

**MANAGEMENT OF CHILDREN WITH SEXUAL BEHAVIOUR
PROBLEMS, BETWEEN THE AGES OF FIVE TO NINE YEARS OLD,
BY EDUCATORS AND SOCIAL WORKERS**

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ABSTRACT

The Management of children, younger than twelve years of age, who pose a risk to other children, remains complex and confusing. When their behaviour includes sexual aggression towards other children, ignorance about how to manage them becomes even more challenging. Society has an expectation that any sexual aggressor should be punished, however, when the aggressor is younger than ten years old, different responses are necessary.

The aim of this current study was to explore the management of learners with sexual behaviour problems, within the primary school setting. The main question underpinning this study was: How are children, aged five-to-nine-years, with sexual behaviour problems, managed by social workers and educators?

A qualitative methodology, with focus group discussions and semi-structured interviews were used to conduct this study. Educators from primary schools, as well as social workers from the Western Cape Education Department, were purposively selected to form the sample for this study. Focus group discussions were conducted with the educators, while semi-structured interviews were conducted with the social workers.

The research findings indicated that the most cases of SBPs identified by educators among the grade R to grade three learners, could be classified as very concerning behaviour. In addition, the research reflects that educators, who teach foundation phase learners, as well as social workers delivering services under the Safe School Programme, agree that trauma related behaviours are prominent. Learners identified with SBPs have been assessed to reveal behaviours such as, violence, stealing, anger, lying, attention seeking, destructive behaviour and displaying a lack of the understanding of personal boundaries.

By researching the management of learners identified with SBPs by educators and social workers, it is evident that the educator's greatest challenge is understanding which behaviours require further intervention, or would require a different response from the day to day reprimanding, given by an educator to a learner. The research reflects that the Western Cape Education Department's *ABUSE No More Manual* could be used more effectively to enhance the educators understanding of the identified SBPs among learners, since these

behaviours continue to evolve rapidly. For example, innocent children's games played among many while growing up, have now evolved to become dangerous games associated with sexually inappropriate behaviour.



KEYWORDS

Sexual problem behaviour

Childhood sexual development

Foundation Phase Educator

Learner-on learner sexual misconduct

Sexual violence

Child Protection System

Pre-school children



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LIST OF ACRONYMS AND ABBREVIATIONS

DSM V	Diagnostic and Statistical Manual of Mental disorders, 5 th edition
ICD-10	International Statistical Classification of Diseases and Related Health Problems 10 th Revision
RAD	Reactive Attachment Disorder
RSA	Republic of South Africa
SBP	Sexual Behaviour Problems
UNICEF	United Nations International Children's Emergency Fund



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DECLARATION

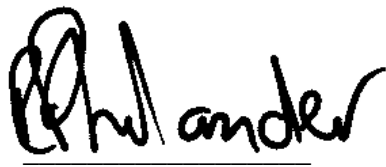
I, Rochelle Philander, declare that the work for this thesis with the title, “Management of children with sexual behaviour problems, between the ages of five to nine years old, by educators and social workers” is my own work.

All sections of the paper that cite quotations, or describe an argument, or concept developed by other authors, have been referenced, including all secondary literature accessed, to demonstrate that this material has been adopted to support my thesis.

Full Name: Rochelle Philander

Date: May 2018

Signature:





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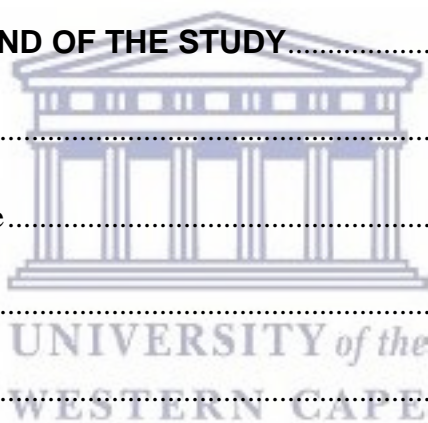
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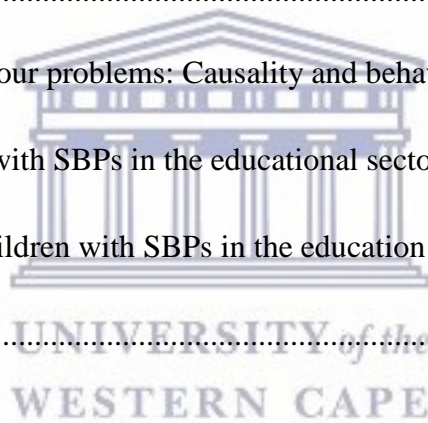
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CHAPTER ONE

BACKGROUND OF THE STUDY

1.1. Introduction

Most instances of sexual behaviour in young children do not require the involvement of child protective services (Kellogg, 2009). This implies that most incidences involving sexual behaviours in young children are considered normal and developmentally appropriate. However, there are cases when children present with inappropriate sexual responses, which could be described as sexual behaviour problems (SBP). The aim of this current study is to explore how educators and social workers manage learners between the ages of five and nine years, who display sexual behaviour problems.

1.2. Background and Rationale

Distinguishing which sexual behaviours in children are developmentally appropriate (normal), or inappropriate, is essential, and often requires more decisive therapeutic evaluation and intervention, by suitably qualified mental health professionals (Kellogg, 2009). This author further emphasizes that children with SBP, compared to children with normal sexual behaviour, are more likely to have additional internalizing symptoms of depression, anxiety, withdrawal, as well as externalizing symptoms of aggression, delinquency and hyperactivity. This implies that abusive sexual behaviours should be addressed in an effective and urgent manner (Kellogg, 2009: p. 2). According to Vizard (2005: p. 6) early identification of the behaviour should be addressed in its early stages to prevent children acting out inappropriate sexual behaviour with other children.

Kellogg (2009: p. 1) explains that children will experiment with sexual behaviours during childhood; however, these behaviours may be normal, but can be confusing and concerning to parents, as well as disruptive, or intrusive to others. According to the Association for the Treatment of Sexual Abusers [ATSA], 2008, "...the task force defines children with SBP as children ages 12 and younger who initiate behaviors involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others." Kellogg (2009: p. 1) asserts that most situations involving

sexual behaviours in young children (behaviours that are age appropriate), do not require child protective services' interventions; however, when the behaviour is intrusive and/or age-inappropriate, a more in-depth assessment is obligatory.

Prinsloo (2006, p. 305) asserts that unwanted conduct of a sexual nature against female learners is a major challenge in many South African schools. According to Caelers (2005), Redpath (2003), Serrao (2008, all cited in Coetzee 2012: p. 27), South African children initiate experimental sexual behaviour and sexual activity earlier than children in other countries. These sexual activities often occur at schools, and frequently, in the classrooms, when teachers are present (Serrao, 2008: p. 9, cited in Coetzee 2012: p. 27). This author further explains that the phenomenon of SBP in learners is complex, as various types of SBP have been identified in South African schools. Paterson & Perold (2013: p. 1) states that "a child's behaviour in the classroom therefore potentially seems to be related to many intrinsic factors in the environment to which the child may be exposed." Lewis (2009: p. 14) explains that for more than ten years, South Africa people, specifically children have experienced trauma. The author further explains that "when assessing childhood trauma it is imperative that the holistic development of the child, i.e. the interaction process, person, context and time factors is understood, and the possible implications that will have on a child who has experienced trauma."

Coetzee (2012: p. 27) agrees with Kellogg (2009) that children with SBP need to be managed effectively, which will enhance a disciplined and purposeful environment, favourable to teaching and learning. According to Coetzee (2012), the various government departments, institutions and professionals need to cooperate in the interventions and management of children with SBP, entrenched in the Constitution of the Republic of South Africa, and in related national legislation. This study, therefore, focusses specifically on the management of children with SBP, aged five to nine years old, in a primary school setting. Children between the ages of five to nine years old identified with SBP's do not form part of the age of criminal responsibility. According to various legislations and guidelines there is an obligatory need by professionals to manage this behaviour in order to prevent the child from displaying further acts of inappropriate sexual behaviour beyond his/her childhood.

As a social worker in the specialised field of child sexual abuse, tasked with assessing and providing counselling services to children between the ages of two and eighteen years, it is

evident to the researcher that children, at some point in their lives, will engage in experimental sexual behaviour. However, this behaviour could evolve into an abusive and violent one. The reasons why some children may sexually harm other children are complicated. Reflecting on referrals received over time, the researcher asserts that the reasons why the behaviour commenced may not be obvious. Some of the children may have been abused emotionally, sexually or physically, while others may have witnessed physical or emotional violence in the home. Lewis (2009: p. 14) states that “many South African children are affected by trauma because of high levels of violence, both within the home and the wider community.”

The researcher is of the opinion that it is vital for parents and educators to identify SBPs in its early stages, in order to ensure that the child receives the necessary intervention. Working in the field for more than a decade, the researcher has experienced that a child, whose feelings of safety and security are threatened, develops disorganized attachment. These children display aggressive behaviour towards siblings and parents, depression, attempted suicide, or sexual behaviour problems. According to Zilberstein (2006: p. 55) academics have described three different types of attachments, namely, secure, insecure and disorganized attachment. The author clarifies that disorganized children are trapped between having a yearning to be close to their carer and then experiencing a fear to be near the carer. Zilberstein (2006: p. 55) states that “of all three types of attachments, disorganized children tend to be at the highest risk for later behavioural and emotional difficulties.”

According to the researcher’s professional experience, and as revealed in this current study, there are many reasons why the identification and management of SBP in children are deficient. Educators and parents may be challenged in determining the difference between normal sexual behaviour and SBPs in children, as well as the severity of the behaviour. According to Mathews, Walsh, Rassafiani & Butler (2009: p. 780) “overseas studies have found that many teachers were unaware of their legal duty and lacked sufficient training about their duty and about child abuse in general.”

Managing SBPs in children, specifically learners between the ages of five to nine years, is a critical and important task, to ensure that they receive the necessary intervention required to restore their sense of safety and security, violated by the trauma they had experienced. This

study, therefore, focuses on the management of children with SBPs, specifically between the ages of five and nine years, by educators and social workers.

“The Association for the treatment of Sexual Abuser (ATSA) Task Force on Children with Sexual Behavior Problems was formed by the ATSA Board of Directors as part of ATSA’s overall mission of promoting effective intervention and management practices for individuals who have engaged in abusive sexual behavior” (Chaffin *et al.*, 2008: p. 199). The authors define SBPs identified in children as behaviours, which are not accepted as normal in society. Elkovitch, Latzman, Hansen and Flood (2009: p. 588) explain that it is difficult to understand and define SBPs identified in children. However, the authors agree with Chaffin *et al.* (2008, p. 200) who state that “the task force defines children with SBP as children ages 12 and younger who initiate behaviors involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others”. Chaffin *et al.* (2008: p. 200) continue that “SBP do not represent medical or psychological syndrome or a specific diagnosable disorder.” However, Creeden (2009: p. 261) explains that “over the last several years, there have been significant advances in research which have focused upon the development and function of the human brain.” This author clarifies that this research has facilitated different view on what could trigger a child’s behaviour, decision making process and emotional well-being.

Chaffin *et al.* (2008: p. 203) explain that assessing sexual behaviour and its contributing factors are vital. These authors continue that “obtaining a clear, behavioral description of the sexual behaviors involved, when they began, how frequently they occur, and how and whether they have progressed or changed over time is a core assessment component”. In addition, “multiple information sources are important to creating a complete picture of the SBP, including information provided by the child, by parents or caregivers, by teachers, or by other child(ren)” (Chaffin *et al.*, 2008: pp. 203-204).

Coetzee (2012: p. 30) explains that the prevention of learner-on-learner sexual misconduct is not always effective, and occurs in most schools. This author emphasizes that it is important for teachers to identify possible victims of sexual abuse and have the knowledge to act responsibly and effectively in those situations.

O'Brien (2010: p. 12) clarifies that "in recent years there has been a significant evolution in research and clinical interventions with children and young people with sexualised behaviours." The author further explains that "awareness about the impacts of caregiver substance abuse, exposure to violence, social isolation, poor engagement at school and poor attachment has contributed to a context in which sexualised behaviours, particularly in young children, are often understood as 'sexually reactive' or 'acting out' responses to trauma."

Vizard (2013: p. 2) states that "it has been known for several decades that children, particularly adolescents, could have sex with other children, but this was not always construed as sexually abusive and may have been described as 'sexual experiences' or as 'sibling incest'." According to O'Brien (2010: p. 12), "Children and young people with sexualized behaviours are not young paedophiles with pre-existing or pathological and intractable, that is as 'a perpetrator', or as a 'sex offender'." This author adds that "terminology for describing sexualized behaviours in young people is fraught and in Australia, debate continues as to most appropriate terms." "In general, however, Australian clinicians generally describe 'children' as those under the age of culpability" (O'Brien, 2010: p. 13). This author further clarifies that "for children with concerning sexualized behaviours the terms 'problem sexual behaviours' (PBS) or 'inappropriate sexual behaviours' are used."

O'Brien (2010: p. 12) accentuates that "children and young people with these behaviours are themselves likely to be victims of trauma with a series of complex and intersecting therapeutic needs." Luthra *et al.* (2009: p. 1919) conducted a study that examined the association between trauma exposure and post-traumatic stress disorder, among 157 help-seeking children (aged 8-17). "Confrontation with traumatic news, witnessing domestic violence, physical abuse, and sexual abuse are each significantly associated with PTSD" (Luthra *et al.*, 2009: p. 1919). In addition, the authors justify that the findings of their study support the concept of differing kinds of trauma exposure having totally different associations with PTSD.

According to O'Brien (2008: p. 2), traumatic childhood experiences, adversely affect educational outcomes. Unfavourable socio-economic environments, unstable living conditions, diminished intelligence, exposure to drug or alcohol abuse by parents or other adults, were some of the detrimental factors that increased the risk of childhood problem sexual behaviour (O'Brien, 2008). Consequently, the presence of these "compounding factors

of disadvantage in indigenous communities” implies that various environmental dynamics contribute to the increased risk of problematic sexual behaviour (Staiger, 2005: p. 8). Therefore, this author suggests that the description “children who engage in problem sexual behaviour”, is preferred over phrases that include “child offender”, or “child perpetrator”. The reasoning behind this suggestion is that the first phrase proposes that the children are not, as yet, criminally responsible; have been exposed to “disruptive and/or abusive” behaviour themselves; and their “social, economic and familial” living conditions have affected their own behaviour.

Kellogg (2009: p. 1) concurs with Staiger (2005: p. 8) that, in earlier studies, a strong correlation between sexual abuse and sexual behaviour problems in children have been promoted; however, recent research has revealed that additional factors, such as family characteristics, and environmental factors are also major influences on the sexual behaviour problems of children.

1.3. Theoretical Framework

According to Paterson and Perold (2013: p. 1), in South Africa, poverty is rife, and adversity, poor education and social conditions appear to be interdependent. They continue that the behaviour of a child in the classroom is potentially related to many external factors, to which the child may have been exposed, in his/her immediate environment (Paterson & Perold, 2013: p. 1). Paterson and Perold (2013: p. 3) assert that a relationship seems to exist between adverse life experiences and academic competency. Therefore, school-age children with internalizing (depression, anxiety, withdrawal) and externalizing symptoms (aggression, delinquency and hyperactivity), on school entry, are at risk of victimisation, because of their exposure to a wider range of peers and opportunities for interaction (Turner, Finklehor & Ormrod, 2009).

There are factors highlighted in Chapter Two, which might have contributed to SBPs identified in children age five to nine years old. Understanding children’s normal sexual development adds value in recognising its breakdown. Attachment theory is best suited to understand the normal sexual development of children, but more specifically to discover the evolving of less normal or rarely normal sexual behaviours. According to Bowlby (2008: p. 120), attachment theory has enabled researchers to identify the association between adverse

childhood experiences of attachment relationships, and the subsequent social, emotional and mental health problems of individuals. The author further explains that, to health care professionals, who promote good parenting habits and are supportive of disadvantaged families, the knowledge of the nature and effects of childhood attachment relationships have been extremely valuable (Bowlby, 2008: p. 120).

1.4. Problem statement

According to Coetzee (2012: p. 29), no specific law or policy exists that prescribes preventative measures for childhood problem sexual behaviour. The South African Schools Act, 1996 (Republic of South Africa, Act 84 of 1996) relates to national legislation that will fulfill its constitutional duty to ensure a safe environment in public schools. Section 8(1-5) clarifies that school governing bodies are responsible to ensure a code of conduct that will assist in creating a safe environment for all learners during any school activity. According to (Coetzee 2012: p.29) there are guidelines gathered from the Regulations for safety measures at public schools and from different other public documents to assist with the drawing up of this type of code of conduct.

Staiger (2005: p. 6) concurs with the aforementioned author, that very few policies and programmes cover the needs of children with SBP, and the resources allocated to specialised programmes, to support them and their families, are limited. In addition, she explains that, in Australia, it is difficult to estimate the extent of the problem, accurately, as very few studies about children with SBP, under the age of twelve years, are available. A similar situation exists in South Africa, the main reason being the unwillingness of parents, teachers and others in the community to report the prevalence of SBPs. Therefore, the dominant discourse is that more in-depth research studies, endeavouring to address this regrettable practice, especially the under reporting by professionals, is sorely needed (Gil & Johnson, 1993, cited in Staiger, 2005: p. 6).

Richter, Dawes and Higson-Smith (2004) highlight the importance of finding and implementing strategies that will protect children from harm, as well as protect those children, who have been abused, from secondary trauma, caused by the poor management of services. These authors further suggest that open and honest analyses of the problems, as well as the development of strategies are important, to promote the safety and well-being of

children, effectively. Kellogg (2009: p. 6) asserts that when SBP has been identified in children, the professionals should investigate their family behaviours and home environment to explore the possibility of “underlying causes and contributing factors”. Evertsz and Miller (2012: p. 7) explain that children should not be defined, or characterized by the identified SBPs.

Johnson and Doonan (2006: p. 113, cited in Evertsz & Miller, 2012: p. 7) state that children should not be labelled as offenders. These authors explain that a child’s sexuality is different to an adult’s, or an adolescent’s, and his/her “emotional, social, and cognitive awareness and relationship to the world is different”. Kellogg (2009: p. 6) continues that most children with SBP, will have to be referred to a professional/therapist for an assessment and subsequent treatment. The research problem, therefore, was to investigate how children with SBP are managed by educators and social workers, and whether the management steps taken, are appropriate.

1.5. Research question

The following is the main research question in this study:

“How are five-to-nine-year-old children, with SBP, managed by social workers and educators?”



1.6. Aim of the study

The aim of the study is to explore the management of five-to-nine-year-old learners, with SBPs, by educators and social workers.

1.7. Objectives

The following objectives were identified:

- To explore and describe the current management of five-to-nine-year-old children, with sexual behaviour problems, at primary school;
- To explore the involvement of educators and social workers in the management of sexual behavioural problems, after identification;

- To determine the combined intervention between the school and the child protection agency, in managing the learner with sexual behaviour problems.

1.8. Research methodology

For the purpose of this current study, a qualitative research approach was selected. Qualitative research was most appropriate for this study, as the goal was to explore the management of five-to-nine-year-old learners, with sexual behaviour problems, by educators and social workers. According to Babbie and Mouton (2015: p. 270), this approach distinguishes itself from quantitative research through its primary aim, which is in-depth descriptions and understanding of actions and events. Creswell (2014) concurs that qualitative research is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem.

1.8.1. Research Design

Research design refers to all the steps taken in the research process to reach the aims and objectives of the topic to be studied (Fouché, Delpont & De Vos, 2011, cited in De Vos *et al.*, 2011: p. 143). The researcher selected the interpretivist design, as it would help to understand the participants' subjective experiences of learner-on-learner sexual misconduct. Fouché & Schurink (2011, cited in De Vos *et al.*, 2011: p. 308) also explains that "the qualitative researcher is concerned with understanding (*verstehen*) rather than explanation, with naturalistic observation rather than controlled measurement, with the subjective exploration of reality from participants. In this current study, focus group discussions were conducted with foundation phase educators and semi-structured interviews with WCED social workers in the Safe School Programme. The focus groups allowed for data to be gathered by means of the personal narratives of the educator's day to day experience among the foundation phase learners. The researcher relied on the participants views of the topic studied.

1.8.2. Population and Sampling

Babbie and Mouton (2015: p. 174) assert that a study population is a collection of elements from which the sample is chosen. These authors further state that "units of analysis in a study are typically the units of observation and that social groups themselves may also be the units of analysis for social scientific research including

formal social organisations and institutions” (Babbie and Mouton, 2015: pp. 85, 86). The target group for this current study included twenty foundation phase educators which derived from two primary schools in the Metro South Region. The target group also included three WCED social workers also from two offices in the Metro South Region. For the purpose of this study, the purposive sampling technique was used. According to Strydom and Delpont, (2011, cited in De Vos *et al.*, 2011: p. 392) “in purposive sampling the researcher must first think critically about the parameters of the population and then choose the sample case accordingly.”

The following inclusion criteria were considered:

- Educators must be working with learners between the ages of five-to-nine-years;
- Educators must be foundation phase teachers in a primary school setting;
- Social workers from a child protection agency, specifically WCED school social workers, must be rendering services to primary schools, focusing on identified SBP among learners.

Twenty educators from two identified primary schools, as well as three school social workers from the WCED Safer School Programme, therefore, were purposively selected as the study sample for this current study. The required permission for access to the two primary schools, in order to conduct the focus group sessions with the educators, was obtained from the Department of Education, Directorate: Research.

1.8.3. Data collection process

Data collection is the collecting of data widely, pursuing different subjects and exploring physical and social spaces to obtain a broad understanding of the parameters of the setting, subject, and issues of interest (Bogdan & Biklen, 2003). Using the interpretivist design, the researcher collected the data for this current study, through two focus groups and three semi-structured, in-depth, face-to-face interviews. According to Babbie and Mouton (2015: p. 292), focus groups are ideal for qualitative data collection, as they allow the participants the time and space to “create meaning among themselves, rather than individually”. Greef (2011, cited in De Vos, Strydom, Fouché & Delpont, 2011) states that researchers use semi-structured interviews, in order to gain a detailed picture of a participant’s beliefs about, or perceptions of, or accounts of, a

particular topic. The researcher used this technique in both the focus group discussions and the semi-structured interviews to collect information that, otherwise, would have been inaccessible.

The aforementioned research instruments were used to explore the involvement of educators and social workers in managing sexual behaviour problems in children, after identification. The aim of these data collection methods was to gather data that would assist in exploring and describing the current management of five-to-nine-year-old children with SBP, by educators and social workers.

1.8.4. Data analysis

Data analysis in qualitative research consists of preparing and organizing the data (text data, as in transcripts, or image data, as in photographs) for analysis, reducing the data to themes through a process of coding, and condensing the codes, to finally represent the data in figures, tables, or a discussion (Creswell, 2013). In this current study, Discourse Analysis was used to transcribe and translate data from the 2 focus groups and 3 semi-structured interviews. According to Babbie and Mouton (2015: p. 495), “discourse analysis is concerned with the language use beyond the boundaries of a sentence or utterance, concerned with the interrelationships between language and society, concerned with the interactive or dialogue properties of everyday communication”. Babbie and Mouton (2015: p. 495) asserts that discourse analysis is “one method which allows us to move beyond the obvious to the less, and yet completely, obvious, so that we become empowered to reconstruct the meaning of all things”.

1.9. Definitions of terms

- **Sexual behaviour problems**

Evertsz & Miller (2012: p. 6) defines sexual behaviour problems as, “Behaviours in this spectrum vary from excessive self-stimulation, sexual approaches to adults, obsessive interests in pornography, and sexual overtures to other children that are excessive to developmental bounds. For some children, these SBP’s are highly coercive and involve force; acts that would be described as ‘abusive’ were it not for the child’s age.”

- **Childhood sexual development**

Early in the developmental process, a child becomes conscious of his/her own body, as well as the importance of boundaries, since these boundaries delineate for the child, the distinction between the self and the body (Richter, Dawes & Higson-Smith, 2004).

- **Foundation phase educator**

“The precise specialist requirements for the initial teaching qualifications leading to qualified educator status are as follows: Foundation Phase (Grade R to Grade 3)

- A study of the 3 learning programmes as prescribed by the national curriculum. These must include the disciplinary bases of content knowledge, methodology and relevant pedagogic theory
- Expertise in the development of early literacy particularly reading competency
- Expertise in the development of early numeracy
- Expertise in the development of life-skill” (Republic of South Africa [RSA], Act 27 of 1996).

- **The formal child protection system**

This is the cluster of structures that carry designated responsibilities for dealing with reported cases of the neglect and abuse of children, including, sexual abuse, along with the legislative and policy frameworks within which they operate (Richter *et al.*, 2004).

- **Learner-on learner sexual misconduct**

Learner-on-learner sexual misconduct is the sexual abuse of a learner by another learner (Coetzee, 2012).

- **School Social Worker**

According to Bye, Shepard, Partridge and Alvarez (2009: p. 97) “School social workers assist students by addressing problems that interfere with students’ ability to function and make academic progress in school.”

1.10. Significance of this study

This study could add value to the process of understanding the management of five-to-nine-year-old children with sexual behaviour problems. It could also benefit the existing training material of the foundation phase educators, by providing new knowledge on the management

of learners identified with SBP. It is anticipated that the findings of this study will contribute to an effective combined intervention of managing learners with SBP, between primary schools and child protection agencies.

1.11. Structure of the thesis report

Chapter One – The researcher focuses on the background and rationale of the study, problem statement, the main question, aim and objectives of the study. In the chapter, the methodology, research design, population and sampling, the data collection and analysis are introduced. A detailed discussion follows in Chapter 3.

Chapter Two - The relevant literature and theoretical framework is presented in this chapter. The researcher highlights definitional challenges, causality and behaviours of children identified with SBP. Further discussions focus on the management of children with SBP in the educational sector, including reporting and disclosure of learners sexually abusing other learners. The researcher concludes the chapter by focusing on the topic of intervention for children with SBP.

Chapter Three - This chapter is an in-depth discussion of the research methodology. The discussion focuses on sample selection, data collection and data analysis.

Chapter Four - This chapter focuses on the main findings of the study, as well as the discussion of the findings.

Chapter Five – In this chapter, the main conclusions and recommendations are presented. The recommendations focus on further research, as well as the improved management of five-to-nine-year-old children identified with SBPs.

1.12. Conclusion

In this chapter, the researcher presented an overview of, as well as the background to, and rationale for this research study, focusing on the various terms used to describe children, who had been identified with SBPs. The researcher further explains the importance of this study through different viewpoints in literature. The literature discoursed, specifically emphasizes the dire need to investigate how children with SBP's are managed by educators and social workers. The methodology used in the research is also presented, arguing that the qualitative research method was the most appropriate for this study, as the aim was to explore the management of learners with SBPs, aged five-to-nine-years, by educators and social workers.

The statement of the problem provides an argument for the topic areas addressed in Chapter 2. The purpose of the study reflects the inquiry in Chapter 3, and it is anticipated that the findings of this study will prove to be important, as a contribution toward advancing knowledge and practice, regarding the management of vulnerable children, who had been identified with SBPs.

Chapter 2 comprises a review of relevant literature, as well as a discussion of the theoretical framework employed in this research study.



CHAPTER TWO

SEXUAL BEHAVIOUR PROBLEMS IN YOUNG CHILDREN: A LITERATURE REVIEW

2.1. Introduction

The theoretical framework for this study is the core focus of this chapter. The Attachment Theory was selected as the theoretical framework, because it was best suited to explore and describe the challenges of children in general, as well as children identified with Sexual Behaviour Problems (SBP). In this chapter, the issue of SBPs, identified in children aged five-to-nine years old, is discussed and the main linkages highlighted, to determine why this theory is important. The definitional challenges of children with SBPs are explored and described, in order to understand the characteristics of five-to-nine-year-old children, identified with sexual behaviour problems. The main research question in this current study was, “How are five-to-nine-year-old children, identified with SBPs, managed by social workers and educators?” The researcher discusses theory that focuses on the management of children presenting with SBPs, as well as the role and legal obligations of educators and social workers. Although the main research question focuses on how children with SBPs, aged five-to-nine-years old are managed by social workers and educators, it is important to understand the relationship between SBPs in children and the causes thereof.

2.2. Theoretical Framework

Bowlby (2008: p. 117) states that the relationship between the child and the parent, throughout early childhood, has an impact on the emotional development and mental health of the child, as s/he matures. This author further explains that the Attachment Theory is a framework for the understanding of this bond between the child and the parent. John Bowlby developed the Attachment Theory in the 1960s (Lyons & Hardy, 2007: p. 27). These authors clarify that John Bowlby’s work, as a psychoanalyst, focused on the early relationship of children with their primary caregivers, which, according to him, was the most significant predictor of their future personality development (Lyons & Hardy, 2007: p. 27).

According to Howe, Brandon, Hinings and Schofield (1999: p. 25), “After the age of 3 years, attachment evolves into a goal corrected partnership”. These authors explain that it is during this period that parents and children begin to negotiate and compromise within their relationship. In addition, children suffering avoidant, ambivalent and resistant attachment, will display emotions of strong, uncomfortable, and hostile responses, unorganised patterns of interaction with the caregiver, as well as resistance to change (Howe, Brandon, Hinings & Schofield, 1999: pp. 28, 29).

Bowlby (1980, cited in Hawkes, 2011: p. 86) asserts that the negligent or unacceptable parental response to the needs of the child causes “repressed and segregated representational systems that erupt[ed] later during stress and high anxiety”. This author cautions that such an unsupervised child, with access to, and responsibility for other young children, could have those “repressed systems powered by primitive fear and anger [triggered] that result in sexually abusive behaviour” (p. 89). Bowlby (1969: p. 233, cited in Ingham & Spain: 2005: p. 679) asserts that attachment and sexuality are interconnected in the child’s, as well as the adult’s, psychology. The author explains that in sexual offending, attachment, affection and commitment may be missing altogether. According to Hawkes (2011: p. 89), research findings suggest that, when the family attachment needs of children are not met in early childhood, their “resilience to sexual victimization” disintegrates.

Bonner, Walker and Berliner (2001: p.38) further observed that children with SBPs experienced more pressure in their lives, than those, in whom SBPs had not been assessed. The authors explained that children, who display symptoms of SBPs, have more than likely experienced stressors, such as parental divorce and death, or have observed human sexual behaviour. These children may also be assessed with behavioural problems at school. Levesque, Bigras & Pauze (2010: p. 367) explain that it might be beneficial to evaluate children for SBPs, when they had been referred to child protective services and mental health services, as part of the standard procedure. These authors further explain that it would also be worthwhile to examine the family setting of children, assessed with SBPs.

Rich (2006a: p. 1) explains that past research has revealed a link between attachment breakdown and the onset of SBPs. According to this author, the theory suggests that adversities, which harm the positive development of attachment, can present impaired

behaviour, leading to SBPs, as “It is clear that the source of attachment deficits affect the lives and developing psyches of many more children...” (Rich, 2006a: p. 16).

Rich (2006a: p. 213) describes the tenets of Attachment Theory as, humans develop critical social skills and achieve social competence, including the capacity for self-agency and self-regulation, the ability to develop a theory of mind (metacognition), the ability to feel self-worth and the capacities for empathy and moral behaviour, through the social, biological, neurological and psychological processes of early attachment. This author continues, “...attachment difficulties contribute to all sorts of functional problems and contribute to troubling behaviours...” According to Zilberstein (2006: p. 55), attachments influence the general behaviour, as well as the relationships of a child. Bowlby (1979, cited in Zilberstein, 2006) explains, “...this occurs because beliefs, attitudes, and behaviours that form within an affective, primary relationship, eventually become internalized as the child’s internal working models”.

Hamber and Lewis (1997, cited in Paterson & Perold, 2013: p. 3) explain that many South African people suffer trauma, defining trauma as “an event that ...overwhelms the individuals’ coping resources. Traumatic situations are those in which the person feels powerless and a great danger is involved”. According to these authors, trauma is more prevalent in communities that endure abject poverty, where violence, for example, family violence, molestation, gang violence, rape, crime, neglect, oppression, as well as overcrowding, is rife. Williams, Williams, Stein, Seedat, Jackson and Moolman (2007, cited in Paterson & Perold, 2013: p. 3), assert that, according to research, many South Africans endure, not only isolated traumatic incidents, but also continuous traumatic episodes throughout their lives.

Burk and Burkart (2003, p. 503) concur that “Clearly, factors such as cultural and media models of sexuality, general family environment, individual qualities such as feelings of self-esteem and self-efficacy, and past abuse, all play a role in shaping the form of the deviant sexual behaviour and in creating an environment, in which sexual offences can be committed.” According to Gray, Pithers, Busconi and Houchens (1999: p. 602) there are many reasons why children develop SBPs. The authors relate their findings to research completed over a 10 year period, and claim that many children with SBPs originate from homes where families are in a state of being extremely poor, where sexual offences are being

committed within the nuclear family, as well as arrests for crimes committed. They concur with Bowlby (2008: p. 602) that “evidence of an impaired attachment between parent and child has been found”.

Bowlby (1952: p. 30) explains that, throughout the early 1930s, it was assessed that the occurrences of children, who showed law-breaking behaviour, such as regular stealing, violence, self-absorption, and SBPs, experienced distressed interactions with their mothers in their early years. The author explains that these children are characterised as individuals “...who seemed to have no feelings for anyone...”

Lyons and Hardy (2007: p. 29) explain that Attachment Theory does not offer treatment prescriptions for intervention or cure. However, these authors state that interventions could be developed once the connection between early attachment relationships and future relationships are theoretically understood. Positive treatment outcomes could be enhanced by the involvement of the caregiver in the intervention “provided the caregiver is psychologically healthy enough to participate appropriately” (Lyons & Hardy, 2007: p. 33).

According to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition [DSM V] (American Psychiatric Association, 2013: p. 267), the only social pathology, formally linked to attachment relationships, is Reactive Attachment Disorder (RAD) in the early development stages of a child’s life. The Diagnostic and Statistical Manual of Mental Disorders, fifth edition [DSM V] (American Psychiatric Association, 2013: p. 265) explains that the diagnostic criteria for Reactive Attachment Disorder (RAD) would be a child, who seldom pursues comfort, when anxious; shows very little social and emotional approachability to others; as well as outbursts of unexplained emotions, even during moments, which are not threatening, especially with adult caregivers.

Shi (2014, p. 1) concurs that RAD is a childhood disorder that affects the child’s biological need to belong to a specific group, to be accepted by it, and to have positive emotions about being a member of said group; which starts before the age of five years. The American Psychiatric Association (2000, cited in Shi, 2014: p. 1) records that RAD is intently linked to the harsh and relentless neglect of the child’s basic needs, emotional and physical, be it abuse, neglect, or the constant change of the primary caregiver.

Bonner *et al* (2001), in a Child Protection Service report, revealed that a sample of 201 children with SBPs had been sexually abused (48%), been physically abused (32%), been verbally abused (35%), had suffered neglect (16%), and more than 38% had been victims of multiple forms of maltreatment. Bonner and Walker were the primary researchers in the aforementioned study report, between 1991 and 1998. According to these researchers, the primary objectives of the study were to assess and treat a wide range of children (201) with sexual behaviour problems, between the ages of 6 and 12 years, in order to develop a classification, to compare the efficacy of the two approaches to treatment. As part of the assessment measures, the researchers explained that various reports assisted with the data collection, specifically records obtained from the Oklahoma and Washington Department of Human Services (Bonner *et al.* 2001: p .10). Their findings revealed that it was typically children aged seven-years-and-eight-months, who showed symptoms of SBPs. The researchers further explained that the children, assessed with SBPs, displayed lack of control, presenting intensities of emotions and outburst. These children “were less interested in people, more avoidant of affect, less likely to anticipate that people would be cooperative, and more likely to view the world as aggressive” (Bonner *et al.*, 2001: p. 24).

Hawkes (2011: p. 83) published a description of a UK study that explored the start of harmful sexual behaviour in boys. In that study, the sample of the boys/participants were known (or suspected to have been) victims of child sexual abuse, who, on average, were “four-point-eight years” old, when they were first sexually abused (Hawkes, 2011: p. 89). The author further reports, “in two case files, onset of sexually harmful behavior preceded any experience of being sexually abused; in ten files (thirty-seven per cent), onset of sexually harmful behavior was concurrent with being a victim (i.e. occurred within six weeks); and in fifteen (fifty-five per cent) of the files, onset of sexually harmful behavior was more than three months after the first recorded sexual abuse of a research subject” (Hawkes, 2011: p. 89).

In addition, Hawkes (2011: p. 87) reports that “nineteen files (seventy-point-three per cent) contained evidence that birth mothers and other caregivers had behaved in ways linked to insecurity of attachment in their children”. The author informs that thirteen boys (forty-eight-point-one per cent) were separated from their birth mothers, for at least three months, the average age being four-point-four years, when they were first separated. Hawkes (2011: p. 88) continues, “...fifteen boys (fifty-five per cent) had been separated from birth fathers at an

average age of three-point-one years at first separation”. In addition, “evidence was found of insecure attachment prior to the onset of sexually harmful behaviour in the form of regressed, punitive or anti-social externalised behaviours” (Hawkes, 2011: p. 88).

2.3. The definitional challenges of children with sexual behaviour problems: Victim, hybrid or potential perpetrator?

Vizard (2005) reports that a literature search was undertaken to explore the definitions of abuse. Araji (1997) and Calder (1997, both cited in Vizard 2005: p. 2) state that various labels have been used to describe children, under twelve years of age, who sexually abuse other children. Vizard, Moncke and Misch (1995) and Calder (1997, both cited in Vizard 2005: p. 2) state that developmental perspectives are important in discussions of definitions involving children and sexuality, because a wide range of sexual activity has been described in literature.

Kellogg (2009: p. 2) defines sexual behaviour problems as “behaviours that are developmentally inappropriate, intrusive or abusive and an alternative less precise term is sexual acting out”. Vizard (2005: p. 2) states that some terms, such as “...oversexualized behaviour, abuse reactive behaviour and sexually aggressive behaviour for young children...” have previously been used. Several other definitions have been quoted by many authors. Johnson (1993), as well as Cunningham and Macfarlane (1991, both cited in Staiger, 2005: p. 7) claim that children with SBPs have been referred to as “abuse reactive”. Other authors, namely, Finkelhor and Browne (1986, cited in Staiger, 2005: p. 7) notes that children have been referred to as “trauma-reactive”, while Jones (1998, cited in Staiger, 2005: p. 7) refers to children with SBPs as “victim-perpetrators”. However, Staiger (2005: p. 7) argues that these definitions and terms are inaccurate, as, while sexual abuse is present in these children’s backgrounds, it is significant that not all of them would have been sexually abused.

The definition selected for this current study is, Sexual Behaviour Problems (SBPs), which indicates a behaviour that is both sexual and problematic by nature (Becker, 1998, cited in Staiger, 2005: p. 8). O’Brien (2010: p. 12) explains that “in general, Australian clinicians rarely use stigmatising language, particularly to refer to children below the age of criminal capacity (under the age of 10 in Australia).” “For children with concerning sexualised

behaviours the terms ‘problem sexual behaviours’ (PSB’s) or ‘inappropriate sexual behaviours’ are used” (O’Brien, 2010: p.13).

2.4. Analysis of sexual behaviour problems: Causality and behaviours

Kellogg (2009: p. 8) explains that SBPs in children are significantly associated with a home environment that is plagued by disruption because of poor health, criminal activity, or violence. Such traumatic experiences are rife in communities where poverty levels are high, and violence, namely, family violence, rape, molestation, gang violence, neglect, crime, overcrowding and oppression, often occur (Hamber, 1999; Lockhat & Van Niekerk, 2000, both cited in Paterson *et al.*, 2013: p. 2). Regrettably, many children in schools suffer such traumatic events. Kellogg (2009: p. 3) further states that “family sexuality and attitudes towards nudity, exposure to sexual acts or materials, extent of supervision, stressors, including violence, parental absence because of incarceration, death, illness and abuse, can affect sexual behaviours in children”.

Staiger, Kambouropoulos, Evertzs, Mitchell and Tucci (2005: p. 25) states that “in summary, the studies reviewed indicate that children who engage in problem sexual behavior are characterized by high levels of externalizing and internalizing problems, low levels of empathy, restricted affective experience and higher incidence of depressive symptoms.” According to Gray *et al.* (1997, cited in Staiger, 2005: p. 25), a study assessing internalizing and externalizing problems, via a teacher report, recorded significant differences between the parents’ and the teachers’ perceptions of the levels of internalizing and externalizing problems. The teachers evaluated fewer children with behavioural and emotional problems, than their parents did. The outcome of that study indicated that the parents assessed their children as being inflicted with more emotional and behavioural problems, than did the teachers.

Kellogg (2009: p. 4) explains that there is a powerful link between aggressive and abusive family settings and children’s sexual behaviours; therefore, it is expected that children, who live in such environments, suffer from sexual behaviour problems. Finklehor, Ormrod, Turner and Holt (2009) discuss a proposed conceptual model, suggesting four different conduits to poly-victimisation, namely, living in a dangerous community, living in a dangerous family, living in a chaotic multi-problem family environment and suffering from emotional problems

that increase risk behaviour. Finkelhor *et al.* (2009: p. 318) used data from the developmental victimisation survey, based on a study conducted in 2002 and 2003. A representative sample of USA children, aged 2-17 years old, was employed to determine childhood victimisation (p. 318). These authors explain poly-victimisation as many avenues that "...may predispose children to become the targets of multiple kinds of victimization" (p. 323). The study revealed that poly-victimisation is more prevalent in children aged 6 years old (p. 325). These young children were assessed to originate from homes where violence is prevalent, unemployment, marital challenges, as well as living in dangerous communities, where there is no support from people in the community. These factors, including the stress of a new school, new friends and the possible challenges of bullying, could add to emotional stress for the young child (p. 325).

Kellogg (2009: p. 3) explains that SBPs are significantly related to children, who live in homes where pornography is readily available, with poor supervision of children's access to such materials, or where and age-inappropriate sexual language is regularly used by adults, who are also prone to engage others in sexual activity. Vizard (2013) states that the effects of a seriously deprived and abusive family context on the developing victimised child, should be a vital consideration in deciding on case management, assessment, and treatment of child abuse victims. In addition, Kellogg (2009: p. 1) explains that children's sexual behaviours range from normal and developmentally appropriate, to inappropriate, abusive and violent. Therefore, distinguishing between what is normal behaviour and SBPs is a critical responsibility for many, and usually requires a more decisive therapeutic evaluation and intervention by a mental health professional (Kellogg, 2009: p. 2). This author continues that children, aged two to five years, without a history of abuse, demonstrate normal sexual behaviours that include, the touching of genitals in the home and in public, masturbating, exposing their genitals to others, standing too close, and trying to ogle nude people, which is age appropriate, according to literature on the topic (Kellogg, 2009: p. 2).

According to Kellogg (2009: p. 6), once SBPs are identified, family behaviours and home environments should be explored immediately, as it may clarify underlying causes and contributing factors. Bonner *et al.* (1999), as well as Friedrich *et al.* (1998; 2003, all cited in Levesque, Bigras & Pauze, 2010: p. 359) agree that children, identified with SBPs would probably be living in inappropriately sexualized family environments and, most likely, would have been exposed to parental abuse. Rich (2006b: p. 211) asserts that poor infant attachment

experiences present a historical risk factor, which begins to define the developmental path to future dysfunctional and antisocial behaviour. In addition, early attachment difficulties could contribute to wide-ranging problems including, for some, the development of troubled, antisocial and/or criminal behaviour (Rich, 2006b: p. 211).

2.5. Management of children with SBPs in the educational sector

According to Bright and Nnorom (2013), current studies conducted by the United Nations indicate that sexual abuse in schools is a widespread, yet largely unrecognized problem in many countries. Many authors claim that the closed nature of the school environment implies that children can be at greater risk of sexual abuse in schools (Leach, Fiscian, Kadzamira, Lemani & Machakanja, 2003, cited in Bright & Nnorom, 2013). Attitudes towards children with SBPs vary from denial and minimization, to outrage and condemnation (Staiger, 2005). The author states that beliefs about the innocence of children are challenged by the problem behaviours. Staiger (2005) states that response by statutory services, the police and child welfare organizations have often added to the confusion. The author explains that at almost every level, children with SBPs have not been able to access specialized services, and there is reluctance by parents, teachers, and others, to report to agencies any incidence of these behaviours in young children. Baron, Burgess & Kao (1991), as well as Dawes (1998, both cited in Bright & Nnorom, 2013) state that public perceptions and attitudes, concerning child sexual abuse are important, especially those of children, as such perceptions can affect the reporting of sexual abuse.

Internationally, researchers have examined variables influencing professionals' detecting and reporting practices, and propose characteristics of three types, namely, case characteristics, teacher characteristics and school characteristics (Walsh, Farrell, Bridgestock & Schweitzer, 2006).

2.5.1. Disclosure of children with SBPs in the education sector

According to Crenshaw, Crenshaw and Lichtenberg (1995, cited in Walsh *et al.*, 2006), lack of reporting is attributed to the teachers' difficulty in recognizing symptoms, as evidence of abuse (p. 68). Shapira and Benbenishty (1993, cited in Walsh *et al.*, 2006) explain that the seriousness of the abuse, or neglect, influences professionals' responses, although professional groups respond differently. "For teachers, even those

with legal obligations, there is a tendency to delay reporting until they feel they have sufficient evidence” (Goldman & Padayachi, 2002; Hawkins & McCallum, 2001a, 2001b; Tite, 1993, all cited in Walsh *et al.*, 2006: p. 68). Goebbels, Nicholson, Walsh and De Vries (2008: p. 942) state that “previous research suggests that reporting behavior may be influenced by teachers’ attitudes, detection skills, knowledge and training, social influence, teachers’ personal characteristics and features of abuse.” These authors further explain that “attitudes that act as barriers include concerns that reporting will damage teacher-child or teacher-family relationships.”

Squelch (2001: pp. 137-149, cited in Prinsloo, 2005: p. 5) explains that “safe schools are characterized by good discipline, a culture conducive to teaching and learning, professional educator conduct, good governance and management practices and an absence of crime and violence”. Coetzee (2012: p. 36) states that “the right to education is an empowering right which learner-on-learner sexual misconduct infringes upon”. The author explains that “if the problem with the law and policy regulating the management of learner-on-learner sexual misconduct are not urgently addressed, they may not only have a detrimental effect on the victim but also exacerbate the problems of learner sexual misconduct”. According to Squelch (2001: p. 142, cited in Prinsloo 2005: p. 9), it is also the responsibility of the school governing body to implement policies and procedures in the school’s code of conduct, to deal incidences of drug dealing, sexual harassment, as well as all types of abuse. The author further explains that it is the governing body’s responsibility to ensure that these policies are constantly revised.

Matthews (2011: p. 13-26) documents the findings of a study in Queensland, New South Wales and Western Australia. The study focuses on training provided to educators on the subject of child sexual abuse, as well as the teachers’ experience of this training. The author explains that “the general lack of research into teachers’ training, knowledge and confidence in the domain of child sexual abuse is concerning” (p. 17). The findings of the study concluded that “teachers need appropriate pre-service and professional development to be able to understand the complex social context of child sexual abuse and comply with legal and ethical duties to report suspected cases” (p. 26). According to Matthews (2011: p. 18), “...in South Australia, Hawkins and McCallum (2001) found that teachers with recent training had more confidence

recognizing indicators of abuse, were more knowledgeable about their reporting responsibilities, and were better prepared to follow reporting procedures”. The author explains that in further findings it was observed that those educators, who did not receive training, were less likely to follow reporting procedures.

Alsop and Prossen (1988, cited in Walsh *et al.*, 2006: p. 71) explain that their research, conducted on the teachers’ knowledge, subsequent to the required training about policies and procedures, revealed that the teachers considered themselves better prepared to manage the difficulties of detecting and reporting the abuse and neglect. Research has also revealed the role and attitude of the school principal, as influential in whether, or not, an incidence of SBPs will be reported. According to Lumsden (1992, cited in Walsh *et al.*, 2006: p. 71), the approach and decision of the principal of the school is of vital importance, when teachers are uninformed about their role in reporting alleged cases of child abuse and neglect.

Mathews, Walsh, Rassafiani and Butler (2009: p. 780) explains that, in research abroad, many educators were ignorant of their legal responsibilities, as they had not received adequate training about their role in the management of child abuse. According to these authors a national study with 568 elementary and middle school teachers in the USA revealed that approximately 66% of the teachers had not received adequate training, and lacked adequate knowledge about how to identify and report suspected cases of abuse. In addition, they feared the legal ramifications of their reporting, confirming their ignorance regarding the legal protection they enjoyed as mandated reporters.

According to Coetzee (2012: p. 30), the Department of Education and UNICEF directed that school safety plans should be drawn up, after an assessment had been made of all incidents of crime and violence, including sexual crimes and incidents of sexual offences, committed during school activities. According to the author, assessments had to be done to determine whether the school had posted a directory of people and organisations that offered support and advice to victims and suspected offenders, in accessible areas for learners, who needed intervention. In addition, an assessment had to be conducted, in order to determine whether the schools had implemented and communicated the safety policy to all stakeholders (p. 30).

Bye, Shepard, Partridge & Alvarez (2009: p. 97) state that it is the duty of school social workers to assist students, by focussing on the challenges, which hamper their ability to perform and progress at school. Additionally, Franklin (2000, cited in Bye *et al.*, 2009: p. 97) claims that school principals should be aware of how school social workers influence the students' academic achievement, as principals, generally, decide on which mental health professionals to employ at their schools. The Western Cape MEC for Education, Ms Schafer explained that, with the launch of the *Abuse No More Policy Document* on 22 October 2014, the Western Cape Education Department provided schools with guidelines called the *Abuse No More Protocol*, in order to assist schools in the management of child abuse and sexual offences against children (Western Cape Education Department [WCED], 2014).

2.5.2. Interventions

Schafer (2014) stated that the guidelines in the *Abuse No More Protocol Manual* was first introduced in 2001, and had been amended, in consultation and collaboration with a number of Government Departments, the South African Police Services, the National Prosecuting Authority, and various other organisations, taking into account all relevant legislation. The legislation highlights the teachers' mandatory duty to report all incidents of abuse, including SBPs, as prescribed. Coetzee (2012: p. 27) states that the implicated state departments, institutions and professionals are required to collaborate and cooperate within the confines of the existing legal framework, in order to manage learner, who are sex offenders. The author warns that there is a dearth of education-specific laws and policies to regulate learner-on-learner sexual misbehaviour, and the management thereof, which, probably, might hamper the desired cooperation (p. 28).

According to the Western Cape Member Executive Committee [MEC] for Education, Debbie Schäfer, "Child Abuse, deliberate neglect and sexual offences against children are serious challenges that currently exist in communities and educational institutions throughout South Africa." The MEC explained that "The Abuse No More Document for dealing with child abuse was developed in 1999 by the WCED, in cooperation with other departments and non-governmental organisations, to develop a guide for the management of child abuse" (Schafer, 2014). The researcher explored the "Abuse no more protocol manual" and observed that the content of this document clarifies Management procedures in section three, and Responsibilities of role-players in section

four. In addition, the document clarifies disclosure processes, such as Learner on Learner disclosure, WCED Employee on learner disclosure and Parent, Family Member or Community Member offence on learner disclosure. Various diagrams are used to simplify the roles and responsibilities. Eleven Annexures illustrate various reporting forms, such as Annexure G, “Sanctions-Serious misconduct of educators employed by WCED regarding the management of child abuse, deliberate neglect and sexual offences” (WCED, 2014: p. 26), and Annexure H, “Guidelines to School Governing Bodies regarding the management of child abuse, deliberate neglect and sexual offences” (WCED, 2014: p. 27).

2.6. Conclusion

In this chapter, the theoretical framework provided an understanding of the characteristics, causality and behaviour of children with SBPs. It is evident that there is strong correlation between stressors such as living in dangerous communities, abusive family environment and trauma faced due to loss of family members such as parents and the evolving of inappropriate sexual behaviours of children. The researcher also explored the management of children with SBPs in a school environment. However, it appears that literature presents more reasons why educators might fail in their duty to report incidences of SBPs in children, instead of providing a clear and concise reporting process within the school setting.

The next chapter focuses on the research methodology and research process that was employed to respond to the main question of the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

The main aim of this study was to explore the management of learners with SBPs, aged five-to-nine-years-old, by educators and social workers. In this chapter, the researcher discusses the methodological steps and techniques employed to gather and analyse the findings.

3.2. Methodological approach

For the purpose of this study, the researcher followed a qualitative research approach. “The primary goal of studies using this approach is defined as describing and understanding rather than explaining human behaviour” (Babbie & Mouton: 2015, p. 270). These authors further explain that qualitative research distinguishes itself from quantitative research, in terms of the following key features (p. 270).

- “The research is conducted in the natural setting of the participants;
- The primary aim is in-depth (thick) descriptions and understanding of actions and events;
- The main concern is to understand social action in terms of its specific context rather than to generalize to some theoretical population”.

3.2.1. Research setting

The research study was conducted at two primary schools on the Cape Flats. Both primary schools are located in the Metro South Region. The schools host learners from grade R to grade seven.

3.2.2. Population

The population for this current study were all the Foundation Phase educators at schools A and B, which totalled 20, as well all the social workers (3) specifically responsible for referrals of learner challenges received from schools in the aforementioned areas. The population in the two geographical areas of Mitchells Plain and Lotus River are spatially marginalised; endure overcrowded living conditions, with many affected by

HIV/AIDS, as well as high crime rates. Many are poor, unemployed, or economically inactive. The researcher refers to the schools as School A and School B for the purpose of this current study. Both the principals and educators requested that the name of the school to be kept confidential. School A has a total of 1394 learners (including 150 grade R learners) and 39 educators. School B has a total of 530 learners (excluding 129 grade R learners), five grade R educators and 13 foundation phase educators. The three social workers, who participated in the semi-structured interviews, and who were responsible for schools A and school B, were interviewed at their respective metro offices.

3.2.3. Sampling

According to Babbie and Mouton (2015: p. 164), sampling is the selection of a subgroup of subjects, from the wider population, for the gathering of data relevant to the research question, aim and objectives. The authors further explain that “specific sampling techniques allow us to determine and/or control the likelihood of specific individuals being selected for study” (p. 164). In this current study, the researcher used purposive sampling to select twenty (20) educators and three (3) social workers as participants. Strydom & Delpont (2011, cited in De Vos *et al.*, 2011: p. 391) explains that “sample size depends on what we want to know, the purpose of the inquiry, what is at stake, what will be useful, what will have credibility, and what can be done with the available time and resources”. The researcher was guided by the main research question, when selecting the sample and the ideal sample to adequately answer the research question was the educators and social workers working directly with the learner age group of five-to-nine years.

An information document from the University of the Western Cape, detailing the overall scope of the study, as well as the ethical considerations, were explained to the twenty educators and the three social workers, who, subsequently, indicated that they understood the content of the information sheet, and agreed to participate in the focus group discussions. Consent was given by all educators to allow the researcher to use an audiotape during the focus group sessions. Consent was also given by the educators for the presence of an assistant, whose sole purpose would be to note observational data, during the focus group discussions. Information sheets and consent forms were distributed and the consent forms signed by the educators and social workers. The three

school social workers also expressed that they understood the content of the information sheet and agreed to participate in the semi-structured interviews. Consent was given by each social worker to allow the researcher to use an audiotape. The information sheets and consent forms were distributed and the consent forms signed.

3.2.4. Data collection tools

The researcher used semi-structured interviews and focus groups as interviewing methods for information collection during this research (Greeff, 2011, cited in De Vos *et al.*, 2011: p. 341).

- **Focus group discussions**

According to Greeff (2011, cited in De Vos *et al.*, 2011: p. 361) “focus groups are useful when multiple viewpoints or responses are needed on a specific topic.” The author further states that “they are a powerful means of exposing reality and of investigating complex behaviour and motivation (p.362).”

As per Appendix E, Part B, the researcher emphasized the following information before starting the focus group sessions:

1. As educators, they often experience difficulties with day-to-day behavioural challenges with learners at their respective schools.
2. As educators they may find it increasingly challenging to identify, specifically, SBPs amongst learners.
3. The educators may also fail to get the necessary support to assist the learner

The educators were asked the following questions:

- During your time of teaching at this school, have you ever experienced any SBP cases among learners?
- What type of SBPs among learners have you encountered?
- What is your understanding of SBPs among learners or your understanding of learner-on-learner sexual misconduct?
- When would you consider SBPs between two children abuse? How common is SBPs among children of different ages at your school?

- What trauma related behaviours might you see in learners, who show signs or symptoms of SBPs?
- What do you think is your role as the teacher, in managing such cases?
- What kind of training has teachers at your school been provided with by the Department of Education, to empower you to manage cases of SBPs among learners?
- When was your last training session provided by the Department of Education?
- Do you think this training was sufficient to assist you as the educator to manage cases of SBPs among learners?
- How is discipline imposed in your school environment for cases of SBPs among learners?
- What support structure do you think exists for teachers and learners once disclosure has taken place?

- **Semi structured interviews**

In semi-structured interviews, the interviewees engage in a one-on-one, face-to-face dialogue with the interviewer to discuss a topic of interest (Kvale & Brinkmann, 2009). The interviewer prepares an interview guide, which is a list of questions and cues, related to the topic of discussion, used to guide the interview. According to Denzin and Lincoln (2005), interviewing is a useful method of collecting information about people's experiences. Kvale (2007) asserts that interviews are conversations from which knowledge emerges, as a result the interaction of an interviewer with an interviewee.

The social workers were asked the following questions:

The Researcher focused on the questions below to determine the social workers' experience in the management process of learners identified with SBPs, between themselves and the school community.

- How many years are you in your profession as a school social worker for Safer School Western Cape Education Department?

- During your time have you ever experienced any SBP cases among learners referred to you by school principals?
- How severe are these referrals and what is the frequency of such referrals?
- What types of SBPs among learners have been referred to you?
- When would you consider behaviour between two children abuse?
- Among which age and gender group at a primary school level would you say that this behaviour is most common?
- What trauma related behaviours might you see in learners who display SBPs?
- What is your role as the Safer School Social Worker in managing such cases?
- What kind of training has teachers been provided with by the Department of Education to manage cases of SBPs among learners?
- When was the last date of training offered to teachers by the department?
- What impact has the guidelines in the *WCED Abuse No More Protocol Manual* had on the management of learners identified with SBPs at schools?
- How have you experienced the intervention process between the school educators, parents and Safer Schools in managing these cases?
- What support structure exists for teachers, learners and parents once disclosure has taken place?
- Is there any way that the school could prevent SBP's amongst learners?

3.2.5. Data collection process

In order to gather in-depth data, two focus group discussions were conducted with the twenty (20) educators, who, at the time, were teaching grade R to grade three learners at two schools in the Western Cape. Eight educators were engaged in the first focus group session and twelve educators in the second focus group session. According to Greef (2011, cited in De Vos *et al.*, 2011: p. 366) “Focus groups usually include six to ten participants”. The author further stipulates that “whatever the size selected, it is

important to over-recruit by 20 percent to cover for no shows.” These sessions lasted forty-five minutes each. The discussions related to the exploration and description of the current management of children with SBPs, between the ages of five to nine years, at primary school level.

The focus group discussions allowed for in-depth and unbiased interaction, while focusing on the combined intervention between the school and the child protection agency, in managing a learner identified with SBPs. The researcher held two meetings with the principals and the heads of department of the foundation phase programme, prior to the date of the focus group discussions, to discuss appropriate venues and times. A Research Approval letter from the WCED was obtained before commencing with the focus group discussions. It was agreed that the staff room at school A and a classroom at school B were the only available venues. All role players agreed that the interviews would be best conducted after school hours.

The researcher ensured that the principles to be followed, when conducting research, were upheld, which is to ensure that prior to an interview, the participants are informed about the research topic and given confirmation about the ethical considerations, for example, confidentiality and anonymity (Gill, Stewart, Treasure & Chadwick, 2008). Therefore, the researcher’s first topics of discussion, when commencing the focus group discussions, were the purpose of the study, the right to voluntarily participation, and the guarantee of confidentiality for all information gathered. The focus group session was tape recorded with the permission of the participants.

As mentioned previously, the participants had agreed that the researcher’s assistant be allowed into the focus groups and interviews for the sole purpose of noting observational data, namely non-verbal responses from the educators, during the interview. Ethical considerations were adhered to, as the assistant was required to sign a confidentiality agreement. Kelleher (1993, cited in Babbie & Mouton 2015: p. 293) highlights the major sources of observational data:

- Exterior physical signs (clothing, radio’s, church services, consumables);
- Expressive movement (eye movements, facial expressions, bodily movements, posture, etc);

- Physical location (the setting you are observing, people's personal space, etc.);
- Language behaviour (stuttering, slips of the tongue, topics of discussion, etc.);
- Time duration (how long is the person you are observing engaged in what s/he is doing?)

According to Kelleher (1993: p. 126, cited in Babbie & Mouton, 2015: p. 295), one of the benefits of observation is that the actions of individuals are more informative than their verbal reports, and observing these are important.

The researcher also engaged in semi-structured interviews with the three selected social workers from the Western Cape Education Department, responsible for the Metropole South Safe School Programme. A research approval letter was obtained by the Department of Education before embarking on the semi-structured interviews with the social workers. The researcher used a one-on-one interview guide (Appendix F). The researcher, as the interviewer, used open-ended questions in the interviews with each social worker. Gill, Stewart, Treasure and Chadwick (2008: p. 292) explains that "wherever possible, interviews should be conducted in areas free from distraction and at times and locations that are more suitable for participants".

The following interview techniques were used as listed by Greeff (2011, cited in De Vos *et al.*, 2011: p.343)

- The participant must do 90% of the talking
- Ask one question at a time
- Ask truly open-ended questions
- Ask experience/behaviour questions before opinion/feeling questions
- Try to avoid 'off the record' information, when the participants ask you to turn the tape recorder off
- Follow up on what the participant says

The three school social workers also expressed that they understood the content of the information sheet, namely appendix C and D. The participants agreed to engage in the semi-structured interviews. Consent was given by each social worker to allow the

researcher to use an audiotape. The information sheets and consent forms were distributed and the consent forms signed.

3.2.6. Data analysis

Babbie and Mouton (2015: p. 490) explains that qualitative data analysis is the analysis of all information collected using qualitative methods. The researcher used the interpretive analysis and during this process all the interviews of the focus group sessions and the semi-structured interview sessions were transcribed and translated. The researcher used the guidelines set out in Smith (2015: pp. 66-77), namely,

1. Getting to know the data and engaging in it
2. Inducing themes
3. Coding (connecting the themes)
4. Investigating themes more closely
5. Writing up (interpretation and checking)

3.3. Trustworthiness

Lincoln and Guba (1985, cited in Babbie & Mouton, 2015: p. 276) claims that the “key principle of good qualitative research is found in the notion of trustworthiness; neutrality of its findings or decisions”. The author states that “the basic issue of trustworthiness is simple: how can an inquirer persuade his or her audience (including him or herself) that the findings of an inquiry are worth paying attention to or worth taking account of?” Trustworthiness applies to this current study, simply as Loh (2013: p. 1) states that “in any research study, the questions of quality, namely validity, reliability and generalisability crop up”. Anney (2014: p. 272) refers to the “qualitative research trustworthiness criteria and how to apply them during research as illustrated by Guba and Lincoln, 1982”. According to Guba and Lincoln (1982, cited in Anney, 2014) the criteria are as follows:

- **Credibility:**

According to Graneheim and Lundman (2004), as well as Lincoln and Guba (1985, both cited in Anney, 2014, p. 276) credibility determines whether the research results reflect conceivable data that was gathered from the participants’ primary information, and is a credible version of the subject’s initial beliefs. The authors state that a

“qualitative researcher establishes rigour of the inquiry by adopting the following credibility strategies: prolonged and varied field experience, time sampling, reflexivity (field journal), triangulation, member checking, peer examination, interview technique, establishing authority of researcher and structural coherence”.

The researcher ensured that the assistant documented non-verbal, as well as verbal responses from the educators, during the focus group sessions, and non-verbal responses from the social workers, during the semi-structured interviews. Only information offered by the participants was used. A tape recorder was also used to ensure that the researcher could review the data collected for clarification. The researcher used the audiotape to ensure that the information gathered was a true reflection of the input provided by the participants, in response to the questions, or engagement in the group discussions.

- **Transferability**

According to Bitsch (2005), as well as Tobin and Begley (2004, cited in Anney, 2014), transferability denotes the extent to which the findings of qualitative research can be transferred to different settings, with different subjects, which might also comparably be referred to as generalizability. In qualitative research, in order to ensure transferability, the researcher has to gather “thick descriptive data”, which will allow a comparison of one context to other possible contexts “to which transfer might be contemplated”, as well as produce a “thick description of the context” in order to assess whether it would fit other possible contexts (Guba, 1981: p. 86, cited in Anney, 2014: p. 278). The results of this current study reveal that there are similar findings in other research conducted on the topic.

- **Dependability**

The researcher ensured that the raw data from the interviews, the observation notes and documents were accessible for audit purposes. The researcher ensured that notes were taken while the interviews were conducted. The audiotapes were also available for audit purposes. Dependability allows others to determine whether the findings of the study would have the same outcome, if it was conducted else-where, with similar subjects, in a comparable context. Dependability will also determine whether the

study would have the same findings, if it was conducted again at a later stage, with the same sample (Bitsch, 2005: p. 86).

- **Confirmability**

Confirmability is “concerned with establishing that data and interpretations of the findings are not figments of the inquirer’s imagination, but are clearly derived from the data” (Tobin & Begley, 2004: p. 392, cited in Anney, 2014: p. 279). As explained in the study of Anney (2014: p. 279), the researcher ensure that reflective journals were kept. The researcher ensured good techniques when conducting the focus group discussions with the educators and engaging in the interview process with the social workers.

3.4. Self-reflexivity

Mruck & Breuer (2003: p. 3, cited in Ortlipp, 2008: p. 695) explains that “a reflexive approach to the research process is now widely accepted in qualitative research”. The authors explain that “researchers are urged to talk about themselves, their presuppositions, choices, experiences, and actions during the research process” (p. 698). Hubbs and Brand (2005: p. 62) explains that by using a reflective journal, the individual is able to introspect emotionally, physically and mentally. The author further explains that through the process of reflective journaling, an individual is able to become more objective, when processing opinions and ideas of others (p. 63).

Therefore, keeping and using a reflective journal assisted the researcher to understand her role, not only as the researcher, but also as the interviewer, and ultimately, the final writer of all the information gathered. The reflective journal assisted the researcher with confusion, during the interview stages with educators or social workers, as a mother of young children, and also a social worker working in the field of child sexual abuse. This reflection could assist the researcher to evaluate and review the data tools employed, such as the interview schedule, or the topic schedule for the focus groups. The Self-reflection journal helped reflective introspection. The researcher was challenged by the dichotomy of being researcher, or the practitioner. She was challenged about labelling children according to their behaviour. Words like alleged perpetrator, learner on learner sexual misconduct, child molesters, soon became terms the researcher did not want to associate herself with. Becoming further knowledgeable during the process of understanding the theoretical framework of the study,

allowed the researcher to fully comprehend how attachment difficulties could lead to children adapting dysfunctional behaviour.

3.5. Ethics statement

Babbie and Mouton (2015: p. 520) explains that the definitions of ethics is most often linked to morality. According to the author, ethics and morality refers to being morally good or correct. In addition, Babbie *et al.* (2015) explains that ethical choices involve replacing one thing of value for another, and reminds researcher's that, while in the process of data collection, the participants must not be subjected to unsanctioned intrusion.

The researcher ensured that the ethical obligations of the research study were adhered to, in order to ensure that no participant's rights were violated, while the researcher explored for answers to the research question. Babbie and Mouton (2015) listed some of the most important ethical agreements that prevail in social research. The researcher applied these ethical agreements when conducting this current research study.

- **Voluntary participation:** The researcher ensured that the educators and social workers understood that their participation in the study was voluntary and that they had the right to withdraw from the research at any time.
- **Informed consent:** The research purpose, aims, objectives and data collection procedures was explained to the participants, so that they could make an informed choice to participate. Written Consent was established from the Department of Education, Directorate: Research, to access the primary schools, in order to engage with the principals and educators in focus group discussions on the school premises. All participants were provided with a consent form before any interviews were conducted.
- **Anonymity and Confidentiality:** The educators and social workers were ensured of anonymity. All the participants were informed of their right to confidentiality. An information sheet was provided to every principal, educator and social worker to inform them of the scope of the study, how data will be securely stored, what will happen to all information once the research has been completed, and how all names and codes used in the research process will be kept confidential. The participants also gave consent for the audiotape to be used during the interview. The educators, who

participated in the focus group discussions, were briefed on the importance, and agreed to the confidentiality of the discussions in the group, by not disclosing the identity of other participants, or any aspects of their contributions, to members outside of the group. This was done by having all the participants complete and sign a confidentiality form before the researcher started the interviews.

- **Principle of non-maleficence:** The researcher took into consideration the educators' possible lack of child sexual abuse knowledge, or their fear to engage in an in-depth discussion about children identified with SBPs. The educators' uncomfortable behaviour, when sharing their experiences of children identified with SBPs, was observed and recorded by the researcher's assistant. The researcher was aware that the educators may experience personal and professional emotional effects after the focus group discussions. The researcher, therefore, ensured that she identified a clinical social worker, or life coach, to assist in hosting debriefing sessions. The researcher informed educators that a debriefing session could be arranged. However, it was observed, and recorded by the assistant, that educators were more interested in requesting a workshop, focusing on how to identify learners with SBPs, as well as the protocol that should be followed.

3.6. Significance of this study

This study may add value to the Department of Education's guidelines in describing the management of children identified with SBPs, specifically the management of learners with SBPs, aged five to nine years old. This study may also add value to the training of the foundation phase educators, focusing on knowledge of the management of learners with SBPs. The results of this current study may contribute to an effective combined intervention between primary schools and child protection agencies, in managing the learners with SBPs.

3.7. Conclusion

In this chapter, the researcher provided the content of how the research was conducted. Information was provided on the sampling, the data collection tools, the data collection process, as well as the data analysis that was employed in this study. Information was supplied in this chapter to show the significance of the research methodology and the process of achieving the main aim and responding to the identified research question.

In the following chapter, the researcher addresses the main results that were identified through the data analysis.



CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1. Introduction

The main findings of this study, as well as its subsequent discussion, are presented in this chapter. The aim of this current research study was to explore the management of five-to-nine-year-old learners, identified with SBPs, by educators and social workers. The researcher used focus group discussions, to gather information from the educator-participants and semi-structured interviews, to gather information from the social worker-participants. These data collection tools selected, assisted the researcher to meet the objectives of the study, which were:

- To explore and describe the current management of five-to-nine-year-old children, with sexual behaviour problems, at primary school;
- To explore the involvement of educators and social workers in the management of sexual behavioural problems, after identification;
- To determine the combined intervention between the school and the child protection agency, in managing the learner with sexual behaviour problems.

Firstly, the researcher presents and discusses the findings of the focus group sessions with the educators, in themes and sub-themes, and substantiates them with literature. Secondly, the researcher presents and discusses the findings of the semi-structured interviews with the school social workers, in themes and sub-themes, and also compares them with literature.

4.2. Educators results

Table 4.1 illustrates the three themes that emerged from the data collected in the focus group discussions with the educators, namely, Professional competence, Prevalence of SBP among learners aged between five-to-nine years, as well as Management history of learners with SBPs. In addition, the researcher identified sub-themes, which further clarified the three main themes, and provided more scope to organize and demonstrate the findings.

Table 4.1: Educators themes

Main themes	Sub-themes
1. Professional Competence.	1.1. The demographic profile of educators. 1.2. Training on Management of Sexual Behaviour Problems identified among learners for educators.
2. Prevalence of SBPs among learners aged five-to-nine years.	2.1. Understanding sexual behaviour problems. 2.2. Characteristics of learners with SBPs. 2.3. Severity of SBPs cases identified.
3. Management history of learners with SBPs.	3.1. The role of the educator in managing cases of SBPs among learners.

4.2.1. Main theme 1: Professional Competence

It was important for the researcher to explore the experience that educators held regarding the management of learners, who had been identified with SBPs. Twenty educators were engaged in the focus group discussions. Seventeen participants responded to the segment of the discussion, which focused on the number of years they had been employed as educators, as well as the number of years they had taught at their current schools, as illustrated in Table 4.2.

According to Omar (2014: p. 7), “teachers are facing new challenges and changes in the education world and it’s important for teachers to equip themselves with new knowledge and skills by attending in-service training in order for them to play an important and effective role as an educator.” Dobbins, Higgins, Pierce, Tandy and Tincani (2010, p. 358) assert, “...if teachers have not received adequate training in preservice education, they cannot be expected to seek out information on something about which they know little.”

4.2.1.1. Sub-theme 1.1: The demographic profile of educators

During the first focus group discussion, the eight participants were reluctant to complete the form for identification and tenure of work information; however, information was verbally retrieved from six educators, and audio recorded with their permission. During the second focus group, eleven of the twelve educators completed the form for identification and tenure of work information; however, one of the eleven only reported on his/her tenure at the current school, and not

his/her overall career as an educator, as illustrated in Table 4.2. Overall, the sixteen educators had three hundred and forty one years' of experience, collectively, with an average of twenty one years. The lowest individual educator tenure was four years, and the highest was forty years. The information gathered from the 17 educators, on the average tenure at their current schools, respectively, revealed a lowest tenure of one year, and a highest of twenty five years.

Table 4.2: The demographic profile of educators

FOCUS GROUP ONE					
Participants	Age	Gender Female(F)/ Male(M)	Highest qualification	Total average of tenure (years)	Average tenure at current school (years)
1	30	F	B.ED	30	9
2	32	F	B.ED	32	15
3	40	F	B.ED	40	23
4	30	F	B.ED	30	12
5	24	F	B.ED	24	2
6	5	F	B.ED	5	5
7		F			
8		F			
COMMENTS	NO INFORMATION AT ALL WAS RETRIEVED FROM 2 EDUCATORS				
FOCUS GROUP TWO					
Participants	Age	Gender Female(F)/ Male(M)	Highest qualification	Total average of tenure (years)	Average tenure at current school (years)
9	25	F	B.ED	4	2
10	52	F	ACE IV	28	23
11	46	F	B.ED	23	15
12	55	F	Matric	22	9
13	44	F	ACE IV	22	12
14	44	F		10	10
15	48	F	B.ED HON	22	22
16	49	F		25	25
17	50	F	Diploma	12	12
18	35	F	B.ED	14	5
19	27	F	BHMS		1
20		F			
COMMENTS	NO INFORMATION AT ALL WAS RETRIEVED FROM 1 EDUCATOR, NO HIGHEST QUALIFICATION FROM 2 EDUCATORS, AS WELL AS NO TOTAL AVERAGE TENURE FROM 1 EDUCATOR				

The data collected, regarding the demographics of the educators, were relevant to the study, as it assisted the researcher to compare the number of years worked, to the training received. In addition, the data assisted the researcher to explore the educators' experiences with children identified with SBPs, as well as the existing management process.

4.2.1.2. Sub-theme 1.2: Training on the Management of Sexual Behaviour Problems identified among learners for educators

During the focus group discussions, in response to questions on the type and frequency of training, a small number of educators mentioned one of the Western Cape Education Departments Guidelines, namely, *Abuse No More Protocol* (WCED, 2014). In further probing, regarding the time line of the training, the educators agreed that it was a few years ago, which implied that they could not confirm, or provide a clear indication when the training took place.

The relevance of this question was to assist the researcher to determine the educator's knowledge on SBPs among learners and the management thereof. During this focus group discussion on training, most educators agreed that they had experienced many challenges regarding the management of learners identified with SBPs. The educators described two such challenges/cases faced, namely, encountering a learner masturbating in the class, as well as another case of inappropriate sexual games played by learners. Linked to the lack of training on the management of children identified with SBPs, the educators described their dilemma about making decisions to report these incidents. The researcher ascertained that the educators did not follow the relevant reporting procedure in these instances, because of their inability to assess the severity of the identified behaviour.

Goldman and Grimbeek (2011: p. 16) states that "it is therefore essential that pre-service primary school student teachers be provided with the necessary courses in child sexual abuse and mandatory reporting to help prepare them for the realities of the contemporary school and classroom." Coetzee (2012: p. 29) states that "although there is no education-specific law and policy prescribing specific preventative measures for learner sexual misconduct, guidelines can be deduced

from the Regulation for safety measures at public schools, The Guidelines and from various other public documents.” Omar (2014: p. 2) explains that “in-service training will allow teachers to keep up to date with current concepts and through this teachers will promote excellent and effective teaching and learning environments for students.” In addition, “the success of in-service training depend on attitudes and interpersonal relationship within the school” (Omar, 2014: p. 4). This author further asserts that “the principal of a school is the most influential person in implementing the in-service training, even though he or she doesn’t become involve technically.” The author also states that “the role of principal is identified as significance in terms of creating a positive climate conducive to collaboration in matters pertaining to staff development” (Omar, 2014: p. 4).

It was important for the researcher to explore the experience that educators held regarding their training on the management of learners, who had been identified with SBPs. The following quotations emerged from the focus group discussions, in response to questions on the type and frequency of training:

“The abuse no more I know of.” Educator 1.

“We attended a workshop how to deal with traumatized learners, something you can take into your class, but not all our colleagues were exposed to that.” Educator 2.

When the participants were asked in which year the training was provided, the participants all murmured together, “...a while back”, as well as the following excerpts:

“Not really, not really.” Educator 1

“...abuse no more a few years ago.” Educator 2.

This educator had been teaching for thirty years:

“...thirty years, but I haven’t had except the abuse no more, a few years ago, abuse no more.” Educator 3.

Educator 4 was asked to indicate how long she had been employed as an educator, to which she responded:

“...forty two years and no training.”

“The training we received is a while ago, more training is needed, we can’t remember.” Educator 8.

Consequently, the researcher was able to determine the knowledge that educators had gained over the years, regarding learners identified with SBPs, as well as the application of this knowledge in combined interventions between the school and the child protection agency. Finally, the data also allowed the researcher to assess the educators’ behaviour, for example, their fear of speaking explicitly about the cases of learners, identified with SBPs.

4.2.2. Main theme 2: Prevalence of SBPs among learners aged five-to-nine-years

Hawkes (2011: p. 82), who conducted a UK study, states, “This paper reports a study of onset, before the age of ten years, of sexually harmful behaviour in a group of twenty-seven boys”. According to Hawkes (2011: p. 91), “All research subjects were known to have sexually harmed at least one child before ten years of age.” This author explains that “the earliest age at which a research subject perpetrated actual contact sexual harm was 3.2 years and the latest age of onset 9.0 years” and the “average age of onset was 6.2 years (n=26).” Lane (1991, cited in Staiger, 2005: p. 7) “has reported that approximately twelve percent of adolescents who commit sexual assaults are eleven and twelve years old and at least half of these children engaged in problem sexual behaviour before ten years of age”.

4.2.2.1. Sub-theme 2.1: Understanding sexual behaviour problems

A small number of educators expressed their understanding of sexual behaviour problems identified among learners. It was evident that educators struggled to openly and clearly define SBPs among learners. A few educators disclosed that SBPs among the foundation phase learners, was very common, ranging from touching and verbal suggestions, to kissing and penetration.

Four educators responded when asked about the type of inappropriate sexual behaviours they had observed among learners. The first educator explained that she had received a complaint about a learner in her grade three class who had made sexual suggestions towards a grade one child. The second educator received complaints about her grade three learner boys kissing girls. The third educator explained that, in her grade three class, she had observed learners exposing their private parts to one another. The fourth educator stated that she had observed a boy learner constantly masturbating.

Three educators in the focus group discussions expressed their understanding of SBPs identified among learners aged five-to-nine years. The following quotations refer:

“...where a learner violates the privacy and the comfort or inappropriate way of touching.” Educator 1.

“...no touching, no touch at all. That’s violating somebody...whether you a child or an adult.” Educator 2.

“...when the other child feels uncomfortable with what is happening perhaps.” Educator 3.

Three educators in the focus group discussions disclosed the types of SBPs they had identified among learners aged five-to-nine years. The following quotations refer:

“I had a boy last year grade three, made suggestion to a grade one child.” Educator 1

“...my children last year, grade three as well, boys took turns kissing girls.” Educator 2

“I have a boy in my class who has a habit of masturbating...he is now seven and it’s been coming on since grade R.” Educator 3

These responses assisted the researcher to gain insight into the participants’ understanding of children presenting with SBPs. In addition, it assisted the

researcher to gain insight into the knowledge that the educators had gleaned from the training provided by the Western Cape Education Department, or any other training body. However, O'Brien (2010: p. 13, cited in Evertsz & Miller, 2012) defines SBPs as follows, "...for children with concerning sexualized behaviour, the terms 'problem sexual behaviours' (PSBs) or 'inappropriate sexual behaviours' are used". In addition, the author explains that the "behaviours in this spectrum vary from excessive self-stimulation, sexual approaches to adults, obsessive interests in pornography, and sexual overtures to other children that are excessive to developmental bounds". O'Brien *et al.*, (2010: p. 13, cited in Evertsz & Miller, 2012) clarifies that "for some children, these PSBs are highly coercive and involve force; acts that would be described as 'abusive' were it not for the child's age."

In contrast, Kellogg (2009: p. 2) explains that "behavior such as sexualized play may be within a range of normal development among social peers, especially at various critical stages of growth and development". In addition, the following "types/frequency of sexual behaviors: Self-stimulation, personal space intrusiveness, interest in language or images of a sexual nature, exhibitionism, and mutual curiosity in peers' genitals are common normal sexual behaviors" (Kellogg, 2009: p. 2). Although, the author concedes that "sexual behavior problems include behaviors that are coercive, persistently intrusive, injurious, and frequent; such behavior usually requires assessment of familial and situational factors and treatment beyond parent redirection" (p. 5).

This data were relevant to the study, as it assisted the researcher to understand the levels of knowledge among educators, regarding the topic of SBPs identified among learners. The information also highlighted the types of SBPs, the educators were contending with.

4.2.2.2. *Sub-theme 2.2: Characteristics of learners with SBPs*

The educators agreed that the characteristics of learners with SBPs, were as follows: disruptive behaviour in the classrooms, learners were disrespectful, learners displayed emotional behaviour, for example, crying. Most of the responses from the educators, who interacted in this question, were one word

answers, rather than full length sentences. The researcher assessed that the educators were uncomfortable discussing this topic.

However, the educators confirmed that SBPs among learners *are* prevalent in the foundation stage at primary school level. In addition, the educators were of the opinion that the parents of learners, who had been identified with SBPs, seemed to be in denial, and did not believe the educators, when informed of their children's behaviour. Most educators were able to identify trauma-related behaviours in children aged five-to-nine-years, as well as the process of providing holistic services to the learner. The following quotations were extracted from the focus group discussion that focused on educators being able to define SBPs, as well as its prevalence among children aged five-to-nine-years:

"Violence, anger" "...between seven and nine..." "...lying yes that goes along with the stealing, attention seeking, destructive behaviour, they got no appreciation for others property and for even feelings as well, disrespect, figity." Educator 1.

"lying" "I had a boy last year grade three, made suggestion to a grade one child..." Educator 2.

"Sometimes the child is very emotional, he will cry if you talk to him or her, he will just start crying without, and when you hear there is something wrong and when you go deeper into it then you will find out something happened to him or her." "...my children last year, grade three as well, boys took turns kissing girls..." Educator 3.

"I have a boy in my class who has a habit of masturbating...he is now seven and it's been coming on since grade R." Educator 4.

The following quotations were extracted from the focus group discussion that focused on the educators understanding of internalizing and externalizing symptoms. One particular participant shared a personal experience, as an educator, revealing that a child with problems at home, would be more susceptible to display internalizing symptoms, such as depression and other outburst of emotions.

“I think those children they really need to be counselled, so that we can get to the root cause of the problem, why are they behaving the way they do. I’m sure they not doing it cause they naughty, there is a root, there is a problem... it must be addressed. We not trained to do that, we not psychologist or whatever, so we need that support, where when we report it, we must at least know that child is gonna get help, it’s not just gonna stay there, the child is gonna go for counselling.”

Educator 1.

“Society we living in these days where there are older siblings in the home and this type of thing is becoming more prevalent in terms of the younger children being exposed to it. So I think we need to have more education around what is acceptable ad what is not and we need to teach our children also when something like that occurs in their lives or whatever, you know what they need to do”

Educator 2.

“I just think the degradation of society is just becoming more and more prevalent”

Educator 3.

“My first experience was like also ä few years ago...somehow I just because we move amongst the kids during interval, I notice something different about this child and one morning the principal at the time brought this child to me and I must speak to the child, the child is just crying and because this child had chronic late coming and absenteeism I noted there was a problem at home and then this certain morning she just broke out in tears...”

Educator 4.

It was established that, according to the educator, the child was sexually molested, and the case was reported.

Evertsz *et al.* (2012: p. 6) state that “when all the children involved are under ten, the behaviour is referred to as ‘sexualized behaviour’ or ‘problem sexual behaviours’ rather than ‘sexually abusive behaviour’ ”. The authors further explain that there are “several reasons why you might identify a case in which a child under ten years is presenting with problem sexual behaviour problems, namely:

1. The child is in need of protection or the family requires assistance due to continuing abuse or neglect (such as sexual abuse or family violence).
2. The child's siblings are reported as being in need of protection because the parents require assistance to secure their safety from the child with sexualized behaviour.
3. A parental reaction to discovering the child's sexualized behaviours has resulted in them rejecting or posing a risk to the child (such as cases of sibling abuse)."

The relevance of this question reveals a direct link to the age referred to in the research question of this current study, namely, children aged five-to-nine years, who had been identified with SBPs, and the management thereof by social workers and educators. Lewis (2009: p. 19) explains that "Children's behavioural reactions to trauma and stress are typically complex". The author emphasises that some of the children's responses to trauma include, "on an emotional level depression, denial, numbing, anger, aloneness, guilt, helplessness, grief, irritability, fear and anxiety may be prevalent while behaviourally, temper tantrums, destructiveness, anger outbursts and conflict may manifest." The researcher asked educators to explain the teacher/parent involvement after identification of the SBP.

"...denial, like I got a letter from a guardian telling me I mustn't believe all the lies this girl is telling me and she wasn't raped last year and now she is there was that she was raped in my class, she wasn't raped and I mustn't believe her but she will walk with her uncle with her hand in his pocket yesterday and I mean she will ask us for five rand and we were joking saying yes she is looking for a five rand to pay them and that makes you think why did she look for money. Maybe she are paying the boys for sexual favours. I mean even though she's only eight years old". Educator 4.

Kellogg (2009: p. 2) reports that "children with sexual behaviour problems are more likely than children with normal sexual behaviours to have additional internalizing symptoms of depression, anxiety, withdrawal, and externalizing

symptoms of aggression, delinquency and hyperactivity.” Hawkes (2011: p. 88), in his UK study of the onset of sexually harmful behaviour before the age of ten years, reports that “evidence was found of insecure attachment prior to the onset of sexual harmful behaviour in the form of regressed, punitive or other anti-social externalized behaviour such as night terrors or sleeping problems, eating problems, history of fighting and aggression, being bullied or bullying.” Etgar and Shulstain-Elrom (2009: p. 589) state that “these minors who experience anger as destructive and breaking down connect it to the anxiety they felt that their parents do see them and are not attentive and available to their need and pain.” The authors refer to an example of a twelve year old boy, who experienced rejection from his father and went on to engage in PSB. Etgar *et al.* (2009: p. 590) explains “his ability to control the victim served as a sort of remedy for the feeling of helplessness and lack of control he felt toward the rejection and feelings of being unseen in his family”.

4.2.2.3. Sub-theme 2.3: Severity of SBPs cases identified

The educators agreed that SBPs among learners was an extremely serious problem at their schools and that certain were definitely more severe than others. Some incidents re-occurred, even after learners had been reprimanded by educators. The severe cases that were identified by educators included learners who engaged in inappropriate sexual games; learners who masturbated in the class room; learners who inserted objects in the private parts of other learners; learners who engaged in the touching of breasts and private parts; as well as penetration. One participant reported that, at times, educators would reprimand learners, who would defiantly continue their inappropriate behaviour.

A few educators disclosed that cases of SBPs were frequent at their school. One of the participants reportedly identified ten incidences in one month, which six other educators confirmed in the focus group discussion. However, one educator did not think it was common. In the researcher’s opinion, some educators perceived these incidents as uncommon, because they did not, necessarily, encounter many cases, severe enough to be defined as SBPs, or they were unable to identify the inappropriate behaviour. The following quotations from the focus group interviews refer:

“I think the insertions and the masturbation; those are serious things and inappropriate game.” “...10 a month...” Educator 1.

“I think when it comes to the touching of the breast and private parts that’s a different ball game that is something serious.” Educator 12.

“...also when you see it’s habitual, that one particular child or children will continue to do after you reprimanded them...” “The touching not that often.” Educator 3.

“...touching and penetration...” Educator 4.

“It is a huge problem, and it does not only happen in the lower schools it happens everywhere, even in the multi-racial schools. It does happen so it is a huge problem we are facing and we don’t know how we can alleviate it because even though we run programmes with the learners but still it happens and you must know when you run programmes then the stories come out.” Educator11.

“Some of the cases were very severe where objects were inserted into the private parts of another learner; those are some of the extremes.”

“...is not that common, but touching that is common. Maybe it does happen we don’t necessarily see it’s severe, we will reprimand the child, sometimes we only find out months or weeks after where a parent come and tell.” Educator 2.

Levesque, Bigras and Pauze (2010) explains that some children’s behaviour become problematic when various body parts become involved, for example, genitals, anus, buttocks, and breasts. In addition, this includes any behaviour that is found to be developmentally inappropriate, or potentially harmful to them, and others (Levesque *et al.*, 2010). Staiger (2005: p. 12) explains that, when curiosity about sexual behaviour becomes obsessive and a preoccupation among children up to five years of age, and exploration becomes a re-enactment of specific adult sexual activity, the child’s behaviour should be identified as SBPs. In addition, sexual penetration, genital kissing, oral copulation and simulated intercourse, encountered in

children older than five years of age, should also be identified as SBPs (p. 12).

According to a study by Walsh, Farrell, Schweitzer and Bridgstock (2005: p. 4) in Queensland, “teachers were generally unsure (overall average of 3.40 on a 5 point scale) about their ability to accurately identify child abuse and neglect.” Although, the authors explain that educators were more assertive in reporting cases of child abuse and neglect, because they were more prominent challenges in the school environment. However, according to Walsh *et al.* (2005: p. 4), “this did not apply for child sexual abuse, which was the most difficult type of child maltreatment for teachers to accurately identify (p.4).”

A study conducted by McCallum and Baginsky (2001: p. 10) asserts, “This study examines how Australian and British preservice training programs incorporate child abuse intervention.” Additionally, the study findings reveal that “Confusion about policies and procedures has a direct influence on student teacher confidence to identify and report” (McCallum & Baginsky, 2001: p. 10). According to these authors, student teachers did not have a legal understanding of reporting and were of the opinion that the legislation was unclear (p.10).

The data collected were relevant to this current study, as it assisted the researcher to determine at which point learners, identified with SBPs, were likely to be referred by educators for further intervention. In addition, the collected data assisted the researcher to determine how educators manage children, who had been identified with SBPs. The question assisted the researcher to explore the educators’ attitudes towards coping professionally with the identified cases.

4.2.3. Main theme 3: Management history of learners with SBPs

Coetzee (2012) highlights the importance of effectively managing problematic sexual behaviour in learners, in order to facilitate a teaching and learning environment that is structured, as well as focused. Goldman *et al.* (2011) explains that the in-service training of qualified teachers on child abuse and mandatory reporting has improved in some countries. Hawkins and McCallum (2001, cited in Goldman *et al.*, 2011) state that a one-day training course in mandatory notification, intended to educate teachers on

their legal obligations, as well as which processes to follow when reporting child abuse, is offered in South Australia.

4.2.3.1. Sub-theme 3.1: The role of the educator in managing cases of SBPs among learners

Educators agreed that they faced challenges regarding the implementation of the procedures set out in the schools guidelines to report SBPs identified among learners. Most of the educators mentioned one such guideline being the ‘Abuse No More Protocol’. When asked whether training on the manual was provided, the educators were unclear about when the ‘Abuse No More Protocol’ training was provided. One educator, who could not recall the training on the Abuse no more protocol, indicated that more training was required. Another educator, whose career as an educator spread over forty two years, claimed not to have received any training from the Department of Education. When the researcher enquired about the location of the ‘Abuse No More Manual’ on the school premises, some participants giggled, while others laughed outright, as they had no idea where the manual was kept on the school premises.

A few educators disclosed reporting identified SBPs, in a manner that ensured the necessary and appropriate support services for both the child identified with the SBPs, as well as the child victim. One educator clearly admitted to being aware of forms that had to be completed, in order to report the learners’ behaviour; however, it was, generally, assumed to be the principal’s duty to report the matter. Another participant disclosed that it was preferable to refer the learner to another institution, such as the NGO sector, which focused on children with behavioural problems. The educators briefed the researcher on the procedures followed, from the time of the learner’s disclosure to the educator, to the school social workers’ response, to the documentation of the incident by the school. The following excerpts from the participants refer:

“...in the past we were told when things are reported to us we need to report it directly to the principal and the social worker, it’s normally the procedure we would follow, we shouldn’t question the children too

much, we must just listen and report it immediately to the school social worker and the principal.” Educator 1

“I’m a bit skeptical about this, remember there was a time when they said the child comes to you, then there’s a form you must fill in, cause you the first one, so that is why I ask the child who have you spoken to, if I’m the first one don’t speak to me, go to the principal, sorry I just outsource it somewhere.” Educator 2

“...no, but we following the right procedure but we need a refreshing course, what is severe, what to act on it, sometimes the children come with these things, you so shocked. You don’t when or how to deal with it.” Educator 1.

“...in the past we were told if things are reported to us we need to report it directly to the principal and the social worker, this is the procedure we would follow...” Educator 1.

“...to be vigilant, you have to watch and from there put necessary intervention in place, make the children aware of dangers and integrate in your progr “...and now because we are an inclusive school we have a school psychologist as part of the inclusive education team so that will be our next point of call.” Educator 1.

“The principal mention now that it must be reported to the principal, following the necessary steps.” Educator 2.

“We need a refreshing course, what’s appropriate, what is not, what’s severe, what to act on.” Educator 3.

“... report it to a social worker.” Educator 4.

“...we don’t have a procedure other than report it to the principal.” Educator 1.

“Report to the principal immediately...it is difficult when they in the same class, we need to review our policies as well, the protocol still

as is, refer to principal, refer for counselling... how is that child going to feel, definitely something must be done.” Educator 2.

“...the policies have to be explicit. Our systems failed children...”
Educator 3.

An article by Gallagher-Mackay (2014: p. 265) “...focuses specifically on decision making by educators about reporting child abuse and neglect.” This author states that “many studies over the past twenty years have shown that teachers often do not report suspected abuse or neglect (p. 257).” In addition, “there is a clear and detailed legislative and policy framework that explicitly defines the responsibilities of educators who suspect abuse or neglect with respect to child protection” (Gallagher-Mackay, 2014: p. 265).

Gallagher-Mackay (2014: p. 265) refers to an interview with a principal of a school, during which the principal reported that “there are some teachers where something reportable has happened and they haven’t done anything, they’ve played social worker and hoped it would go away...” Studies consistently reveal that teachers lack the knowledge and confidence to be effective reporters of child sexual abuse (Crenshaw, Crenshaw & Lichtenberg, 1995; Mc Callum, 1999; Hawkins & Mc Callum, 2001; Kenny 2001a; 2001b; Kesner & Robinson, 2002, all cited Goldman & Grimbeek, 2011: p. 2).

The relevance of this question was to assist the researcher in understanding the current management procedures followed by the educators. The data collected allowed the researcher to explore the educators’ ability to follow the necessary procedures, to ensure that the learners were in a safe school environment, as described in the Department of Education schools act (RSA, Act No.84 of 1996). In addition, the collected data were relevant as the researcher was able to assess the combined intervention strategies and procedures of the schools, as well as the child protection agencies, when managing the environment of a learner, aged five to nine years, who had been identified with the SBP.

4.3. School social workers results

It was important for the researcher to include the school social workers as part of the management process of learners identified with SBPs. The three themes, Professional Competence, Prevalence of SBP among learners aged five-to-nine years old, and Management history of learners with SBP, which emerged from the data collected during the semi-structured interviews with the school social workers are illustrated in Table 4.3. The researcher further identified sub-themes, which better described the three themes that emerged from the data collected, clarifying the description and improving the organisation and demonstration of the findings. Three social workers from the Western Cape Education Department, under the Safe School Programme, participated in the semi-structured interviews, which lasted for forty-five minutes each.

Table 4.3: School Social Worker themes

Main themes	Sub-themes
1. Professional Competence	1.1. The demographic profile of social workers 1.2. The school social workers work of origin 1.3. The role of the School Social Worker 1.4. Training on the Management of SBPs identified amongst learners provided to educators by the Department of Education
2. Prevalence of SBPs among learners age five-to-nine years old	2.1. Understanding SBPs 2.2. Characteristics of learners with SBPs 2.3. Severity of SBPs among learners age five-to-nine years old 2.4. Psychosocial history of learners
3. Management history of learners with SBPs	3.1. The role of the school social worker and educator in managing cases of SBPs among learners 3.2. Case Examples and reporting procedure

4.3.1. Main theme 1: Professional competence

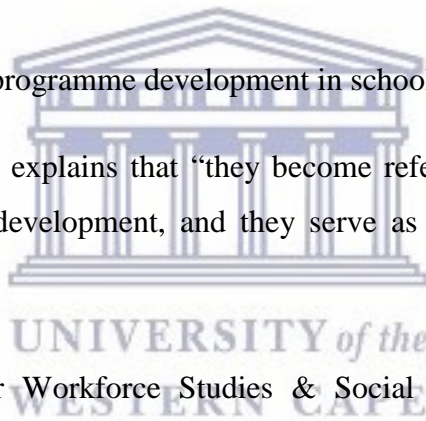
The researcher interviewed three female social workers, aged between 30 and 46 years old, with ten years tenure in Social Work. The social workers clarified their role as school social workers, and confirmed their highest qualification as BA Social Work. Constable (2009: p. 5) reports that “school social workers practice in the most vulnerable parts of the educational process, and so their roles can be as complex as the worlds they deal.” The author further explains that “school social workers may work one-on-one with teachers, families, and children to address individual situations and

needs (p. 5).” Constable (2009: p. 5) states that “when the school decides to implement zero-tolerance policy, social workers are available to consult with teachers on implementation and to work with victims and perpetrators of harassment.” The author explains that the school social workers become part of a bigger team of people to ensure that the school environment is a safe one (p. 5).

According to Constable (2009: p. 25), the school social workers have four functions:

1. “Consultation with others in the school system, and the teamwork relationships that make consultation possible.
2. Assessment applied to a variety of different roles in direct service, in consultation, and in programme development.
3. Direct work with children and parents, in individual, group, and family modalities.
4. Assistance with programme development in schools”.

Constable (2009: p. 26) explains that “they become reference points for practice, for policy, and for theory development, and they serve as a conceptual bridge between policy and practice.”



The NASW Centre for Workforce Studies & Social Work Practice (2010: p. 1) illustrates the various job functions of the school social worker. The researcher highlighted some of the functions that apply to this study. The role of the school social worker is to “provide crisis management services, including assessing for safety, providing case management services including, but not limited to, referrals to community resources, collaboration with other professionals, as well as providing training and workshops to teachers, school staff and parents. However, like many social workers, the caseload of school social workers is often high.”

4.3.1.1. Sub-theme 1.1: The demographic profile of educators

Two of the three social workers had worked for the Department of Education for eight years, respectively. The third social worker reported nine years’ working experience, as a school social worker.

The data, regarding the average tenure of the social workers, were relevant to the study, as it assisted the researcher to gain insight into their experiences of the combined intervention between the school and social workers.

4.3.1.2. Sub-theme 1.2: The school social workers work of origin

During the semi-structured interviews the researcher established that the three participants were involved with one hundred and fifteen schools, collectively, across the Metro. Participant one reported being responsible for thirty one schools, of which sixteen schools were primary schools. Participant two was responsible for the highest number of schools of the three participants, namely, forty five schools. Participant three was responsible for thirty nine schools. The following quotations from the semi-structured interviews refer:

“Plus minus thirty one...from this year we are working across, it is no more that I am only working in Mitchells Plain.” SW 1.

“...forty five...” SW 2.

“...thirty nine...”

“Remember I have twenty three schools but two circuits do not have social workers so we must allocate the schools amongst us. So I have my twenty three schools plus some schools from circuit one and circuit four. So when it comes to primary schools I think plus minus 16 schools all together.” SW 3.

The relevance of this collected data assisted the researcher to gain insight into the allocated number of schools, to which each social worker had to render services, as well as from which to manage referrals.

4.3.1.3. Sub-theme 1.3: The role of the school social worker

While gathering information, during the semi-structured interviews, participants one and two informed the researcher of their core function as the school social workers, when managing learners identified with SBPs, which was to provide training, as well as capacitate educators on the *Abuse No More Protocol*. The social workers added that their other responsibilities were to coordinate referrals

from schools, in cases of abuse and neglect. The school social workers also indicated that they fulfil the role of a referral base for cases outside of their scope of work, for example, referring learners to school psychologists. The school social workers also provide support to parents, in cases of abuse to children. The following quotations from the semi-structured interviews refer:

“My core function is abuse no more where we training and capacitating educators on how to identify abused or neglect and how to deal with abuse in an effective way and also to run awareness programmes for learners.” SW 1.

“...then as a social worker I would also become involved in coordinating the process where if it’s a case that the child is exposed to neglect and abuse we inform the parents that this case needs to be referred to the department of social development or child welfare for statutory intervention and support.” SW 2.

“The social worker also has the role of providing support to the parents and the learners and also referring for additional support.” SW 2.

The data collected were relevant to the study as it assisted the researcher to explore the involvement of the social workers in managing SBPs, after identification.

4.3.1.4. Sub-theme 4: Training on management of SBPs identified among learners provided to educators by the Department of Education

Emerging from the sub-theme 3, it was revealed that the social workers provide training to educators on the *Abuse No More Protocol*. Participant two clarified the frequency of training, by explaining that their goal was to train every two years; however, currently training was being provided annually. The participant explained that training is provided to all the staff, and is not selective. Additionally, it was indicated that the scope of training is specifically the *Abuse No More Protocol*, how to deal with a traumatized child in the classroom, and further training on the Sexual Offences Act (Republic of South Africa,

Amendment Act, Act No. 32 of 2007), was provided by the Department of Justice. The following quotations from the semi-structured interview refer:

“...yes all the schools that we do refresher courses, where we will now, it’s a huge book but we do them per session. We make sure they understand...the last school was last term, and we still have schools for this term, the other schools have been getting it since the book was launched, but now we are working across so I make sure that I give my input.” SW 1.

The social worker explained that they were working across the Western Cape, in circuits, which was not previously allocated.

“...we do training every term... and it’s all staff at one school, it’s not like only the head of department and the principal, no the whole staff.” SW1.

Participants 2 & 3 confirmed the first participant’s answer, when asked to whom training was provided:

“...no, full staff.” SW 1 & 2.

Subsequently, they were asked what kind of training the teachers had been provided with, and responded as follows:

“...Abuse No More Protocol and how to deal with a traumatized child in the classroom, children in trauma and sometimes positive discipline because remember an abused child can act out disciplinary wise and behaviour wise so they must be able to deal with those behaviours.” SW 1.

“...educators have been provided with the Abuse No More Manual after the training was completed. We have also provided them with sexual offences training where Advocate Ruiters specifically trained coordinators and that was an ongoing training...they have been trained every year.” SW2.

“...we always have new teachers on board, so I think that those specific new teachers should be trained every year but for a refresher, teachers who have been already trained, every two years...at the moment it is happening every year, schools have been trained over and over again at all schools.” SW 3.

The participants was asked how they would respond if the educators stated that they had last received training ten years before. They responded as follows:

“...it’s false because remember it was only launched in 2014 so all the schools have received it.” SW 1.

“...they definitely need more. At the moment we have prioritized the foundation phase where we made it project specific where we are compelled to do prevention programmes with foundation phase learners and educators on signs and symptoms of abuse. That type of related training is being rolled out, it has been in existence for two years.” SW 2.

“...what we also trying to do is focus on learner intervention, educator intervention and parent intervention.” SW 3.

Many authors (Crenshaw, Crenshaw & Lichtenberg, 1995; McCallum, 2000; Hawkins & McCullin, 2001a; Kenny, 2001a; 2001b; Kesner & Robinson, 2002, all cited in Goldman *et al.*, 2011: p. 2) confirm that teachers lack the knowledge and the confidence to be effective reporters of child sexual abuse. Wallace and Bunting (2007, cited in Goldman *et al.*, 2011: p. 2) reports that “international experience shows that training for teachers, and for other professionals, is central to the successful introduction of mandatory reporting laws”. Kenny (2001a, cited in Goldman *et al.*, 2011: p. 4) “examined the adequacy of preparation by school teachers in the United States and found that forty percent of teachers described their pre-service training on child sexual abuse as ‘minimal’, with a further thirty four percent reporting it as inadequate and in a further study sixty four percent of teachers involved reported that their pre-service training did not address child abuse”. Goldman *et al.* (2011: p. 4) states that “some progress in qualified teacher

in-service training about child abuse and mandatory reporting is being made, in some countries.”

Hawkins and McCallum (2110a, cited in Goldman *et al.*, 2011: p. 4) explains that “South Australian teachers are expected to complete a one-day mandatory notification programme. This programme according to the author ‘aims to improve their knowledge about the indicators of child abuse and neglect, as well as increase their awareness of their legal responsibilities and the procedure for making a notification’”. Omar (2014: p. 2) states that “in service training is important as it equips teachers with new knowledge and skills to face new challenges and reformation in education.”

The researcher gained fresh clarity on the information retrieved in the focus group interviews, when educators stated that training on the *Abuse No More Protocol* was provided *many years ago*. During the semi-structured interviews, SW one clarified that the *Abuse No More Manual* was launched in 2014, and since, training has been provided to all schools.

The data collected assisted the researcher to explore the content of training provided to educators, as well as the frequency. The relevance of the data collected assisted the researcher to understand the importance of this specialized training provided to the educators, as it would ensure effective management of learners identified with SBPs.

4.3.2. Main theme 2: Prevalence of SBPs among learners aged five-to-nine-years

Kellogg (2009: p. 1) states that “sexual behaviour problems are common in children.’ The author explains that ‘more than fifty percent of children will engage in some type of sexual behaviour before their thirteenth birthday.’ “In a normative study with 1 114 children aged two to twelve years, a greater variety and frequency of sexual behaviours were reported by parents of boys and girls aged two to five years old when compared with parents of children aged six to nine and ten to twelve years” (Kellogg 2009: p. 3). The author further explains that the data does not necessarily suggest that sexual behaviours are more common among young children; however, they may reveal differences in observation patterns.

4.3.2.1. Sub-Theme 2.1: Understanding SBPs

All the social workers who engaged in the semi-structured interviews indicated their understanding of SBPs among learners. They described sexual behaviour problems as inappropriate touching of another learners private parts. The participants further defined it has sexual gestures toward another child, fingering, exposing private parts to another learner, masturbating in front of the teacher and other learners, asking learners to undress in toilets to suck their penis. The following quotations from the semi-structured interviews refer:

“It is always severe if the child touches another child inappropriate or does sexual gestures to another child or fingering. With the younger ones if a child touches one of the learners because of curiosity they can also maybe think this is due to curiosity but like I say if it happens every day after they have addressed it with the parents then they can refer it.” SW1.

“...for me it would be inappropriate touching of the private parts, exposing private parts to another learner, masturbating in a classroom in front of the teacher and other learners, and also asking learners for example in the toilet to undress, suck penis, etc.” SW2.

O’Brien (2010: p. 13) defines sexual problem behaviour as “...for children with concerning sexualized behaviour, the terms ‘problem sexual behaviours’ (PSBs) or ‘inappropriate sexual behaviours’ are used. Behaviours in this spectrum vary from excessive self-stimulation, sexual approaches to adults, obsessive interests in pornography, and sexual overtures to other children that are excessive to developmental bounds. For some children, these PSBs are highly coercive and involve force; acts that would be described as ‘abusive’ were it not for the child’s age.” Staiger (2005, p. 8) explains that “children who engage in problem sexual behaviour is preferred over phrases which include ‘child offenders or child perpetrators.” The author further explains that “the phrase sexual behaviour problems acknowledges that the children have not reached the age of criminal responsibility, have experienced a range of disruptive and/or abusive experiences themselves, and are influenced heavily by the social, economic and familial conditions in which they live.”

This question was relevant to the study as it assisted the researcher to gain insight into the school social workers knowledge and understanding of SBPs identified in learners. The data collected allowed the researcher to explore the participants views on which cases were severe and required some form of intervention.

4.3.2.2. Sub-theme 2.2: Characteristics of learners with SBPs

The social workers agreed that SBPs are prevalent among learners in the foundation phase at primary school level, which is a problematic group, namely learners aged five-to-nine years. They continued that trauma related behaviours were observed in learners identified with SBPs. They also reported that learners identified with SBPs, displayed aggressive behaviour. Learners identified with SBPs were violent, displayed anger, stealing from others, lying, attention seeking behaviour, destructive behaviour, with no appreciation for others' property and feelings. The following quotations from the semi structured interview refer:

“I must say the foundation phase is a problem group...from five years old.” SW1.

“...specifically foundation phase age, I think grade R to grade three those are the problem areas. Starting from age five because at five they still in grade R, five to eight years old.” SW 2.

“...learners show very aggressive behaviour, schools normally refer aggressive behaviour to the district as well...” SW 1.

Evertsz *et al.* (2012: p. 6) explains “when all the children involved are under ten, the behaviour is referred to as ‘sexualized behaviour’ or ‘problem sexual behaviours’ rather than sexually abusive behaviour”. The authors further explain that “there are several reasons why you might identify a case in which a child under ten years is presenting with sexual problem behaviours. The child is in need of protection or the family requires assistance due to continuing abuse or neglect (such as sexual abuse or family violence), The child’s siblings are reported as being in need of protection because the parents require assistance to secure their safety from the child with sexualized behaviour, A parental reaction to

discovering the child's sexualized behaviours has resulted in them rejecting or posing a risk to the child (such as cases of sibling abuse)."

Kellogg (2009: p. 2) reports that "children with sexual behaviour problems are more likely than children with normal sexual behaviours to have additional internalizing symptoms of depression, anxiety, withdrawal, and externalizing symptoms of aggression, delinquency and hyperactivity." Children identified with SBPs present other behavioural difficulties, such as DSM-IV diagnosis, conduct disorder, attention deficit with or without hyperactivity, and oppositional defiant disorder (Levesque, Bigras, & Pauze, 2010: pp. 359, 360). Various authors (Bonner *et al.*, 1999; Gray *et al.*, 1997; 1999, all cited in Levesque, Bigras & Pauze, 2010: p. 358) state that studies have linked factors related to child SBPs with the high prevalence of other personal problems, such as oppositional behaviours and non-sexual aggression.

This question was relevant to this current study, as it assisted the researcher to explore the school social workers' understanding of behavioural symptoms identified in learners with SBPs. In addition, the question assisted the researcher to explore the prevalence of SBPs among learners aged five-to-nine years.

4.3.2.3. Sub-theme 2.3: Severity of SBPs among learners aged five-to-nine-years

The social works agreed that they had experienced an increase in referrals related to SBPs among learners. They identified that referrals by school staff ranged from normal to severe SBPs among learners, and described the following as types of SBP, namely, inappropriate touching of the private parts, gang raping learners on school premises, exposing private parts to another learner, masturbating in front of the teacher and other learners, asking learners to undress in toilets to suck their penis. The social workers were of the opinion that SBPs among learners were under-reported, despite receiving approximately five to six referrals per week from schools. They also indicated that, often SBPs among learners are identified, but educators may not view the occurrence as severe; therefore, the educators will follow the process of reprimanding the learner, and not take further steps to report

the case, as per the school guidelines. The following quotations from the semi-structured interviews refer:

‘...inappropriate touching, even the actions in the toilets, gang raping learners on the school premises.’ I think in a week we can get five to six cases, but remember there are those schools that don’t refer...that is a problem...but then if they see no its now happening almost every day then it must be a concern then they must refer.” SW 1.

“...for me it would be inappropriate touching of the private parts, exposing private parts to another learner, masturbating in a classroom in front of the teacher and other learners for example in the toilet to undress, suck penis, etc’ “...from a specific school maybe every two months I would get a case from a specific school.” SW 2.

“At times it was learner on learner abuse.” SW 3.

Various authors (De Wet, Jacobs & Palmer-Forster, 2008: p. 99, 101; Haffejee, 2006; Human Rights Watch, 2001: chs; Serrao, 2008: p. 9; Watson, Eduscript & Grey, 2010: p. 8, all cited in Coetzee 2012: p. 27) explain the following as some forms of SBPs, namely, “Rape and Gang Rape, fingering, showing pornography, kissing girls without consent, sexual bribery such as coercing girls into performing oral sex.” Staiger (2005, p. 12) describes the types of SBPs in children aged six-to-ten years, as “sexual penetration, genital kissing, oral copulation and simulated intercourse.” According to Levesque, Bigras and Pauze (2010: p. 358), “sexual behaviour problems amongst children become problematic when it involves body parts such as genitals, anus, buttocks and breast and it becomes potentially harmful to them and others.”

Staiger (2005: p. 7) states that “...there is a reluctance of parents, teachers and others to report to agencies any incidence of SBP in young children.” Gallagher-Mackay (2014: p. 257) states that “...there is clear international evidence of under reporting.” The author further states that many studies, over the past twenty years, have revealed that teachers often do not report suspected abuse or neglect (p. 257). Goldman *et al.* (2011: p. 1) state that many Departments of Education

and/or government authorities require teachers to report suspected cases of child sexual abuse.

The data collected were relevant to this current study as it assisted the researcher to gain insight into the severity of SBPs among five-to-nine-year-old learners, referred to the school social workers. This data also assisted the researcher to determine how the school social workers experienced cases of SBPs that were referred to their offices from the primary schools. The question was relevant to this current study, as it allowed the researcher to gain insight into the school social workers views on whether all schools refer all cases of SBPs to their offices.

4.3.2.4. Sub-theme 2.4: Psychosocial history of learners

The school social workers agreed that learners with SBPs were not necessarily learners from low socio-economic communities. The social workers explained that they have received referrals from schools, in, what they defined as, leafy areas, as well as from semi-private and private schools. However, two of the social workers emphasized that children, who come from communities where parents abuse drugs, are more at risk, as well as children living in informal settlements, sharing one room with the parents and other family members. The following quotations from the semi-structured interviews refer:

“...cases where they finger one another, probably being exposed to this things at home through the tv, where there is no privacy for example in informal settlements where there is one room where the parents do everything...”SW1.

“...for me it spans across all the circuits, whether it is schools within the leafy areas, across the semi-private and private schools.” SW 2.

“I think I would also add it is across the board. However you also pick up that in our communities where parents are using drugs children are more at risk of being sexually abused and we do find an increase.”SW 3.

Kellogg (2009: p. 3) states that “SBP in children are significantly related to living in homes in which there is disruption because of poor health, criminal activity or violence.” The author reports that “once SBP are identified, an assessment of family behaviours and home environment may clarify underlining causes and contributing factors” (p. 6). Various authors (Bonner *et al.*, 1999, Friedrich *et al.*, 1998; 2003, all cited in Levesque, Bigras & Pauze, 2010: p .359) refer to research that children with SBPs were likely to live in sexualized family environments, with histories of parental maltreatment. Etgar *et al.* (2009: p. 578) state that family therapy with a minor therapeutic programme is essential to create long-term change in the behaviour patterns of the child. Burton and Rasmussen (1998, cited in Etgar *et al.*, 2009: p. 578) explain that involving parents is a critical factor, when teaching children to behave responsibly, in terms of dealing with sexual thoughts and feelings. The authors further state that behaviour problems in children are symptoms of problems in the family (p. 578).

This question was relevant to this study as it allowed the researcher to gain insight into the school social workers view of how environmental factors influence the behaviour of children.

4.3.3. Main theme 3: Management history of learners with SBPs

The participants related the process that should be followed to ensure that both the child, identified with the SBP, as well as the child victim, received the necessary and appropriate support services. In addition, the school social workers were able to report on the WCED guidelines for such cases. To determine whether the guidelines were followed for various SBP cases, the researcher posed questions, using case scenarios from the focus group, which the school social workers were able to answer accordingly.

Constable (2009: p. 24) states that “there is direct work with children and parents individually and in groups.” The author further explains that “there is a program and policy development” (p. 25). Leyba (2009: p. 222) states that when school social workers decide to refer students, or parents, for therapy, they can work with the parents to help choose the most appropriate therapist. The author explains that “school social workers work diligently to achieve a multiple of complex, important task within their roles” (p. 225).

4.3.3.1. Sub-theme 3.1: The role of the social worker in managing cases of SBPs identified among learners

Social Workers agreed that there were immediate steps that had to be followed, which included informing the parents of their children's behaviour, and confirming whether the principal was aware of the incident. The school social workers described the impact the guidelines has had on the referrals of SBP cases. The social workers specifically mention the *Abuse No More Protocol*. The social workers stated that the principal had to be informed, when an SBP case was identified. It was also clear that the person, to whom the child discloses, was responsible to complete the form 22a. The three social work participants reported that the *Abuse No More Manual* has had a huge impact on the management of referred SBP cases. The social workers explained that the manual provides educators with clear guidelines on how to identify SBPs among learners. The manual allows educators to understand which type of cases to report, and when to apply the code of conduct. The participants further reported that the manual specifies which forms to complete, when referring learners identified with SBPs. The three social work participants reported that educators are receiving training on the *Abuse No More Protocol*, in fact, all schools and staff have been receiving the training throughout the last two years.

The school social work participants described the order of reporting, namely, which individual should be reporting a case of SBPs. The Children's Act (Republic of South Africa [RSA], Act No. 38 of 2005), general regulations regarding children 2010 (form 22) must be completed by the first person who identifies the abuse, or to whom the child discloses. The data were relevant to this current study as it allowed the researcher to gain insight into the reporting procedure set out by the WCED Safe School Programme, *Abuse No More Manual*. The following quotations from the semi-structured interviews refer:

“Basically if the schools report or send through a referral to the district office we first try and establish whether the principal is aware of this case, then, as a social worker, I try and establish have the parent of this child been informed. Has the principal on the referring end called a meeting, called the parent to inform them of what has

happened or the disclosure of the child. Then as a social worker I would also become involved in coordinating the process where if it's a case that the child is exposed to neglect and abuse we inform the parents that this case needs to be referred to the Department of Social Development, or child welfare for statutory intervention and support." SW 1.

"...if it is a sexual abuse case we respond ASAP. Firstly they would make contact to the district office and then we would advise them to get the parent in immediately. And then we would go to the school to meet with the principal and get background of what has happened, and then we would meet with the parent. But in most cases I would ask the principal to sit in because as the principal who is the institution manager and especially if they were the first report. I think for me it is just beneficial and right for principal to inform the parents what has happened but I will also fill in and guide them in terms of legislation and policies and what needs to happen now." SW 2.

"...it has a huge impact because remember now the booklet have the guidelines on how to deal with this learners, but as I said you get the schools that implement and you get the schools that do not implement... but eighty percent do because they are obliged to report...it's about to guide the educators on how to identify an abused or neglected child and how to deal with abuse in an effective way...emphasized that they must fill in a form 22, so immediately when we receive the form 22a we do a follow up with the school to find out whether they followed the necessary procedures." SW 1.

"...I think it had a positive impact because ,more preventative work is done with the schools... it explains learner on learner abuse, educators on learner abuse and community on learner abuse... it's based on the sexual offences, school act and children act." SW 2.

"...educators need to understand that they can't only report rape (amendment to manual). If the child brings to school pornographic

material, play boy etc., code of conduct needs to apply. They also understand that if they don't apply they also guilty of an offence...if there is a situation where there is a case of learner on learner abuse on the school, the educators knows that they must refer the learner victim on a form 22.” SW 3.

The participants were asked what kind of training the teachers had received. The following responses were received:

“...abuse no more protocol.” SW 1.

“...educators have been provided with the abuse no more manual training.” SW2.

“...the person to whom the child disclosed is the one who is obliged to complete that form 22, which is their reporting tool. Remember they don't write the report anymore; they just complete the form 22a. Only the person to whom the child disclosed, even if it is the class educator or the subject educator. If it is the principal, then the principal must complete it, but there must be the school stamp at the back and the signature, but the principal must now about it... they have fear because they working in township schools and they don't know what can happen to them. They fear for their family so they don't really want to get involved. So we train them as to the disclosure part, what you need to jot down, we can't probe the child for anything but you can only write down what the child has disclosed to you.” SW 1.

“...according to the protocol the principal need to be informed of any case that is going to the district office...referrals are mostly from educators...I think educators are well informed of what they should be doing but I think a lot of cases goes unreported...we also found that some educators had bad experiences when they did report and where nothing came of the case, the case was kicked out. And now the alleged perpetrator that they have identified is still in the community. We also encourage educators when they do give a statement, to make

a copy of that, because what happens is that they forgot what they said.” SW 2.

This data enabled the researcher to gain insight into the holistic intervention provided to the learner and the family, namely, the involvement of the school environment, as well as the school social worker, who was responsible for managing cases of concern. In addition, the researcher was able to explore the existing management of children aged five-to-nine-years, who had been identified with SBPs in primary schools, and gain insight into the guidelines that regulate mandatory reporting of learners identified with SBPs. The data also assisted the researcher to explore the school social workers views of the frequency and effectiveness of training rendered to educators.

4.3.3.2. Sub-theme 3.2: Case examples and reporting procedure

Coetzee (2012: p. 27) states that “effective school management is identified as one of the most important factors contributing to safe schools.” Paterson and Perold (2013: p. 2) explain that “interactive and interrelated system levels usually contain the different kinds of stressors and adversities that may influence children, either directly or indirectly, in their total development, but also in their learning, emotional, behavioural and cognitive developmental experiences in schools and classrooms”. These authors further highlight that a relationship seems to exist between trauma and competency in classrooms (p. 3).

The school social workers were given an opportunity by the researcher to clarify reporting procedure of cases identified by educators mentioned in the focus group discussions. The researcher identified that the school social workers had difficulty with making decisions, when a learner identified with SBPs was in the same classroom, as the learner affected by the behaviour. The school social workers reported that counselling should be provided for both learners; however, the decision to put the learner in another class, because the other learner (victim) is traumatized, remains the principal’s decision. In the semi-structured interviews, the researcher provided the following scenario: An eight year old rapes a six year old... and asked the participants to respond. The following extracts refer:

“...my role is to make sure that the protocol has been followed...involve the designated social worker and we also refer to Department of Social Development for investigation of home circumstances... there are policies that guide the school.” SW 1.

“...we need to ensure the service to the child.” SW 2.

“...we do see all the learners, the alleged perpetrators also as victims because we don't now at the stage what that child has gone through and what initiated that sexualized inappropriate behaviour.” SW 3.

In the semi-structured interviews, the researcher provided another scenario: The learner identified with SBPs is in same class as the learner victim... and asked the participants to respond, which they did, as follows:

“Firstly code of conduct, we are bind to act according to the code of conduct of the school...but what we can't do, we don't make the victim to feel that she or his the one who is to blame. We always make sure that both parties are happy, if it means that we need to remove the perpetrator to another class, we do that just to accommodate both learners...we as social workers then intervene and we make sure that child gets counselling.” SW 1.

“...that is very difficult because we cannot instruct the principal now to separate the two. Because we cannot say the one child is guilty. So what we advise normally is that if we find the learner victim is traumatized by the whole event, we would ask them to request them to make a temporary arrangement to place the abuse reactive learner in another class to just minimize the trauma for the learner victim until the case has been resolved. Sometimes it can take a while because if it is a case that has gone through the code of conduct there is a whole disciplinary action that needs to happen and parents and sanctions that need to be imposed and sometimes its cases where the principal wants to expel the learner and then it can take a while, 2 or 3 months before they actually send the case bac to the district office. The child has to be placed in the classroom. But by all of that the head of

education they normally request that we refer all the cases to the department of social development and to refer for any other additional support. As social workers we are extremely limited in those type of cases because we coordinate and facilitate it's about meeting the parent, informing them about the process, containing the child, meeting with the principal as means of supporting the child and understanding the whole context.” SW 2.

In the semi-structured interviews, the researcher provided a third scenario: The learner is continually masturbating in class... and asked the participants to respond, which they did, as follows:

“...we need to get to the bottom of where or why the child has been exposed to inappropriate behaviour. It can also be that the child is oversexualized and that the child needs to be referred to Red Cross for psychiatric unit.” SW 1.

“One also needs to assess whether this is just purely experimentation or is there an element of that the child might have been exposed to abuse...it must be reported, it must be addressed...They should have reported the matter and we as the social workers would have called in the parent to establish is the child been exposed to anything. Also we look at the child's grades, did the grades go down, is the child withdrawn as well. Based on the information that we have sometimes you don't get all the information and sometimes you not sure if the child has been exposed to abuse then we would refer the child for counselling as well.” SW 3.

In the semi-structured interviews, the researcher provided a fourth scenario: The learner are involved in inappropriate games (the kissing game)... and asked the participants to respond. They responded, as follows:

“Each and every school has a code of conduct...they must follow the code of conduct, if it is serious, the head of the school must be aware of what is happening.” SW 1.

“It should be reported. The principal is also aware that there is an element of education. We need to educate that this is not appropriate. But also according to the sexual offences act we are compelled to report it. That’s what we have been taught by the advocate. The code of conduct can also apply in these cases. But bottom line it needs to be reported.” SW 2.

The data collected were relevant to this current study as it assisted the researcher to explore the school social workers’ involvement in managing cases of SBPs, identified in learners aged five-to-nine-years. The data also allowed the researcher to explore the involvement of external stakeholders, in providing holistic services and additional support to the learners, identified with SBPs, as well as the other learners (victims) affected by the learner with the inappropriate behaviour. In addition, the researcher gained insight into the combined intervention by the WCED, as well as the school, to ensure a safer environment for all learners affected. Finally, the data assisted the researcher to examine the reporting guidelines, such as the school’s code of conduct, employed to guide the process of reporting cases of inappropriate learner behaviour.

4.4. Conclusion

The data from this study reveals that the way children with SBPs are managed is fundamental and that this area may need to be explored further. This appears to be significant and is linked to the main question of the study, namely: How are five-to-nine-year-old children, with SBP, managed by social workers and educators? This study illuminates those factors that contribute to the effective management of learners with SBPs.

The training of educators remain unclear, since the data collected did not yield compelling arguments. Educators, who are well trained on the aspects of reporting identified SBP cases, would have a huge impact on the schools role in creating a safer learning environment for foundation phase learners, aged five-to-nine-years. Therefore, the researcher was keen to explore the knowledge that educators and school social workers possessed regarding the characteristics of a learners identified with SBPs. This proved significant for the researcher to

understand how learners would be assessed and identified as children in need of additional support services.

The following chapter highlights the main issues linked to the management of children identified with SBPs, aged five-to-nine-years, followed by recommendations for their future management by educators and social workers.



CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1. Conclusion

This current study set out to answer the research question, namely: How are five-to-nine-year-old children, with SBPs, managed by social workers and educators? The researcher conducted semi-structured interviews with three school social workers and focus group discussions with twenty educators. The participants of the focus group discussions and the semi-structured interviews confirmed that learners with SBPs are existent among foundation phase learners, aged five-to-nine-years.

The descriptions provided by the educators and school social workers of learners with SBPs were consistent with the theoretical definition of SBPs. Although the educators were able to list the types of SBPs, recognizing which SBP should be reported for further intervention/s, seemed to be the challenge. This inability raised questions about what the educators understood mandatory reporting to be.

The findings of this current study established that most of the types of SBPs identified among learners, could be categorized as *very concerning behaviour*. There was general consensus among the educators and the school social workers that trauma related behaviours, such as violence, anger, stealing, lying, attention seeking, destructive behaviour, lack of personal boundaries were apparent. In addition, the findings revealed that there were too few school social workers employed to service for the number of schools in need of services, which affected the effectiveness of the management of learners identified with SBPs.

Various environmental factors, which play a major role in children developing inappropriate sexual behaviour, such as overcrowded homes, substance abuse, family violence, gang infested communities, were also identified in the findings. Additionally, requesting parents' involvement proved to be challenging.

Evidently, according to the findings, even after educators reprimanded the learners about the inappropriate sexual behaviour, they ignored the reprimands and continued the inappropriate

behaviour. This alludes to the lack of proper and effective reporting of the incident. With learners not receiving the required intervention, such as counselling, could prove detrimental to the safety of the school environment for learners.

The findings further revealed that the WCED *Abuse No More Manual*, which should act as a guide for educators, on what and how to report incidences of inappropriate behaviour, had become a *white elephant* on the school premises. The educators were unaware of where the manual was stored on the school premises, or when last it was used as a reference for reporting incidences of SBPs. Therefore, a clear consensus existed among the educators that there were gaps in the availability and applications of guidelines and policies. The educators were of the opinion that the guidelines were unclear and did not address very complicated SBP incidences, such as learners identified with SBPs, as well as the learner-victim sharing the same classroom space. However, the social workers countered that educators should follow the schools code of conduct, and allow decisions about the learners' best interest to be made by the principal. This raised questions about whether educators, principals and governing bodies were effectively trained in the existing code of conduct at schools, which were to be used as guidelines for mandatory reporting.

The findings from the focus group discussions highlighted the lack of referrals of educators to wellness programmes for additional support. However, the findings established that a support service, namely the ICAS Employee Health and Well-being Programme, contracted by the WCED, offered assistance to educators for trauma experienced. The educator-participants, with the exception of one, were unfamiliar about such services, or how to access them.

The researcher is of the opinion that holistic intervention would assist with the reduction of SBP prevalence among learners aged five-to-nine-years. This holistic intervention requires educators to understand their role in managing learners with SBPs and fulfil their responsibility of mandatory reporting of such cases. In addition, it requires the effective intervention from school social workers, through providing regular, effective training, not only on the *Abuse No More Manual*, but also on all code of conduct guidelines, to ensure the involvement of statutory organization for further investigations into the home environments of the learners, ensuring counselling services to the learner with SBPs as well as to the learner, who had been harmed.

5.2. Limitations

Although this current research study reached its aims, there were some unavoidable limitations. One such limitation was that the principals were not interviewed, which could have further clarified the training provided to educators, not only on the *Abuse No More Manual*, but also training on the schools' code of conduct. Time constraints at the schools, only allowed the researcher to interview the educators.

Another limitation was not being able to gather data from the children identified with SBPs, which would include background information of their families. This information could have revealed a link between theory and situational factors. In addition, time constraints, during the focus group discussions, may have affected the depth of information that could have been gathered. This limitation, however, will always be a barrier, due to the learner/teacher contact time, as well as the limited after-school time among educators.

5.3. Recommendations

It is recommended that the Department of Education host regular evaluation meetings with educators to determine the effectiveness of the training provided by the school social workers. It is also recommended that a monitoring tool be implemented to determine the educators' attendance at these training sessions. The Department of Education should also establish a task team to focus on why educators may not be reporting SBPs among learners, consistently. The Department needs to gain insight into the reasons, other than the lack of knowledge, for the failure to report such cases.

School social workers should have a closer oversight role regarding the challenges facing the schools, specifically in cases of SBPs. This could be achieved by ensuring that the WCED *Abuse No More Manual* is effectively utilized, and that the necessary support is provided to the educators, when reporting cases of alleged SBPs. It is recommended that, instead of workshops, social workers should engage in focus groups discussions with the educators. These focus groups could be utilized to engage in discussions of newly identified children games, which could prove to be inappropriate, as well as risk factors for learners. Regular meetings should be held with educators to discuss all SBPs of learners – referred cases, as well as those identified, but not reported. This could help with the educators opinions of

which cases were severe and required reporting, versus incidences that appeared to be manageable with teacher /learner counselling.

It is recommended that the WCED school social workers include debriefing sessions in the regular training sessions, focusing on teachers' fears of reporting SBPs among learners. The educators may have many reasons why they refuse to get involved in a learner case. The challenges that exist in the communities surrounding the two schools are gang violence, as well as criminal activities from learner households. Therefore, discussing the educators' fears and providing the necessary support could encourage them to report, irrespective of the community challenges.



REFERENCES

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed). Arlington, VA: American Psychiatric Publishing

Anney, V.N. (2014). Ensuring the Quality of the Findings of Qualitative Research: Looking at Trustworthiness Criteria. *JETERAPS*, 5(2), 272-281. Scholarlink Research Institute Journals, 2014, 2141-6990.

Association for the Treatment of Sexual Abusers [ATSA]. (2008). Report of the ATSA taskforce on children with sexual behaviour problems. *Child Maltreatment*, 13(2), 199-218. Doi:10.1177/1077559507306718.

Babbie, E. & Mouton, J. (2015). *The practice of social research*. RSA: Oxford University Press.

Bitsch, V. (2005). Qualitative research: A grounded theory example and evaluation criteria. *Journal of Agribusiness*, 23(1), 75-91.

Bodgan, R.C. & Biklen, S.K. (2003). *Qualitative Research for education: an introduction to theory and methods* (4th ed.). New York: Pearson Education group. [Online]. Available at: <https://apps.lis.illinois.edu/wiki/download/attachments/4366000/> [Accessed: 30 August 2017].

Bonner, B.L., Walker, C.E. & Berliner, L. (2001). *Children with sexual behaviour problems: Assessment and treatment*. National Clearinghouse on Child Abuse and Neglect Information. [Online]. Available at: <http://www.villagecounselingcentre.net>. Children with Sexual Behaviour Problems Assessment Treatment 76114759.pdf [Accessed: 30 August 2017].

Bowlby, J. (1952). *Maternal care and Mental Health*. Geneva: World Health Organisation.

Bowlby, R. (2008). *Attachment, what it is, why it is important and what we can do about it to help young children acquire a secure attachment*. [Online]. Available at: <http://www.allianceforchildhood.eu/files/qoc/2051g.204.pdf>. [Accessed: 4 July 2016].

Bright, S.S. & Nnorom, C.C.P. (2013). The perception of children on child sexual abuse: The case of children in some selected schools in the Cape Coast Metropolis, Ghana. *Advances in applied sociology*, 3(6), 246-252, doi: 10.4236/2013.36033

Burk, L.R. & Burkhart, B.R. (2003). Disorganised attachment as a diathesis for sexual deviance-developmental experience and motivation for sexual offending. *Aggression and Violent Behaviour*, 8(2003), 487-511.

Bye, L., Shepard, M., Partridge, J. & Alvarez, M. (2009). *School Social Work outcomes: Perspectives of School Social Workers and School Administrators, 1532-8759/09*. Los Angeles, USA: National Association of Social Workers.

Chaffin, M., Berliner, L., Block, R., Johnson, T.C., Friedrich, W.N., Louis, D.G. & Madden, C. (2008). Report of the ATSA task force on children with sexual behaviour problems. *Child Maltreatment*, 13(2), 199-218

Coetzee, S. (2012). Law and policy regulating the management of learner-on-learner sexual misconduct in South Africa public schools, South African Professional Society on the Abuse of Children. *Child Abuse Research: A South African Journal*, 13(1), 27-39.

Constable, R. (2009). The role of the School social worker. *School social work: Practice, policy, and research*, 3-29.

Creeden, K. (2009). How trauma and attachment can impact neurodevelopment: informing our understanding and treatment of sexual behaviour problems. *Journal of Sexual Aggression*, 15(3), 261-273.

Creswell, J. (2013) *Qualitative Inquiry and Research Design Choosing Among Five Approaches*. London: Sage Publications.

Creswell, J. (2014) *Research Design Qualitative, Quantitative, and Mixed Methods Approaches*. London: Sage Publications

De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. (2011). *Research at grassroots for the social science and human service professions* [4th ed.]. Pretoria: Van Schaik Publishers.

Dobbins, N, Higgins, K, Pierce, T, Tandy, R.D. & Tincani, M. (2010). An Analysis of Social Skills Instruction Provided in Teacher Education and In-Service Training Programs for General and Special Educators. *Remedial ad Special Education*, 12(5), 358-367, doi: 10.1177/0741932509338363.

Elkovitch, N., Latzman, R.D., Hansen, D.J. & Flood, M.F. (2009). Understanding child sexual behaviour problems: A developmental psychopathology. *Clinical Psychology Review*, 29(7), 586-598.

Etgar, T. & Shulstain-Elrom, H. (2009). A combined therapy model (individual and family) for children with sexual behavior problems. *International journal of offender therapy and comparative criminology*, 53(5), 574-595.

Evertsz, J. & Miller, R. (2012). *Children with problem sexual behaviours and their families' best interests case practice model specialist practice resource*, 978-0-7311-6493-6. [Online]. Available at: www.dhs.vic.gov.au/for-srvice-providers/children,-youth-and-families/child-protection/specialistpractice-resources-for-child-protection-workers [Accessed: November 5 2016]

Finkelhor, D., Ormrod, R., Turner, H. & Holt, M. (2009). Pathways to poly-victimization. *Child maltreatment*, 14(4), 316-329.

Gallagher-Mackay, K. (2014). Teachers' duty to report child abuse and neglect and the paradox of noncompliance: Relational theory and "compliance" in the human services. *Law & Policy*, 36(3), 256-289.

Gill, P., Stewart, K., Treasure, E. & Chadwick, B. (2008). Methods of data collection in qualitative research: interviews and focus groups. *British Dental Journal*, 24(6), 291-295. doi: 10.1038/bdj.2008.192

Goebbels, A.F.G., Nicholson, J.M., Walsh, K. & De Vries, H. (2008). Teachers' reporting of suspected child abuse and neglect: behaviour and determinants. *Health education research*, 23(6), 941-951.

Goldman, J.D.G. & Grimbeek, P. (2011). Sources of knowledge of departmental policy on child sexual abuse and mandatory reporting identified by primary school student-teachers. *Education Review*, 63(1), 1-18, 0013-1911, doi: 10.1080/00131911003717220

Gray, A., Pithers, W.D., Busconi, A. & Houchens, P. (1999). Developmental and etiological characteristics of children with sexual behaviour problems: Treatment implications. *Child Abuse & Neglect*, 23(6), 601-621.

Hawkes, C. (2011). Description of a UK Study of Onset of Sexually Harmful Behaviour Before the Age Ten Years in Boys Referred to a Specialist Assessment and Treatment Service. *Child Abuse Review*, 20, 82-101. doi: 10.1002/car.1133.

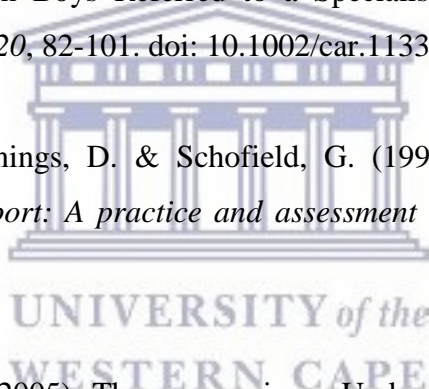
Howe, D., Brandon, M., Hinings, D. & Schofield, G. (1999). *Attachment theory, child maltreatment and family support: A practice and assessment model*. UK: Macmillan Press LTD.

Hubbs, D.L. & Brand, C.F. (2005). The paper mirror: Understanding reflective journaling. *Journal of Experiential Education*, 28(1), 60-71.

Ingham, J.M. & Spain, D.H. (2005). Sensual attachment and incest avoidance in human evolution and child development. *Royal Anthropological Institute* 11, 677-701.

Kellogg, N. (2009). Clinical Report - The Evaluation of Sexual Behaviours in Children. *American Academy of Pediatrics*, 124(3), 992-998. doi:10.1542/peds.2009-1692. [Accessed 13th July 2015]

Kvale, S. (2007). *Doing interviews*. London: Sage



Kvale, S. & Brinkmann, S. (2009). *InterViews: Learning the Craft of Qualitative Research Interviewing*. Los Angeles, CA: Sage.

Levesque, M., Bigras, M. & Pauze, R. (2010). External Problems and Problematic Sexual Behaviour. *Same Etiology?* 36, 358-370. doi: 10.1002/ab.20362

Lewis, A. (2009). Assessing childhood trauma: A holistic perspective. *Child Abuse Research in South Africa*, 10(1), 14-26.

Leyba, E. (2009). *Tools to Reduce Overload in the School Social Worker Role*. 1532-8759/09. National Association of Social Workers.

Loh, J. (2013). Inquiry into Issues of Trustworthiness and Quality in Narrative Studies: A Perspective. *The Qualitative Report*, 18(65), 1-15. [Online]. Available at: <https://nsuworks.nova.edu/tgr/vol18/iss33/1>. [Accessed: 14 August 2016].

Luthra, R., Abramovitz, R., Greenberg, R., Schoor, A., Newcorn, J., Schmeidler, J., ... & Chemtob, C.M. (2009). Relationship between type of trauma exposure and posttraumatic stress disorder among urban children and adolescents. *Journal of interpersonal violence*, 24(11), 1919-1927.

Lyons, T. & Hardy, B.A. (2007). Attachment Theory and Reactive Attachment Disorder: Theoretical Perspectives and Treatment Implications. *Journal of Child and Adolescent Psychiatric Nursing*, 20(1), 27-39.

Mathews, B.P. (2011). Teacher education to meet the challenges of child sexual abuse. *Australian Journal of teacher Education*, 36(11), 13-32.

Mathews, B., Walsh, K., Rassafiani, M. & Butler, D. (2009). Teachers reporting suspected child sexual abuse: results of a three-state-study. *UNSWLJ*, 32, 772.

McCallum, F. & Baginsky, M. (2001). *A comparison of pre-service training to identify and report suspected child abuse and neglect in Australia and the United Kingdom*. Paper

presented at the Annual Meeting of the American Educational Research Association, 10-24 April, Seattle, WA, ED 452 198.

NASW Centre for Workforce Studies & Social Work Practice. (2010). *Social Workers in Schools, Kindergarten through to grade 12*. National Association of Social Workers. [Online]. Available at: <http://workforce.socialworkers.org/studies/profiles/school/Socialwork.pdf>. [Accessed: 7 March 2017].

O'Brien, W. (2008). *Problem Sexual Behaviour in Children: A Review of the literature* (ISBN978-0-646-50268-7). [Online]. Available at http://oohc.webtribe.com.au/sites/default/files/downloads/problem_sexual_behaviour_in_children_complete.pdf. [Accessed: 06 April 2017].

O'Brien, W. (2010). *Australia's response to sexualized or sexually abusive behaviours in children and young people*. Canberra: Australian Crime Commission.

Omar, C.M.Z. (2014). The Need for In-Service Training for Teachers and its effectiveness in school. *International Journal for Innovation Education and Research*, 2(11), 1-9.

Ortlipp, M. (2008). Keeping and Using Reflective Journals in the Qualitative Research Process. *The Qualitative Report*, 13(4), 698-705. [Online]. Available at: <http://www.nova.edu/ssw/QR/QR13-14/Ortlipp.pdf> [Accessed: 15 August 2016].

Patterson, C. & Perold, M. (2013). Classroom behaviour of children living in contexts of adversity, *A South African Journal*, 14(1), 1-3.

Prinsloo, I.J. (2005). How safe are South African schools? *South African Journal of Education*, 25(1), 5-10.

Prinsloo, S. (2006). Sexual harassment and violence in South African schools. *South African Journal of Education*, 26(2), 305-318

Republic of South Africa [RSA]. *National Education Policy Act, Act No. 27 of 1996*. Pretoria: Government Printer.

Republic of South Africa [RSA]. (*Sexual offenses and related matters*) *Amendment Act, Act No. 32 of 2007*. Government Gazette. Pretoria: Government Printer.

Republic of South Africa [RSA]. *The Children's Act, Act No. 38 of 2005*. Government Gazette. Pretoria: Government Printer.

Republic of South Africa [RSA]. *The South African Schools Act. Act No.84 of 1996*. Pretoria: Government Printer.

Rich. P. (2006a) *Attachment and Sexual Offending. Understanding and Applying Attachment Theory to the treatment of Juvenile Sexual Offenders*. England: John Wiley and Sons, Ltd.

Rich, P. (2006b). From theory to practice: the application of attachment and treatment in forensic mental health services. *Criminal Behaviour and Mental Health*, 16, 211-216, doi:10.1002/cbm.629.

Richter, L., Dawes, A. & Higson-Smith, C. (2004). *Sexual abuse of young children in Southern Africa*, Cape Town: HSRC Press.

Schäfer, D. (2014). *MEC Debbie Schäfer launches Abuse No More Policy Document*. 22 October 2014. [Online]. Available at: <http://www.gov.za/media-alert-minister-debbie-launch-abuse-no-more-policy-document>. [Accessed: 9 March 2017].

Shi, L. (2014) Treatment of Reactive Attachment Disorder in Young Children: Importance of Understanding Emotional Dynamics. *The American Journal of Family Therapy*, 42, 1-13, 2014, 0192-6187.doi:10.1080/01926187.2013.763513

Smith, J.A. [ed]. (2015). *Qualitative psychology. A practical guide to research methods*. London, UK: Sage.

Staiger, P. (2005). *Children who engage in problem sexual behaviours: context, characteristics and treatment*. Australian childhood foundation, 2-14. [Online]. Available at: <http://www.childhood.org.au/~media/Files/Research/children%20problem%20sexual%20behaviours>. [Accessed: 06 April 2017]

Staiger, P., Kambouropoulos, N., Evertzs, J., Mitchell, J. & Tucci, J. (2005). *A preliminary evaluation of the transformers Program for children who engage in problem sexual behavior*, Melbourne: Australian Childhood Foundation.

Turner, H.A., Finkelhor, D. & Ormrod, R. (2010). *Child mental health problems as risk factors for victimization. Child maltreatment, 15*, 132-143.

Vizard, E. (2005). Sexually Abusive Behaviour by children and Adolescents, *Journal of Child and Adolescent Mental Health, 11*(1), 2-8. doi:10.1111/j.1475-3588.2005.00375.x

Vizard, E. (2013). Practitioner Review: The victims and juvenile perpetrators of child sexual abuse-assessment and intervention, *Journal of Child Psychology and Psychiatry, 2-14*

Walsh, K.M., Farrell, A.M., Schweitzer, R. & Bridgstock, R.S. (2005). *Critical factors in teachers' detecting and reporting child abuse and neglect. Implications for practice. Final Report prepared for the Abused Child Trust*. Brisbane: Queensland University of Technology.

Walsh, K., Farrel, A., Bridgstock, R. & Schweitzer, R. (2006). The contested terrain of teachers detecting and reporting child abuse and neglect. *Journal of Early Childhood Research, 4*(1), 65-76.

Western Cape Education Department [WCED]. (2014). *Abuse No More Protocol of the Western Cape Education Department. Dealing with Child Abuse, Deliberate Neglect and Sexual Offences against Children*. Cape Town: Government Printer.

Zilberstein, K. (2006). Clarifying Core Characteristics of Attachment Disorders: A Review of Current Research and Theory. *American Journal of Orthopsychiatry, 76*(1), 55-64. doi: 10.1037/0002-9432.76.1.55

APPENDICES

Appendix A: Ethics Clearance



OFFICE OF THE DIRECTOR: RESEARCH RESEARCH AND INNOVATION DIVISION

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F: +27 21 959 3170
E: research-ethics@uwc.ac.za
www.uwc.ac.za

10 June 2016

Mrs R Philander
Social Work
CHS Faculty

Ethics Reference Number: HS/16/2/10

Project Title: Management of children with sexual behaviour problems between the ages of five to nine years old by educators and social workers.

Approval Period: 08 APRIL 2016 – 08 APRIL 2017

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval. Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink, appearing to read 'Josias'.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Appendix B: Research Approval Letter from WCED



Directorate: Research

Audrey.wyngaard@westerncape.gov.za

tel: +27 021 467 9272

Fax: 0865902282

Private Bag x9114, Cape Town, 8000

wced.wcape.gov.za

REFERENCE: 20160914– 4225

ENQUIRIES: Dr A T Wyngaard

Mrs Rochelle Philander
16 Mayfair Crescent
London Village
Mitchells Plain
7789

Dear Mrs Rochelle Philander

RESEARCH PROPOSAL: MANAGEMENT OF CHILDREN WITH SEXUAL BEHAVIOUR PROBLEMS BETWEEN THE AGES OF FIVE TO NINE YEARS OLD BY EDUCATORS AND SOCIAL WORKERS

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **16 September 2016 till 30 September 2016**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number?
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

The Director: Research Services

**Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards.

Signed: Dr Audrey T Wyngaard

Directorate: Research

DATE: 15 September 2016

Lower Parliament Street, Cape Town, 8001
tel: +27 21 467 9272 fax: 0865902282
Safe Schools: 0800 45 46 47

Private Bag X9114, Cape Town, 8000
Employment and salary enquiries: 0861 92 33 22
www.westerncape.gov.za



UNIVERSITY *of the*
WESTERN CAPE

Appendix C: Information Sheet**UNIVERSITY OF THE WESTERN CAPE**

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21- 959 2277 Fax: 27 21-959 2845

E-mail: mlondt@uwc.ac.za

September 2015

INFORMATION SHEET

Project Title: Management of children with sexual behaviour problems between the ages of five to nine years old by educators and social workers.

What is this study about?

This is a research project being conducted by Rochelle Philander at the University of the Western Cape. We are inviting you to participate in this research project because you meet the criteria for this research paper, i.e. you are a Foundation phase educator or a primary school principal or a social worker within the Child Protection services. The purpose of this research project is to understand the combined intervention between the primary school and the Child Protection Agency in the management of learners with problematic sexual behaviour, ages five to nine years old, in South Africa, specifically the Western Cape.

What will I be asked to do if I agree to participate?

You will be asked to share your experiences in dealing with learners who present problem sexual behaviour ages five to nine years old. The interview procedure will be one hour long and will be conducted in an interview friendly space convenient for you.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the surveys are anonymous and will not contain information that may personally identify you". For coded identifiable information (1) your name will not be included on collected data; (2) a code will be placed on the survey and other collected data; (3) through the use of an identification key, the researcher will be able to link your survey to your identity; and (4) only the researcher will have access to the identification key.

To ensure your confidentiality, all information will be stored in locked filing cabinets and storage areas, using identification codes only on data forms, and using password-protected computer files.

If we write a report or article about this research project, your identity will be protected. In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others. In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.

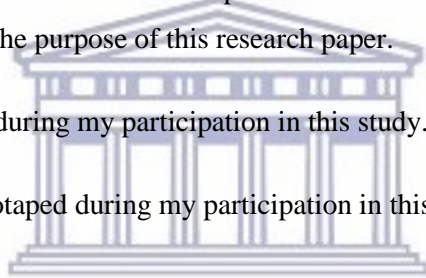
This study will use focus groups therefore the extent to which your identity will remain confidential is dependent on participants' in the Focus Group maintaining confidentiality.

Audio taping/Videotaping/Photographs/Digital Recordings

This research project involves making audiotapes of you. The audio tapes will be used to listen to the information again in order to scribe accurate information. All audiotapes will be stored in a locked filing cabinet or storage area. The researcher and supervisor will have access to these audiotapes. The audiotapes will only be used for the purpose of this research paper.

I agree to be audiotaped during my participation in this study.

I do not agree to be audiotaped during my participation in this study.



What are the risks of this research?

There may be some risks from participating in this research study.

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about the management of children with sexual behaviour problems between the ages of five to nine years old by educators and social workers. We hope that, in the future, other people might benefit from this study through improved understanding of how to respond to a child who has sexual behaviour problems.

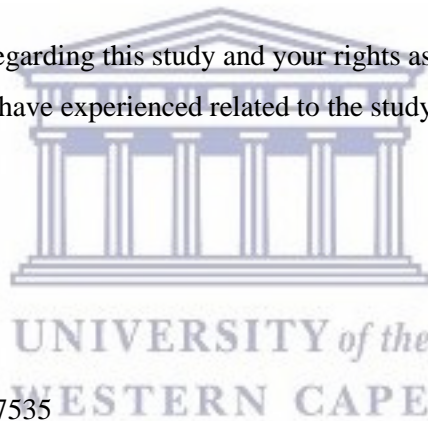
Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Rochelle Philander *at* the University of the Western Cape. If you have any questions about the research study itself, please contact Rochelle Philander at: Rochelle@safeline.org.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr Marcel Londt
Senior Lecturer
Department of Social Work
University of the Western Cape
Private Bag X17, BELLVILLE, 7535



Prof José Frantz
Dean of the Faculty of Community and Health Sciences
University of the Western Cape
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee. (REFERENCE NUMBER: *to be inserted on receipt thereof from SR*)

Appendix D: Consent form



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

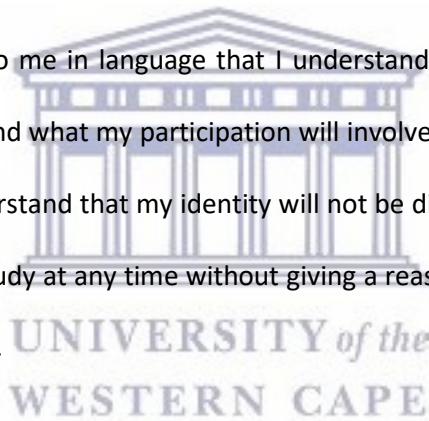
Tel: +27 21- 959 2277 Fax: 27 21-959 2845

E-mail: mlondt@uwc.ac.za

CONSENT FORM

Title of Research Project: Management of children with sexual behaviour problems between the ages of five to nine years old by educators and social workers.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.



Participant's name.....

Participant's signature.....

Date.....

Appendix E: Focus group discussion guide

Instructions: Complete information requested in the space provided.

No.	PART A: DEMOGRAPHIC AND BACKGROUND INFORMATION		
	Initial and Surname(not compulsory)		
1	Gender	Male:	Female:
2	Age (in Years)		
3	Designation at school		
4	Highest qualification		
5	Tenure as an educator		
6	Tenure at current school		



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WESTERN CAPE

Part B: FOCUS GROUP DISCUSSION GUIDE

Opening remarks

Welcome to our focus group session today. Thank you for taking the time to attend this session. Please be relaxed as we begin our discussion. Let us take 3 minutes to do self-introduction.

Let me begin by informing you that I am the researcher as a Masters student in the Department of Social Work at the University of the Western Cape. As part of the study I am expected to conduct research. The aim of the current study is to **“Understand the management of children aged five-to-nine-years old by educators and social workers”**. One key objective of this study is “to determine how learners identified with SBPs are managed by educators and school social workers. In order to fulfil this objective, you have been selected to participate in the study.

Please take a few minutes to carefully read the consent form. We will assist you in case of difficulty. The purpose of the consent form is to assure you understand your rights as a participant in this group.

As you might be aware, educators sometimes experience difficulty with day-to-day behavioural challenges among learners at your respective schools. As educators you may find it increasingly challenging to identify, specifically, SBPs among learners. Or educators may experience difficulties in reporting, or referring such behaviour. Or educators may fail to get the necessary support to assist the learner.

As the researcher I am interested in your experiences with learners identified with SBP's as well as the support you as educators receive to be effective in managing the learner identified with this behaviour.

1. Let us begin by discussing whether during your time of teaching at the school you have ever experienced any SBP's cases amongst learners?
2. What type of SBP's amongst learners have you encountered?
3. During your time of teaching at this school have you ever experienced any SBP cases amongst learners?
4. What is your understanding of SBP's amongst learners or your understanding of learner-on-learner sexual misconduct?
5. When would you consider SBP's between two children abuse?

6. How common is SBP's among children of different ages at your school?
7. What trauma related behaviours might you see in learners who show signs or symptoms of SBP's?
8. What do you think is your role as the teacher in managing such cases?
9. What kind of training has teachers at your school been provided with by the Department of Education to empower you to manage cases of SBPs among learners?
10. When was your last training session given by the Department of Education?
11. Do you think this training was sufficient to assist you as the educator to manage cases of SBPs among learners?
12. How is discipline imposed within your school environment for cases of SBP's amongst learners?
13. What support structure do you think exists for teacher and learner once disclosure has taken place?

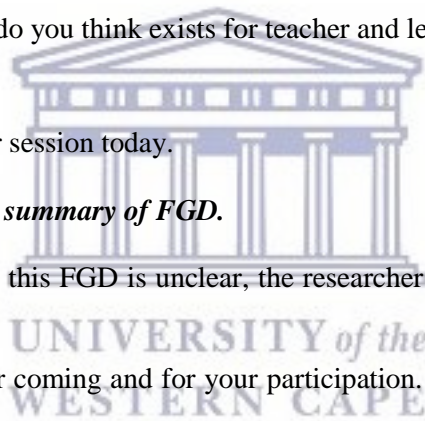
We are coming to the end of our session today.

Principal researcher to provide summary of FGD.

If any information given during this FGD is unclear, the researcher may call you again to seek further clarification.

I would like to thank you all for coming and for your participation. You have provided very insightful information and I appreciate it.

Thank you once more for your participation.



Appendix F: One-on-one interview guide

I'm conducting this study to explore the management of learners' age five to nine years old identified with SBP's by educators and social workers. Any information shared herein will be treated with utmost respect and confidentiality. Please respond to all the questions. I'm grateful for your time and support.

IDENTIFYING DETAILS

Instructions: Complete information requested in the space provided.

No.	PART A: Demographic and Background information		
	Initial and Surname(not compulsory)		
1	Gender	Male	Female
2	Age (in Years)		
3	Designation		
4	Highest qualification		
5	Tenure as a school social worker		

6. How many years are you in your profession as a school social worker for Safer School Western Cape Education Department?
7. During your time have you ever experienced any SBP's cases amongst learners referred to you by school principals?
8. How severe are these referrals and what is the frequency of such referrals?
9. What types of SBP's amongst learners have been referred to you?
10. When would you consider SBP's between two children abuse?
11. Amongst which age and gender group at a primary school level would you say is this behaviour most common?
12. What trauma related behaviours might you see in learners who show SBP's?

13. What is your role as the Safer School Social Worker in managing such cases?
14. What kind of training has teachers been provided with by the Department of Education to manage cases of SBP's amongst learners?
15. When was the last date of training given to teachers by the department?
16. What impact has the guidelines in the WCED Abuse no more protocol Manual had on the management of learners identified with SBP's at schools?
17. How have you experienced the intervention process between the school educators, parents and safer schools in managing these cases?
18. What support structure exists for teachers, learners and parents once disclosure has taken place?
19. Is there any way that the school could prevent SBP's amongst learners?



Appendix G: Editorial Certificate

11 November 2017

To whom it may concern

Dear Sir/Madam

RE: Editorial Certificate

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling, as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

Thesis title

Management of children with sexual behaviour problems,
between the ages of five to nine years old, by educators and
social workers

Author

Rochelle Philander

The research content, or the author's intentions, were not altered in any way during the editing process, however, the author has the authority to accept or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax numbers or e-mail addresses.

Yours truly



E H Londt
Publisher/Proprietor



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