cases of child sexual victimisation per day (South African Police Service 2014). Within a national context, there was no estimate of children's experiences of abuse and neglect until a recent optimus study which was conducted in 2016 (Jamieson et al. 2017:61). The study estimated that 34.4% of South African children experienced some type of sexual abuse, 34.8% of children experienced physical abuse, 26.1% of children experienced emotional abuse and 15.1% of children experienced neglect.

Globally children also face physical, sexual, emotional abuse and neglect. Hernon *et al.* (2015:01) emphasized that children with special needs should have the same rights as all children which is to be protected from child abuse, to have their concerns listened to and to participate fully in decisions made about them. In comparison to the international context, South African children experience disproportionally higher levels of child abuse (Hsiao *et al*. 2017:01). At an international level, South Africa in fact has the highest number of abused children compared to other countries in the world, followed by India with the second highest, then the USA and UK (King *et al*. 2004:684).

Child abuse violates the rights of children. Of salience is that it is a daily problem that goes unreported in South Africa (United Nations 2009:02). The following sub-section discusses the impact of abuse on children with special needs in particular.

2.9 Impact of abuse on children with special needs

The impact of abuse on children with special needs includes a range of many social as well as economic problems such as mental disorders, health problems and education failure (Lazenbatt 2010:02). Several authors have found that among child victims of abuse, children with special needs exhibited a similar pattern of findings to children without special needs (Sequeira & Hollins, 2003:16 ; Stalker, Lister,

Lerpiniere & McArthur, 2010:11). The behaviours and feelings of young people may vary between different children (UNICEF 2013:12).

Children with special needs who experience physical abuse can display many signs and symptoms. These can lead to neurological damage, physical injuries (broken bones, stomach aches and bruises), pain and in extreme cases even death (Lazenbatt 2010:03). Similarly Mohamed and Naidoo (2014:250) explained that physical can manifest as bruises, scars, burns and fractures. Physical abuse is associated with various types of injuries, in particular when exposure to such abuse occurs in the first three years of life (Lazenbatt 2010:05). Shaking an infant for example, can result in bleeding, bruising and swelling in the brain. According to Berkowitz (2017:1660), physically abused children particularly infants, may present symptoms and signs, such as vomiting and the possibility of abusive head trauma requires consideration in such cases. The physical consequences of shaken baby syndrome (which is the shaking of the infant/child) can range from irritability or vomiting to more severe effects such as concussions and seizures (Lazenbatt 2010:5).

Sexual abuse of children with special needs is associated with a wide range of problems. There are various physical indicators of sexual abuse. Some of these include “difficulties when sitting and walking, sadness, bruising or bleeding of the genital areas, pregnancy (in females), pain or itchiness of the genital areas and bloody, torn or smudged underclothes” (Wissink, Van Vugt, Moonen, Stams and Hendricks 2015:32-33). The same authors explained that children with special needs who experience sexual abuse can also exhibit indirect behavioural signs. These include a lack of appetite, crying, sleeping problems, social isolation and hallucinations. In addition, sexual abuse can also lead to other long term effects such as sexually transmitted diseases (HIV/AIDS).In addition, sexually abused children often become withdrawn, they tend to develop a poor self-image and they experience sleep disturbances. Allnock *et al*. (2009:165) explained that the consequences of child sexual abuse can include post traumatic stress, eating disorder and depression.

Emotional abuse “has an important impact on a developing child’s mental health, behaviour and self esteem” (Lazenbatt 2010:03). In addition, emotional abuse can

cause harm to a child's health or their physical, mental or social development (Department of Social Development 2012:17). Children who have endured this type of abuse can also experience other conditions such as panic disorders, crying and reactive attachment disorder (Bellis & Thomas 2003; Springer et al 2007, cited in Lazenbatt 2010:08). According to Muela *et al*. (2012:11) emotional abuse in childhood is associated with mental health problems and adaptation problems in adolescence and adulthood.

There is evidence that for many child neglect has significant implications for a range of developmental dimensions. These include health, education, identity, emotional and behavioural development, family and social relationships, social presentation and self-care skills (Wilkinson and Bowyer 2017:28). According to Sidebotham (2007:80) persistent neglect towards children with special needs can lead to severe impairments of health and development and long term difficulties with relationships and educational progress. In addition, children with special needs who have been exposed to neglect may experience developmental delays in language. This can affect their intellectual development, attention and socio-emotional development (Department of Social Development 2012:17). The immediate and long-term impact of abuse can include mental health problems, such as depression, eating disorders, anger and aggression (Lanktree *et al*. 2008:622). All types of child abuse can affect a child's psychological, emotional and mental well-being, and these consequences can or may appear immediately or years later. According to the Department of Health and Human Services (2013:6-7) children with special needs who have been neglected, are frequently absent from school, lack medical care and often state that there is no one at home to provide care. Lazenbatt (2010:07) added that for children with special needs, the risk factors for abuse (the dependence and vulnerability) are intensified. When a child has a special condition, the behavioural symptoms or injuries can mistakenly be attributed to their special condition rather than the abuse or neglect.

Hernon *et al*. (2015:09) explained that repeated abuse can have permanent effects on children as they mature. These types of effects include low self-esteem, being abusive towards others, increased rates of suicide, having the inability to establish healthy sexual relationships as adults and learning difficulties. Devries et al (2017:01) further added that abuse during childhood has a negative impact on brain

development and well-documented adverse health and social consequences, sexually transmitted disease, disorders, obesity and poor academic outcomes. Similarly, the World Health Organisation (2002:01) explained that child abuse can be associated with a number of other consequences viz. developmental delays, eating and sleeping disorders, poor school performance, poor relationships, post-traumatic stress disorder, anxiety and depression and suicidal behaviour and self harm. Given that children with special needs are at a greater risk of abuse, recognizing and responding to the abuse involving children with special needs should be a priority (Hernon *et al*. 2015:07). The following sub-section focuses on children with intellectual disabilities who have been victims of abuse.

2.10 Children with intellectual disabilities

There are many children who have special needs, however what is emerging from the literature, is research which documents that children who have intellectual disabilities specifically, are the ones who are being abused sexually. This is because these children cannot articulate themselves, therefore they are the most vulnerable.

Children develop and learn at different rates and in various ways. However, some children will learn at a much slower rate compared to other children of the same age (Department of Education and Child Development 2012:06). This may be due to an intellectual disability. Intellectual disability can be described as “a significantly reduced ability to understand new or complex information and to learn and apply new skills” (Wissink *et al*. 2014:21). This results in a reduced ability to cope independently (impaired social functioning), which begins before adulthood and has a lasting effect on development.” In addition intellectual disability can also be described as a particular state of functioning that begins in childhood and is characterised by limitations in both intelligence and adaptive skills” (Bornman and Rose 2010:113). When a child is identified as having an intellectual disability, they have a history of slow development and have adaptive, or daily living skills, that are significantly below the level expected for a child of their age (Department of Education and Child Development 2012: 06). There are various types of intellectual disabilities (for example, down syndrome and fragile-X syndrome) as discussed earlier in this chapter. A few studies have focused specifically on children with

intellectual disabilities and have also indicated that these children seemed more vulnerable in relation to sexual abuse (Furey, Granfield and Karan, 1994; Sullivan and Knutson, 2000).

Intellectual disability is considered to be the case when the IQ of a child is approximately two standard deviations or more below the population mean, which equals an IQ score of about 70 or below (The American Psychiatric Association 2013, cited in Wissink *et al*. 2014:21). Children with intellectual disabilities are at a higher risk of becoming a victim of sexual abuse, because some of their characteristics are thought to make them more vulnerable. The latter includes the need to belong, dependency and a lack of knowledge regarding sexuality (Wissink *et al*. 2012:21). Apart from the higher incidence of victimization of children with intellectual disabilities, the abuse often goes unreported; or when reported, it tends to be disregarded (Reiter *et al*. 2007:371).

Akbas *et al*. (2009:206) noted a growing recognition, that individuals (including children) with intellectual disabilities, are especially vulnerable to sexual abuse due to multiple factors viz. life-long dependence on adults for care and a lack of education about sexual abuse and sexuality. Children with intellectual disabilities, are in fact three times more likely to be victims of sexual abuse (Smith and Harrell 2013:01). Akbas *et al*. (2009:207) asserted that children with intellectual disabilities often do not realize that the behaviour of perpetrators is a form of “sexual abuse” and that it is punishable. Children with intellectual disabilities are the ones least likely to have had any conversations with their parents, regarding personal safety issues about abuse (Wissink *et al*. 2014:28).

There is an alarming lack of primary prevention efforts in relation the sexual abuse of children with intellectual disabilities (Smith and Harrell 2013:01). Moreover children with intellectual disabilities, who have experienced sexual abuse are less likely to receive the services and support they needed to heal and seek justice (ibid). Several authors emphasized the importance of sex education and self-protection techniques for children with intellectual disabilities to prevent them from being sexually abused or re-victimised (Wissink *et al*. 2012:29; Reiter *et al*., 2007:385). In that way children with intellectual disabilities could be taught how to recognize dangerous situations. They could also become empowered and assertive, and be able to learn how to

defend themselves. The following section focuses on challenges experienced by victims of abuse.

2.11 Challenges experienced by victims of abuse

2.11.1 Lack of sex education

Firstly, a large portion of children with special needs are denied basic access to services including healthcare and education (UNICEF 2013:06). Emily (2012:03) argued that children with special needs are often denied access to basic educational information regarding sexual health and sexual relationships and this leads to children with special needs being uneducated about these issues. Hence when they are victimized they are unaware of it. As a result it becomes a sort of “norm” meaning that these young children believe or assume that it is okay or appropriate, when someone is abusing them or taking advantage of them. In this vein Miller (2002:03) contended that there has been a lack of sex education, safety issues and awareness work done with children with special needs.

Many special schools do not offer or offer very limited education about abuse, rape and molestation for special needs children. Whilst some special schools have campaigns and bring outside organizations to address young people at these schools, about these issues, the frequency with which they occur is questionable. UNICEF (2013:20) emphasized that only 20% of all children with special needs, are in school and only , half who begin, have actually completed their primary education, with many leaving after a few months or years. This means that only 5% of all children with special needs globally, have completed primary school. Many government and community organizations (schools, disability services and community services) have policies and procedures about child abuse and neglect, but these focus primarily at an individual level, with limited attention on prevention (Robinson 2012:05).

Figure 2.11.1.1: Estimated rates of primary school completion

Source: Adapted from United Nations Children's Fund 2013

Figure 2.11.1.1 reflects the percentage of male and female children with special needs, who have completed primary school. The figures reflected above (42% and 51%) are however much lower when compared to children without special needs (UNICEF 2013).

2.11.1.2 Reasons for a lack of sex education

According to Emily (2012:03) parents and other family members may have personal anxieties about their children having sex and therefore will not discuss such topics with them or their schools. As a result parents do not feel the need to educate their children about sex and sexual relationships. Many parents of children with special needs also feel that educating their children about sex, about their body parts and about good and bad touch is not appropriate or important. They are of the view that because their child, has a special condition there is no need to educate them. Similarly UNICEF (2013:13) added that parents, teachers, counselors and psychologists are often uncomfortable about discussing issues pertaining towards

sexual health with children who have special needs and this results in them being denied basic access to information about how their bodies grow and develop and how to negotiate safe relationships. Hershkowitz, Horowitz and Lamb (2007:630) supported this notion, saying that children with special needs are particularly vulnerable because of their extended dependence on caregivers, to help them meet their physical, emotional and social needs. Similarly Oosterhoorn and Rebecca (2001:03) explained that this dependency on caregivers is often life long, and children with special needs grow up with people touching them in private ways as part of daily life. In addition, intimate care activities (such as bathing) often gives a potential perpetrator, a legimate reason to touch a child. Similarly, Thornberry and Olson (2005:12) added that children with special needs have a high level of dependency on others. Dependency can be particularly problematic, because it leads to a number of caregivers being in contact with a child who has a special need. This dependency includes the need for constant intimate care, often given by strangers which creates opportunities for abuse.

2.11.1.3 Importance of sex education

Sex education is an attempt to provide children with special needs with everything that they need to understand about their sex role and how to identify with it. Parents should not lose sight of the fact that sex education, plays a vital part of the total upbringing of a child and is a part of the parental role. The objective of sex education is the achievement of maturity in terms of moral independence, responsibility and accountability (De Witt 2009:286). Furthermore, sex education can help to develop children in various ways viz. it can help children to realise the uniqueness of the specific role they have as a human being (a boy or girl), to accept and identify their specific gender role, to use correct terminologies, to form and develop positive attitudes about sexual matters or subjects and to be aware and have an understanding regarding the physiological changes in the normal development of both sexes. Thus the parental home, forms the basis for all later sex education as, all other forms of social interaction (Shaffer and Kipp 2007:510). Many parents acknowledge and agree that their children require sex education. However despite this agreement many parents fail to provide their children with type this of education.

The reason behind this does not lie in the fact that they do not want to provide them with sex education but rather, they do not know how to provide this type of education and when to provide it. De Witt (2009: 286-287) warned against some damaging sex education practices amongst parents. Parents often fail to offer their child with any direct sex education and hope that somewhere, somehow (example school) the child will get information about it. Parents may offer sex education to their children on a level above their comprehension and parents may provide information to their children which are inaccurate.

2.11.2 Lack of reporting by families

Child abuse is a phenomenon that is growing, daily, but remains significantly under-reported problem in the South African context (United Nations 2009:02). Reporting is essential and it is one of the primary modes of securing justice for victims. However, “issues of under reporting of child abuse in South Africa are severe” (Hsiao et al 2017:01). According to Hills *et al*. (2016:137) globally, levels of abuse against children are severely high and more than 50% of children report experiencing some type of physical, emotional, sexual abuse or neglect. It is essential for child victims to disclose their abuse, in order to access support services and resources (Meinck *et al*. 2017:95). Children with special needs have to find someone that they can trust and who they feel safe, in order to make a disclosure. Moreover victims of child abuse are reluctant to confide in anyone, because the abuser may have explained to them that they will not be easily believed (National Society for the Prevention of Cruelty to Children 2013:09; United Nations 2009:07).

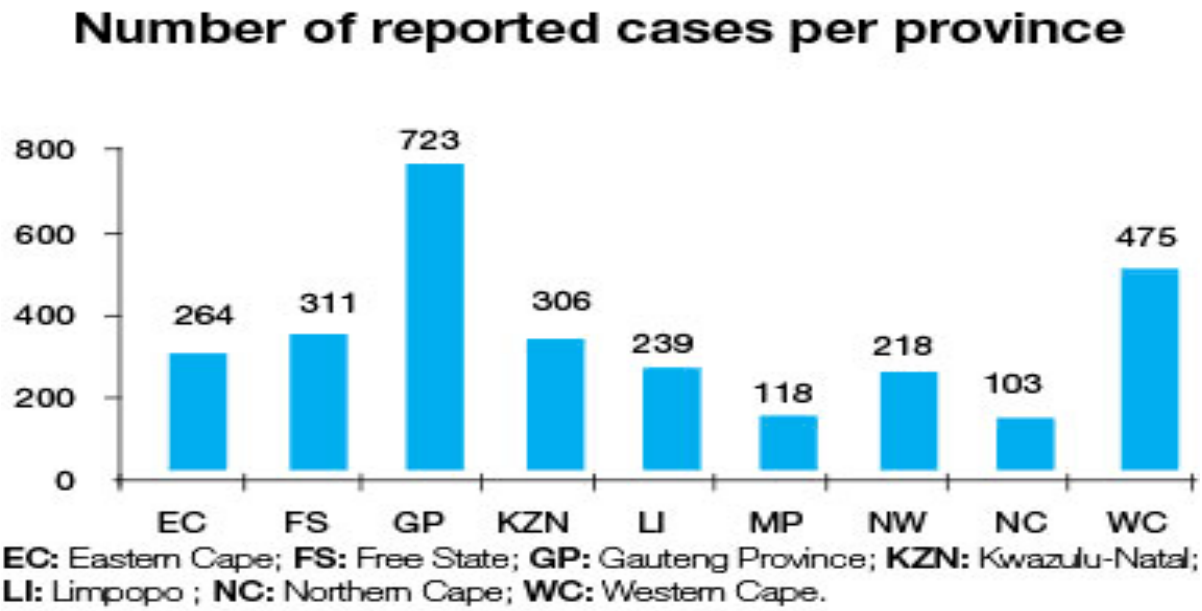
2.11.2.1 Reasons for lack of reporting

There are various reasons for child abuse not being disclosed or reported. It is because the child is too young to report or disclose the abuse (or tell someone what happened). Moreover, children are too afraid to speak up and disclose because they fear the perpetrator and are unsure of the consequences when they report the abuse and children don’t know are unsure of where to report the abuse (UNICEF 2013:02). Additionally, there are a range of reasons as to why families of children with special

needs who are abused do not report their incident. Reasons for non-disclosure have been identified as a lack of vocabulary to describe or articulate the abuse, feeling threatened by the offender and feelings of embarrassment, shame and the fear of not being believed (Meinck *et al*., 2017:95). Furthermore, Artz *et al*. (2016:14) explained that other reasons for under-reporting of cases includes intimidation from perpetrators and threats received by perpetrators (United Nations 2009:07), valuing silence on family matters, the lack of access to support or protection services and the child's feelings of shame or guilt about the abuse. According to Sullivan (2003:271) parents and other family members may not report the incident related to the child in their care for many reasons. Some of these reasons are that families are afraid that the child may be removed from the home, or someone in the home is the perpetrator and the family does not know who to turn to, the parents or the family experiences feelings of shame, guilt or embarrassment, the perpetrator is the provider at home, the child lacks knowledge about the cycle of abuse and the child has the constant fear of not being understood.

Children who are victims on the other hand cannot report the incident, because they are not educated about issues such as molestation, rape and abuse therefore they do not know what it is. If they are unaware of it and have no understanding about it, they cannot report the incident. Hershkowitz *et al*. (2007:634) further argued that children with special needs often avoid or delay disclosing the abuse, because they are dependent on their abusers both physically and psychologically. They added that child victims were more likely to conceal abuse perpetrated by their immediate family members (parents), much more than they conceal abuse perpetrated by others. The United Nations (2009:02) noted that majority of cases go unreported, for fear of reprisal and lack of information on how to file a complaint. They agreed with other scholars reasons for under-reporting includes fear of reprisal and fear of the perpetrator, shame among family members and the persistent view that child abuse is a private matter. There are also issues of dependency, the family's lack of awareness of the abuse, negligence by immediate and extended family members and social service professionals (teachers, police and health workers).

Figure 2.11.2.1.1: Reported cases per province.



Source: Adapted from South African Police Service 2012

Figure 2.11.2.1.1 above illustrates the crime statistics obtained from the South African Police Service for reported cases of neglect and ill-treatment of children, between April 2012 and March 2013 at various police stations across the country.

2.11.2.3 Challenges experienced by children when cases are reported

Historically people with special needs, especially children have been viewed as unreliable witnesses (Hershkowitz *et al*. 2007:630), because of their poor memories and their limited descriptive capacities. In fact children with intellectual disabilities seldom report their experience to the police. Murphy (2001) estimated that only 1 in 5 child victims, made a formal complaint to the police, and those complaints were often cursory incomplete, with limited police investigations and prosecutions rare. Moreover, judges often failed to intervene effectively and protect children with special needs who become intimidated in the court environment (Hershkowitz *et al*. 2007:630). The use of complex questioning may also adversely affect the accuracy of the responses of children with special needs. Children with special needs often produce, more mistakes and errors in response to questions that are difficult

(Nathanson and Crank 2004:05). Children with minor special conditions also experience difficulty, participating in investigations, because of their diminished cognitive or communicative skills. Children with more severe disabilities have extreme difficulties when they respond to the demands of the interview (Hershkowitz *et al*. 2007:631) and often becoming confused.

Children become particularly stressed when testifying in court and the accuracy of the information they produce may decrease during cross examination (Righarts, Jack, Zajac and Hayre 2015:05). Children with special needs, such as those who have a lower IQ and learning disability, are at a greater risk for coming into contact with the legal system. Although there is an increased likelihood of children with special needs participating in the judicial process, children with special needs are often unlikely to be questioned about their experience due to a number of reasons (Nathanson and Crank 2004:02). Some of these are because allegations of abuse are often explained in terms of basic care giving, which is necessary because of a child's special need, as opposed to the abuse. Hence the interviewing process of children with special needs often involves more resources, modifications and time. According to Nathanson and Crank (2004: 02) children with special needs are often perceived as having deficient memory abilities and are unable to provide accurate accounts of the abuse. Hence they have huge difficulty in providing testimony when they are interviewed, often becoming uncomfortable and confused (Hershkowitz *et al*., 2007:630). According to Bull (2008:15) they require more time to comprehend the questions being put to them; to think carefully about what is being asked, to try their best to retrieve from memory the necessary information and to articulate themselves by putting their information into words (or communicate in a way that is appropriate to them if they cannot speak). In fact Stalker et al (2010:4-5) noted that they are not seen as credible witnesses and consequently, relatively few cases go to court. In fact the court systems often fail to take into account the needs of children with special conditions. Only a small part of child abuse perpetrated against children with special needs is investigated by relevant authorities and reported to the legal justice system, and with a few perpetrators being brought to trail (United Nations 2009:04).

2.11.2.4 Barriers to services

Miller and Brown (2014:16) argued that families of children with special needs often experience barriers to accessing support services and resources. These consists of physical, attitudinal and skills barriers. In particular, some of the barriers may include lack of transport, lack of supervision and support and inaccessible buildings. Some children also have communication difficulties which make it hard for them to understand or even verbalize the incident. For a majority of child abuse cases, initial disclosures are often made to immediate family members (viz. parents) , educators or friends/peers, instead of social service professionals (Meinck *et al*., 2017:95).

Recent studies from South Africa reflect similar findings. In a study in KwaZulu-Natal, one in four children who disclosed rape (25.9%) reported non-supportive reactions by confidantes (parents and teachers), such as disbelieving the child when they initially disclosed sexual abuse. Non-supportive disclosure was higher where children chose community members as confidantes compared to guardians, extended family members or professionals (Collings 2007:69). In a recent, nationally representative sample of South African children, majority of children disclosed sexual abuse to their parents, although there were lower levels of initial disclosures by boys (15.2% for rape), than girls (36.2%). Of those who disclosed, around 72.5% experienced a supportive disclosure when the perpetrator was known. When the perpetrator was unknown , 59.1% experienced a supportive disclosure. Much lower rates of supportive disclosure were recorded for those who experienced rape. Investigations however were carried out in only 28.6% of rape cases (Meinck *et al*., 2017:96). There are similar trends across the sub-Saharan region, as documented by the nationally representative, Violence Against Children Studies. In Kenya and Malawi, less than 10% of child sexual abuse victims sought formal services, while in Tanzania, less than 20% of child victims, disclosed their abuse, to family members and to formal service providers. The percentage of children receiving services following sexual abuse exposure varied between 2.7% in Zimbabwe, to 25% in Swaziland (Sumner et al. 2015, cited in Meinck *et al*., 2017:96).

2.11.3 Support services for children with special needs

“Children who are victims of abuse with special needs are less likely to receive the services and support they need to heal and seek justice” (Petersilia 2001:12). This means that many young people who are victims of abuse with special needs, do not receive or are less likely to receive the necessary services that that they require. According to UNICEF (2013:06) a particular number of children with special needs are denied access to services such as education and healthcare. In some areas, there are no support services for these children or if there are, the children are less likely to reap the benefits. What is surprising is that besides these children being less likely to receive these services, there are also a number of barriers with regard to these children receiving services and support. According to Miller (2002:03) children with special needs and their families face a range of barriers, which limits their participation in society and gaining access to support services and resources within their community.

There are several barriers, which children with special needs encounter. Mobility is the first barrier. According to Miller and Brown (2014:17) the reality is that many justice and child victim agencies, have not actually examined the barriers of accessibility, for victims who use wheelchairs. Many children who are victims of abuse with special needs are dependent on wheelchairs, for mobility, therefore special assistance and transport needs to be provided, so young people can make use of the services that are available to them. If these young people’s needs cannot be met and special services (example, transport) is not provided then they cannot access the services. The second barrier was communication. Many child justice agencies and child victim programs, lack basic access to telecommunication systems (TDD and TTY systems) for deaf victims that facilitate communication, enabling them to easily report their abuse and learn about victim services (Ticoll 1992:4). Depending on a child’s impairment, he or she may require additional assistance as well as resources to fulfill their potential, including, interventions, assistive devices such as clutches, or environmental modifications (ramps) and accessible transport (UNICEF 2013:13). Children with special needs have the same rights as all children, which is the right be protected from child abuse and to be actively involved in decisions made about them; and to receive assistance in order to recover from the abuse (Hernon *et al*. 2015:01). If they do not receive the assistance

they rightfully require and deserve and if they do not have easy access to the necessary support and resources they need, then they cannot recover from the abuse. This can further hinder their development.

Whilst legislation and national policy frameworks for child protection is rigorous, problems have been identified with the implementation of services. The national government and international agencies (UNICEF) have identified an urgent need for integrated health, social and criminal justice services to support children who are victims of child abuse (UNICEF 2013). However, limited studies regarding the access to services for abused children with special needs exist in South Africa and Internationally (Devries et al 2017:95).

2.11.4 Lack of skills and knowledge by social service professionals

Many staff who are child victim advocates are not trained, on how to work effectively with children who have special needs. Social service professionals often lack the necessary skills, experience and training, in communicating with special needs children as noted in the literature (Stalker *et al*. 2010:04). This increases the lack of reporting. Nathanson and Crank (2004:02) asserted that many professionals who are involved in child welfare organizations have limited knowledge or experience in interviewing children with special needs. Stalker *et al*. (2010:17) added that communication was also identified as a challenge for majority of professionals. For example, social workers were described as being resistant towards children who have special needs. Many social service and child victim agencies, may be aware that a child with a special need is a victim of abuse but decide upon keeping the child in the household, because there are insufficient or no alternate foster care or safe, temporary residential care facilities which are “disability accessible” or willing to accommodate a child who has a special condition (UNICEF 2005:09). Many staff and other victim advocates, need to find ways to remove barriers so young people can get access to support services and can assist them to also reap the benefits of the justice system. Children who are victims of abuse are unable protect themselves and are therefore powerless. The onus is therefore on caregivers, family members, educators and especially health care workers and others in a position of trust, to

speak out on their behalf. The following section discusses the barriers to the provision of support services.

2.12 Barriers to the provision of support services

2.12.1 Isolation of children with special needs and their families

Although there are some service providers who take positive action towards assisting children with special needs who have been abused, families of children with special needs experience barriers (viz. physical) in terms of getting access to community activities or support services (Miller and Brown 2014:16). These barriers include inaccessible buildings, communication barriers, transport difficulties, stereotyping and unwelcoming attitudes.

This means that children with special needs and their parents or care givers are unable to get the necessary support and advice they may require, which leads to isolation. Their circumstances may be compounded by financial pressures, that many families of children with special needs experience.

2.12.2 Barriers to communication and seeking help

Miller and Brown (2014:17) expressed that children with special needs can also face a range of communication barriers when seeking help. These include the fact that children with special needs, may lack information about their rights and about abuse. In addition, their vocabulary may not be developed to assist them to seek support on matters pertaining towards them. Children with special needs may also have a limited number of trusted individuals, whom they can confide in. Furthermore, they may not have access to an area that is safe and private in order to disclose their abuse or discuss their concerns. The following section focuses on barriers within the child protection system.

2.13 Barriers in the child protection system

Child protection refers “to policies, procedures and practice to protect children when there are concerns about a child’s safety and wellbeing” (Miller and Brown 2014:04). The child protection system should safeguard and protect all children against all forms of maltreatment. However there are significant barriers which exist within the child protection processes, for children with special needs. According to Taylor *et al*. (2014:1108) recurring themes include a lack of priority with regards to protection of children with special needs, holistic assessments and effective communication with children with special needs who have been abused. Issues related to legislation, policies and programmes are discussed in relation to South Africa, in the following sub-section.

2.14 South African legislation, policies and programmes

2.14.1 Introduction

South Africa is a rainbow nation and is rich in diversity. It is a nation of many different people and cultures, rich in diversity in terms of national origins, languages, food, music, values, religions and traditions. (Richard and Jennifer 2009: 308).Children who have a disability are referred to as children with special needs and that aspect of human diversity should be respected. Despite this, discrimination on the basis of disability happens regularly.

South Africa boasts extensive legislative frameworks, for the protection of children and has made significant advances, in providing social welfare services to children (Department of Social Development 2012:47). This section provides an overview of relevant legislation, programmes and policies that aims towards addressing abuse against children in South Africa. These legislative frameworks are important in ensuring that the rights of children are protected and upheld, and that special provisions are made in order to ensure the best interests of the child are met. Particular attention will be given to the rights of children with special needs and the rights of children with special needs, to protecting them from abuse are all stipulated in the UN Convention on the Rights of the Child (UNCRC), the South African

Constitution as well as the African Charter which collectively works towards protecting and safeguarding children with special needs. The following sub-sections, begins by reviewing the various legislative frameworks in South Africa that protect and safeguard children with special needs who have been the victims of abuse.

2.14.2 International obligations

South Africa ratified the Convention on the Rights of the Child (CRC) in the year 1995, and is required every five years to report to the UN Committee. According to the Convention on the Rights of the Child (1989: 05), Article 19, stipulates that state parties should take "all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation."

South Africa also ratified the African Charter on the Rights and Welfare of the Child (ACRWC) in January 2000. Articles from the African Charter has similar provisions to that of the Convention on the Rights of the Child, in terms of child protection. For instance Article 16 from the African Charter stipulated that "state parties to the present charter shall take specific legislative, administrative, social and educational measures to protect the child from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment …" (South Africa 1999:06). In addition, Article 04 refers to the best interests of the child and it explains that "in all judicial or administrative proceedings affecting a child who is capable of communicating his/her own views…of appropriate law" (South Africa 1999: 02). Many children who have been victims of abuse with special needs experience communication difficulties. As a result, they are unable to articulate themselves accordingly and testify at court, therefore the views or party of the child's story should be heard directly or indirectly by a representative (court intermediary).

2.14.3 Rights in the constitution

Chapter two of the Constitution (Bill of Rights), upholds the rights for humans, which applies to both adults and children. According to the Constitution of the Republic of South Africa (1996:03) the first right, listed under the Bill of Rights stipulates that the

State may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, ethnic or social origin, colour, sexual orientation, age, “disability”, religion, belief, culture, language and birth. However, people, especially children with special needs are discriminated against, daily.

As stakeholders in the community, this document can be used as a source of power and to help children who have been victims of abuse with special needs. Section 28 of the Constitution also outlines rights, that apply particularly to children. This section stated that “every child has the right to be protected from maltreatment, degradation, neglect and abuse” (Section 28 (ii)); “to be treated in a manner, and kept in conditions that take account of the child’s age”, (Section 28 (h) and “to have a legal practitioner assigned to the child by the state if injustice would otherwise result”. Lastly section 28 (2) outlined that “a child’s best interests are of paramount importance, in every matter concerning the child.” Section 28 of the Constitution is also contained in the Convention on the Rights of the Child, as well as in the African Charter on the Rights and Welfare of the Child.

2.14.4 The Children’s Act

The Children’s Act (No.38 of 2005), as well as The Children’s Amendment Act (No. 41 of 2007) provides for a full continuum of services, from early intervention to tertiary protection services of various types of abuse against children.

One of the objectives of the Act is to set out “principles relating to the care and protection of children.” The main principles underlying the Act, is the best interest of the child. It was stated in the policy (South Africa 2005: 34) that the best interests of child indicates that “all matters concerning the care, protection and well-being of a child, that the child’s best interest is of paramount, must be applied.” In addition, whenever a provision of this Act, requires the best interest of the child standard to be applied, some of the following factors must be considered “ the nature of the personal relationship between the child and parents, the attitude of the parents towards the child, the need for the child to remain in the care of his or her parent, family and extended family, the child’s age, maturity, gender, stage of development, the child’s physical and emotional security, any disability that a child may have and

the need to protect the child from any physical or psychological harm that may be caused" (South Africa 2005: 32).

2.14.5 Domestic violence and sexual abuse

The Criminal Law (Sexual Offences and Related Matters), Amendment Act (No. 32 of 2007), as well as the Domestic Violence Act (No. 116 of 1996) noted that any person who has knowledge of any young person or child being abused or having been abused should, report the incident to a police official immediately.

2.14.6 Coordination Mechanisms

The South African government has put in place different institutional mechanisms to address matters concerning abuse against children. A few of the mechanisms will be discussed below:

2.14.6.1 Department of Women, Children and People with Disabilities

The Department of Women, Children and People with Disabilities "carries the mandate to promote, facilitate, coordinate and monitor the realization of the rights of women, children and people with disabilities" (Department of Social Development 2012:51). In addition as part of the mandate, a national plan of action has been developed for children. The plan aims towards ensuring that children have a supportive, safe and protective environment, that unaccompanied children receive support services and children are protected from all types of sexual abuse and exploitation.

2.14.6.2. Awareness campaigns

One of the most common strategies of addressing violence in South Africa has been through supporting and participating in national and international awareness campaigns. Child Protection Week has been held annually since the year 1998 under the leadership of the Department of Social Development. The 16 Days of

Activism for No Violence Against Women and Children is an international campaign. It occurs every year from 25 November (International day for violence against women), to 10 December (International Human Rights Day). In addition, this period also includes the Universal Children's Day.

2.14.7 Reporting cases of suspected abuse

All social service professionals or any individual who comes into contact with children has a legal responsibility to report cases of suspected child abuse. There are a range of laws in the South African Constitution, that addresses matters concerning the reporting of suspected abuse. These include as follows:

• Prevention of Family Violence Act 133 of 1993

• Domestic Violence Act 42

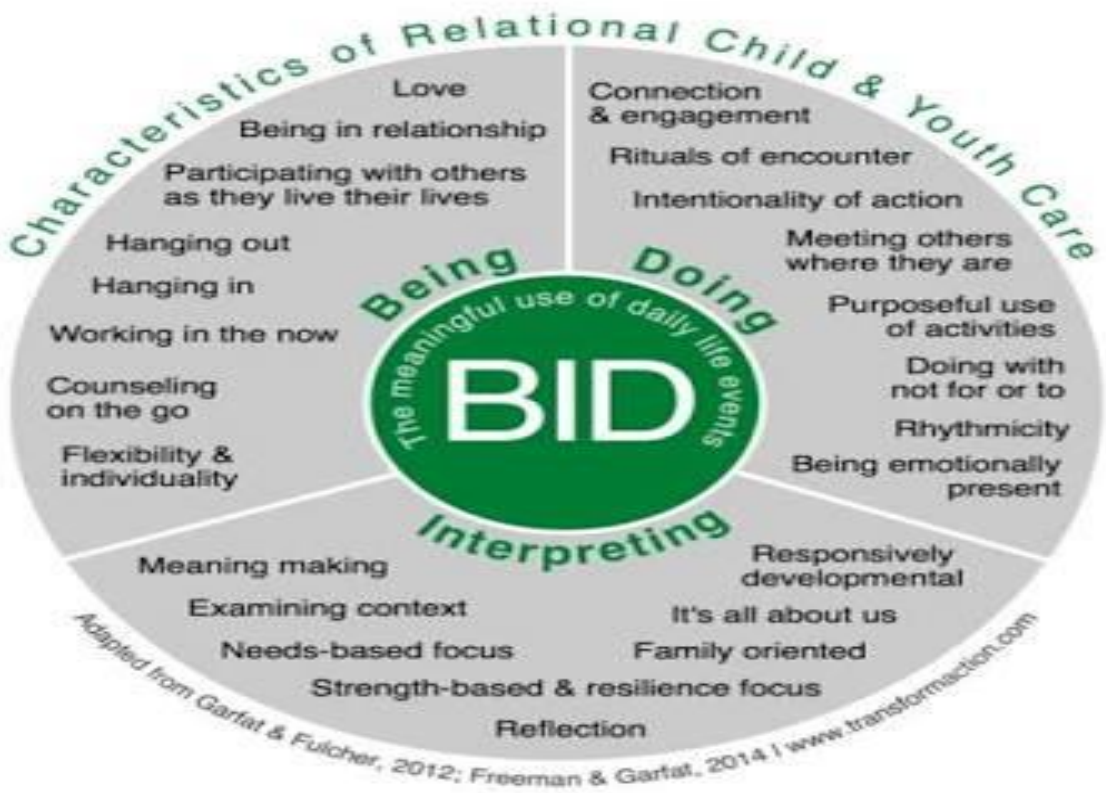
• The Children's Act7 (Act 38 of 2005, as amended by Act 41 of 2007). This is a comprehensive law which deals with all matters which affect children. It has replaced the Child Care Act of 1983 and Section 4 of the Prevention of Family Violence Act of 1993.

2.14.8 The need for and role of Child and Youth Care Workers

Child and youth care work "involves using the everyday, seemingly simple, moments which occur, as CYC Practitioners live and work with people to help them find different ways of being and living in the world" (Garfat and Fulcher 2012:10). Grobbelaar and Napier (2014:03) described child and youth care work as social service professionals, who care for and work with and children at risk. In addition, Garfat and Fulcher (2012:05) wrote that child and youth care workers "are ideally situated to be among the most influential of healers and helpers in a person or family's life." Child and youth care workers are also trained on how to work in various settings apart from only institutional settings. They work in the "life space" of children and youth, focusing on their development and growth of all children as well as youth in different contexts such as the family and community (Mabectoa 2013:01). Child

and youth care workers participate in using their day-to-day environments, life-spaces and life experiences, and through the development of therapeutic relationships, they can intervene with troubled and traumatized youth and children. Caring for children requires an understanding of the key components of developmental, therapeutic and health care. It also encompasses social, physical and emotional support and care (Grobbelaar and Napier 2014:02). Child and youth care workers work with a great deal of young people (including their families and communities), from various race groups, age groups and gender. They are sensitive towards diversity therefore they have the necessary knowledge and skills on how to respond effectively to children with diverse needs. Curry et al. (2011:07) explained that promoting child and youth development within the life-space is a central feature of Child and Youth Care work. There are a range of child and youth care characteristics.

Figure 2.14.8.1 illustrates these various characteristics.



As seen in Figure 2.14.8.1 there are a multitude of activities that child and youth care workers can use in the daily life-space of children, who are victims of abuse and their families. Currently there are child and youth care workers who work as court intermediaries in South Africa. Collins *et al*. (2016:01) explained that registered court intermediaries can be referred to as communication specialists who facilitate the communication of children, that participate in the criminal justice system. Similarly, a report by the Youth Justice Legal Centre (2013:01) said that an intermediary is a communication specialist who facilitates two way communication between a vulnerable person (a child) and the other participants in the legal process. Intermediaries provide impartial assistance to those, especially children with communication difficulties, learning difficulties or mental health problems. The role of a court intermediary is to convey related questions from the defence, the prosecution or magistrate to the child who is either a victim or witness, with a special condition in a manner which is sensitive and understandable to them (Department of Justice and Constitutional Development 2013:01 & Collins *et al*. 2016:01).

Their job as an intermediary is to help create, a child friendly environment in the court by taking the child away from the formal court proceedings, helping them to testify in a way that they understand and in a manner that is less threatening and overwhelming for the child. According to a report by the Department of Justice and Constitutional Development (2013:01) the role of a court intermediary, serves two specific functions. These two functions are to protect the child against hostile cross-examination and to assist the child in understanding the questions being asked. Children with special needs who are victims of abuse have to testify in court and this can be a difficult process for them, as they are often afraid of the perpetrator (UNICEF 2013:09). Jonker (2007:07) argued that some of the important roles of an intermediary includes: building rapport with the child, conveying the content and meaning of the question to the level of the child's developmental stage and to ensure that the child understands the question posed to him or her, so they can give a relevant answer. However, there is a need for child and youth care workers to do much more, with children who are victims with special needs since they have the expertise.

The role of the child and youth care worker and the role of a court intermediary are similar. Both parties build rapport with the child, convey meaning and questions

towards a child at a level of their understanding and development. This ensures that the child understands what is being said and enables both practitioners to use creative and therapeutic approaches and activities that will help the child to express, what has been done and by whom. For example, a child and youth care worker can make use of play dolls for a child that cannot speak so the child can demonstrate what was done to them and how, for a child that can't hear, a child and youth care worker can hire a third party (qualified person) who can interpret what is being asked and said. In addition, court intermediaries and child and youth care workers have to provide holistic care for children who have been victims of crime with special needs. According to Jonker (2007:10) providing care holistically is divided into physical care (ensuring that children receive food, hygiene training and nutritional support in order to have a healthy development), emotional care (observing the child's behaviour during court proceedings and finding appropriate support structures to help children heal and grow), spiritual care (helping the child to understand what it means to take an oath and to also help the child to gain an experience of religion and culture) and cognitive care (helping the child by assessing the child's competence to testify in court using different basic activities).

2.15 Preventing and promoting child abuse

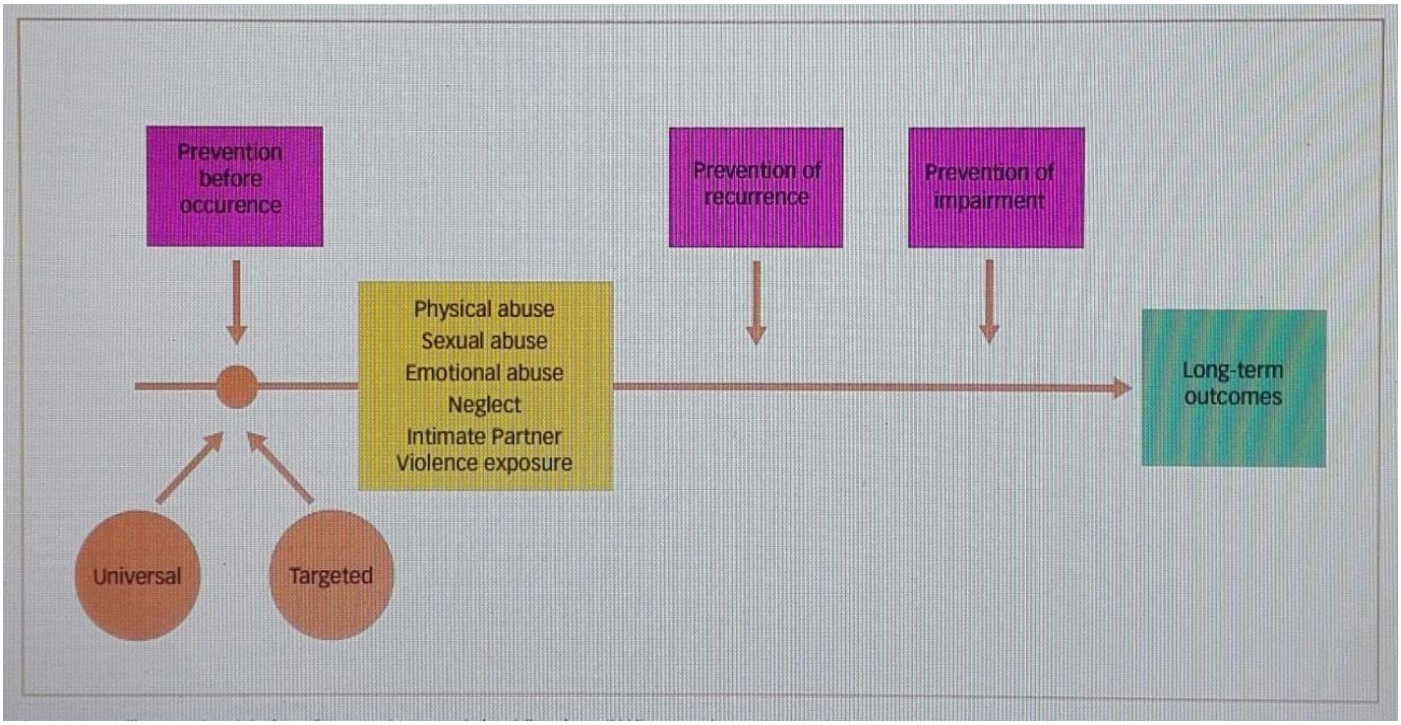
Child abuse is a tragedy, which impacts on the lives of at approximately three children on a daily basis and affecting millions of children as well as families annually (Department of health sciences and human services 2004:02). It is crucial that all stakeholders, work together in order to strengthen and support families so that we can prevent such tragedies from occurring. Whilst there are concerns about child abuse against children with special needs, very little exists regarding the prevention of harm and promotion of safety. The sub section below focuses on strategies for the prevention of child abuse.

2.15.1 Prevention of child abuse

Preventing child abuse requires that government, civil society and academics, work holistically to develop interventions that address risk factors. It is vital to prevent child

abuse before it occurs, and to provide support services for children as well as their families when abuse has occurred. Figure 2.15.1.1 below captures a prevention framework.

Figure 2.15.1.1: Prevention framework



Source: Adapted from Jamieson, Berry and Lake 2017:63

2.15.2 Sex education

Children (including those with special needs) in South Africa experience all forms of abuse, however sexual abuse is the most pertinent form of abuse which affects 29% of all children between the ages of 0-10 years old (UNICEF 2012:36). It is in this context that there is a heightened need to focus on children with special needs, since they are more likely to become victims of sexual abuse (Sullivan and Knutson 2000).

As discussed earlier children with special needs lack knowledge regarding abuse, in particular sexual abuse. Sex education can serve as a powerful prevention tool towards child sexual abuse. According to De Witt (2009:280) sex education can be described as an attempt to provide children with special needs, about everything that

they need to know in order to understand their sex role and how to identify with it. Sex education can enable children with special needs to protect themselves from sexual abuse or violence, unplanned pregnancies and sexually transmitted disease (Guven 2015:146). It can also help children to make healthy choices regarding sexuality.

The Department of Health (2010:01) described the objectives of sex education as follows:

- Educate children on how to accept the roles and responsibilities of their own gender by acquiring knowledge of their sexuality.

- Sex education teaches children about self-acceptance and the skills of interpersonal relationships.

According to Wissink *et al*. (2014:29) sex education can teach children with special needs about defensive and self-protection techniques, which can help to prevent them from being victims of sexual abuse or re-victimised. Sex education can also empower children with special needs (especially females) to make choices in social or sexual situations and to detect danger (Rousso 2003:14). Parents are the best guides for all children. The most accurate information regarding sex, should be provided by parents first (Guven 2015:143). Furthermore, Dyson (2010:05) contended that although parents require their children to be well informed about sex, sexual health and relationships in schools, they want to be kept informed about the content of school programs.

The second best guide for providing sex education for children with special needs are schools. Sexual abuse prevention programmes can be taught to children with special needs in their schools. Schools, together with teachers must be supported by the Department of Education, in order to provide high quality sexual health education for children with special needs at developmentally appropriate stages throughout their education (Dyson 2010:05). Schools must ensure that the programmes are easily accessible for all children with special needs. However, according to Brown and Saied (2015:18) education regarding safety issues for

children with special needs is often not available in accessible forms (for example easy to read, audio or sign language). School-based programmes should aim towards teaching children with special needs about personal safety skills, teach them strategies to avoid certain situations and to empower children to disclose the abuse to a trusted adult (Brown and Saied 2015:15). In addition, these programmes should teach children with special needs about healthy relationships, where to go for assistance and advice and how to go about disclosing sexual abuse (Brown and Saied 2015:16).

Sex education and training can help children with special needs to reduce their vulnerability to sexual abuse (Wissink *et al*. 2014:33). The teaching methods that are instilled in children with special needs (both by parents and schools) will differ as it depends on the needs of the children.

Table 12.15.3: Children with special needs and their sense of safety

Being physically safe	Being emotionally safe	Having access needs met	Feeling capable
A safe place	Trusted relationships	Physical	Supported
Be out of danger	Comfortable	Social	Listened to
Stick together	Known and understood	Emotional	Able to influence
Not mistreated	Respected		
	Protected		

Children with special needs are often clear about connecting safe places with the actions of people in the places that either kept them safe, or would protect them if it was necessary.

2.16 Conclusion

This chapter presented the core literature around the objectives of this study. Empirical research from both local and international studies highlighted the various types of abuse that children with special needs endure, grounding the need for this study. It further illuminated the challenges faced by children with special needs and the literature around how solutions could be developed to address these challenges. The review affirmed that violence against children in South Africa requires serious and urgent attention. The existing policies, legislation and coordination mechanisms were discussed and point to the legal structures in place to assist children with special needs. The challenge lies primarily in establishing the coordination amongst the various systems to ensure that a holistic approach is levelled towards helping victims and prevention. Chapter three that follows will present the research methodology which guided the study.

CHAPTER THREE:

RESEARCH METHODOLOGY

3.1 Introduction

This study focused on developing a holistic community based response, to help families with special needs children, who have been victims of abuse. This chapter provides a discussion on qualitative methodology, which was chosen to guide the study. The samples selected and the sampling strategy used are also elucidated. Data was collected from three purposively selected samples viz. family members, community members (teachers, police officers and members from child welfare) and a cross section of social service professionals (social workers, court intermediaries, prosecutors and magistrates). The methods used to collect the data viz. semi-structured interviews is also presented. Finally the process of data analysis viz. thematic analysis is detailed and the ethical considerations surrounding this study is explained.

3.2 Research design

There are various ways of developing new knowledge, however one of the key ways in acquiring new information and knowledge is by simply carrying out research. Research can be defined as the “scientific, controlled, empirical and critical investigation of natural phenomena, guided by theory and hypotheses about presumed relations among such phenomena” (Kerlinger and Lee 2000:14). In addition, every researcher has to focus their attention towards a research design. The term research design can be referred to as “plans and procedures for research, that span the decisions from broad assumptions to detailed methods of data collection and analysis” (Creswell 2009:03). For the purpose of this study, an exploratory research design was used. Pilot and Hungler (2004:233) explained that, methodology refers to ways of obtaining, organising and analysing data. There are three ways in which research can be carried out, namely quantitative research, qualitative research and mixed method research. The type of research depends on

exactly what the researcher is looking for and more or less the exact purpose of the research.

The researcher used a qualitative research approach. Qualitative methodology is "dialectic and interpretive, during the interaction between the researcher and the research participants, the participant's world is discovered and interpreted by means of a qualitative method" (de Vos 2002:360). Qualitative research has advanced our knowledge about different ways of collecting and analysing non-quantified data about social phenomena (de Vos *et al*. 2011: 352). According to Holloway (2010:3) qualitative research can be defined as "a form of social inquiry that focuses on the way people make sense of their experiences and the world in which they live." Similarly qualitative research is "a way of studying people and their social worlds by going there, observing them closely in their natural setting and learning how they understand their situations and account for their behaviour" (Richards 2015:55). Creswell (2009:126) also explained that qualitative research is conducted in order to understand human experiences, therefore it was appropriate for this study. In addition Berg (2007:03) asserted that qualitative research refers "to the meanings, concepts, definitions, characteristics and descriptions of things." It helps to provide meaningful and important knowledge, hence it was the most suitable approach for this study (Beck 2003:231). The result of qualitative research is therefore descriptive rather than predictive.

From the above, it is clear that qualitative research uses various methods that produce words instead of numbers. Researchers who utilize this approach focus their attention towards understanding the meaning that people who are being studied build or put together. According to Holloway (2005:4) qualitative researchers adopt a holistic perspective, so that the experiences of others could be understood. This experience is unique in nature and the rich knowledge that is generated, helps the researcher to paint a clear picture of the participant's reality or world. The researcher has opted to use qualitative research in order to gain a genuine understanding of the experiences and challenges that children with special needs, as well as their families have experienced. Qualitative research was applicable to this study because it enabled the collection of data. Hence the researcher aimed to understand the context of what was being studied in detail, in order for her to understand what

needed to be done to develop a community based approach that could help victims and their families.

Creswell (2007:14) identified the following characteristics of qualitative research:

1. Researchers who use the qualitative approach collect data in the field at the site where the research participants experience the problem being studied.

2. Qualitative researchers collect the data themselves through the examination of documents and interviewing participants.

3. Qualitative researchers gather multiple forms of data, instead of relying on a single data source.

Kumar (2005:12) added the following characteristics of the qualitative design:

1. The qualitative approach is regarded as unstructured, as it allows flexibility throughout research process.

2. The unstructured approach is more appropriate to explore the nature of a problem, issue or phenomenon.

Moreover qualitative research is characterized as being developmental and dynamic (Holloway 2005:5). It allows the collection of rich data so that the researcher needs to understand the context of what is being studied in detail, in order for him/her to understand the phenomena that is being studied. The data used in qualitative research, often in the form of text, which is words gives more emphasis and meaning (the words of families of children with special needs who have been abused will help the researcher to understand the experiences that they have endured).

Burns and Grove (2003:374-375) detailed the advantages of qualitative research. They said that: qualitative research seeks to understand the emotions of humans. Some of these emotions include caring, pain and powerlessness. Furthermore,

human emotions are difficult to quantify, therefore qualitative research is seen as an effective method of investigating emotional responses.

The focus of qualitative research is thus narrowed down to a single focus, in a particular study, instead of focusing on all the aspects involved around the discussion that is related to the particular topic. The data collection methods in qualitative research revolve around structured, unstructured and semi- structured interviews. Burns and Grove (2003:357) added that qualitative research also develops concepts and insights and derives understanding and meaning from participants. It uses concepts in the form of themes and categories and qualitative research uses a holistic unit of analysis. The sample size in qualitative research is small and the analysis is subjective, meaning that it relates to the way a person explains things in his or her own mind. Lastly the hypothesis, unlike quantitative research, cannot be tested. In qualitative research, it is designed to explore a particular area that may later be hypothesis tested, with the quantitative approach.

3.3 Study setting

The study was undertaken in the Province of Kwa-Zulu Natal, more specifically in the Phoenix area on the North Coast. This area was chosen due to the increased number of children with special needs who have been victims of abuse and whose families have not had adequate support in terms of securing help and support. This information was sourced from the Phoenix Child and Family Welfare Society. The participants (families and community members) in this study were chosen primarily from the Phoenix area of Durban in KwaZulu- Natal. The main sample viz. the family members were chosen from the Durban Coastal and Mental Health Child Welfare and the community members were chosen from other organizations/institutions. Other participants (magistrates, prosecutors and court intermediaries) in the study were chosen from the Verulam area of Durban in KwaZulu-Natal which was in close proximity to Phoenix. These are the key people pivotal in the provision of services to affected children and their families.

3.4 Population

A population is referred to as “the theoretically specified aggregation of the elements in a study” (Babbie 2014:206). Creswell (2009:25) added that a population can be described as individuals who comprise of similar characteristics and who are eligible to be included in the research study. The population for a study is normally a group of people about who the researcher wants to draw conclusions from. In this field of research, the researcher focused on families with special needs children who have been victims of abuse in the Phoenix area, in the Province of Kwa-Zulu Natal.

The study included three population groups viz. the families with special needs children who have been victims of abuse, that were located in the Phoenix area, a cross section of relevant community members and a group of social service professionals from various child justice agencies/organisations. It is difficult to specify the exact number of those who constitute the population of these different groups. This is also not a requirement in qualitative studies.

3.5 Sampling

Sampling is one of the key aspects of a research study. The term sample “comprises elements or a subset of the population considered for actual inclusion in the study, or it can be viewed as a subset of measurements drawn from a population, in which we are interested” (Unrau, Gabor & Grinnell 2007:279). Bhattacherjee (2012:66) described sampling as “the statistical process of selecting a subset (called a “sample”) of a population of interest for purposes of making observations and statistical inferences about that population.” Moreover, sampling is significant in qualitative research and the sites and participants should be selected so that they can purposefully inform an understanding of the research under study (Creswell 2009:125).

3.6 Sampling strategy and samples

Non-probability sampling methods as described by Gravetter, Forzano and Salkind (cited by de Vos *et al*., 2011:391) said that the “odds of selecting a particular

individual are not known because the researcher does not know the population size or the members of the population." In addition, non- probability sampling can also be described as "a sampling technique in which some units of the population have a zero chance of selection or where the probability of selection cannot be accurately determined" (Bhattacherjee 2012:70).

The research project utilised a purposeful /purposive sampling strategy. This type of sampling strategy can result in a sample which is "composed of elements that contain the most characteristic, representative or typical attributes of the population that serve the purpose of the study best" (Grinnell and Unrau 2008:153; Moneette, Sullivan and DeJong 2005:148). Babbie (2014:200) further explained that purposive sampling is "a type of non-probability sampling in which the researcher's judgment about which ones will be the most useful or representative is used." The reason for using this strategy is to collect data concerning a specific group of individuals who can best provide data related to the research questions.

This strategy was used for all three samples selected. A purposive sample of seven families was used for sample one (the families consisted of parents, five mothers, one dad and one aunt.) and was selected with the help of the Child Welfare setting. The chosen Child Welfare setting was the Durban Coastal and Mental Health, due to them having high case loads of children who were abused. They were considered to be rich cases of children with special needs who were victims of abuse. Ten participants were used from sample two (community members consisted of teachers, assistant teachers, principal, social workers, police officers and psychologists) and ten participants was used for sample three (social service professionals consisted of magistrates, prosecutors, court intermediary and social workers).

The researcher then worked with three sample groups, namely the families of children with special needs who have been victims of abuse (to obtain information from them about their experiences); various community stakeholders (to develop community based strategies to both prevent and provide support to victims and their families); and a group of social service professionals (to explore what could be done by these organisations to assist families and victims to report their cases and secure legal intervention). The researcher was, (with the assistance of the Phoenix Child Welfare) able to purposefully select individuals.

3.7 Sampling method

The researcher received ethical approval from the Institutional Research Ethics Committee **(Annexure N)** of the Durban University of Technology and permission letters, to utilise all the participants in the study viz. family members, community members and social service professionals **(Annexure G, Annexure I, Annexure K and Annexure M)**, was sent to the Head of management at each Organisation (viz. Durban Coastal and Mental Health, S Dass special school, South African Police Services and the Verulam court). (Permission was sought by using **Annexure F, Annexure H, Annexure J and Annexure L**).

Step 1:

The researcher approached the Head of management at each organization (Durban Coastal and Mental Health Child Welfare, S Dass special school, South African Police Services and the Verulam court). This was done in order to ensure that management was fully aware about the study to be conducted as well as the necessary process. It was also to secure permission for gatekeeper approval to use participants from these organizations. The researcher discussed all the necessary and significant information about the study viz. the aim of the study, the objectives of the study and the benefits of the study. Furthermore, the researcher also emphasized on the type of participants which was applicable and needed for the participation of the study.

Step 2:

The Head of management from the relevant organizations identified the participants who were needed for the study and secured preliminary consent from the participates in the study. The manager of the Durban Coastal and Mental Health Child Welfare referred a social worker from within the organization to help the researcher identify families who were suitable for the study. The Head of management from the other three organizations/ Institutions (S Dass special school, South African Police Services and Verulam court) identified the participants that were suitable for the study. After this process, the researcher met with those who

agreed to participate at the respective organizations. The researcher gave all the research participants a short introduction about herself and acquainted herself with them in a respectful and professional manner. A clear explanation was given to all participants regarding the purpose and benefits of the study. The research participants were given an opportunity to decide if they wanted to be involved in the study.

Informal, screening interviews was conducted with every participant who agreed to be involved in the study. The researcher conducted all interviews in a private area, which was arranged by the head of management within each organization/institution. The researcher provided each participant with a letter of information (Annexure D), which stipulated further information (the main aim of the study, the purpose and objectives of the study and the benefits) about the study. The above mentioned letter also highlighted the importance of voluntarily participation and the right to withdraw from the study at any given time. Once the participants agreed to participate in the research study, they were requested to sign a form, informed consent (Annexure E) which confirmed their agreement to participate in the study. The researcher assured each participant of their confidentiality and anonymity in the data collection and write up of the study.

3.8 Inclusion and exclusion criteria

The inclusion criteria and exclusion criteria specified who could be included or excluded from the study sample.

3.8.1 Inclusion criteria

Garg (2016:641) stated that the inclusion criteria helps to identify the study population in a consistent, reliable, uniform and objective manner. In addition, Salkind (2010:438) further explained that inclusion criteria refers to a set of characteristics used to identify subjects who will be included in the research study. As stated above, three sample groups were included in the study (families, community members and a cross section of social service professionals).

The first sample constituted family members and included the child's legal guardian, immediate parents and extended family members (such as aunt). One member from each family was interviewed. The reason why the children's families were interviewed was because they were able to describe how the experience had affected the child and family. Furthermore, the families were chosen so that they could share the experiences of abuse endured by their respective children, discuss the difficulties experienced in reporting the abuse as well as how their problem was addressed.

The second sample consisted of various community members. These members were included in the study in order to see how the community could work together to report and respond to the abuse, as well as to provide support for the children and their families. The third sample was social service professionals. They were included in the study in order to develop guidelines that could assist the children and families and to develop and implement legal processes and other help required.

3.8.2 Exclusion criteria

According to Salkind (2010:439) the exclusion criteria makes up the selection or eligibility criteria used to rule out the target population for the study. The abused children with special needs were excluded from the study. The reason why the researcher did not interview or use these children was because of the sensitive nature of their abuse and to ensure that no further trauma was caused to the children. Moreover these children are often unable to articulate themselves especially to strangers.

3.9 Data collection

Burns and Grove (2003:373) described data collection as a systematic gathering of information relevant to a research study. Qualitative research have various sources of data. Some of these consist of interviewing, observations, documents and photographs (Glaister 2001:66). The researcher conducted in-depth interviews with research participants in order to obtain data for this study.

3.9.1 The interview schedule

“Interviews are one of the most commonly recognized forms of qualitative research” (Mason 2002:63). Interviews are “interactional” and explore meaning in greater depth as compared with other procedures (Denzin and Norman 2001:25). Semi-structured one-to-one interviews provided flexibility for the researcher and the research participants (Denzin and Norman 2001:40), it was seen as the most appropriate method for data collection. According to Cohen and Crabtree (2006), a semi-structured interview is referred to as a data-collection encounter in which one person (an interviewer) asks questions of another (a respondent). The aim of interviewing in qualitative research is to explore or learn what is important according to the person giving information, for example their perspectives and meanings. This is a formal interview, where there is a scheduled time for the interviewer and respondent to meet, sit down and interact with each other. The researcher built a rapport with the participants and allowed them to open up and express themselves freely. In doing this, the researcher was also able to build trust with the respondents.

For the purpose of this study, the researcher used three interview schedules with open-ended questions in order to obtain data which was relevant to the study **(Appendix A, Appendix B and Appendix C)**. Appendix A was the interview schedule for the families of the children (sample one), Appendix B was the interview schedule which was used for various community stakeholders (sample two), this was in order to gather information on how the families, school and community organisations could address this issue. Appendix C was the interview schedule which was used for social service professionals (sample three) in order to obtain an understanding of what legal processes were required to be implemented in this situation. Farooq (2013:01) defined an interview schedule as “a set of questions formulated and presented with specific purpose for testing an assumption or hypothesis.” In addition, an interview schedule is a set of prepared questions designed to be asked exactly as worded. In this study the advantage of a predetermined interview schedule allowed the researcher to develop appropriate probing questions that were pre-worded in a sensitive and respectful way (Denzin and Norman 2001:40). Probing has been described as the use of prompting questions which is used to draw together more information or to elaborate on specific questions (Denzin and Norman 2001:25). It aims towards guiding an interview that

takes place between the researcher and his/her participant. By preparing an interview schedule, the researcher was able to think about what they hoped the interview might cover and about any difficulties that may be encountered during the interview process (example wrong wording of questions or sensitive areas).

3.9.2 Interview setting

The researcher ensured that the interviews were conducted in a private environment which gave the researcher and participants privacy and a sense of comfort for the interview. The researcher had chosen to conduct the study in the Province of Kwa Zulu Natal, more specifically in the Phoenix area on the North Coast. Majority of the interviews were held within the Phoenix community. The individual interviews with the families (sample one) was conducted at the Durban and Coastal Mental Health Child Welfare. The individual in-depth interviews with the community members (sample two) was conducted in the homes and at community based organisations and the individual in-depth interviews with social service professionals (sample three) was conducted at the Verulam court. The researcher ensured that she arrived at the interview venues on time (Rapley and John 2001: 319).

3.9.3 Interview process

Preparation for the interview began when the researcher selected the participants according to the sampling criteria. In “selecting interviewees for qualitative interviews, interviewers should enter the world of interviewees” (De Vos 2002:292). At the beginning of the interviews, research participants were welcomed and treated to snacks and cool drinks. The researcher explained the aspects of the research to each interviewee (viz. the interview venue, the use of a tape recording device and the amount of time allocated for the interview), this was done to ensure that the researcher could capture the rich and meaningful responses which would later be analyzed. “The interviewer strived towards establishing a cordial atmosphere so that interviewees felt secure and had the confidence to speak freely” (De Vos 2002:293). During the interview process, the researcher also used the probing technique. Probing encouraged and enabled participants (interviewees) to provide more

information. The researcher used special probing techniques, some of these techniques included the following:

1. The silent probe: the researcher can just pause and wait. This may "suggest to the respondents that the interviewer is waiting for a much detailed response" (Bhattacherjee 2012:81).

2. Tracking: The researcher encourages the research participants to speak by following the meaning and content of their verbal and non-verbal conversation (De Vos 2002:294).

3. Reflective summary: "the interviewers repeat in their own words, the ideas, opinions and feelings of interviewees correctly" (De Vos 2002:294).

Twenty seven interviews were conducted, each interview session was between 45 minutes to one and a half hours. The role of the interviewees during the interview process was to talk about issues related to the study, and to also provide information that was relevant to the study. During the interview sessions, the participants shared their personal and professional experiences pertaining towards abused children with special needs. The participants also shared information regarding the existing community resources and proposed what other community based interventions would be required, that were appropriate towards supporting families with special needs children who have been victims of abuse. During the interview sessions, the research made notes in order to capture important information pertaining to the emotional state of the research participants.

The researcher developed three interview schedules which guided her through the interview process. Annexure A was the interview schedule for sample one (families). This was designed to explore what the legal and psycho-social needs of families were. Annexure B was the interview schedule for sample two (community

stakeholders) which was used for the in-depth interviews and which was designed to gather information on how community members and organizations within the community could provide support for these children and their families. Annexure C was the interview schedule for sample three (social service professionals) which was used for in-depth interviews designed to explore what legal procedures could be pursued when this abuse occurs.

3.10 Procedure for data collection

The researcher chose semi structured in-depth interviews in order to understand the experiences of the selected participants (De Vos *et al*. 2011). Please see Table 3.10.1 below for the number of participants and tools used. All the in-depth interviews were recorded by the researcher to assist with recording the interviews accurately. Each participant agreed to be interviewed and recorded before the interviews began. For this reason, the researcher had developed letters of information **(Annexure D)** and consent forms **(Annexure E)** for each participant prior to the interviews.

Table 3.10.1: Relationship between the samples, data collection tools and the objectives of the study:

SAMPLE	DATA COLLECTION TOOL	OBJECTIVES
1. Seven Families (five mothers, one father and one aunt. Data was collected till saturation.	Interview schedule	To inquire about what the psycho-social and legal needs of these children and their families are.
2. Ten community members (one teacher, two assistant teachers, one HOD, one principal, one police officer, one captain and one psychologist and two social workers). Data was collected till saturation.	Interview schedule	To explore how community resources and members can utilise a holistic response and explore what strategies can be put in place to address the problem.

3. Ten social service professionals (one magistrate, one court intermediary, three prosecutors and five social workers). Data was collected till saturation.	Interview schedule	To explore what legal processes can be pursued following this experience and to explore what guidelines can be developed in order to assist victims and their families.

3.11 Procedure for data analysis

According to De Vos (2002:339) data analysis can be described as a challenging yet creative process which is characterised by an intimate relation between the researcher with their participants and the data generated. Furthermore, analysis can be referred to as a mechanism for organising data in order to produce findings that require interpretation by the researcher (Burns and Grove 2003:479). Two types of methods was used to analyse the data, these include recording on a device and note taking.

The procedure used for data analysis was implemented with respect to data collected from all samples. With the consent of the participants, the researcher used an audio recording device to record the information collected from in the in-depth interviews. With the use of the recording device and the interview schedules, the researcher collected data from the Phoenix Community. All the interviews were recorded on a device. This enabled the researcher to capture all the significant and rich information from the research participants. The researcher also wrote down notes. Thereafter, the researcher saved audio recordings onto an electronic device such as a computer and a back-up copy was saved onto a memory card.

The next step was the transcribing of the data. The researcher transcribed the raw data. These word documents were saved onto a computer, back-up memory card, as well as printed copies which were kept in a lever arch file, specifically for transcripts. The transcripts included relevant information such as the date of the interview, the name/group of participants, the category of the participants and the name of the audio recording (example folder 13: Number 07).

The data analysis began when the researcher read through the data set. In order to get an understanding of the data in its totality, the researcher read through the transcripts to get immersed, to get a sense of the interview as a whole (De Vos *et al*. 2011). The researcher read the transcripts several times in order to formulate categories and make logical sense of the data. The researcher listened to the participants descriptions and read and re-read the transcriptions (Henning 2004:127-128).

As the researcher immersed herself in the data, she noted and extracted important information. It was vital to take note of how statements of participants and themes emerged and connected to one another if the final description was to be comprehensive (Streubert-Speziale and Carpenter 2003:70). As the process of category generation involved noting regularities in the setting or people chosen for the study, the researcher was focused on "identifying salient themes, recurring ideas or language patterns of belief that link people and setting together" (De Vos *et al*. 2011:410). During this stage of the research process, the researcher searched for or identified those categories that have internal convergence and external divergence. The procedure of category generation compromised of the following: the labeling of phenomena; discovering categories; naming categories; and developing categories (De Vos *et al*. 2011).

The researcher utilised a thematic analysis approach which is commonly used in qualitative research for "identifying, analysing and reporting patterns (themes within data). It minimally organises and describes your data in (rich) detail" (Braun and Clarke 2006:82). Kreuger and Neuman (as cited by De Vos *et al*. 2011:415) explained that "beginning the process of evaluating how things that are not in the data can be important for analysis." During this stage, the researcher came across the following kinds of negative evidence events which the population group was unaware of and which they wanted to hide, events that did not occur and overlooked common places events (De Vos *et al*. 2011).

Once categories and patterns were discovered, the researcher engaged in challenging patterns. The researcher "searched for other, plausible explanations for these data and the linkages among them" (De Vos *et al*. 2011:416). Comparisons

between phenomena were made, leaving way for alternative explanations to be explored.

At this stage, the researcher attempted to identify the “lessons learned” by making sense of the data captured. This interpretation was based on “hunches, insights and intuition; interpretation within a social science construct or idea or a combination of personal views and a social science construct or idea” (De Vos *et al*. 2011:416). The researcher presented the data found in text, tabular and figure form. This process was called “concept mapping.”

3.12 Trustworthiness

Streubert-Speziale and Carpenter (2003:364) described trustworthiness as “establishing the validity and reliability of qualitative research”. Qualitative research becomes trustworthy when the experiences of the participants in the study are accurately represented. According to Liets, Langer and Furman (2006:444) trustworthiness van be described as the extent to which a researcher wants to reflect truth. To ensure trustworthiness in this qualitative enquiry, various criteria were used. These included the credibility, transferability and confirmability.

1. Credibility

Credibility is demonstrated when participants recognise the reported research findings as their own experiences (Streubert-Speziale & Carpenter 2003:38). It is the truth of how the participants know and experience the phenomenon (Talbot 1995:529). The researcher ensured that the same interview guides was used in order to conduct interviews with all the participants (per sample) in the study. To ensure credibility the researcher used written notes and audiotapes.

2. Transferability

Transferability refers to the probability that the findings in the study have significance for others in similar situations. Transferability can also be regarded as “fittingness” for it determines whether the findings actually fit in or are transferable to similar

situations (Streubert-Speziale and Carpenter 2003:39). Moreover, the researcher does not determine whether the findings are transferable or not, instead the potential user does (Streubert-Speziale and Carpenter 2003:29). It is the extent to which the findings from the data in the study can be transferred to other settings.

3. Confirmability

"If a study demonstrates credibility and fittingness, the study is also said to possess confirmability" (Streubert-Speziale and Carpenter 2003:38). Conformability can be regarded as a creation for evaluating data quality and refers to the neutrality of the data by an agreement between two or more dependent individuals that the data is similar (Pilot & Hungler 2004:435). Confirmability is a sort of strategy which ensures neutrality (De Vos 1998:331).

3.13 Ethical considerations

Ethical aspects are accepted moral principles which offer expectations based on behaviours and rules towards those who are involved in the research study. In addition, ethics are procedures which researchers have to adhere to when he/she is conducting their research. These procedures include legal, social and professional commitments (Creswell and Miller 2000:125). There are various ethical aspects that the researcher has to consider when involving the participants. Some of these include:

3.13.1 Avoidance of harm

The research should never cause harm or injure the people being studied, regardless of whether they volunteer for the study or not" (Babbie and Mouton 2001:522). Similarly, Babbie (2014:27) added that the fundamental ethical rule of research is that it should not bring any harm to research participants. During the process of interviewing, the researcher should consider what is being done and should ensure that the participants do not encounter any physical, emotional or psychological harm. Hence in some instances family members became emotionally

affected because what they shared in the interview triggered painful thoughts and memories about their past. In this situation, the researcher had to ensure that a qualified counselor was available to provide debriefing after the interviews.

3.13.2 Informed consent

A clear explanation of the research, its purpose and how it is planned to generate data was outlined to each participant. The researcher developed a letter of information (see Appendix E). “All participants must receive and sign the informed consent form as it clearly describes their right to not participate and right to withdraw, before their responses in the study can be recorded” (Bhattacherjee 2012:133). This was followed in the study. What is required of participants was also clearly be specified, so that they could make informed choices to participate voluntarily in the research. The researcher also informed the participants of how the data would be gathered, recorded and processed.

3.13.3 Anonymity and confidentiality

Babbie and Mouton (2001:523) suggested that the protection of participant’s identities was one of the most important issues. Confidentiality was maintained by ensuring that the participants names were not mentioned. According to Bhattacherjee (2012:133) participants should be guaranteed confidentiality, in which the researcher can identify an individual’s responses, but promises not to divulge that individual’s identity in any report or paper. The participants will be given an opportunity to withdraw if they feel that they do not want to continue. The researcher also informed the participants that the taped recordings would be kept in a safe and secure place (lockable steel cabinet) in order to ensure and maintain their privacy and confidentiality.

3.13.4 Voluntary participation

“Participation should at all times be voluntary and no one should be forced to participate in a project” (Rubin and Babbie 2005:71). All participants in the study

volunteered to and were given the option to withdraw from the study should they have wished to do so.

3.14 Conclusion

A qualitative paradigm was used to guide this study. Semi-structured interviews were used to collect important and in-depth information from participants. Thematic analysis was used to analyse the data. Chapter four that follows presents the analysis and discussions of findings.

CHAPTER FOUR:

ANALYSIS AND DISCUSSIONS OF FINDINGS

4.1 Introduction

In this chapter, the data from the study are presented as well as a discussion of findings in relation to the aim and objectives of the study. The aim of the study was to develop a community based response towards families with special needs children who have been victims of abuse. The study sought to explore and understand the experiences of abuse which children with special needs endured. These experiences were shared through the lens of parents. Through the parents, the study also explored legal and psychosocial needs of children with special needs who were victims of abuse. Furthermore, parents as well as other research participants viz. community members and social service professional were requested to identify and share community based interventions which they believed could respond to the needs of these families, prevent abuse against these children and to provide support to these families.

Data was collected through the use of in-depth interviews. For the purpose of this study interview schedules with open-ended questions was used in order to understand and explore the experiences and impacts of abuse. The interview schedules was also used to investigate the existing community based resources and what community based interventions could be used in the future, in order to assist and provide support to these families. During the interview process, a recording device was used. The researcher also wrote down notes. Following an analysis of data, common themes derived were through the use of thematic analysis. The themes and sub-themes served to represent the nature of each participant's experience. Rich data was obtained by getting participants to share their personal and professional experiences of the abuse endured by the children.

4.2 Relationship between the objectives and data collection tools

The table below presents the objectives and data collection tools used for this study.

Table 4.2.1: Objectives and data collection tools

Objectives	Data collection tools
1. To inquire about the psycho-social and legal needs of children with special needs who have been the victims of abuse.	Interviews
2. To explore how various community resources viz. the school and community organizations can be utilized as part of a holistic response to the abuse endured by children with special needs.	Interviews
3. To inquire what strategies can be put in place at a community level to address this problem.	Interviews
4. To develop guidelines on how Child and Youth Care workers can assist victims and their families.	Interviews

4.3 Demographic profiles

The demographic profiles of the participants are presented in the tables that follow. The demographic profile for sample one that is family members of children with special needs is presented in Table 4.3.1. The types of abuse endured by their special needs child is also presented in Table 4.3.1. In Table 4.3.2 the demographic profile for sample two is presented (community members) and in Table 4.3.3, the demographic profile of sample three is presented (social service professionals).

Table 4.3.1 Demographic profile of sample one

Pseudonym	**Gender**	**Type of abuse**
Family 1 (P1A)	Female	Emotional and sexual abuse
Family 2 (P1B)	Female	Physical abuse
Family 3 (P1C)	Male	Physical abuse
Family 4 (P1D)	Female	Neglect
Family 5 (P1E)	Male	Sexual abuse
Family 6 (P1F)	Male	Emotional
Family 7 (P1G)	Male	Neglect

4.3.2 Demographic profile of sample two

Pseudonym	**Gender**	**Occupation of community member**
Community member 1 (P2A)	Female	Assistant teacher
Community member 2 (P2B)	Female	HOD
Community member 3 (P2C)	Male	Teacher
Community member 4 (P2D)	Female	Assistant teacher
Community member 5 (P2E)	Male	Principal
Community member 6 (P2F)	Female	Psychologist
Community member 7 (P2G)	Male	Captain-police
Community member 8 (P2H)	Female	Social worker
Community member 9 (P2I)	Male	Police officer
Community member 10 (P2J)	Female	Social worker

4.3.3 Demographic profile of sample three

Pseudonym	Gender	Legal and social service professionals involved in abuse of children with special needs
Social service professional 1 (P3A)	Male	Magistrate
Social service professional 2 (P3B)	Female	Court intermediary
Social service professional 3 (P3C)	Female	Social worker
Social service professional 4 (P3D)	Female	Senior public prosecutor
Social service professional 5 (P3E)	Female	Prosecutor
Social service professional 6 (P3F)	Female	Regional prosecutor
Social service professional 7 (P3G)	Female	Social worker
Social service professional 8 (P3H)	Female	Social worker
Social service professional 9 (P3I)	Female	Social worker
Social service professional10 (P3J)	Female	Social worker

4.4 Interviews

Twenty seven participants were interviewed in totality for this study. The interview schedule contained a range of questions, which allowed each participant to share their experience of the abuse their child with special needs had underwent. This was with regards to sample one. With regards to sample two and three, both their experience in relation to dealing with a special needs child and knowledge with regards to a holistic approach to the problem was sought. Sample two compromised

of community members who were not involved directly in matters involving the children. Sample three compromised of legal and social service professionals involved in the abuse of children with special needs.

4.4.1 The process of analysing interviews

The process of analysing the responses from the interview involved carefully examining the responses of all participants, so that themes could be formulated. The researcher used a tape recorder to record the verbatim responses of each participant. During the interview, notes were also taken. Thereafter, themes were identified. The following section presents an analysis of the data and a discussion of the findings made.

4.4.2 Data analysis and findings

This section below presents the four main themes and fourteen sub-themes derived from the data. The major themes and corresponding sub-themes are presented in Table 4.5 below.

4.5 Themes derived from interviews with all three samples

THEMES	SUB- THMES
1. The psycho-social effects of abuse and its impact on families.	1.1. Type of abuse endured by special needs children. 1.2. Trauma emanating from the abuse. 1.3. Effects of abuse on parents.
2. Challenges experienced by social service professionals	2.1 Lack of reporting and communication difficulties.

	2.2. Inadequate facilities.
3. Existing community support services for special needs children	3.1. The school as a supporting Context. 3.2. Clinics and hospitals. 3.3. Role of spiritual support systems. 3.4. Government and NGOs. 3.5. Limited support services
4. The community as a context for intervention	4.1. Community initiatives to prevent abuse against children with special needs. 4.2. Government and non-governmental organizations initiatives. 4.3. Advocacy and awareness. 4.4. Role of Child and Youth Care workers.

4.6 Themes and sub-themes

4.6.1 Theme 1: The psycho-social effects and its impacts on families

Sub-themes:

- Type of abuse endured by special needs children
- Trauma emanating from the abuse
- Feelings of depression and isolation

The first theme related to the type of abuse experienced by children with special needs. Child abuse is defined as “behaviour that causes significant harm to a child. It is also “when someone knowingly fails to prevent serious harm to a child” (Stalker,

Lister, Lerpiniere and McArthur 2010:06). The sub-themes relate to the various types of abuse that children with special needs endured, as well as the deep trauma experienced and the feelings of isolation, children with special needs and their families experienced. Sexual abuse, physical abuse, emotional abuse and neglect were identified as common types of abuse amongst children with special needs. The following excerpts capture sub-theme 1.

4.6.1.1 Sub- theme 1: Type of abuse endured by special needs children

Parents said as follows:

P 1B: "The abuse that happened to my child was more physical abuse. It was by a male person that we knew and this person used to look after her and he used to be hitting her all the time and take out his frustrations on her. Then one day, I saw some marks on her. I was very, very angry…. I did not know what to do."

P 1D: "I stay in a wendy house so when I go to work my child's granny look after her but when I leave for work they chase my child out. I saw my father-in-law and brother-in-law chasing her out so many times so my child wanders about when I'm not around… there's no care for my child… they don't like my child and leave her to go anywhere… they neglect her…they put my child in the wendy house and latch the door… the wendy house is dangerous."

P 1E: "He was sexually abused and you know… the person who used to do this to him was somebody that … we know… I was very shocked and I didn't know at that time whether to believe or not to believe… I didn't know how to handle it."

P1G: "He used to be alone at home. His father worked… it was hard because he had no petrol or money to come home so he used to sleep at work. So he was free to do what he wanted at home, he used to mess himself and watch inappropriate movies… during the day he was alone at home and at night my brother used to go

see him… when he was hungry he used to ask the neighbors and they will make sweep the yard and then give him left over's food."

Legal and social services professionals said as follows:

P 3G: "We have sexual abuse and because children with special needs do not have the vocabulary to express it, you find it's on the increase. They can't differentiate between appropriate and inappropriate touch. The issue of neglect, children with special needs are prone to neglect and they can't speak up when they are not being fed and when their medication is not given… there's also the issue of physical abuse, children with special needs display behavioural problems and parents can't cope with that so they don't know the difference between abuse discipline… it becomes physical abuse."

P 3E: "We come into contact with those that have a physical disability… These children experience physical abuse, sexual abuse and neglect, which goes hand in hand with abandon. So those are the most prevalent types of abuse."

P 3A: "The special needs children that come to our court… They could either be criminal cases where for example, they may have been sexually abused or sexually assaulted and because they are special needs children, people sometimes tend to take advantage over them… sometimes the children are abused sexually in nature, sometimes end up in violence and sometimes it even ends in murder."

P 3B: "Most of the abuse that we are dealing with in this court especially the children, they are being sexually abused. It's very rare to get a case where it's an assault."

P 3H: "It is mostly sexual abuse… children with intellectual disabilities experience more sexual abuse."

One community member stressed:

P 2G: “Mostly sexual because of the fact that they cannot get away.”

4.6.1.2. Discussion

The excerpts presented indicate that children with special needs have experienced different types of abuse viz. sexual abuse, physical abuse, emotional abuse and neglect. This is supported in the literature by several authors, who stated that children with special needs are especially vulnerable to all types of abuse such as sexual abuse, physical abuse, emotional abuse and neglect (Dockerty *et al*. 2015: 09; Carter 2015:285 and Miller and Brown 2014: 08). Empirical studies have also shown a strong association between children with special needs and abuse (Orelove *et al*. 2000; Hershkowitz *et al*. 2007; Lightfoot *et al*. 2011; Stalker and McArthur 2012; Miller and Brown 2014 and Hernon *et al*. 2015), which supports the notion that children with special conditions are more prone to abuse. This could be due to the fact that children with special needs have fewer people whom they can share their abuse with or they may experience difficulty making themselves understood (National Society for the Prevention of Cruelty to Children 2013:04).

Within an international context, multiple authors have indicated in their studies that children with special needs are more prone to becoming victims of abuse when compared to children without special needs (Lightfoot *et al*. 2011:01; Mikton *et al*. 2014:02; Wissink, Van Vugt, Moonen, Stams and Hendriks, 2015:21). Recent empirical work in South Africa supports a clear indication of the escalation, in the incidence of child abuse at a national level. Sexual abuse however appeared to be the most common form of abuse experienced by children with special needs. Many participants indicated that sexual abuse was the most recurrent type of abuse amongst children with special needs. Almost 50% of the cases documented were sexual in nature (South African Crime Quarterly 2015: 3), as reflected in the data as well. The data also indicated that in some cases, neglect went hand-in-hand with the physical or sexual abuse. This was reiterated by the National Association for Child and Youth Care Workers (2011:22), which stated that children (including those with special needs), who were assaulted were often neglected as well.

The higher prevalence of sexual abuse amongst children with special needs, was of concern. This too appears to be the trend in other studies, which found that children with special needs were at greater risk of child sexual abuse (Akbas *et al*. 2009:206; Emily 2012:01; Smith and Harrell 2013:01). Similarly, the SAPS (2010) explained that sexual abuse in South Africa is one of the most serious forms of abuse against children. One of the respondents, reported that children were often abused by the very people who they are familiar with. This has been supported by Miller and Brown (2014:08), who indicated that children with special needs are often abused by those within their families or by those who are known to them. Similarly, Wissink, Moonen, Van Vugt and Stams (2015:29) revealed that perpetrators are often from within their immediate or extended family. This is also concerning as the family is pivotal to ensuring the safety of children.

4.6.1.3 Sub-theme 2: Trauma emanating from the abuse

The following sub-themes reflect the impact that abuse has had on children with special needs. It reflects the trauma that emanates from the abuse of children with special needs on the child and family as well. The responses of participants were as follow:

Some parents shared:

P 1B: "My child had to go for lots of counseling because of what happened to her. She used to be like very disturbed and like traumatised… one time she shouldn't talk and play with anyone."

P1C: "When he was at home, he was very disturbed and he used to cry sometimes…he would be crying and unhappy and don't want to eat his food…"

P 1E: "And sometimes he will be crying in the night. He won't want to eat and I will have to sit with him and he becomes like err… hey I don't know how to say… he will want to fight with me and shout at me and say leave me alone."

4.6.1.4 Discussion

Trauma relates to a child's emotional and behavioural reactions, in relation to the abuse (Beckene *et al*. 2017:12). This trauma is evident within the aforementioned excerpts. Some of the parents expressed that their children were disturbed, cried frequently and were withdrawn. Whitman (2002:160) investigated the association between a child's experience of abuse and safety and their social functioning. He discovered that when a child has experienced abuse, their well-being is diminished. Similarly Jamieson, Berry and Lake (2017:61) added that exposure to neglect, abuse and other forms of child violence compromises a child's ability to thrive and increases their risk of mental health problems. What was evident from the data was the level of emotional distress experienced by the children. Lazenbatt (2010:02) emphasised that trauma is one of the most common mental health consequences of abuse. Children did not want to interact or play with others, would not want to eat and cried constantly (**P1B and P1E**). Buss, Warren and Horton (2015:227) concurred, saying that children who are traumatised also exhibit changes in sleeping pattern, eating and become easily frustrated. They added that children who are exposed to traumatic events avoid people, withdraw from relationships and have diminished interest in playing or other activities.

4.6.1.5 Sub-theme 3: The effects on parents

Parents said as follows:

P 1A: "All this affects me mentally, physically, emotionally and financially as a parent."

P1B: "They teased her and she used to cry… also the family they don't understand my child… whenever the children come together they push her aside…don't like playing with her… no family members understand so I cannot confide in anyone."

P 1C: “Well when the community have things my child is not included… a lot of people don’t understand children like my son… I was going to a support group …. because I was also getting into a state of depression… it’s a stressful life… I have to see to my needs and his needs… his stress also led me to (develop high blood) pressure and I finished off diabetic.”

4.6.1.6 Discussion

The preceding excerpts documented the debilitating effects that the abuse had on parents of children with special needs. Caring for a child with a special condition can create many challenges and hardships for parents (additional financial difficulties) for dealing with their child’s behavior , treating their child’s special condition and the stigma associated with children and their special needs (Ha, Greenberg and Seltzer 2011:405). Similarly, Pandya (2016:64) added that parents who have special needs children, requires, changes in their social life as well as feelings of stress, which are associated with emotional efforts to adjust to the situation. Many scholars emphasized that this creates the need for support, for parents of children with special needs, which includes social support and emotional psychological support (Hodapp 2007; Oelofsen and Richardson 2006). In addition, when parents find out that their child has been abused, they are not only traumatized but it also leads to greater emotional stress. It is therefore important for parents to seek professional support, so that therapy and support groups can be provided to them and their children to help overcome the trauma and reoccurring trauma (Child Welfare Information Gateway 2018:09). As evidenced in the data, some parents experienced depression and underwent stress (**P1A**). However, they were also expected to be strong and supportive towards their child and other members in the family.

4.6.2 Theme 2: Challenges working with special needs children who have been abused

Sub-themes:

- Lack of reporting and communication difficulties
- Inadequate facilities

The second theme related to the challenges that social service professionals encountered when working with children with special needs and their families. The responses are indicated below.

4.6.2.1 Sub-theme 1: Lack of reporting and communication difficulties

Social service professionals shared:

P3A: "Sometimes the child may not be able to use words to describe what happened but then again there you can use dolls and other objects. The challenge there is when a child testifies, sometimes you got to show extra patience because the child takes long and then it can be difficult to understand what the child really means. … So some of the challenges to recap is, the communication, sometimes it's a stop start affair, you got to adjourn multiple times in the day to allow the child to rest or to take medication or to eat and then come up. The other challenge especially with special needs children is that we must control how the questions are put through whether it's by the state or defence…. provisional sign language interpreter is sometimes a challenge because they are not as readily available as we would want them to be. We also need more provisional police officers and separate rooms at stations when children report their cases with their parents."

P3D: "One of our biggest issues is to assess a child regarding whether the child is competent to testify. If the child does not pass the competency test then you cannot even go into court on the merit of the case. A lot of times, we can't even overcome that… If the child does not report immediately, you lose key evidence and it becomes more difficult to prosecute those kinds of offences."

P3E: "There's a lack of wanting to report to the cases and eventually when they do report the case it's long past the incident date. That becomes a problem because we have to resurrect the matter or reconstruct the matter because children with special needs have poor memory skills so all that has a negative impact on the case when reported late….There is a lack of psychologists out there."

P3F: “They cannot relate what has happened to them. Most of the time, their IQ level mild to severe, intellectual disability... in instances, I have declined cases were rape has occurred on special needs child and just because we had no eye witnesses to say what happened, we didn’t have any DNA evidence to prove what happened and the child could not tell what has happened. So my challenge is if there is a special needs child involved in a rape matter or any abuse for that matter, if that child cannot speak we have to have secondary evidence like DNA evidence in the case of rape or an eye witness evidence. In the absence of the two, you cannot proceed and the child may feel as if justice has not been done.”

P3G: “They don’t have the vocabulary to express clearly what has happened. So when it goes to court because of their mental capacity, the matter gets put on a hold, but it never ever gets to prosecution because of the children’s inability to remember because of the intellectual disability. They can’t verbalize incidents according to time, date because their memory is not intact. There is also not enough crisis centres or children’s homes or specialized child and youth care centres to deal or to keep our children that have been put at risk because these facilities are not capacitated so they don’t have the staff or know how to deal with our children. The other challenge is obviously is special needs schooling.”

P3I: “These victims of abuse cannot sometimes express or articulate, something that is going on with them. They themselves do not understand. So it’s hard for us to get them to speak up because of their disabilities.”

P3B: “They are having anger, some are having fear. They don’t want to testify…”

4.6.2.2 Sub-theme 2: Inadequate facilities

P3C: “One of our major challenges is even if it’s not special needs children, it’s the facilities because we can see that okay fine children are being abused, every day we

receiving cases of neglect, sexual, physical and emotional abuse and there is not enough facilities to accommodate these kids even if there are facilities… All in all we are left in a situation where the families have to take the child back to the home. The challenge is that we don't have much facilities to accommodate the children that are vulnerable to abuse."

P3J: "Most challenges are that the placement or facilities don't have much facilities for children with special needs. So we find some difficulties to help them. So sometimes I have to place the child on a waiting list because the facilities cannot meet the child's needs."

4.6.2.3 Discussion

The participants identified a number of challenges in addressing abuse against children with special needs. The excerpts reflected some of the major challenges that social service professionals encounter. There are multiple challenges which children with special needs can experience in the court environment (Edwards *et al*. 2012:109), which increases the challenges for social service professionals, whilst trying to ensure that the best interests of the children are being met. Children, particularly those with special needs are often seen as unreliable witnesses (Hershkowitz *et al*. 2007:630) or victims. This could be because of their limited capacity and poor memory skills.

Nathanson and Crank (2004: 02) argued that children with special needs are also often perceived as having deficient memory abilities. Moreover, children with special needs especially those who have a lower IQ, are often at a greater risk for coming into contact with the legal justice system. This was evident in the excerpt of **P3F** who explained that "they cannot relate what has happened to them. Most of the time, their IQ level is mild to severe, intellectual disability... in instances, I have declined cases…" This was also supported by Edwards *et al*. (2012:109) who explained that very few cases involving people, in particular children with special needs end up progressing at court. Many participants stressed that communication was seen as a huge barrier for children with special needs. They noted that children with special

needs who were victims of abuse were often unable to articulate themselves and relate to the incidents that occurred, especially in accordance to date and time because of their capacity (**P3F, P3G, P3H and P3I)**. This was well documented by Miller and Brown (2014:17) who expressed that children with special needs can encounter a range of communication barriers towards seeking help. However, the same participants also proposed what could be done in order to eradicate this barrier. For example, **P3A** shared that "sometimes the child may not be able to use words to describe what happened but then again there you can use dolls and other objects…" The use of dolls, in particular anatomical dolls can be used as a therapeutic intervention to help child victims with special needs to testify in court. Carter (2015:65) supported this saying that children with special needs may find it difficult to express their experience of the abuse through conventional methods, however they can be motivated to articulate themselves by using other methods viz. art and play therapy. The use of creative therapeutic interventions can create opportunities for children with special needs to express themselves by using direct as well as indirect non-verbal means, especially when it is difficult for them to articulate themselves (Miller and Brown 2014:28). A lack of therapeutic and non-verbal support can reduce a child's (with special needs) capacity to disclose abuse. A study by Porter *et al*. (2009) highlighted how play therapy can assist children with special needs to express their feelings. Some participants also noted that sign language interpreters are sometimes a challenge because they are not as readily available (**P3A**). The role of sign language interpreters are crucial to as it allows children with special needs to participate during judicial proceedings (Carter 2015:275).

Other participants expressed in detail, the issues related to the competency test (**P3D**). "It is well-documented that children with special needs are still today often deemed to be incompetent" (Edwards *et al*. 2012:77). If children with special needs are unable to pass the competency test then they are seen as an "incompetent victim" and cannot move forward with further court proceedings. The same authors shared that the extent to which a child with a special need has to demonstrate competence and how it is to be assessed, varies across jurisdictions which further complicates the process. Sometimes court systems may not consider the needs of children with special needs.

Other participants noted that the level and control of questioning put forward to children with special needs were also seen as another challenge. They shared that during the questioning process and when a child is testifying, one has to show extra patience as children with special needs require more time to answer what is being asked. Hence, you may have to adjourn multiple times to give the children intervals in order to rest, eat and take medication and it may take a specific period of time to understand or put together what they are trying to communicate (**P3A**). This view was supported by Milne and Bull (2006:15) who stressed that service professionals who interview children with special needs, should be responsible for dealing with such limitations, so that child victims will not have to concentrate for lengthy periods of time. They further shared that interviewers should be more considerate, towards special needs children and should be fully trained and assessed on a regular basis within their work environment. Similarly, Bull (2008:15) explained that children with special needs require more time compared to others to understand the question being put through to them, to try to retrieve relevant information, and to express themselves (or communicate in a way that suits them if they cannot speak).

The use of complex questioning therefore may adversely influence the accuracy of the responses of children, with special needs. Therefore, questions should be appropriate to the child's level and should be put through in an easy and straight forward manner. Nathanson and Crank (2004:05) shared that children with special needs often produced more mistakes and errors in response to difficult questions. This is because complex questioning can cause children to feel either uncomfortable, withdrawn, confused or can cause further trauma for the child. Beckene et al (2012:12) argued that recalling and disclosing accounts of the abuse is not only traumatic for the child, but just entering the court environment itself can be experienced as a traumatic event for a child with special needs.

One of the most salient issues that participants emphasized was the lack of reporting or reporting the abuse long after it had occurred. Reporting child abuse is vital and can be seen as one of the primary modes of getting justice. However, Hsiao et al (2017:01) shared that "issues of under reporting of child abuse in South Africa are severe. In this vein, P3E expressed that "there's a lack of wanting to report the cases and eventually when they do report the case it's long past the incident date. That becomes a problem because children with special needs have poor memory skills,

so all that has a negative impact on the case when reported late." Petersilla (2001) provided various reasons for the low rates of reporting of child abuse amongst, children with special needs. These reasons include lack of access to support in reporting, lack of knowledge on how to report the abuse, lack of physical access, communication barriers and fear of the consequences of reporting and of authority. Arts *et al*. (2016:14) further noted that other reasons for lack of reporting include lack of support or support by protection services and threats which are received from the perpetrators. Sullivan (2003:271) went on to explain that families of children may not want to report the abuse because, they experience feelings such as embarrassment or guilt and they are afraid that the child may be removed from home.

Some participants raised concerns about the importance of reporting cases on time. For example, P3D shared that "if the child does not report immediately, you lose key evidence and it becomes more difficult to prosecute those kinds of offences." The reality is that children with special needs often disclose abuse at a much later stage, as compared to children without special needs and this hinders their chances of getting the justice they deserve as key evidence can be lost or destroyed due to lack of reporting on time. Peterson *et al*. (2010:90) argued that if a child has been sexually abused, then physical evidence needs to be collected, submitted and examined. The authors went on to explain that children who were sexually abused would have to travel to a designated hospital or clinic to be physically examined. A medical letter, together with any DNA evidence such as blood or semen would have to be collected and examined. This would serve as strong evidence for the child's case. Therefore it is vital that families of children with special needs understand the importance of reporting cases of abuse on time as loss of key evidence can hinder the chances of successfully prosecuting offences.

It was also concerning that there are insufficient facilities to accommodate children with special needs who have been victims of abuse. This was also highlighted in some of the excerpts above (**P3C** and **P3J**). Social service professionals expressed that they are left with no choice but to return the child back to the house, where the child has been abused because their facilities do not exist to carter for the needs of these children. This was been documented in a report by UNICEF (2005:09), which stated that many child justice agencies, may be aware that children with a special needs are victims of abuse, but may decide to keep the children in the same setting

(house). This is because there insufficient or no alternate foster care which can accommodate the needs of the children. The South African justice system therefore needs to be overhauled and be able to respond to and accommodate the needs of children with special needs, as they require the assistance of the justice system. In 2015, Carter conducted a study on access to justice for children with special needs within the South African context. In her study, she also looked at access to justice for them within the Canadian context and further looked at comparisons and differences between the South African and Canadian court system. She explained that the courts committee in Ontario (Canada) developed six recommendations to address barriers/challenges for children with special needs when they want to acquire access to justice. These recommendations have been explained below (Carter 2015:229-231):

- To establish a public commitment towards achieving a court system which is fully accessible.

- To appoint a permanent Ontario courts disability accessibility committee to oversee progress in making justice accessible for people, including children with special needs.

- To have specific court officials designated to respond and accommodate the needs of people (including children) with special needs within each court house.

- To educate social service professionals (judges and lawyers) and other court service officials on disability accessibility and accommodation.

- To effectively inform the public about the availability and accommodation of services for people and children with special needs.

The six recommendations which emerged by the courts committee in Ontario can be applied universally. It can be used as a “significant yardstick” when measuring South Africa’s ability to addressing the rights of people and children with special needs to have the necessary access to justice. There is a wealth of information available from practices applied at a regional level and international level. Access to

justice and addressing challenges can therefore be promoted in South Africa should specific measures be applied.

4.6.3 Theme 3: Existing community support services for special needs children

Sub- themes:

- The school as a supporting context
- Clinics and hospitals
- Role of spiritual support systems
- Government and NGOs in the child and family context

The third theme related to the existing community support services that were available to children with special needs and their families. The sub-themes derived from the main theme were as follows: the school, clinic and hospitals, role of spirituality and government and NGOs which served as existing supporting contexts. The participants viewed the contexts as specific support services, that were presently accessible to them. This is captured in the excerpts below:

4.6.3.1 Sub theme 1: The school as a supporting context

Community members shared as follows:

P2C: "We have a district support team and a school based support team. And then if our school based support team cannot resolve the problem, then we got a district based support team…our district based support team, there are doctors, there are psychologists, there are occupational therapists."

4.6.3.2 Discussion

According to the data collected, those living in the Phoenix community did have some sort of support services available to them. Some of the participants noted that

they did receive some assistance from the services that were made available to them. In terms of the school as a supporting context, community members (**P2C**) indicated that there is a school support team in place, as well as a parent support team. This was supported by the SAPS (2014:02), who stated that schools should establish as well as maintain a school committee. A school committee comprises of various stakeholders viz. educators, the HOD, the principal, school governing body parents. It can also include SAPS, social workers and non-Government Organisations (SAPS 2014: 2-3). It can also include social services professionals such as social workers. A school based committee can serve to offer services and support towards parents of children with special needs. Additionally, the Department of Health and Human Services (2004:09) explained that activities such as parenting education and parent support groups can assist families by helping them find the support they require in order to care for their children and stay together as a family.

4.6.3.3 Sub-theme 2: Clinics and hospitals

Community members said as follows:

P2C: "There's only government facilities, I know that there's also services at the Ghandi hospital and if not, it goes even further then they refer you to Albert Lutuli hospital… There is a clinic in Amouti which cannot handle you know… We've got the Phoenix assessment therapy centre which uh… say if a child needs a wheelchair or say if there's a child that broke their hand or stuff then they would like give the child a cast or something like adaptive as well as some advice for the child."

P2H: "I know that in Mahatma Gandhi Hospital, there's a centre called Tutuzela which is basically just for the community at large, for abused children with community at large. I wouldn't really know if they have a special unit for or that deals with children who have special needs because we would have to understand that a child with special needs is, or it could be a child that is mentally disturbed and uh… So I don't think at the moment there is a specific place where they say that it's for these special or children with special needs."

One social service professional shared:

P3B: “Thereafter she has to go to the social worker or before the social worker she has to go to Thutuzela where, they will meet the doctor whose going to check whether the child has been abused or not. Thereafter it is going to be referred to the social worker for counseling.”

4.6.3.4 Discussion

It is evident from some of the excerpts, that services are available at health care facilities for children with special needs. However, the services rendered pertain more towards the child and their special condition (for instance providing a wheelchair for a child that cannot walk) and medical examinations to ascertain if they have been abused, rather than rendering therapeutic and healing interventions. This has been reflected in some of the excerpts above (**P2C and P3B**). Badoe (2017:34) stressed at within the hospital level, specific therapeutic interventions should be created and setting up designated areas which are child-friendly should be encouraged.

4.6.3.5 Discussion

Some of the responses by community members revealed that there are some spiritually based support services within the community. Ullman *et al*. (2017:02) defined spirituality as an individual’s private relationship which he/she has with God as well as how much perceived support they experience from God. In addition, Parks (2003:457) described spirituality as the awareness of various divine qualities, which characterize what children and young people regard as a sense of peace and security. According to Baladerian *et al*. (2013:26) community leaders including religious leaders can serve as powerful advocates for children (including those with special needs. Similarly, UNICEF (2010: 04) concurred that religious groups and communities are uniquely positioned to respond to and prevent abuse against children. The role of religious groups and communities can play a huge impact as they already have a ready audience, to whom they can speak to about issues of child abuse and other social issues. Children with special needs in particular

experience great difficulties in disclosing abuse and in expressing situations which are related to the abuse (Buyukbayraktar *et al*. 2017:150). Felsenstein (2013:70) added that spirituality can be regarded as a sort of therapeutic intervention, as it can potentially provide a safe environment for abused children (including special needs children). Day *et al.* (2009:135) added that spirituality can provide children, in particular children with special needs with a non-verbal means of self-expression as well as emotional and social communication. Community leaders are able to raise awareness about the effects of abuse against children to work towards preventing it (Baladerian *et al*. 2013:26). They can also develop parent forums and discuss matters concerning child abuse as well as other social issues. This too was reflected in some of the excerpts, where participants shared the types of support that was received within a spiritual context.

4.6.3.6 Sub-theme 4: Government and NGOs in the child and family context

Community members said as follows:

P2B: "It would have to be reported to the school first… school will take it to the social work agencies … also the support desk at the police station… the police have been very helpful and supportive."

P2C: "I know there's one uh psychologist, our district psychologist… comes here but she's got such a big work load and it's spread very, very widely. Because in the whole of the Phoenix community, there's only about 3 or 4 social workers"

Social service professionals reported

P3A: "The law makes provision for intermediaries."

P3B: "Yes, these are anatomical dolls. Children including those with special needs to use the dolls to show what has happened to them, especially those that are so

hysterical you know like cry a lot or maybe they are overwhelmed by the fear or think that this thing is going to happen to them again."

4.6.3.7 Discussion

Some community members revealed that the police do offer some support (**P2B**). When a case of child abuse is reported, both the child protective services and the police have to investigate (Cross *et al*. 2005:01). Police officers should be dedicated towards making schools and children safer. Eklund *et al*. (2015) wrote that the roles of police officers in schools should include balancing security and law enforcement duties whilst, taking into consideration educational practices and policies. There is a need for police officers and members from a school committee (teachers, psychologists, social workers) to collaborate as it provides an opportunity for both parties to support children's behavioral and emotional well-being (Eklund *et al*. 2018:141). In addition SAPS (2014:04) explained that polices should play a pivotal role in schools by addressing learners about issues such as crime and abuse. This was reflected in the excerpts above (**P2B**). However it is evident from participants that the amount of time which the police allocate towards addressing learners in schools, is not sufficiently prioritised. Police officials should therefore visit schools more regularly. Addressing issues regarding child abuse should therefore be done on an annual basis.

Child protection workers or social service professionals are the advocates who attend to the needs of children and their families (Kowaleski 2015: 1-2). Other participants from the community also raised concerns, with regards to not having enough of social services professionals (psychologists, social workers and sign language interpreters). Moreover, they were also not easily available or had huge workloads (**P2C**). Martinez (2004:07) echoed this saying that these workers manage large caseloads. Some social service professionals shared that court intermediaries are available to assist children with special needs.

Cooper and Mattison (2017:354) asserted that intermediaries assess child witness/victim's communication needs and, abilities, advise the people who do the questioning and intervenes should any miscommunication occur. Although court intermediaries are established for criminal justice purposes, they can assist and

benefit children with special needs, in child protection and care proceedings enquiries" (Miller and Brown 2014:44). Some respondents shared that the use of dolls, in particular anatomical dolls were beneficial within the context of court proceedings, to help child victims with special needs testify. Similarly, Poole *et al*. (2011:11) indicated that interventions with anatomical dolls revealed children's emotional issues and concerns as well as other issues in their lives (**P3B**). However, some participants expressed concern that although certain services were available, accessibility to certain professionals was not always possible and some services were non-existent.

4.6.3.8 Sub-theme 5: Limited support services

Limited support services and a lack of knowledge about resources available for children with special needs who have been abused were found within the data. These are reflected in the excerpts below:

A community member said:

P2F: "There's nothing specifically designed for children with special needs although there are schools for special needs children, but when it comes to disabilities and abuse for special needs children, I would assume that they would go to an ordinary department like the Department of Social Development or a crisis centre that deals with umm… the trauma or abuse for children… specifically for children with disabilities or with special needs."

A social service professional reported:

P3G: "I'm saying we are limited with resources. We are very, very limited with that. There is some awareness programs, there's special days allocated but that day comes and it goes. You know… and when you have special needs, it's a daily thing."

4.6.3.9 Discussion

Several participants emphasized that there was no specific support services available for children with special needs, who have been abused. Services exist primarily for the general population of abused children. This was also supported, within a report by the European Union Agency for Fundamental Rights (2011:101), which stated that most of the support services consist of general child protection services, not of services particularly targeted at children with special needs who are victims of abuse. UNICEF (2010:22) has however argued that it is important to ensure that children with special needs are included in child abuse prevention and intervention efforts.

The preceding excerpts reflected that the families of special needs children, who were victims of abuse, did have access to some support services. However this support services appeared insufficient to assist both children and their families. Whilst some participants shared that support services were available to these families, the services were not designed specifically for children with special needs but rather for children who experience abuse in general. Parents/ caregivers of children with special needs, in particular need to receive a greater level of support given the challenges associated with special needs children. This should include home visits to community based centres/ programs staffed by various social service professionals (UNICEF 2014:18), that can provide support and guidance.

4.6.4 Theme 4: Community based initiatives

Sub-themes:

- Community initiatives
- Government initiatives
- Proposed advocacy and awareness
- Therapeutic strategies for Child and Youth Care workers

The fourth major theme derived from the data related to community based initiatives. The sub-themes which emerged from this theme comprised of initiatives within the community, government initiatives, advocacy and awareness and child and youth

care related interventions. The participants also shared what strategies could be introduced, in order to help children with special needs who have been abused as well as their families. These are reflected in the excerpts that follow.

4.6.4.1 Sub-theme 1: Community initiatives

Many participants agreed that community based initiatives can be developed by various stakeholders and community sectors within the community. These initiatives should include parents, schools as well religious bodies. Participant stated that these stakeholders can also help support the prevention of abuse, of children with special needs through the development of school based initiatives and through spiritually based initiatives. The excerpts below reflect the responses of some of the participants.

Parents said as follows:

P 1B: "It will be nice to have people like the social workers and other people from child welfare to talk to my community and umm….Okay and even at school, teachers must talk to the kids because sometimes children don't tell their parents but sometimes they may tell a teacher."

Community members said as follows:

P2A: "We have so many religious groups, for example we have temples, mosques and churches… by the fathers or pastors (at church) and the priests (at temples) because these people are more in touch with these families on a daily or weekly basis … then they can bring it up as topics of discussions when they meet the people, who comes to their church, mosque or temple to worship their worshipers. I would say that the places of worship is the most important place… I think they should be used or should be given information that could be linked or delivered to the community."

P2B: “I think the school for starters can offer programs to make parents aware… I think they then go out and spread the word to families, your neighbors.”

P2C: Also informing parents about this is what’s happening in our communities and making other parents aware like to report it… So basically to educate people about identifying the abuse of a special child.”

P2E: “Look, I think it’s important for parents to know the rights, their rights and the rights of the children as well… I think the children themselves can be made aware of … like this is my body and no one should be touching it… I think religious leaders play a very, very vital role as well and uh… we brought them in and let them counsel this child.”

4.6.4.2 Discussion

Given that abuse of the most vulnerable group of children, special needs children is escalating, it is crucial that multiple initiatives be levelled to help those affected and to prevent further incidents of such cases. It can only be prevented by building communities that are committed to families and to the support and services they require to raise strong and healthy children (Illinois 2016:02). The data revealed that initiatives by the schools, religious sectors, communities and the government are useful in order to create both support and offer services to children with special needs and their families. Flanagan *et al*. (2018:07) explained that community initiatives represent community-wide, systems-level interventions that are run by local groups of individuals and institutions that coalesce their interests and resources toward a common goal. The initiatives are aimed towards interventions, in order to improve the lives of children and their families. Many participants reported that different forms of help and support services should be made available for children with special needs as well as their families.

Some participants shared that schools should educate both children with special needs and their parents, about the potential for such abuse to occur, so that

awareness is created (**P1B** and **P2B**). They can be educated through educational programs. The most prevalent type of prevention program in schools are programmes which teach children about child abuse. School based programmes aim at teaching children safety skills, assist them to identify harmful situations and encourage them to share the abuse. Children with special needs require more specialized services and therapeutic interventions that can enable them to deal with the aftermath of the abuse and to help them disclose their abuse. These types of interventions or services should take the child's special condition into account. For example, Ticoll (1992:04) shared that many criminal justice and victim assistance programs, lack basic access to telecommunications systems for child victims who are deaf that facilitate communication, enabling them to easily report a crime. One type of therapeutic intervention which can help children with special needs disclose their abuse is play therapy. Finkelhor (2009:179) reported that educational initiatives and programmes which teach children skills to help them identify dangerous situations and prevent abuse were successful.

Miller and Brown (2014:14) emphasized that schools should ensure that programmes for children with special needs should be available. They elaborated that information for special needs children, with regards to staying safe is often not available in forms that are easy for them to access. Brown and Saied (2015:18) emphasized that teaching methods will vary as the needs of all children with special needs are unique, in the classroom environment. Parent education programmes can be designed to develop positive parenting approaches and promote positive parent child relations. Similarly, Kjellstrand (2016:114) explained that parent intervention programmes can help to facilitate positive interpersonal relationships and communication within families. These programmes can encourage family members support and also promote positive child development. In addition, family based programmes can take place in the form of home visitation and parenting classes. Miller and Brown (2014:02) shared that parenting programs have resulted in an increase parenting knowledge, improved parent- child interactions and a reduction in parenting stress and depression. Other participants noted that spirituality also plays a significant role in the prevention of child abuse. They asserted that religious leaders can share and discuss matters concerning child abuse, at their places of worships, given that community members attend religious service frequently. The

Department of Health and Human Sciences (2004:13) suggested that religious sectors viz. places of worships and religious leaders should together with the public be involved in activities in order to learn and help to prevent child abuse. Similarly, Illinois (2016:11) wrote that religious sectors should be involved in child abuse prevention month activities by providing educational material on child abuse prevention and implementing training and parenting classes. Participants also believed that the government has a significant role to play with regards to child abuse prevention. The responses below reflect the view of several participants:

4.6.4.3. Sub-theme 2: Government initiatives

Social service professionals emphasized the following:

P 3I: "There's so much that the government can do as far as finance… The government can have outreach programs, where you rally everyone like the social workers, police and health care workers, so that they can enlighten others and create more awareness. Have funding programs to also train people so that others can become more aware of special needs children."

P3H: The government needs to ensure that SAPS is doing everything possible to make sure that these perpetrators are behind bars… needs to be stricter laws when it comes to perpetrators that rape children with disabilities. The government should make sure that there are sufficient clinics in communities."

P 3A: "More monies must be allocated towards the welfare of children… perhaps building more children homes, or supplementing the existing ones that we have. Whether it's the government homes or created to the states… get more staff trained, get more funding for prosecution of cases, the welfare of the children."

Community members said as follows:

P2A: “Should be a law involved. People who abuse these children should be punished for their actions… A lot of times I feel, it comes to a certain point and then stops and that the case isn’t taken further. There should be more focus on law towards the people who abuse children with disabilities.”

P2C: “There should be harsher sentences when it comes to the abuse of children and women. There should also be harsher laws or punishment offenders in terms of children with special needs who have been victims of abuse… life imprisonment.”

P2D: “Stricter rules or could we say acts put in place or laws put in place that will prevent this eventually… I think more counseling, more counselors provided, more social workers, you know… that’s easily accessible. All of these, it comes from the Department eventually from the head of the government.”

4.6.4.4 Discussion

The government has an ultimate responsibility to protect all children (Seth 2013:295). A majority of the participants emphasized that the government can play an active role in terms of helping children with special needs who have been victims of abuse. Some of the assistance which is required from the government is the allocation of funding. Several social service professionals reported that the government should invest funding towards children with special needs and child abuse prevention (**P3I, P3H** and **P3A**). This has been supported by UNICEF (2005:26), which stated that the government should take a lead, by prioritizing funding community initiatives or services which support children with special needs. Similarly Jamieson *et al*. (2017:55) explained that the government should ensure that funding and policies are in place for all children.

The responses from social service professionals revealed that funding which is provided from the government can be invested in providing more facilities which cater for children with special needs (viz. schools, clinics and children’s homes),

facilities for social service professionals to work in, training social service professionals (viz. social workers, police officers and others who come into contact with special needs children), implementing programs to educate the communities, and to invest more in the prosecution of cases specifically for children with special needs **(P3I, P2D, P3A, P3H**). Some community members raised concerns that cases of children with special needs should receive the same attention, as those children without special needs (**P2A**). Brown (2003:112) concurred by saying that cases of children with special needs should be brought to court in an equivalent way to other children or citizens.

In addition, some social service professionals shared that the government should implement programs to educate communities and have social service professionals create that awareness. Similarly, Seth (2013:294) argued that the government should encourage public discussions regarding child abuse. Most community members called for stricter laws for perpetrators who abuse children with special needs (**P2B**). They advocated for life imprisonment (**P2C**). Other community members expressed that the level of questioning for children with special needs who are victims of abuse need to be simplified so that perpetrators could be prosecuted (**P2I**). Hershkowitz *et al*. (2007:630) supported this saying that children with special needs experience difficulty when providing testimony during the interview process. This results in them becoming uncomfortable and confused, especially when they are asked complex questions.

4.6.4.5 Sub-theme 3: Advocacy and Awareness

Many participants said that awareness and advocacy are powerful prevention tools in working towards the prevention of child abuse against children with special needs. The responses have been captured below:

One parent said as follows:

P 1A: “The community is understanding. They do understand my child but at the same time they cannot tolerate. So understanding will really help a lot.”

Community members said as follows:

P2E: “I think advocacy for me is important. You know people need to know that this is what is happening in the community… need to look out for and that there are signs you know in their children… once the awareness is created that these children are very vulnerable, then possibly parents will be more on the lookout.”

P2F: “They could by creating an awareness in the community, that these types of abuse of special needs children exist and that people need to be cognizant of their conditions and the challenges that they face and the abuse that they are faced with.”

Social service professionals said the following:

P3E: “Educate the community and families and also about children who have disabilities and that communities should follow the proper ways to get justice. Also educate them about reporting and about the justice system. People from the justice system can go out to communities and tell people about the cases they handled so the community is aware. We can also get stakeholders like police, prosecutors and social workers to go out to communities.”

P3H: “Organizations should go and make it aware that this abuse is happening. Awareness programs can also be preventative problems where we go to clinics, schools, hospitals.”

4.6.4.6 Discussion

It is evident from the excerpts above that awareness and advocacy is imperative in the reduction and prevention of child abuse against children with special needs. Awareness and advocacy is instrumental in ensuring that the feelings and views of children are heard when decisions are made about issues concerning their lives. Some of the parents stressed that more understanding and awareness about

children with special needs and abuse within communities needs to be created. In order to develop a deep level of awareness and understanding, community members need to create friendly relationships with those around them (neighbors and their children) and build a support network by involving community members (Department of Health and Human Sciences 2004:38). Baladerian *et al*. (2013:07) reported that children with special needs, family members and social service professionals need to be educated about abuse, what it is, who may do it, how it occurs and the importance of telling someone when it occurs.

Furthermore, they should learn about the signs of abuse and indicators that their child may have been abused. This has been reflected in some of the responses above. Some community members shared the importance of advocating for child abuse against children with special needs. Advocating can be referred to as acting on behalf of someone. McNamara (2009:04) defined advocacy as supporting or speaking on behalf of someone, their needs as well as their rights. It can involve speaking on behalf of a person with a special need, or supporting them to speak up for themselves. There are many benefits to advocating. Ross (2013:03) shared that the benefits of advocating saying that it increases awareness on issues and it can enable supporters and citizens with more insight of knowledge.

Many social service professionals expressed that community members as well as social service professionals can take on the roles of advocating for children with special needs who have been victims of abuse **(P3E and P3H**). Openshaw (2008:10) asserted that an important role of social workers (who are part of special service professionals) is to advocate. Social workers can advocate for many children (including those with special needs) and their families in many situations. They can advocate by helping parents and children understand their rights and help community members to become more involved. Pona and Hounsell (2012:06) explained that the roles of advocates are to ensure that children's experiences and views are taken into consideration, when decisions are being made. Advocacy services should be developed for children with special needs in particular (Miller 2002:06), as it is harder for them to articulate themselves and voice their concerns.

4.6.4.7 Creating awareness and advocacy

Participants also stressed ways in which advocacy and awareness can be created. These are depicted in the excerpts below:

Community members stated:

P2D: Having different groups coming in and talking to them regarding the different factors for example, the abuse… Placards demonstrations, they could do stuff like that. That's one way of making the community aware, pamphlets, newspaper articles."

P2E: "There needs to be advocacy first and that can be done through the very means, you can do it through the radio, float processions, open days and police themselves for example having these types of activities… happens, you have publication pamphlets drawn…I think social media… books."

P2F: "Placard demonstration or like small marches or even a walk in aid of children with special needs."

P2G: "Media plays a vital role… like in the local newspaper. Like you have the tabloid, let there be a page, these role players that know about the special needs children, let there be a page about special needs children which is important."

Social service professionals reported as follows:

P3B: "And I think us intermediaries, we should go to the schools and teach the children about the rape… we have to teach also the community and members of the governing body to support the victims of rape and also with their families because some of our families, really they don't know how to deal with sexually abused children."

P3I: “Again may be like programs or activities, things were people are involved. May be get a place or organization so that parents whose children have a disability can go there so parents know what to do and not just child welfare, but something in the community, maybe next to a library.”

4.6.4.8 Discussion

Many participants shared that creating awareness can be used as a powerful child abuse prevention tool. They identified various ways of creating awareness and how to advocate. The aforementioned excerpts, indicate that awareness can be created by educating others through the use of pamphlets, social media, programs, including parenting programs (**P2D and P2E**). A report by the Child Welfare Information Gateway (2018:03) concurred, by stating that activities and programs which can be used to create awareness include hosting public awareness campaigns through the use of posters, brochures and pamphlets. The pamphlets can be used to promote the safety of children, healthy parenting and how to report suspected child abuse. Seth (2013:294) emphasised that public awareness regarding child abuse has to be created and attitudes in society has to be changed. Some social service professionals raised concerns about getting a specific place or organization available so that parents could go there and gain more insight about matters pertaining towards both their child with a special need as well as child abuse.

This has been supported by a report by the Child Welfare Information Getaway (2018:03), which stated that family resource centers should be made available and that community members should be involved, by helping to develop various services to meet the needs of particular needs of people who live within the surrounding neighborhoods. In addition some participants shared that social service professionals can go out to communities and educate the community by sharing their cases with them (**P3B**). By doing this, the community will be aware of how cases of child abuse are handled, the process followed and how to report cases of abuse. Lazenbatt (2010:17) explained that a public education campaign is needed in order to raise and create awareness of the extent of child abuse, as well as the importance of having the abuse reported to the relevant agencies. This awareness can be

created by social service professionals as they can share some of their knowledge and expertise.

The media plays a vital role in terms of discussing matters concerning child abuse. Some community members emphasised that social media can also be used as a powerful method of creating awareness about abuse against children with special needs. Buyukbayraktar and Konuk (2017:151) indicated that in order to raise awareness in communities about abuse against individuals with special needs, media ought to do its part to create awareness. However, Apps such as Twitter and Facebook can be used effectively to share messages and reach out to large groups of people. These social media apps can also be easily used, to share suggested ideas and messages for spreading the word and to raise awareness about child abuse prevention (Illinois 2016:19). Several participants noted that a particular section in local newspapers could be designed or dedicated to children with special needs who are victims of abuse (**P2D, P2E and P2G**). The Department of Health and Human Sciences (2004:15) stated that information concerning the protection of children can be broadcast on the radio. In addition, Saunders and Goddard (2014:01) noted that media campaigns and media coverage of the abuse of children, plays a vital role in placing matters that are of concern, for instance child abuse on the public agenda.

Other community members noted that float processions and placard demonstrations can be used as a good method of creating awareness about abuse against children with special needs. People in the community viz. families, community members and social service professionals can participate and support these activities. The Department of Social Development (2012:53) concurred by saying that supporting and participating in national and international awareness campaigns is one of the most common methods with regards of addressing abuse. The 16 Days of Activism for No Violence Against Women and Children as well as Child Protection week takes place annually. Some participants revealed that more active involvement is needed by the community and that families should be educated about abuse and special needs children.

Parents play a significant role within their families. Hence the Department of Health and Human Sciences (2004:15) suggested that parent education programs be

designed in order to teach parents about parenting skills and their child's development. In addition, parent support groups could be developed and a center should be made available, so that parents can meet and discuss issues, regarding abuse of children. Many of the social and emotional needs of parents can be met by participating in an informal voluntary group with other parents of special needs children. They can also offer support and exchange ideas during the support groups. Similarly, Brown and Saied (2015:14) argued that programs should be developed for parents. These programs could be aimed towards teaching parents caregivers some parenting skills. Parent education programs helps parents to handle the demanding situations they are faced with and can also enhance their problem-solving skills (Child Welfare Information Gateway 2018:09).

Child abuse and neglect is a journey which affects children and their families, therefore parents need adequate support to learn as much as they can about child abuse and special needs children. The implementation of parent education programs for parents with special needs children can help them to develop positive parenting skills to promote their child's well-being (Child Welfare Information Gateway 2018:09). Furthermore, workshops could be offered to parents within the community on child abuse prevention and healthy parenting. Seth (2013:2932) emphasized that families and communities should be informed, educated and empowered regarding child abuse so that they are able to provide care and protection to their children.

4.6.4.9 Sub-theme 4: Role of Child and youth care workers

Many participants shared that social service professionals can do much more to assist children with special needs, who have been abused. Child and youth care workers are also part of social service professionals and the following sub-section focuses, on the strategies and interventions that can be implemented by child and youth care workers in order to prevent abuse against children with special needs. The responses of participants have been captured below:

Many parents shared as follows:

P1C: “If you get someone outside, like a social worker coming and interacting with the children then that will be worth it… My child is always targeted by children and adults… also help with our living conditions.”

P1D: “I just like for the social workers to talk to her and because I also want her mother to know that I am coming to the social workers… As I said, I want her mother to spend time with her. I will really appreciate it.”

P1E: “I think all the social workers should come to the community and teach them about child abuse, children like my son so they can know them better. And they should explain what is child abuse and tell them to report the abuse and to umm… also to who to report it to.”

4.6.4.10 Discussion

Social service professionals should be more involved in matters concerning families of children with special needs who have been abused. According to Jamieson (2013:14) social service professionals are probation officers, development workers, “child and youth care workers”, youth workers and social workers. This sub-theme provides a clear picture of how child and youth care workers, may undertake the work being done by social workers.

The National Association of Social Workers (2004:01) asserted that the social work profession has a long and strong involvement with welfare systems, by working towards assisting many families and their children who are victims of child abuse. In this study many participants emphasized the need for roles of social workers in communities. Dhavaleshwar (2016:62) argued that social workers engage in multiple roles, for the betterment of the individual, group and community. He added that social workers may take on the following types of roles at different times in their career: case worker, group worker, community organizer, need analyzer, project manager and counselor. Openshaw (2008:09) explained that social workers may

teach parenting skills to parents and educate them on how to counsel children, specifically with special needs and also educate parents about various community programs and resources. Social workers are therefore often, in a prime position to assist with the implementation and delivery of services to children with special needs. These include early intervention, assessments as well as the actual provision of direct services (Openshaw 2008:11).

The Child and Youth Care workforce originally was mandated to provide for children, in residential facilities. However, Child and Youth Care workers are also work in the 'life-space' of children, focusing development of children and youth in the family and community context (Jamieson 2013:01). Grobbelaar and Napier (2014:03) described child and youth care workers as social service professionals, who work with and care for children at risk. One of the main roles of Child and Youth Care workers, is to provide care and support for children who are at risk of harm and child abuse. Jamieson (2013:03) expressed that Child and Youth Care workers, have various skills such as assessing children and designing and implementing programs for them, as well as integrating developmental and therapeutic requirements in the life-space. He added that Child and Youth Care workers also provide therapeutic programs. These programs are designed specifically for children with behavioral and emotional difficulties, but can also be designed for children and families who have been victims of abuse.

Some participants noted that the professionals, involved in these cases need to ensure that procedures are followed on time, as time delays and a lack of interest results in cases getting closed and people who are involved in the cases withdrawing (**P1A**). Child and youth care workers can assist by ensuring that cases are followed up timeously. Many parents shared that social service professionals need to educate families as well as the communities about children with special needs. They added that there should be greater awareness about child abuse and how to go about reporting it. Research also highlighted the need for awareness programs for parents and the community, on important issues related to the safety of children (Nair 2012:07). All social service professionals (including child and youth care workers) or any individual who comes into contact with children and youth, has a legal responsibility to report suspected abuse. There are numerous laws in the South African Constitution that address the issue of reporting cases of suspected abuse.

For instance, The Children's Act 7 (Act 38 of 2005, as amended by Act 41 of 2007). This law deals with all matters concerning children. It has replaced the Child Care Act of 1983 and Section 4 of the Prevention of Family Violence Act of 1993.

Child and youth care workers can advocate for abuse against children with special needs by implementing educational programs for parents, doing regular home visits, hosting childcare programs and having family support centres available (Department of Health and Human Sciences 2004:38). These programs and services need to be available and easily accessible. According to UNICEF (2014:12) educating parents, families and communities about their children's development and about positive discipline approaches can help to reduce abuse. Some participants stressed that social service professionals can help to improve their poor living conditions (**P1C**). "Improving the conditions under which parents can raise their families and providing an educational infrastructure to children and to their families is an initial form of prevention of child abuse" (Bergle 2011:25). All professionals should therefore provide services to victims of child abuse, which meets their needs and rights. Services and interventions should therefore be designed and developed on the basis of the needs of each child, parents and family (Bergle 2011:15). Jamieson (2013:54) reported that early intervention programs can be provided to families, whose children have been identified as at 'risk'. In the case of children with special needs, early interventions are particularly important for promoting their development as well as preventing secondary special needs. Children (with special needs in particular) who have been abused require safe, stable and nurturing relationships and environments in order to recover from their traumatic experience (Child Welfare Information Gateway (2018:01). Child and youth care workers can create these environments and relationships as they are sensitive towards diversity, they value each child, family and community. Therefore they have the knowledge and expertise of providing services and developing early and therapeutic interventions to meet the needs of each child, their family and community.

It is clear from the data and various literature sources, that child and youth care workers have a role in responding and preventing abuse against children with special needs. Child and youth care workers can develop meaningful relationships with both children and families where children with special needs were abused. Through these relationships they will be able to get children to articulate their

experiences of abuse e.g. through play and art and to provide families with the support to report such cases. As such the following roles and guidelines may be considered:

1. To conduct a holistic assessment of the child and to understand how the abuse has affected the child physically, psychologically and socially.

2. To assess how this experience has affected family functioning and to provide support to the child and their family to report the incident and enable them to provide evidence in court when necessary.

3. To use the specialized therapeutic interventions e.g. art and play therapy to help both children and families heal from this type of trauma.

4. To initiate support groups for children and families who have shared similar experiences.

5. To create awareness in communities around this issue and lobby and advocate against abuse of children with special needs.

6. To capacitate community groups and community organizations e.g. schools and faith based organizations to provide greater support to such children and their families.

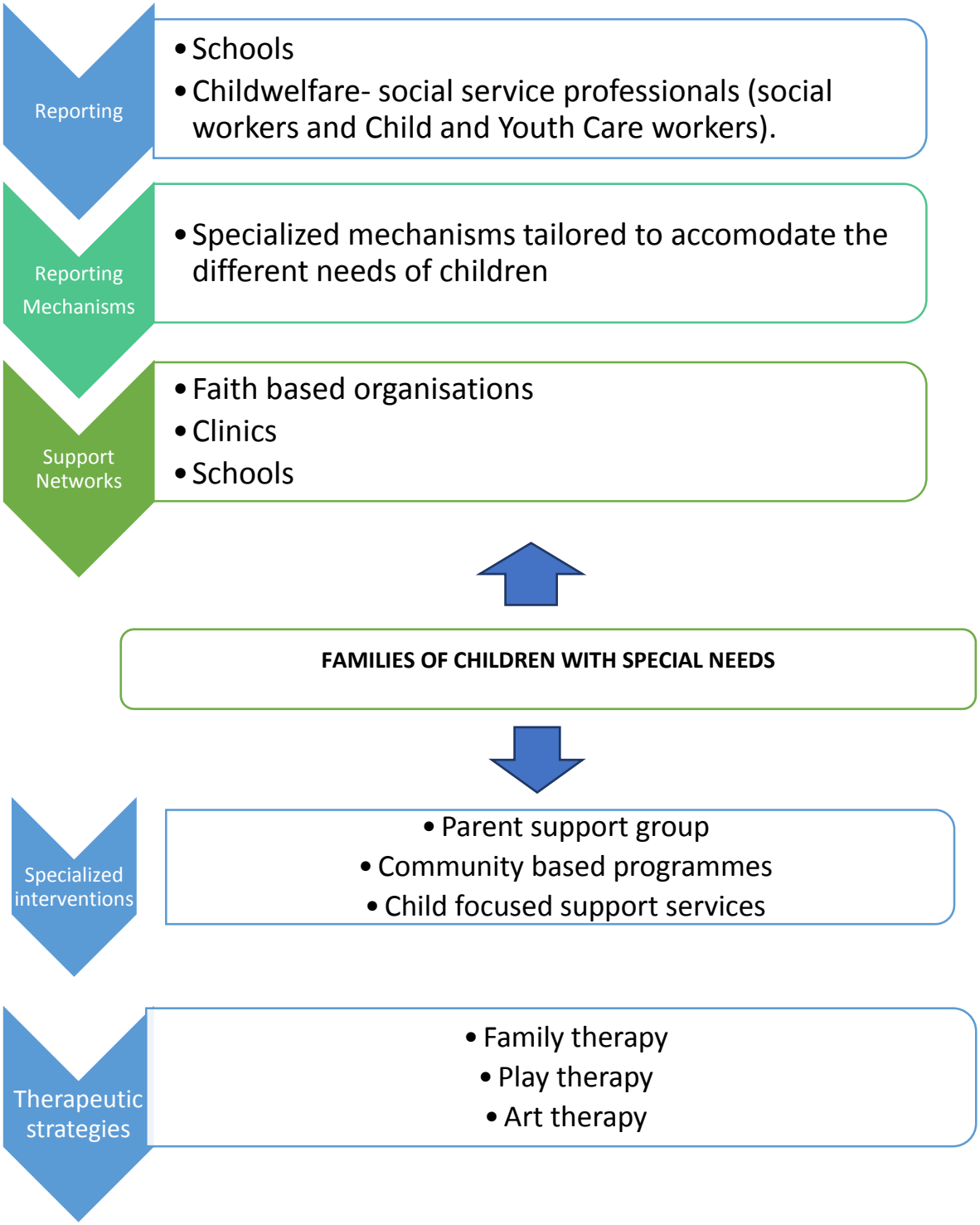
7. To influence policies that can protect children from such abuse by calling for more harsher sentences for perpetrators. To also influence policy makers such that these matters of abuse get greater priority and families receive greater support, when the matter is moving through the justice system.

4.7 The relationship between the themes and elements of a community based guideline

Figure 4.7.1 below depicts the different themes which emerged from the participants responses as they shared the experiences endured by their children with special needs as well as by the family as a whole. This was through the views of children with special needs and families whom professionals have worked with. Through the interviews, with these multiple participants, gaps within the child's, family's and community's support service systems were revealed. This has led to the need for a community based crisis centre guideline, which could be developed in order to create a safe and nurturing environment for children with special needs. The crisis centre guideline was developed from the themes and sub-themes of the study (refer to Table 4.5). This guideline will serve towards helping children and their families to heal from the trauma they have endured by the abuse. The elements identified for the community based crisis centre, were obtained in order to provide support for families of children with special needs who have been the victims of abuse and to those children who are at risk of being abused. The community based crisis centre guideline, illustrates the relevant stakeholders from the community who should be involved and the intervention strategies which can be used.

The crisis centre guideline also reflects the services and support networks, which will be available to families of children with special needs. The proposed community based crisis centre guideline is depicted below:

Figure 4.7.1 Community based crisis centre guideline



4.8 Elements of the community based crisis guideline

Community based initiatives represent the community can be run by locals, an organized group of individuals or organizations who have interests about a common goal (Flanagan *et al*. 2018:07).The community based crisis centre guideline should be put into place, by these individuals, and serve as a resource for families of children who have been victims of abuse. It will provide psycho-social support services for the local community.

Reporting- The United Nations (2009:02) emphasized that child abuse is a daily and under-reported problem which affects the population of South Africa. Reporting is crucial and is necessary if one is seeking access to justice. Should the crisis centre come into place, it will be easily accessible to community members when the need arises. Those local members who are part of a core committee that manages the centre, can provide immediate crisis lay counselling to families of children, with special needs who have been victims of abuse. Families can therefore report cases of abuse directly to the crisis centre.

Reporting mechanisms- Children with special needs require specialized services to help them disclose the abuse. The crisis centre should have a wide range of specialized reporting mechanisms which will accommodate the different needs of special needs children and will take the child's special condition into account. For example, telecommunication systems, should be made available to children who have a hearing impairment and dolls for children who cannot speak so they are able to disclose and explain the abuse. It is crucial therefore that those managing the Centre receive the requisite training to utilize these mechanisms.

Support networks- In order to create support for children and families, initiatives by the government, schools and religious sectors would have to be developed. The crisis centre, should comprise not only of local community members but also community stakeholders viz. teachers and religious leaders as well as faith based organizations, schools and clinics. For example, religious leaders or groups can be educated about the issue and therefore can respond to cases of abuse against children (UNICEF 2010:04).

Specialized interventions- The crisis centre guideline can also serve offer specialized intervention services to families of children with special needs, who have

been victims of abuse. Some of the intervention services will include child-focused support groups, community based programs and parent support groups. For example, according to the Child Welfare Information Gateway (2018:09), dealing with the effects of child abuse can be challenging and traumatizing for parents as well. Therefore, parents should have access to support groups to help them receive the necessary support to deal with their trauma.

Therapeutic strategies- The crisis centre guideline will serve offer therapeutic services to families of children with special needs who have been victims of abuse. Therapeutic strategies can help children (in particular those with special needs) to heal from abuse. Such strategies can include spiritually based activities, for example meditation and creative therapies (Donovan 2010:113). Community stakeholders can also offer family therapy and art therapy as such therapies will be able to respond and cater for the needs of children with special needs specifically.

Many participants emphasized the importance of a holistic response, in bringing together all community stakeholders, for the purpose of child protection. This is vital in preventing further abuse and providing support and crisis help when abuse does occur. It is crucial that all those involved from both psychological and legal backgrounds be part of this Centre at least voluntarily to be able to answer questions and provide support when needed. By developing a community based crisis centre, all stakeholders within the community are involved and can take a visible stand against this type of abuse. More importantly they can work collaboratively and use their own specialized knowledge and services to ensure that children with special needs can be more protected and their families can receive relevant care when an incident of abuse does occur.

4.9 Conclusion

This chapter presented the data collected for this study. The responses from the interviews, from different participants were organized thematically to help develop a community based response, to dealing with the problem. This chapter highlighted the importance of a collaborative community based effort to help children with special needs who have been victims of abuse as well as their families. The following chapter presents the conclusion and recommendations.

CHAPTER FIVE:

SUMMARY OF FINDINGS AND RECOMMENDATIONS

5.1 Introduction

The aim of study was to develop a community based response towards families with special needs children who have been victims of abuse. The data from various community stakeholders, was used to collectively develop a community based crisis centre model. This study focused on the following:

1. Inquiring about the psycho-social and legal needs of children with special needs.

2. Exploring how various community resources can be utilized as part of a holistic response.

3. Inquiring what strategies can be put at community level in order to address the abuse.

4. Developing guidelines on how Child and Youth Care workers can assist children and their families.

The findings made indicated that children with special needs experienced various types of abuse viz. physical abuse, emotional abuse, sexual abuse and neglect. In addition, the findings also showed that children with special needs endured abuse within their family and community settings. This abuse had a debilitating effect (viz. trauma and stress) on both the children as well as their families. The rationale for the study was to explore the views of various community stakeholders with regards to formulating a community based approach to dealing with children with special needs and their families. The severity of abuse against children with special needs were discussed in chapter 2 (literature review), which indicated the impact it has on them.

The data in this study was presented in chapter 4. The data reflected four major themes and fourteen sub-themes. The themes and sub-themes emerged from the responses of the research participants. It cohered much with the literature reviewed in chapter 2. A summary of the findings (themes and sub-themes) that were presented in chapter 4 is indicated below.

5.2 Discussion

5.2.1 The four major themes which emerged from the data were as follows:

- Children with special needs and experiences of abuse.
- Challenges experienced by social service professionals.
- Existing community support services for special needs children.
- The community as a context for intervention.

5.2.2. The fourteen sub-themes that emerged from the themes were as follows:

- Types of abuse endured by special needs children.
- Trauma emanating from the abuse.
- Effects of abuse on parents.
- Lack of reporting and communication difficulties.
- Inadequate/lack of facilities.
- The school as a supporting context.

- Clinics and hospitals.
- Role of spiritual support systems.
- Government and NGO's.
- Limited support services.
- Community initiatives to prevent abuse against children with special needs.
- Government and non- governmental organizations initiatives.
- Advocacy and awareness.
- Role of Child and Youth Care workers.

5.2.3 Major conclusions reached within the context of the objectives

5.2.3.1 Inquiring about the psycho-social and legal needs of children with special needs.

The first objective of this study was to inquire about the psycho-social and legal needs of children with special needs. With regards to this objective, the data collected revealed that children with special needs often endured physical abuse, emotional abuse, sexual abuse and neglect. This was also well documented by several authors, who shared that children with special needs are vulnerable to these types of abuse (Carter 2015:285; Dockery *et al*. 2015:09 and Miller & Brown 2014:08). Child abuse was predominant amongst children with special needs in particular, because they are unable to articulate themselves and are seen as easier targets. Akbas *et al*. (2009:206) explained that there was a growing recognition, that individuals (including children) with intellectual disabilities, are more likely to

experience sexual abuse due to multiple factors viz. life- long dependence on others for care.

A further finding which echoed the views of research participants was the impact of the abuse. Many participants (family members) emphasised that it had a significant effects on their children. The data revealed the deep level of emotional distress and trauma which the children have endured. The children were often disturbed, withdrawn and felt hopeless. These effects have been supported in previous research studies which focused on the impact of abuse on children with special needs (Lazenbatt 2010:2-3; Sequeira & Hollins 2003:16 and Stalker et al. 2010:11). Furthermore, emotional distress and depression was also experienced amongst the families of these children, in particular the parents.

Children with special needs should have safe and nurturing environments. The relationship they have with others around them, should provide love, respect, trust, and support to ensure that their mental and emotional well-being are met. When a child with special needs is abused, he/she feels hopeless, frustrated, traumatized and at fault. Therefore meeting their needs therapeutically is vital. Furthermore, children with special needs require various legal interventions to help them report and overcome the harsh effects of the abuse. These legal interventions must include easy and accessible reporting facilities and mechanisms which are tailored to meet their needs, a crisis telephone system particularly for children with special needs, art and play therapies and support services to help them during their court proceedings. As found in the study, it is difficult for a child who cannot speak to articulate themselves when reporting the abuse or testifying in court. Art/play therapy can serve as a powerful tool to help them articulate themselves and get their incident reported and fight for the justice which they deserve.

5.2.3.2 Exploring how various community resources can be utilized as part of a holistic response.

The second objective of the study set out to explore the existing community resources (viz. schools and community organizations), which are available for children with special needs who had been victims of abuse. The data revealed that there were services available, however those services were made to accommodate

the general population of abused children and not children with special needs in particular. Some of the existing community resources include schools, NGOs, police station and clinics. However these services are not specifically designed cater to the needs of abused children with special needs. For example, the services which are offered to children with special needs at local clinics focus more on the child's special condition, rather than offering therapeutic care and services to them as victims of abuse. In a medical context, facilities should accommodate the children with special needs, they can offer services such as family therapy, a place for trauma and play/art therapies. These support services and therapy measures can be used to help children with special needs and their families to overcome trauma and reoccurring trauma. In addition, services are offered at schools and by the police, however these services must be expanded. Currently, schools (have school based and parent support teams) as well as the local police (to address issues regarding child abuse in school) are involved in child abuse prevention, however their services and involvement regarding abuse against children with special needs must be prioritized. For example, police officers can take on leadership and advocacy roles related to abuse of children with special needs. They can host "abuse against children with special needs" campaigns and get community stakeholders to be actively involved. A report by UNICEF (2010:22) emphasised that ensuring inclusion of children with special needs in child abuse interventions and prevention should be vital and prioritized.

5.2.3.3 Inquiring what strategies can be levelled within the community in order to address the abuse.

The third objective of the study was met through the meaningful responses and suggestions of participants. The data collected revealed that various potential strategies can be used to prevent abuse against children with special needs and to provide families with support. Community initiatives, government initiatives, spiritual support systems, advocacy and awareness were seen as the most prevalent strategies by the participants. Some of these strategies are similar to those reported in a study by Miller and Brown (2014:42-43).

For example, schools and local police officers can collaborate and provide support to both children with special needs as well as their families. Police officers can serve as advocates in local communities. They can travel to special needs schools and educate families by addressing issues pertaining to abuse of children with special needs. Furthermore, the school together with police officers can host child abuse campaigns, which can be run by members of the community, and “stop abuse against children with special needs.” Marches can be held by children with special needs, supported and monitored by police officers and community stakeholders. Within the school context, school based programmes can be offered to children with special needs where possible, which can be aimed at teaching children how to, who to report and when to report abuse, safety skills and to teach them how to recognize potential harmful situations.

Spiritual support systems also play a significant role in addressing and preventing abuse against children with special needs. Community stakeholders and children with special needs look up to religious leaders as their “leader” or “role model”. Therefore, religious leaders can support abuse against children with special needs by addressing, educating and preventing abuse within their place of worship. The data revealed that there are insufficient facilities to accommodate children with special needs, and the government has a vital role to create more facilities. The government must allocate sufficient funds to implement facilities such as temporary residential care and alternate foster care, for children with special needs as other foster care and temporary residential care does not accommodate for the needs and services for children with special needs. Furthermore the government must ensure that legal interventions and policies are implemented in order to carter for and respond to the needs of children with special needs.

Advocacy and awareness was one of the common strategies amongst research participants. Community stakeholders can raise awareness and take on advocating roles by building a support network. This network should include, children with special needs, their families, community members as well as social service professionals. Each community stakeholder can take on different advocacy roles. For example social service professionals (such as social workers) can educate families of children with special needs about their rights and encourage community members to become more involved. Advocacy and awareness about abuse of

children with special needs can be created through various methods. These include the media, placard demonstrations, campaigns and other child abuse prevention activities. These can be hosted and supported by all members within the community.

5.2.3.4 Developing guidelines on how Child and Youth Care workers can assist children and their families.

The fourth objective of the study sought to develop guidelines for child and youth care workers. The participants shared potential interventions and strategies which child and youth care workers could implement in order to address and prevent abuse of children with special needs. The most common interventions/ strategies were early interventions programs (education programs), therapeutic interventions, advocating, ensuring legal procedures are prioritised and offering services to children with special needs in a rights based and needs based manner. These have also been supported by other scholars (Bergle 2011:25; Department of Health and Human Sciences 2004:38 and Jamieson 2013:54). Therapeutic interventions for example, could include therapies such as art and play therapy. It can also include family therapy. Child and youth care workers are equipped with the necessary skills and knowledge, therefore they can develop significant relationships with families of children with special needs who have been abused. Some of these roles include including holistic assessments, using specialised services and interventions, creating awareness and initiating support groups.

5.3 Role of the community in child abuse against children with special needs

A *community based crisis guideline* (Figure 4.7.1 in chapter 4) was developed from the data. The main aim of the study was to develop a community based response to help families with special needs children who have been abused. This was accomplished. The community based crisis model can address and respond to the needs of families with special needs children who have been victims of abuse. Furthermore, this model will enable various community stakeholders to work together and towards achieving a common goal- to safeguard children with special needs. Creating the support networks and interventions for children with special needs, their

families and community is vital. In addition, the model mirrors the framework which was chosen for this study, the ecological theory (by Urie Bronfrenbrenner). The ecological theory posits that all systems are interlinked. It highlights all the influences which are in the various systems of a child's life viz. their family, school and community. Similarly, other influences viz. abuse impacts on the lives of many children with special needs. Therefore, all community stakeholders should be empowered and actively involved in addressing and responding to the needs of special needs children. Intervening effectively in the lives of families with special needs children is not the responsibility of any professional group, but rather should be a shared community concern and responsibility (Karageorge and Kendall 2008:01).

5.4 Conclusion

Disability is disproportionately associated with various types of child abuse and neglect (Stalker *et al*. 2012:23). The vulnerability of children with special needs to abuse has been increasingly recognised. However there is still a long way to go in terms of bridging the gap between protection services and services for children with special needs. Children with special needs have an equal right to protection from abuse. Hence action from all community stakeholders is needed (Miller and Brown 2014:51). A community based response should bring all community stakeholders together, so that they can respond to issues within their own community. The study explored the various types of abuse which children with special needs endured and it found that these children are often left in a disempowered situation due to the lack of efficient and effective services.

A *community based crisis guideline* derived from the data (Figure 4.7.1 in chapter four) will play a significant role in addressing and responding to the needs of families with special needs children. The guideline illustrates that awareness, advocacy, and community initiatives that should be in place so there is a reduced risk of abuse against children with special needs. The researcher believes that this model could be used to inspire and accommodate the holistic aspect that families with special needs children have, who have been victims of abuse and children with special needs who are potentially at risk of being abused.

The pain of many families of children with special needs who are victims of abuse continues to be silenced…. The silence must be broken. A poem expressed by mother with a special needs child is presented:

It was discovered that families and communities of children with special needs have very minimal resources to help them overcome the trauma and painful experiences they have endured. This leaves many children and families in a disadvantaged situation, where they cannot reap the justice which they rightfully deserve.

This study unearthed significant and meaningful information from research participants on how the gap could be bridged. A detailed review of literature and collection of data helped the researcher to identify interventions which:

- Addresses the psycho-social and legal needs of children with special needs who have been victims of abuse.

- Bring community stakeholders together to reduce the vulnerability of abuse against children with special needs.

- Implement the roles of child and youth care workers with regards to assisting families of children with special needs who have been victims of abused.

5.5. Recommendations for further research

Based on the findings of the study, further research should focus on:

5.5.1 Exploring and understanding the impact of abuse on children with special needs.

5.5.2 The therapeutic needs and support services appropriate for children with special needs who are victims of abuse.

5.5.3 The role of spiritually based support systems with regards to responding to and preventing abuse against children with special needs.

5.6 Limitations

The study focused on understanding the experiences of abuse which families of children with special needs endured, through the responses of mainly family members as well as various community stakeholders. Families and community stakeholders also shared how children with special needs could be assisted. Another route for further research should concentrate on collecting rich, valuable and meaningful experiences of abuse from children with special needs themselves. This would help to provide more in-depth and significant information.


Children with Special Needs Come
into our lives...
leaving footprints on our hearts,
and we are never the same

5.7 References

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ANNEXURE A:

INTERVIEW SCHEDULE FOR SAMPLE ONE: FAMILIES OF CHILDREN WITH SPECIAL NEEDS

1. Can you share with me a little bit more about your child and the challenges with bringing up a special needs child?

2. Can you share with me more about the abuse that occurred and how you dealt with it?

3. Please indicate if the child received help and whether you as a family received help? If yes tell me more, if no what do you think should have occurred?

4. Describe what resources and support services are currently available within the community that has helped you deal with the experience?

5. What would you like to see happening in the community to help you and your child cope better?

6. What can social service professionals do to help you report and take action against the perpetrator?

ANNEXURE B:

INTERVIEW SCHEDULE FOR SAMPLE TWO: COMMUNITY MEMBERS

1. Can you share with me a little bit more about the types of abuse that children with special needs experience?

2. How can the community members/representatives support these children and families?

3. How can the schools provide guidance for families if they are in this situation?

4. How can the community members support the school in their efforts to provide greater support for these families?

5. What resources are currently available to these families within the community and are they easily accessible?

6. How can the community create awareness on this issue and on the rights of these children in particular?

7. What strategies can be levelled within the community to prevent these types of abuse?

8. What do you think can be done at government level to ensure that these children and their families receive the justice they deserve in the event of abuse?

ANNEXURE C:

INTERVIEW SCHEDULE FOR SAMPLE THREE: SOCIAL SERVICE PROFESSIONALS

1. Can you share with me more about the types of abuse that children with special needs experience?

2. How are the needs of these children addressed by the legal system?

3. What are some of the challenges that you encounter when working with children with special needs, who have been victims of abuse? If you have not encountered them, what are the potential challenges?

4. What process is currently being implemented for children with special needs who have been victims of abuse?

5. How can the community members support these children and families?

6. What can community organizations do to prevent this type of abuse from occurring?

7. What do you think can be done at government level to ensure that these children and their families receive the justice they deserve in the event of abuse?

ANNEXURE D

LETTER OF INFORMATION

Title of the Research Study: The development of a community based response towards families with special needs children who have been victims of abuse.

Principal Investigator/s/researcher: Shivani Bigun, Btech: Child and Youth Development.

Co-Investigator/s/supervisor/s: Professor Raisuyah Bhagwan, PhD (supervisor) and Fathima Dewan, MEd: Higher education (co-supervisor).

Brief Introduction and Purpose of the Study: The study focuses on developing a holistic community based response that will help families with special needs children, who have been the victims of abuse. This study will be undertaken in the Province of Kwa-Zulu Natal, more specifically in the Phoenix area on the North Coast. This area has been chosen due to the increasing number of children with special needs who have been victims of abuse and who have not had adequate support in terms of securing help and support. The purpose of the study is to explore how various stakeholders within the community can formulate a response towards preventing and providing support towards families and children with special needs. Given that this is a problem facing both the Phoenix community and other communities across South Africa makes this study timeous. This study is important as there has been no prior such study undertaken related to this issue. Many families and social service professionals are facing tremendous challenges with regards to assisting victims with special needs to get the justice they deserve. Hence an inquiry of this nature will assist families to secure the necessary support and assistance, which will enable reporting to relevant legal authorities and for psycho-social support.

Data will be collected from three samples:

1. Interviews with a group of individual families with special needs children who have been victims of abuse.

2. Interviews with members from the community (teachers, religious leaders, and members from Child Welfare and other child- related organisations).

3. Interviews with members of social service professionals (social workers, child and youth care workers and court intermediaries).

Outline of the Procedures: The in-depth interviews with all community participants will be scheduled at Phoenix/Verulam on a particular date and a time will also be allocated which is convenient for those involved. Individuals who are involved may be interviewed as part of the research stud, provided he/she must give consent to be included.

Risks or Discomforts to the Participant: No risks will be incurred by you. The research study may have an emotional impact on some participants.

Benefits: The completion of this study may assist families with special needs children who have been victims of abuse to reap the benefits of the justice system.

Reason/s why the Participant May Be Withdrawn from the Study: You may withdraw from the study at any stage if you wish to. You can withdraw if you are uncomfortable with the questions of if you do not wish to release a response. The participation is all voluntary.

Remuneration: You will not receive remuneration of any sort.

Costs of the Study: You will not be required to incur costs of any sort for the conduction of this study. All costs incurred through travelling or participation will be the responsibility of the researcher, and not the participants.

Confidentiality: Participation in this study is voluntary and your name or identity will not be revealed at any time. All responses will remain strictly confidential and will remain in a safe/vessel for 15 years. The information given will only be used for the study and after the study has been finished, and after the findings have been published the information will be destroyed, this includes all the notes and recording that will be taken during the study.

Research-related Injury: Should you be harmed in any way by this study, the researcher or supervisor will not be held responsible as full information about this study have been given in advance. You should be aware that your participation is at your own risk. That being said, the researcher and supervisor are sure that no harm should arise from such a study.

Persons to Contact in the Event of Any Problems or Queries:

Supervisor, Professor Raisuyuh Bhagwan (PhD), Faculty of Health Sciences, Department of Community Health Studies, Child and Youth Care Program, Durban University of Technology. Please contact the researcher, Shivani Bigun (076 452 9558), or supervisor, Prof. Raisuyuh Bhagwan on (031 3732197) or email at bhagwanr@dut.ac.za or the Institutional Research Ethics administrator on 031 373 2375. Complaints can be reported to the Director: Research and postgraduate support, Prof S Moyoon on (031-3732577) or at moyos@dut.ac.za

ANNEXURE E

CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, **Shivani Bigun**, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: **114/18.**
  076 452 9558.
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____

Full Name of Participant **Date** **Time** **Signature / Right Thumbprint**

I, Shivani Bigun herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Shivani Bigun _____ _____ _____

Full Name of Researcher **Date** **Signature**

_____ _____ _____

Full Name of Witness (If applicable) **Date** **Signature**

_____ _____ _____

Full Name of Legal Guardian (If applicable) **Date** **Signature**

Please note the following:

Research details must be provided in a clear, simple and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade10level-use Flesch Reading Ease Scores on Microsoft Word), selecting of an on-threatening environment or interaction and the availability of peer counselling (Department ofHealth,2004).

If the potential participants unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the participant e.g. parent, sibling, friend, pastor, etc. should verify in writing, duly signed that in formed verbal consent was obtained(Department of Health,2004).

If anyone makes a mistake completing this document e.g. a wrong date or spelling mistake , a new document has to be completed. The incomplete original document has to be kept in the participant's file and not thrown away, and copies thereof must be issued to the participant.

References:

Department of Health: 2004.*Ethics in Health Research: Principles, Structures and Processes* http://www.doh.gov.za/docs/factsheets/guidelines/ethnics/

Department of Health. 2006.*South African Good Clinical Practice Guidelines*. 2nd Ed. Available at: http://www.nhrec.org.za/?page_id=14

ANNEXURE F

14 March 2018

Durban and Coastal Mental Health

Phoenix Sub office

59 Clayfield Drive

Clayfield

Phoenix

4068

Permission to recruit family participants and staff for a research study

Dear Sir/Mam

My name is Shivani Bigun and I am writing to request permission to conduct a research study at your institution (Durban and Coastal Mental Health). I am currently studying Child and Youth Care at the Durban University of Technology. This year, I am completing my Masters and my study is entitled: “The development of a community based response towards families with special needs children who have been the victims of abuse.” The purpose of the study is to explore how various stakeholders within the community can formulate a response towards preventing abuse of special needs children and providing support towards families and children with special needs. Many families and social service professionals are facing tremendous challenges with regards to assisting victims with special needs to get the justice they deserve. Hence an inquiry of this nature will assist families to secure the necessary support and assistance, which will enable reporting to relevant legal authorities and securing psycho-social support.

I have attached a letter of information (Appendix D) which provides all details regarding my study. Due to the nature of the study, I need to recruit approximately ten individual families

whose children have been victims of abuse with special needs from the Phoenix community to anonymously complete an in-depth interview. In addition, I would also like to request if you could grant me the permission to interview the social worker from within your institution and who comes from within the Phoenix community. Could you kindly identify a group of these children and their families. All participants will also be required to sign a consent form (which I have attached as Appendix E) and have it returned to the primary researcher at the beginning of the process. Interested families or families that volunteer to participate will be given consent forms to be signed and returned to the primary researcher. I will be continuously guided by my supervisor, Prof R. Bhagwan.

If approval is granted, family participants will have to complete an in-depth interview at the Child Welfare or preferably in their homes. The dates and time will be allocated during the course of this year. I would like to request you to please identify the children who have been victims of abuse with special needs. The interview results will be gathered for my thesis and individual results for the study will remain absolutely confidential and anonymous. Should this study be published you will receive a copy of same. No costs will be incurred by either your institution/ or individual participants.

Your approval to conduct this study will be greatly appreciated. I can follow up with a telephone call next week and would be happy to answer any questions or concerns that you may have. I would be grateful if an opportunity could be given to me to conduct such a study in your esteemed institution. You may contact me at my email address: shivani.Bigun93@gmail.com or 21330049@dut4life.ac.za .

If you agree, kindly submit a signed letter of permission acknowledging your consent and permission for me to conduct this study at your Institution.

Sincerely

Shivani Bigun

ANNEXURE G

16TH April 2018

MS. S BIGUN
FACULTY OF HEALTH SCIENCES
Department of Community Health Studies
Child and Youth Care Programme
Durban University of Technology

Dear Ms Bigun,

RE: LETTER OF UNDERTAKING FROM DURBAN AND COASTAL MENTAL HEALTH- PHOENIX SUB-OFFICE TO CONDUCT THE RESEARCH

Our organisation has reviewed your request for our assistance pertaining to your research on "The development of a community-based response towards families with special needs children who have been victims of abuse." living in the municipal district of Phoenix. I hereby wish to confirm that:

Durban and Coastal Mental Health is prepared to assist you with the research in the following ways:

- ✓ An opportunity will be created for you to explain your research to the social worker at the organisation.
- ✓ Permission will be granted for our social worker to assist you in your research by recommending suitable participants for your study as identified from their caseloads.
- ✓ Our social worker will be prepared to arrange follow up interviews with research participants that have been referred by this organisation in the event that debriefing is required.
- ✓ Permission will be granted to allow you to use interviewing space at the organisation based on availability provided that you make your arrangements timeously and accept that the work of our organisation takes precedence over any booking that you have made.
- ✓ Please note that details and information gathered during your research in respect to our clients are strictly confidential.

You are requested to liaise with the following designated person at our Organisation:

Name: Mrs Moonira Abdul-Roaf **Landline: 031-5023622**
Mobile Number: 083 799 5024 **Email address:** MooniraK@dcmh.org.za

Researcher: SHIVANI Signature: [redacted] Date: 21/04/18

Thanking you

Yours sincerely

[redacted]

Ms M. Abdul-Roaf
Chief Social Worker

Ms. F. Hussain
Deputy Director: Social Work / Day Care

"We actively work with the community to achieve the highest possible level of mental health for all"

The Executive Director, P.O. Box 70669, Overport, 4067. 3 Hatton Avenue, Sherwood, Durban, 4091
Tel: 031 207 2717 Fax: 031 207 4215 E-mail: dcmhmail@dcmh.org.za Website: www.dcmh.org.za
MEMBER OF UBUNTU COMMUNITY CHEST. CONSTITUENT BODY OF S.A. FEDERATION FOR MENTAL HEALTH
Reg. No. 002-158 NPO

ANNEXURE H

15 March 2018

The principal

45 Whitford Road

Sunford

Phoenix

4068

Permission for staff to participate in a research study

Dear sir

My name is Shivani Bigun and I am writing to request permission for your staff to participate in my research study. I am currently studying Child and Youth Care at the Durban University of Technology. This year, I am completing my Masters and my study is entitled: "The development of a community based response towards families with special needs children who have been the victims of abuse." The purpose of the study is to explore how various stakeholders within the community can formulate a response towards preventing abuse of special needs children and providing support towards families and children with special needs. Many families and social service professionals are facing tremendous challenges with regards to assisting victims with special needs to get the justice they deserve. Hence an inquiry of this nature will assist families to secure the necessary support and assistance, which will enable reporting to relevant legal authorities and securing psycho-social support.

I have attached a letter of information (Appendix D) which provides all details regarding my study. Due to the nature of the study, I would like to request for you to allow me to recruit

approximately between five to ten staff members from the S Dass School to anonymously complete an in-depth interview. Interested participants, or participants who volunteer to participate, will be given a consent form (which I have attached as Appendix E) to be signed and returned to the primary researcher at the beginning of the process. I will be continuously guided by my supervisor, Prof R. Bhagwan.

If approval is granted, participants will have to complete an in-depth interview preferably at the school. The dates and time will be allocated during the course of this year. I also request you to please grant me permission for the use of time during the interviews. The interview results will be gathered for my thesis and individual results for the study will remain absolutely confidential and anonymous. Should this study be published you will receive a copy of same. No costs will be incurred by either the school/ or individual participants.

Your approval to conduct this study will be greatly appreciated. I can follow up with a telephone call next week and would be happy to answer any questions or concerns that you may have. I would be grateful if an opportunity could be given to me to conduct such a study in your esteemed institution. You may contact me at my email address: shivani.bigun93@gmail.com

If you agree, kindly submit a signed letter of permission acknowledging your consent and permission for me to conduct this study at your Institution.

Sincerely

Shivani Bigun

ANNEXURE I

P.O.Box 60532
Phoenix 4080
TEL: (031) 507 6264
FAX: (031) 507 9293

S.DASS SCHOOL
(FOR THE DISABLED)

45 WHITFORD ROAD
SUNFORD
PHOENIX 4068
Email: sdass@telkomsa.net

Fund Raising No: 086001000039 PBO No: 930002071

20 April 2018

This is to confirm that SHIVANI BIGUN has been granted permission to conduct research at the S. Dass School for the Intellectually Impaired with five (5) staff members (comprising one management staff, two teaching staff, one therapist and one class assistant) who will be given full disclosure of the research and written consent of their agreement to participate in the said research.

I.C. DAWLATHRAM
PRINCIPAL

DEPT OF EDUCATION
PINETOWN DISTRICT
MAFUKUZELA - GANDHI CIRCUIT (CMC)
PHOENIX CENTRAL CIRCUIT
S DASS SCHOOL
(FOR THE DISABLED)
45 WHITFORD ROAD P.O. BOX 60532
SUNFORD, PHOENIX 4068 PHOENIX 4080
TEL: 031-507 6264 FAX: 031-507 9293
E-mail: sdass@telkomsa.net

ANNEXURE J

20 March 2018

The Manager

South African police services

177 Longcroft Drive

Starwood

Phoenix

4060

Permission for staff to participate in a research study

Dear sir

My name is Shivani Bigun and I am writing to request permission for your staff to participate in my research study. I am currently studying Child and Youth Care at the Durban University of Technology. This year, I am completing my Masters and my study is entitled: "The development of a community based response towards families with special needs children who have been the victims of abuse." The purpose of the study is to explore how various stakeholders within the community can formulate a response towards preventing abuse of special needs children and providing support towards families and children with special needs. Many families and social service professionals are facing tremendous challenges with regards to assisting victims with special needs to get the justice they deserve. Hence an inquiry of this nature will assist families to secure the necessary support and assistance, which will enable reporting to relevant legal authorities and securing psycho-social support.

I have attached a letter of information (Appendix D) which provides all details regarding my study. Due to the nature of the study, I would like to request for you to allow me to recruit approximately between five to ten staff members from the South African police services (Phoenix) to anonymously complete an in-depth interview. Interested participants, or

participants who volunteer to participate, will be given a consent form (which I have attached as Appendix E) to be signed and returned to the primary researcher at the beginning of the process. I will be continuously guided by my supervisor, Prof R. Bhagwan.

If approval is granted, participants will have to complete an in-depth interview preferably at the police station. The dates and time will be allocated during the course of this year. I also request you to please grant me permission for the use of time during the interviews. The interview results will be gathered for my thesis and individual results for the study will remain absolutely confidential and anonymous. Should this study be published you will receive a copy of same. No costs will be incurred by either the school/ or individual participants.

Your approval to conduct this study will be greatly appreciated. I can follow up with a telephone call next week and would be happy to answer any questions or concerns that you may have. I would be grateful if an opportunity could be given to me to conduct such a study in your esteemed institution. You may contact me at my email address: shivani.bigun93@gmail.com

If you agree, kindly submit a signed letter of permission acknowledging your consent and permission for me to conduct this study at your Institution.

Sincerely

Shivani Bigun

ANNEXURE K

South African Police Service | Suid-Afrikaanse Polisiediens

Umbutho Wamaphoyisa Aseningizimu-Afrika

Posbus/Post Office Box 21, Mt Edgecombe, 4300

Verwysing Reference	14/1
Navrae Enquiries	Capt P Govender
Telefoon Telephone	(031) 5082320
Faksnommer Fax number	(031) 5082369

OFFICE OF THE
STATION COMMANDER
SAPS PHOENIX
PHOENIX
4068

2018-03-22

TO WHOM IT MAY CONCERN

This is to confirm that Shivani Bigun has been given permission to conduct her research at Phoenix SAPS with staff members comprising of Police Officers, Social Workers and Child Psychologists.

.....**CAPTAIN**
f/STATION COMMANDER : SAPS PHOENIX
P GOVENDER

SOUTH AFRICAN POLICE SERVICE
FINANCE
2018 -03- 22
PHOENIX
KWAZULU-NATAL

ANNEXURE L

20 March 2018

The manager

52 Moss Street

Verulam Court

4339

Permission for staff to participate in a research study

Dear Sir/ Mam

My name is Shivani Bigun and I am writing to request permission for your staff to participate in my research study. I am currently studying Child and Youth Care at the Durban University of Technology. This year, I am completing my Masters and my study is entitled: "The development of a community based response towards families with special needs children who have been the victims of abuse." The purpose of the study is to explore how various stakeholders within the community can formulate a response towards preventing abuse of special needs children and providing support towards families and children with special needs. Many families and social service professionals are facing tremendous challenges with regards to assisting victims with special needs to get the justice they deserve. Hence an inquiry of this nature will assist families to secure the necessary support and assistance, which will enable reporting to relevant legal authorities and securing psycho-social support.

I have attached a letter of information (Appendix D) which provides all details regarding my study. Due to the nature of the study, I would like to request for you to allow me to recruit approximately between five to ten staff members (social service professionals) from the

Verulam court to anonymously complete an in-depth interview. Interested participants, or participants who volunteer to participate, will be given a consent form (which I have attached as Appendix E) to be signed and returned to the primary researcher at the beginning of the process. I will be continuously guided by my supervisor, Prof R. Bhagwan.

If approval is granted, participants will have to complete an in-depth interview preferably at the court. The dates and time will be allocated during the course of this year. I also request you to please grant me permission for the use of time during the interviews. The interview results will be gathered for my thesis and individual results for the study will remain absolutely confidential and anonymous. Should this study be published you will receive a copy of same. No costs will be incurred by either the Verulam court/ or individual participants.

Your approval to conduct this study will be greatly appreciated. I can follow up with a telephone call next week and would be happy to answer any questions or concerns that you may have. I would be grateful if an opportunity could be given to me to conduct such a study in your esteemed institution. You may contact me at my email address: shivani.bigun93@gmail.com

If you agree, kindly submit a signed letter of permission acknowledging your consent and permission for me to conduct this study at your Institution.

Sincerely

Shivani Bigun

ANNEXURE M

MAGISTRATES COURT JUDICIARY: INANDA AREA CLUSTER
REPUBLIC OF SOUTH-AFRICA

PRIVATE BAG X7, VERULAM, 4340 – TEL (032)-4391711 – FAX (032) 4391799
E-Mail: etriloki@justice.gov.za

ENQUIRIES: I KHALLIL.

REFERENCE:17/1/2 [LCJ]

26 MARCH 2018

MS S BIGUN

C/O DURBAN UNIVERSITY OF
TECHNOLOGY

"HAND DELIVERY"

Dear Ms Bigun

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT VERULAM MAGISTRATE'S COURT (CHILDREN'S COURT) AND TO CONDUCT INTERVIEWS-THE DEVELOPMENT OF A COMMUNITY BASED RESPONSE TOWARDS FAMILIIES WITH SPECIAL NEEDS CHILDREN WHO HAVE BEEN THE VICTIMS OF ABUSE.

Your letter dated 26 March 2018, together with enclosures from the Durban University of Technology, requesting access to case files, and to also interview certain members of staff, bears reference.

Having perused your aforementioned letter and enclosures, I am satisfied that the request is for the purpose of bona fide research . Accordingly consent is hereby given to you to access Children's court case records at the Verulam Magistrate's court in terms of Section 66 (d) of the Children's Act 38 of 2005.

The consent is subject to the provisions of Section 74 of the Act which provides that no person may, without the permission of a court, in any manner publish any information relating to the proceedings of a Children's Court which reveals or may reveal the name or identity of a child who is a party or a witness in the proceedings.

Please note that members of the Administrative Component fall within the control of the Court Manager, Verulam, Mrs VR Naicker. I have discussed your request with her and, in principle, she has no objection that you interview the relevant staff, for example, the Intermediary and Clerks of Court. You should however make timeous arrangements to do so directly with Mrs Naicker.

I will gladly assist should you wish to interview the Judiciary.

You are commended for undertaking such research and I am not aware of any similar research on the subject that has been previously conducted. I have no doubt that it would be of enormous benefit to us in making our courts responsive to the needs of the community, particularly the children.

I have copied this communication to the Court Manager, with whom you may liaise so that logistical arrangements can be made to provide you with office space and case records.

I wish you the best of luck in the completion of your Masters Degree and would appreciate a copy of your thesis, when available.

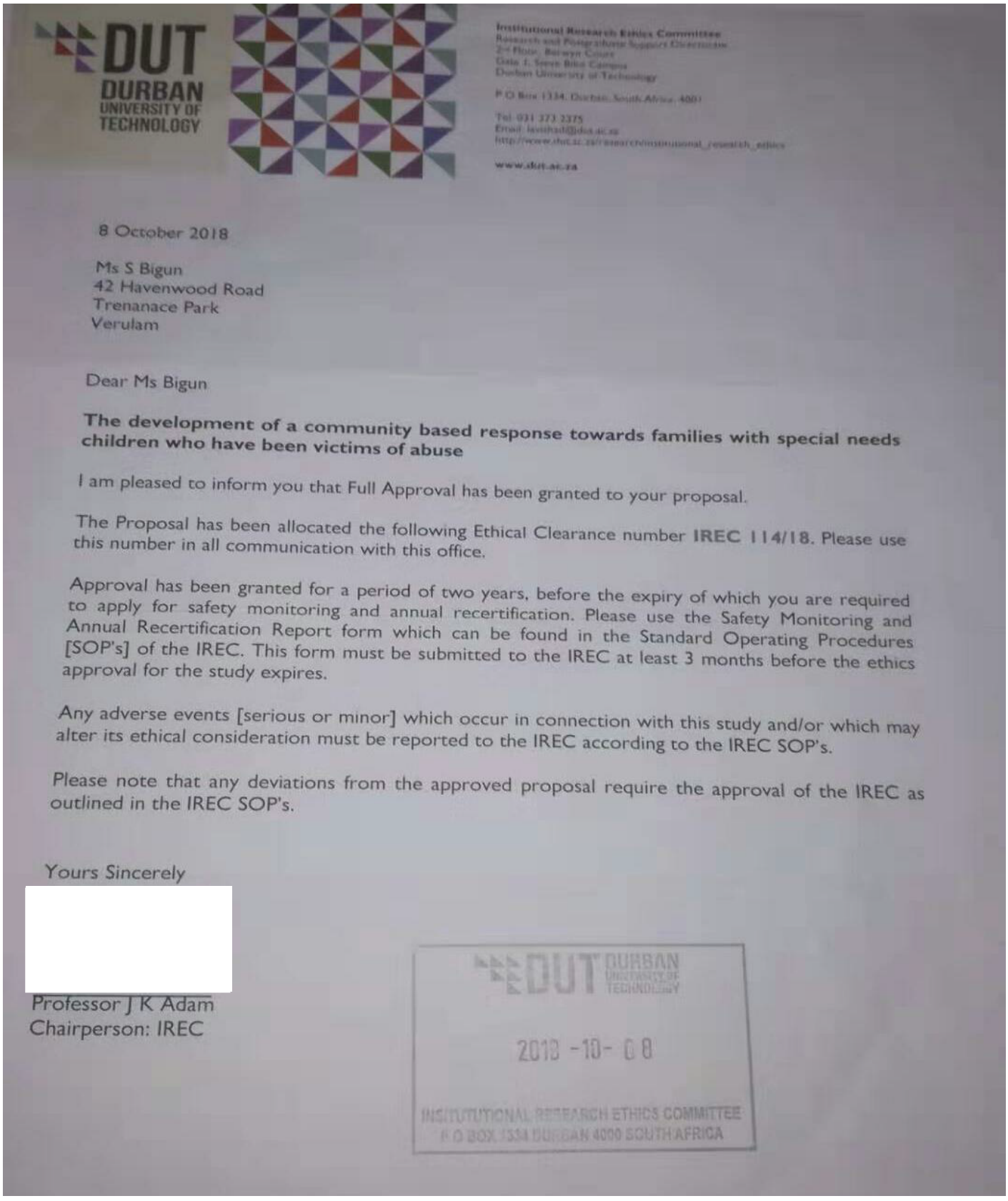
Yours faithfully

MAGISTRATE
Private Bag X7, Verulam 4340
2018 -03- 26
VERULAM
MAGISTRATE'S COURT

I KHALLIL
ACTING CHIEF MAGISTRATE: INANDA (VERULAM)

Cc **THE COURT MANAGER- MRS VR NAICKER**
VERULAM MAGISTRATE'S COURT
PRIVATE BAG X7
VERULAM
4340

ANNEXURE N



DUT
DURBAN
UNIVERSITY OF
TECHNOLOGY

Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2375
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

8 October 2018

Ms S Bigun
42 Havenwood Road
Trenanace Park
Verulam

Dear Ms Bigun

The development of a community based response towards families with special needs children who have been victims of abuse

I am pleased to inform you that Full Approval has been granted to your proposal.

The Proposal has been allocated the following Ethical Clearance number **IREC 114/18**. Please use this number in all communication with this office.

Approval has been granted for a period of two years, before the expiry of which you are required to apply for safety monitoring and annual recertification. Please use the Safety Monitoring and Annual Recertification Report form which can be found in the Standard Operating Procedures [SOP's] of the IREC. This form must be submitted to the IREC at least 3 months before the ethics approval for the study expires.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC SOP's.

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely

Professor J K Adam
Chairperson: IREC

DUT DURBAN UNIVERSITY OF TECHNOLOGY
2018 -10- 08
INSTITUTIONAL RESEARCH ETHICS COMMITTEE
P O BOX 1334 DURBAN 4000 SOUTH AFRICA