CHILD CARE WORKERS’ MANAGEMENT OF SEXUALISED BEHAVIOUR DISPLAYED BY CHILDREN IN RESIDENTIAL CHILD AND YOUTH CARE CENTRES

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DECLARATION:
In accordance with Rule G4.6.3, I hereby declare that the above-mentioned treatise/dissertation/thesis is my own work and that it has not previously been submitted for assessment to another University or for another qualification.

SIGNATURE:…………………………….
DATE:………………………………….
ACKNOWLEDGEMENTS

I wish to express my appreciation of the following people, and to acknowledge thereby those who have contributed to the successful completion of this degree.

- I wish to express my heartfelt thanks to my mother, sisters and grandmother for supporting me and believing in me and my competencies; you carried me in the tough times and offered me love and compassion.
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Children have been shown to respond differently to the hurt that they suffer at the hands of others. Some of these responses involve internalised behaviours (i.e., repression of feelings, bodily symptoms, etc.); whilst others hurt manifest as externalised behaviours, such as physical attacks on others. These may include sexualised behaviours. The latter is particularly common amongst (but not restricted to) children who have been sexually abused (The American Psychological Association, 2001). For the purposes of this study a distinction is made between developmentally appropriate sexual behaviour and non normative sexualised behaviour which evoke complaints from and discomfort in those involved in the behaviour. The manifestation of these sexualised behaviours is especially pronounced amongst children in institutional care; and hence, it calls for constructive and effective management by the child care workers who are primarily responsible for their safe care and behaviour modification whilst in the institution.

This qualitative study – with an exploratory, descriptive and contextual research design – served to explore how the child care workers’ effective management of such behaviours could be enhanced, so that the emotional wellbeing of both the “offender” and the “perpetrator” of this behaviour can be promoted. A non-probability purposive sampling technique was employed to recruit research participants from three different child and youth care centres in Port Elizabeth. A total number of 10 research participants were involved and data was collected up to the point of data saturation. Thematic content analysis was utilised for the analysis of the data and the necessary strategies were employed to enhance the trustworthiness of the data and to meet all the ethical requirements of the study. The main findings alert to the key requirements of Child and Youth Care Workers; it confirms the occurrence of sexualised behaviours; the urgent need for a consistent approach to the management of such behaviours; and for enhanced team work between the helping professionals in the team. The value of the study is embedded in the contributions it can make to practical interventions for children in institutional care, and to the sparse body of knowledge in this area.

**Key words:** Sexual abuse, Child/sexual abuse, child care worker, sexual behaviour (normal), sexualised behaviours (problematic), child and youth care centre
# TABLE OF CONTENTS

## CHAPTER 1 .......................................................................................................................... 1

OVERVIEW OF THE RESEARCH STUDY

1.1 Introduction and background ......................................................................................... 1
1.2 Literature review ............................................................................................................ 6
1.3 Problem statement and motivation for the study......................................................... 11
1.4 Research goal and objectives ....................................................................................... 13
1.5 Definition of key terms ............................................................................................... 13
1.6 Theoretical framework ............................................................................................... 14
1.7 Research design and methodology .............................................................................. 16
   1.7.1 Research design ...................................................................................................... 16
   1.7.2 Research methods ............................................................................................... 16
1.8 Ethical considerations ................................................................................................. 20
1.9 Chapter division .......................................................................................................... 22
1.10 Conclusion .................................................................................................................... 22

## CHAPTER 2 .......................................................................................................................... 23

RESEARCH METHODOLOGY

2.1 Introduction ................................................................................................................. 23
2.2 The Qualitative research process ................................................................................. 24
2.3 Phase 1: Choice of research theme or topic ................................................................. 25
2.4 Phase 2: Exact formulation of the research problem .................................................. 27
2.5 Phase 3: Planning ......................................................................................................... 28
2.6 Phase 4: Implementation ............................................................................................. 35
2.7 Phase 5: Interpretation and Presentation ...................................................................... 37
2.8 Ethical Considerations ................................................................................................. 40
2.9 Conclusion .................................................................................................................... 43
CHAPTER 3 .......................................................................................................................... 44

DISCUSSIONS ON THE FINDINGS AND LITERATURE CONTROL

3.1 Introduction .................................................................................................................... 44

3.2 Presentation and discussion of main themes, sub-themes and
categories ......................................................................................................................... 49

3.2.1 Theme 1: Key requirements to be met as Child and Youth Care Worker

3.2.1.1 Building a relationship with the child ............................................................... 49

3.2.1.2 Acting as a parental figure to the children ....................................................... 51

3.2.1.3 Responsibility of chores and effective housekeeping .................................... 54

3.2.1.4 Personal characteristics of the Child Care Worker ....................................... 55

3.2.1.5 Dealing with the challenges of being a Child Care Worker ........................... 56

3.2.1.6 Having patience .............................................................................................. 58

3.2.1.7 Perseverance and being a role model ............................................................ 58

3.2.1.8 Having an understanding of the child’s background ..................................... 59

3.2.1.9 Other personal characteristics of Child Care Workers .................................. 60

3.2.2 Theme 2: Incidences of sexualised behaviour ....................................................... 62

3.2.3 Theme 3: Child Care Workers response to sexualised behaviour

3.2.3.1 Responding with shock and anger ................................................................. 66

3.2.3.2 Discussions about incidences with child ....................................................... 68

3.2.3.3 Discussions on sexualised behaviour ............................................................ 70

3.2.3.4 Discipline ...................................................................................................... 71

3.2.4 Theme 4: The requirements and needs of Child Care Workers

3.2.4.1 Child Care Workers behaviour ................................................................. 72

3.2.4.2 The needs for workshops and/or training .................................................... 74

3.2.4.3 The Child Care Worker needs support ......................................................... 76

3.2.5 Theme 5: Preventative Interventions ................................................................. 77
3.2.5.1 Checking up/monitoring children ........................................ 77
3.2.5.2 Report incident immediately ............................................. 78

3.2.5.3 Educate children about consequences of sexualised behaviours ......................................................................................... 80
3.2.5.4 Training received ................................................................. 80

3.3 Conclusion ............................................................................. 81

CHAPTER 4 ................................................................................. 83
SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS
4.1 Introduction .......................................................................... 83
4.2 Summary of the research design and methodology .................. 83
  4.2.1 Research design ................................................................. 83
  4.2.2 Research methodology ..................................................... 84
  4.2.3 Trustworthiness ................................................................. 85

4.3 Ethical considerations ............................................................ 85

4.4 Summary of research findings ................................................ 85
  4.4.1 Theme 1: Requirements of Child Care Workers ................. 86
  4.4.2 Theme 2: Incidences of sexualised behaviours .................. 86
  4.4.3 Theme 3: Child Care Workers response to sexualised behaviour ......................................................................................... 87
  4.4.4 Theme 4: The requirements and needs of the Child Care Worker with regard to sexualised behaviour ........................................ 89
  4.4.5 Theme 5: preventative interventions ................................... 90

4.5 Conclusions ........................................................................ 91
4.6 Limitations .......................................................................... 92
4.7 Recommendations .................................................................. 93
  4.7.1 Recommendations for practice .......................................... 93
  4.7.2 Recommendations for further study ................................... 94
  4.7.3 Recommendations for policy ............................................ 95

4.8 Concluding remarks .............................................................. 95
REFERENCES

APPENDICES

Appendix 1: Letter to gatekeepers
Appendix 2: Letter to proposed participants
Appendix 3: Permission and release form; recordings and transcriptions
Appendix 4: Consent form

LIST OF TABLES

Table 1: Biographical description of the research participants
Table 2: Overview of themes, subthemes, categories and subcategories
CHAPTER 1

OVERVIEW OF THE RESEARCH STUDY

1.1 Introduction and background

Child abuse is a public health problem of major importance worldwide (Djeddah, Facchin, Ranzato and Romer, 2000), with child sexual abuse being a particularly severe, unacceptable, and frequent form of misbehaviour (Krug, Dahlberg, Mercy, Zwi and Lozano, 2003), especially in the South African context. Richter, Dawes and Higson-Smith (2004) argue that this phenomenon of sexual abuse is an inherent part of the culture of violence that has taken root in South Africa in the course of our particular history; and that concern arises as recent data indicate that a generation of young people are growing up with the belief that sexual coercion is a normal part of life.

The devastating consequences of child sexual abuse on the health and general wellbeing of victims have been highlighted in numerous studies (Farmer and Pollock, 2003; Inderbitzen-Pisaruk, Shawchuck and Hoier, 1992; Kools and Kennedy, 2001). These include risk-taking behaviours, drug abuse, sexual dysfunctions, developmental problems, anxiety disorders, suicidal behaviour (Bouvier, 2003), and sexualised behaviour. The latter have been the key focus areas in the present study.

According to Van Niekerk (2003), it is impossible to determine the incidence of child abuse in South Africa. On 15 May 2002, the late Minister of Safety and Security, Steve Tshwete, reported to Parliament that during the period January to September 2001, 15 650 cases of child rape were reported to the South African Police services (SAPS). Van Niekerk (2003) continued by stating that of these, 5859 children were under the age of 12 years, while the rest were 12 to 17 years of age.
In interpreting these figures, it is important to acknowledge that they are likely to under-represent the incidence of child sexual abuse. At least two key issues which contribute to the under-estimation include under-reporting, due to lack of access to police stations, as well as children who refuse, or fail, to disclose the sexual abuse or the identity of the alleged assailant: due to feelings of shame, guilt, loyalty to the family and financial pressures (Van Niekerk, 2003).

Glazer and Frosh (1993:4) indicated that there appears to be no universal definition of child sexual abuse, although there are many *ad hoc* formulations and operational guidelines. Veltkamp and Miller (1994:27) defined sexual abuse as any contact or interaction between a child and an adult, in which the child is sexually stimulated, or is being used for the sexual stimulation of the perpetrator, or another person.

For the purpose of this study, the definition provided in the Children’s Act (Act 38 of 2005) has been used. The Act states that a child is any person under the age of eighteen. It goes on to define ‘sexual abuse’ in relation to a child as:

“…sexually molesting or assaulting a child, or allowing a child to be sexually molested or assaulted; encouraging, inducing or forcing a child to be used for the sexual gratification of another person; using a child in, or deliberately exposing a child to sexual activities or pornography and; procuring or allowing to be procured for commercial sexual exploitation, or in any way participating or assisting in the commercial sexual exploitation of a child” (South African Children’s Act, 2005).

Furthermore, the author (Law, 2010) explains in the Briefing Paper that the Criminal Law, Sexual Offences and Related Matters Amendment Act 32 of 2007 is aimed at giving the victims of sexual offences ‘the maximum protection and least traumatizing experience that the law can provide’. The Act redefines all ‘indecent assaults’ – which often carry a relatively lenient sentence – as ‘sexual assaults’; and it redefines rape as involving any form of penetration without consent, whether
vaginal or anal, and regardless of the gender of the persons involved. In addition, any form of exposure of children to sexual activity is thereby prohibited.

Research regarding the impact of sexual abuse has progressed rapidly over the last decade. Initially, correlates of a history of sexual abuse were reported in descriptive studies highlighting a broad range of symptomatology in child and adolescent victims (Adams-Tucker, 1982, 1984; Conte, 1988; Conte and Schauerman, 1978). A little later, empirical studies using psychometrically sound measures and comparison groups began to appear (Briere and Runtz, 1986, 1988a, 1988b; Friedrich, Beilke, and Urquiza, 1988a, 1988b; Gold, 1986; Gomes-Schwartz, Horowitz, and Sauzier, 1985).

These studies represented the first wave of quantitative and qualitative research into the impact of sexual abuse (Briere, 1988). They began to identify the behavioural and emotional correlates of the sexual victimisation of children and adolescents. More recently, qualitative research was done in the United States of America, to take a closer look at child abuse and child sexual behaviour (Kools and Kennedy, 2001). This study was one of the only 2 studies completed on this subject. There are no other recent studies on this topic, and especially not in the South African context. The purpose of the study was to examine caregiver understanding of the impact of child sexual abuse and the management of abused children in residential treatment centres.

The findings indicated that caregivers had limited knowledge of the sequel of child sexual abuse, and that developmentally appropriate behaviour of sexually abused children, as well as behavioural manifestations of child sexual abuse, were often misinterpreted and mismanaged. They concluded that the residential care of sexually abused children should be based on sound developmental principles and caregiver sensitivity.
A more recent study was conducted in the Free State by Van Straaten and Pietersen (2008) on girls sexually abusing other girls in a Child and Youth Care Centre. It was evident that sexualised behaviours occurred; and it was questioned whether the childcare workers were knowledgeable in the management of these behaviours. This was one of the only South African studies conducted that could possibly contribute to this knowledge base. The researcher did not come across any other South African studies done on sexualised behaviours in Residential Care in the South African context. Recourses were limited to gather and support data on this topic and some older resources, which added a classical contribution to this field, were used in the study.

According to the American Psychological Association (2001:1), children who have been sexually abused can suffer a wide range of psychological and behavioural problems, from mild to severe, in both the short and long term. Spies (2006) agrees with these findings, by stating that sexual abuse has a major impact on a child. A child loses all rights, namely privacy, independence, and even control over his or her body when exposed to sexual abuse. Spies indicate that it is important to know that the sexual abuse of children is an expression of power and authority.

A child internalises all such experiences of ‘self’ – and of ‘self’ in relation to others – during childhood. The child can internalize certain messages to create an internal working model. This will ultimately become the basis from which the child will respond to, or interact with, the outer world. Consequently, a child who has been sexually abused can internalise information that will influence that child’s behaviour and impact on the child’s life in various ways in the future.

Spies (2006) names some of the negative effects as follows: A sense of loss and the powerlessness of the child; low self-esteem; anger and hostility towards others and themselves; guilt and shame; avoidance of intimacy – emotional or physical; pseudo-maturity or developmental regression in childhood; inappropriate sexual behaviour; self-destructive behaviour, dissociation of self; stealing and lying. The
list of negative effects of sexual abuse is staggering, seemingly endless, and is ever-growing (Conte, 2002; Dawes and Higson-Smith, 2004; Ferrara, 2002; Spies, 2006).

In addition to these problems, an increasing concern has been the sexualised behaviour that sexually abused children display (The American Psychological Association, 2001). Bass and Davis (1988:41), as well as Maltz (2003:2), state that there are various arguments around the aetiology of this behaviour. One suggestion is that if a child’s sole means of getting physical contact and nurturing in childhood, was provided through the abuse, he or she may continue to look for closeness only in sexual ways. These researchers continue by stating that these children may even become promiscuous, for example, being sexual with any person or child; or they may even try to meet nonsexual needs through sex. Thus many sexually abused children have difficulty distinguishing between affection and sex.

The distinction between developmentally appropriate sexual behaviour in children and sexualised behaviour can be a complex one, as noted by Johnson (2011). This author has developed a sexualised behaviour checklist to assist in determining the nature of sexualised behaviours. Below is a list of sexual behaviours that would evoke concern and can hence be labelled sexualised behaviours according to Johnson (2011):

- A child showing an interest in, and knowledge of, sex outside the developmental norm;
- The sexual behaviours exhibited being significantly different from other children of the same age;
- The child being unable to stop the behaviours after being told to do so;
- The sexual behaviours eliciting complaints from others;
- The sexual behaviours making adults uncomfortable;
- Sexual behaviours that increase in frequency, intensity or intrusiveness;
- When fear, anxiety, deep shame or intense guilt is associated with the behaviours;
• Children who are engaging animals in sexual behaviours;
• Sexual behaviours that are causing physical/emotional pain/discomfort to self or others;
• Children who use sex to hurt others;
• Anger preceding or following or accompanying sexual behaviour; and
• Children who use force, bribery, manipulation and threats.

1.2 Literature review

Spies (2006) draw a significant parallel between sexual abuse and sexualised behaviour. According to Spies (2006), the impact of sexual abuse can be seen when children display behaviour such as sexual preoccupation and repetitive sexual behaviour, such as masturbation or compulsive sexual play. Other forms of sexualised behaviour may include overt sexualised behaviour, and sexual abuse towards others, as portrayed in a study conducted in Bristol, U.K. (Farmer and Pollock, 2003).

The above-mentioned study reported research on the characteristics, management and the therapeutic treatment of sexually abused and/or abusing children in substitute care. Of the 40 sexually abused and/or those abusing young children aged 10 and older in the sample, two-thirds exhibited sexualised behaviours, whilst one-third did not. The sexualised behaviour included the following: compulsive masturbation, overt sexualized behaviour to children and/or adults, sexually abusive towards other children, sexual activity with peers, pregnancy, prostitution and the making of pornographic videos (Farmer and Pollock, 2003).

Another study by Van Straaten and Pietersen (2008) with a South African sample echoed similar findings and concluded that children who have been sexually abused frequently display sexualised behaviour in substitute care in South Africa; and that furthermore, the child care workers are aware of this behaviour. The
question is, however, whether sexualised behaviour is always a manifestation of the consequences of sexual abuse.

McNichol and McGregor (1999) purport that whilst it may indeed be an indicator of such a traumatic experience, it is important to remember that sexual behaviour is a normal part of child development, and that all children display sexual behaviours during their development. Furthermore, a study conducted by these authors concluded that other experiences may account for the manifestation of sexualised behaviour. These include: experiences such as trauma, physical abuse and neglect; witnessing the abuse of another child, and witnessing sexualised behaviour by another child.

The findings of the study also concluded that overt sexual behaviours decline with age, and that sexual behaviour in children was related to the child's family context, especially the sexual behaviour in the family (i.e., family nudity and witnessing sexual intercourse between adults) and frequent disruptions to family life (including parental separation, physical abuse, parental battering and parental death) (McNichol and McGregor, 1999).

The profession of caring for children in institutional facilities is known as Child and Youth Care Work, in South Africa, while in some other countries, it is known as Care-giving. For the purpose of this study, we will use the term Child and Youth Care Work, as this is a South African study.

Barker (1988:23) defined a child care worker as a professional or paraprofessional individual who is responsible for the daily care and nurturing life experiences of a group of children who reside in an institution. These workers are often known as residential workers or house parents. The Inter-Ministerial Committee (IMC) on Young People at Risk indicated that child and youth care work is focused primarily on young people from infancy to 18 years of age (Thumbadoo, 2008).
The child and youth care workers work primarily with young people who are at risk of engaging in behaviours that are emotionally and physically harmful to themselves and others. Such children include those who are orphaned, abandoned, deprived, abused, and homeless, who experience learning difficulties, those who are disabled, those in conflict with the law, and those who are emotionally and mentally ill.

In Thumbadoo (2008) The Committee (IMC) on Young People at Risk (1996) also defined Child and Youth Care work as studies that are primarily focused on the growth and development of children and youth; those that are concerned with the totality of a young person’s functioning; it uses a model of social competence rather than a pathology-based orientation to child development; it is based on direct, day-to-day developmental work; and, furthermore, it involves the deliberate use of attachment through the development of close therapeutic relationships with these children.

The author, Phelan (2008), defines the profession of a Child and Youth Care Worker as an education that is a complex process of creating self-awareness, developing relational skills and attitudes, learning dynamics and strategies, as well as valuing the struggle of separation and closure of children in institutional care. Safety, building self-control and strength building are supported through a process of using the events of daily living and strategically constructed experiential moments to role model.

Child and Youth Care Workers should support change and be present to validate what is happening. The author describes this as working in ‘the natural place, not neutral space” (Phelan, 2008).

Kools and Kennedy (2002) define Caregivers as being the primary caretakers of the children in institutional care. They need to see to the development of the children, as well as have some knowledge on the behavioural and emotional manifestations of such children.
If a child needs to be placed in substitute care, it can be debated whether caregivers need to know about the long-term effects of sexual abuse or whether they should only act as nurturers without any knowledge base of the child’s personal experience of sexual abuse. According to research studies (Devine and Tate, 1991:23; Pollock and Farmer, 2005:30; Spies, 2006), most substitute care placements fail because caregivers have little or no knowledge of sexual abuse to support them in responding constructively to the behavioural patterns of the sexually abused children in their care. Caregivers indicate that they have to nurture these children; to be very close to them; to try to change their destructive behaviour; and to speak out against the person who has abused them. However, when they respond according to these needs, they find that the children become aggressive and/or withdraw from the family system; or in the case of the children’s home, from the other children and staff (Spies, 2006).

It is imperative that the adult caregiver’s responses to these behaviours do not reinforce it or aggravate further displays of sexualised behaviour. However, according to Lipton (1997), secondary trauma experienced by sexually abused children has only recently been explored in the literature.

Kools and Kennedy (2002) conducted a qualitative study that examined the caregivers understanding of the impact of child sexual abuse and the management of abused children in residential treatment. Their study was motivated by the void in empirical evidence of residential caregivers’ understanding of child sexual abuse, including knowledge of its behavioural and emotional manifestations. Pithers, Gray, Busconi and Houchens (1998) stated that without an understanding of child development, the ability to differentiate between normative and problematic behaviour is restricted. While caregivers frequently identify child sexual behaviour (Zeanah and Hamilton, 1998), no single variable can reliably distinguish between developmentally appropriate and pathological behaviour (Pithers et al. 1998). Caregivers are believed to understand, and therefore to tolerate, emotional distress
and the ‘acting out’ responses to child sexual abuse, whereas child sexual behaviour is thought to be the least understood or tolerated (Jones, 1998).

Further findings by Kools and Kennedy (2002) were that the management of child sexual behaviour was influenced by the caregivers’ level of comfort with the topic of sexuality. A few caregivers clearly articulated an understanding of child sexuality as a normative component of development, and were comfortable in directly addressing such sexual issues. Discomfort with sexuality and child sexual behaviour was more prevalent amongst caregivers.

The study found further that, many caregivers have difficulty in dealing with the distressing experience of child sexual abuse; and they are uncomfortable in addressing matters of sexuality, especially in children. They concluded that the caregivers needed to develop an awareness of their own experiences, beliefs and assumptions, and the ways in which these influence their perceptions and treatment of the sexually abused child. Also, it is important for caregivers to appreciate the individual variation in responses to child sexual abuse, avoiding over-reaction to and overgeneralization of child behaviours.

Based on their findings, they recommend that interactions and interventions with a child victim of sexual abuse who have engaged in sexualised behaviour, be supportive and non-judgemental, in order to avoid further victimization through unintentional stigmatization, blaming the victim and social isolation (Kools and Kennedy, 2002).

The South African Constitution (Children’s Act, Act 38 of 2005) indicates that special attention must be afforded to children, in terms of Section 28. This constitutes a ‘mini-children’s charter’. Section 28(1) (d) states that children have the right to be protected from maltreatment, neglect, abuse or degradation. Furthermore, Section 28(2) states that a child’s best interests are of paramount importance in every matter concerning the child. In the context of this study, the
Concept child is defined as a person under the age of 18 years (Section 28 [3] of the South African Constitution). These provisions constitute the South African legal framework that should ensure that the child’s rights to dignity, privacy and security of the person are respected and adhered to, especially in the context of sexual abuse.

The Constitution, as a whole, is geared to protect children, both as subjects of all the rights contained in the Constitution and as a vulnerable group in need of specific care (South Africa, 2007).

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 states that in addition to the Children’s Act and the Children’s Amendment Act, this recently enacted statute, which amends various laws dealing with sexual offences introduces a range of new measures to help the country’s police and prosecutors tackle sexual offences against women and children. The stated aim of the Act is to give the victims of sexual offences ‘the maximum and least traumatizing protection that the law can provide’.

Child and Youth Care Workers are directly involved with children who come from fragile abusive backgrounds; these backgrounds may include sexual abuse.

It is evident from the literature review that there was a need for this study as there has not yet been research done on sexualised behaviours in residential care and the management thereof in a South African context. The research would contribute significantly to the practice of Child and Youth Care Work and expand the knowledge base on managing sexualised behaviours.

1.3 Problem statement and motivation for the study

Based on the literature review (see above cited sources), interactions with Social Workers working in Child and Youth Care Centres, and the researcher’s own
observations as a professional social worker, it became evident that there are a number of children in Child and Youth Care Centres who have been exposed to sexual abuse, and who are subsequently engaging in sexualized behaviour that is both harmful and humiliating to themselves and their fellow residential peers (Ferguson, Horwood and Lynskey, 1997). The fact that these behaviours manifest themselves in child and youth care centres, which are in fact authenticated as being safe havens to provide care and protection for children at risk, suggest that such behaviours contradict the vision and mission of these facilities, and can in fact leave both the child victim and the perpetrator more traumatized.

The competence of child care workers to deal with these sexualized behaviours is questioned in the literature. This concern was further validated by findings from a study by Kools and Kennedy (2002), where the harmful effects of inappropriate counselling and behaviour modification interventions have been well documented; and it is suggested that child and youth care workers do not necessarily have the correct and appropriate knowledge and/or skills required to address the behaviour, and how to accommodate these children.

Child care workers form an important part of children’s adjustment to child and youth care centres. It is therefore imperative that their presence and interventions in the lives of this vulnerable group of children, would facilitate the child’s adjustment to their alternative place of residence, as well as resolve the hurts that may have precipitated their admission to the Child and Youth Care Centres. Furthermore, there is an ethical obligation to ensure that all helping professionals are equipped with the knowledge and skill base that can promote the quality of life of the clients in their care.

The focus of this study was, therefore, informed by both professional and ethical requirements to uphold the quality of care, particularly to vulnerable client groups.
1.4 Research goal and objectives

The goal of the research was to enhance an understanding of how child care workers can effectively manage sexualised behaviour displayed by children in residential child and youth care facilities. In order to achieve this, the objectives were to explore and describe:

- The incidence of sexualised behaviour by children in child and youth care centres;
- The childcare workers’ understanding of and responses to these sexualised behaviours;
- The impact this response had on the childcare worker/child relationship; and the subsequent behaviour of the child;
- The childcare workers’ training needs with regard to the constructive management of sexualised behaviour displayed by children.

1.5 Definition of key terms

Sexual abuse - Veltkamp and Miller (1994:27) and the Children’s Act, Act 38 of 2005 define sexual abuse as any contact or interactions between a child and an adult, in which the child is sexually stimulated, or is being used for the sexual stimulation of the perpetrator or another person.

Child sexual abuse has been defined as: sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted; encouraging, inducing or forcing a child to be used for the sexual gratification of another person; using a child in – or deliberately exposing a child to – sexual activities or pornography and; procuring, or allowing to be procured, for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child (South African Children’s Act, 2005).
Child – The definition provided in the Children’s Act (Act 38 of 2005) states that a child is any person under the age of eighteen.

Child care worker – Barker (1988:23) defines a child care worker as a professional or paraprofessional who is responsible for the daily care and for nurturing the life experiences of a group of children residing in an institution. Phelan (2008) defines Child and Youth Care work as focusing on helping people achieve order within themselves in their daily lives. Child and Youth Care Work is not so much focused on political dynamics, as it is on facilitating the growth, development and the learning of life skills (Phelan, 2008).

Sexualised behaviour – Spies (2006) describes sexualised behaviour as sexual preoccupation and repetitive sexual behaviour, such as masturbation or compulsive sexual play. More examples of sexualised behaviour indicate: compulsive masturbation, overt sexualized behaviour to children and/or adults, being sexually abusive towards other children, sexual activity with peers, falling pregnant with peers, whilst accommodated, prostitution and the making of pornographic videos (Farmer and Pollock, 2003).

Child and youth care centre – or ‘alternative care’ means the placement or confinement of a child outside his or her family or extended family for some clear and agreed purpose (Child Care Act 38 of 2005).

1.6 Theoretical framework

The ecological framework was utilised as the theoretical framework for the research. According to Urie Bronfenbrenner, the ecological framework acknowledges that a person forms part of their environment, and that there are numerous sub-systems in this larger environment that have an influence on the person, and whom he influences, in turn. This approach is therefore in stark contrast to the more traditional view, where child development is considered against
the child’s immediate setting only; hence, ignoring the wider societal impacts (Spies, 2006).

Child care workers’ management of sexualised behaviour displayed by children in residential child and youth care centres was explored by this framework, as the ecological framework offers a systemic framework that takes into account the interplay of numerous factors across multiple domains (Sidebotham, 2001; Zielinski and Bradshaw, 2006). As mentioned in the literature study, there are numerous factors identified that need to be taken into consideration with regard to exploring this phenomenon.

According to Colton, Sanders and Williams (2001), the ecological thinking appears to be on the increase with those who are involved with children. They also acknowledge that one of the benefits for students and practitioners alike is that such a model enables them to see their clients in the widest possible social contexts. They continue by stating that there is continuous interaction between the individual and the environment. The individual plays an active role in influencing the environment, which in turn exerts an influence on the individual, which takes into account previous influences.

It is a cycle of influence between the changing individual and the changing environment. With regard to this study, the ecological system’s framework will assist in taking a look at the influence of the environment, the different systems (Micro-, Meso-, Exo- and Macro-system) influencing the child and youth care workers and the changing individual.

An alternative theoretical framework that could have been considered is the theory relating to power and power relations, as was proposed by Foucault (1984). This poststructuralist suggested that power can be understood as the relational and positional forces that people in positions of authority engage in, with its subsequent impact on the people whose behaviour they try to control. In this respect, the child
and youth care workers are in a powerful position of authority in relation to the children in their care. However, any form of behavioural challenges by a child can also render the adults helpless and powerless, especially in the face of unsuccessful attempts to shape their behaviour.

Given the holistic nature of the role of the child and the youth care worker, and the children with whom they intervene, the ecological framework is however deemed a more suitable theoretical lens for the purposes of this research.

1.7 Research design and methodology

Bess, Higson-Smith and Kagee (2006:71) describe a research design as a specification of the most adequate operations to be performed, in order to test a specific hypothesis under given conditions. Thus, it is vital to have a well-established research design to support the research. A brief overview of the design and methodology is provided here; and this will be discussed in more detail in Chapter Two of this research report.

1.7.1 Research design

A qualitative research approach was employed for the purpose of this study. According to Royse (1999:277), qualitative researchers seek to understand the life experiences of those who may not be visible or well-known to ‘mainstream’ society. He, furthermore, states that a subject does not have to be one of the main-stream individuals to be of interest to a qualitative researcher. Mouton and Marais (1996:155) described a qualitative approach as the approach in which the procedures are not as strictly formalized; the scope is more likely to be undefined and a more philosophical mode of operation is adopted.

Thus, a qualitative approach was employed for the purpose of this study, which has sought to enhance the effective management of the child care workers, working
with children in residential child and youth care centres who display sexualised behaviour. An exploratory, descriptive and contextual research design was employed for the purposes of this study primarily, since the aim of the study was to explore a relatively under-explored area of study, i.e., how child care workers manage the sexualised behaviour displayed by children in residential childcare centres. According to Bess et al. (2006:47), the purpose of exploratory and descriptive research is to gain a broad understanding of a situation, phenomenon, community or person. The contextual design is also particularly relevant, as these child care workers engage with the children in the context of an institutional environment, where a set of rules and regulations is operational.

1.7.2 Research methods

Grinnell (1988:240) defined a ‘population’ as the totality of persons, events, organisational units, case records or other sampling units with which the research problem is concerned. Taking a closer, more practical look, the population for a study is that group of people from which the researcher can draw information and arrive at conclusions. For the purposes of this qualitative, exploratory descriptive and contextual study, the child care workers employed at residential child and youth care centres comprised the broad population from which the sample was drawn.

The participants were recruited using purposive sampling, a non-probability form of sampling appropriate to qualitative research. Semi-structured interviews were conducted, following a pilot study, to test the relevance and formulation of the questions contained in the interview guide.

De Vos et al. (2005:199) describe a sample as a small set of persons that together comprise the subject study. The researcher made use of non-probability purposive sampling to obtain a minimum of 10 research participants from three different child and youth care centres in Port Elizabeth. This is where the study was located. According to Cresswell (1994:118), the purposeful selection of participants
represents a key decision in qualitative research, since research participants are carefully selected, according to specific inclusion criteria.

The inclusion criteria for the sample in the present study were as follows:

- They must have been in the permanent employment of a child and youth care facility as child care workers;
- The minimum duration of employment must have been at least 12 months, to ensure that the participants have a basis of experience, from which they can draw;
- Child care workers should have experienced the phenomenon of sexualised behaviour (either through direct observation or through reports from other children);
- Voluntary participation was essential for the purposes of the study and was therefore communicated as such to the managers of the residential child and youth care facilities.

The researcher utilised face-to-face semi-structured interviews as the primary method of data collection. This method was utilised to guide the research participant to answering questions on the incidence of sexualised behaviour by children in their care. The primary focus of the semi-structured interview was to explore how the participants had experienced these behaviours, and how they have been responding to date. The semi-structured interview also focused on the participants’ educational exposure to the phenomenon, and provided opportunities for them to reflect on any training they may have received in this respect.

The following interview schedule was utilised for the purposes of the semi-structured interview:

- Tell me about your experiences of being a child care worker.
- What is your understanding of sexualised behaviour?
Please share your experiences of working with children who present with sexualised behaviour.

What were your experiences of these behaviours?

How did you respond to the children who were engaging in these behaviours and the recipients of the behaviours?

What was the impact of your response on the children’s behaviours and your subsequent relationship with the child?

What training have you had regarding how to deal with these behaviours?

What guidance/input do you need to enable you to manage such behaviours more effectively in the future?

The second proposed method of data collection was that of journalling by the participants upon completion of the research interview. The journal entries were going to be informal and particularly useful – in order to reflect on more thoughts and the memory of experiences which occurred to the participants after the research interview. It was envisaged, furthermore, that the participants would utilise the journals as a debriefing tool, where they could vent their feelings and thoughts after the interviews, since the research topic was an emotionally sensitive one.

Each participant was going to receive a small notebook for the purpose of making their journal entries and then to contact the researcher after a maximum period of 10 days to collect the journal from them. Contrary to the planning process, the journalling activity was not introduced, primarily, because of the first two participants’ apparent fear of participating in the study.

In keeping with the principle of consistency, it was decided not to invite any of the subsequent participants to do the journal entries. This impasse is discussed in more detail in Chapter Two of this research report.

The research topic was of a sensitive nature; and therefore, individual interviews were the primary method of data collection, to enhance the participants’ anonymity
and their confidentiality in the sharing (De Vos et al. 2005:296). However, following 
the discomfort and caution of the first two research participants, the researcher 
vited participants to be interviewed in pairs if they so wished. As a result, eight 
interviews were conducted in pairs, while two were individual interviews. Thus there 
were 10 participants whom formed part of the study.

The researcher addressed the interview in such a manner that the participants felt 
safe and not judged. The participants were assured of anonymity and were 
encouraged to share as openly and honestly as possible, being reminded that they 
have the right to withdraw from the research process at any time. The participants 
were told that they will be informed of the findings of the study in an objective 
manner without violating the researcher’s commitment to anonymity.

Questions on each issue were asked in an open-ended manner and at a time when 
it seemed to fit with each participant’s story. These questions allowed the 
participants to reflect on issues, focusing on how they see them, describe them, feel 
about them, remember them and make sense of them. The technique of probing 
was utilised to gather more in-depth behaviours, as well as the feelings and 
interpretations of the experiences of the participants. The participants were also 
encouraged to explore their need for debriefing after the interview. However, none 
of them utilised this service.

1.8 Ethical considerations

The main purpose of research ethics is to protect the welfare of the research 
participants (Terre Blanche, et al., 2006:67). During the process of the research all 
the participants were thoroughly briefed before the interview – explaining the goal, 
the procedure and the advantages of the study. They were constantly reminded that 
they could withdraw at any stage of the interview, as their participation was 
completely voluntary.
The principles of privacy and anonymity were guaranteed to the participants; and all the participants were informed that they would receive the findings of the study. The participants were asked to sign consent forms. One consent form pertained to the interview, their role and rights, including the right not to participate; and a second consent form was for the recording of the interviews, the storage and the disposal of the recordings and the transcriptions. Consent forms are attached as Annexures 3 and 4 of this research report.

Avoidance of harm was addressed by providing the participants with the contact details of the counselling services in the area. No distress was foreseen as a result of the interviews. However, due to the sensitive nature of the topic, it was necessary to recognise that, describing their experiences may have proved to be emotionally challenging for some; and hence, they might need some assistance in processing their feelings.

The contact details of a psychologist, who agreed to manage the debriefing of the participants, were hence available to the participants. The only ethical dilemma that the researcher experienced during the start of the data collection process was the participants’ fears that they could face disciplinary action if it transpired from the research that they were incompetent in dealing with the issue of sexualised behaviour. A second concern was that they could be viewed as incriminating their institution if they admitted to the occurrence of sexualised behaviour.

These two legitimate concerns were addressed by explaining the purpose of the study again, and reiterating that the child and youth care fraternity would receive a general report about the study, and that no identifying details of the specific institutions or the participants would be revealed. Another way of dealing with this discomfort was to ask for their suggestions on how their anonymity could be protected. One suggestion was to conduct the interviews in pairs. Secondly, it was explained that the occurrence of sexualised behaviour at an institution was not
conceptualised in terms of the quality of care at such a placement, but rather in the broader context, as described in the literature review reflected in this chapter.

**1.9 Chapter division**

The research report is divided into the following chapters:

Chapter One: Overview of the research study
Chapter Two: The research methodology
Chapter Three: The discussion of the findings and the literature control
Chapter Four: Summary, conclusions, limitations, and recommendations

**1.10 Conclusion**

This chapter has provided an overview of the study, and how it was conceptualised. The background and problem formulation have been presented and the research goals briefly discussed. The Ecological theory was presented as the theoretical lens through which the data could be collected and interpreted. Finally, the research design, methodology and the ethical considerations were introduced. These issues will be discussed in more detail in Chapter Two.
CHAPTER 2

RESEARCH METHODOLOGY

2.1 INTRODUCTION

The researcher provided a brief description in Chapter 1 of the selected research approach and methodology that was followed to give effect to this study. Research is defined as a systematic process that is undertaken with the view of expanding knowledge and insight on a particular topic (De Vos et al., 2005:45).

Qualitative research follows a process of inductive reasoning (where theory is developed); while quantitative research is commonly deductive (where theory is tested). It should be reasonably clear that the principles that govern how the two paradigms operate (their methodologies) should be distinctively different. Qualitative research often begins with a small sample size (sometimes an individual participant, a solitary text document or a small group); and it follows a rigorously applied, but loosely defined pathway (Broom and Willis, 2007).

Quantitative researchers, on the other hand, use detailed inclusion and exclusion criteria to sample often large numbers of participants with comparable traits. By the same token, there is no hypothesis to be tested in qualitative research, only a problem or research question to explore. New problems commonly emerge, as one realises that the original ideas were misguided; and so a new pathway is taken through new territory. With quantitative research, one commonly begins with the question one wants answered; and the study is never allowed to stray far from its original purpose (Broom and Willis, 2007).

The qualitative approach was selected for the purposes of this study. The ensuing chapter will provide a detailed overview of this specific research approach that was
implemented, with specifics around the methodology that was followed, in order to bring this study to effect.

2.2 THE QUALITATIVE RESEARCH PROCESS

Babbie (1995:26) defined qualitative methods of research as methods that emphasise depth of understanding and the deeper meanings of human experience. They are used with the aim of generating theoretically richer observations. According to Cresswell (1994:181-183), some of the characteristics of the qualitative approach are that qualitative researchers are interested in meaning. The researcher is the primary instrument for data collection and analysis; it involves fieldwork and it is descriptive.

The process of qualitative research is, therefore, inductive in that the researcher builds abstractions, concepts, and theories from the words or narratives of the participants. Qualitative research is hence multi-methodic in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural setting, attempting to make sense of and interpret phenomena in terms of the meanings people bring to them. Considering the focus of the study, and the dearth of knowledge in this particular focus area, the qualitative approach was deemed more applicable for the purposes of this study.

Fouche and Delport (in De Vos et al., 2005:79) unpack the qualitative research process, according to particular phases, detailing the steps inherent to each of these phases. The researcher will subsequently provide a comprehensive description of the qualitative research process that was followed in this study, following the outline proposed by Fouche and Delport (in De Vos et al., 2005:79).
2.3 PHASE 1: CHOICE OF RESEARCH THEME OR TOPIC

According to Cresswell (1994:105), researchers state a research question in a qualitative study; and the research question then assumes two forms: a central question and associated sub-questions. This author furthermore states that the central question is a statement of the question being examined in the study in its most general form. It is proposed that the research problem be clearly defined and delineated, in order to ensure that the researcher remains focused on the actual problem under investigation (Rossouw, 2000:96).

It should also be apparent to the reader what the actual research problem is that the researcher is investigating; and even more importantly: What does the researcher hope to achieve by undertaking this research enquiry (Fouche and Delport in De Vos et al., 2005:89)? However, not all problems are necessarily researchable; instead one should distinguish between research problems, personal problems and practical problems (Cresswell, 1994:4; Leedy, 2005:53).

According to Cresswell (1994:3), the researcher should be guided by responses to questions, such as: Is the problem researchable? Is there sufficient interest to others and to the researcher? Will the topic be well received and publishable; and lastly: Will it enhance the existing knowledge and contribute towards research goals? These questions would assist in confirmation that one has a researchable problem – and to delineate the particular focus of the study.

The choice of research topic for the purposes of this study revolved around the child-care workers management of sexualised behaviours in Child and Youth Care Centres on this topic.

A similar study was conducted by Kools and Kennedy (2001) at the University of California, San Francisco. The researchers stated that with increased recognition of
child sexual abuse, there is a professional responsibility to provide appropriate and sensitive treatment to reduce its consequences. As illustrated in Chapter 1, research has been completed on the manifestation of sexualised behaviour amongst children, but not as much on the child care workers’ management of these behaviours, especially in the South African context.

The researcher’s professional interest in the topic was paramount in the identification of the problem. The researcher conducted research in the Free State Province of South Africa (2008), on sexualised behaviours of children in a Child and Youth Care Centre. It was evident that these behaviours occurred; and it was questioned whether the child care workers were knowledgeable on the management of these behaviours. According to the Rape Statistics in South Africa and Worldwide (2011), South Africa has one of the highest incidences of child and baby rape in the world – with more than 67 000 cases of rape and sexual assaults against children reported.

Welfare groups believe that the number of unreported incidents could be up to 10 times that number. They indicate that in the last five years, the rape statistics have gone up rather than down. In 2006, there were close to 55 000 reported cases, and an estimated 450 000 unreported rape cases. The statistics indicated that between 28% and 30% of all adolescents reported that their first sexual encounter was forced. This incidence of rapes indicates that there is a definite need for the study.

The rape statistics indicate that, additionally, with children under the age of 18, there is also the possibility of a high rate of sexual abuse.

The researcher submitted the research proposal in good time, in order to ensure that she would at have least ten months available to undertake the field study, complete a comprehensive review, and write up the research findings. In responding to each of the questions proposed by Cresswell (1994:3), the researcher confirmed that the research problem was indeed researchable.
2.4 PHASE 2: EXACT FORMULATION OF THE RESEARCH PROBLEM

This phase entails the actual formulation of the research problem, where the applicability of the research approach needs to be determined; and additionally, the formulation of the research question, goals and objectives should be developed and a research proposal subsequently prepared (De Vos et al., 2005:89). It was clearly demonstrated in Chapter 1 why the qualitative research approach was more applicable to the current study.

Durrheim (2006:47) asserts that qualitative methods “allow the researcher to study selected issues in depth, openness, and detail – as they identify and attempt to understand the categories of information that emerge from the data”. This gives the researcher the opportunity to allow the views of the participants to shape and inform the study. From an interpretivist perspective, each individual is unique; and so are their stories. The researcher “seeks to understand experience through the eyes of the person experiencing it” (Van Manen, 1990, in Nicholls 2009a: 530).

This approach was well suited to this study, which aimed to explore the child-care workers’ management of sexualised behaviours in child and youth care centres. In the study, participants had the opportunity to share their lived experiences in detail, which produced rich descriptions for analysis.

The following research question, therefore, formed the centre of this study:

What is required to promote the Child Care Workers’ effective management of sexualised behaviour displayed by children in residential child and youth care centres?

In accordance with this research question, the ensuing goal of the study was to enhance an understanding of how child-care workers can effectively manage
sexualised behaviour displayed by children in residential child and youth care facilities.

The accompanying research objectives were as follows:

- To explore the incidence of sexualised behaviour by children in child and youth care centres;
- To explore and describe the child care workers’ understanding of and responses to these sexualised behaviours;
- To explore the impact of the child care workers’ responses to the child care worker/child relationship;
- To explore and describe the effect of these responses on the occurrence of sexualised behaviour by children in the residential facilities;
- To explore the child care workers’ level of knowledge and skill in the constructive management of sexualised behaviour displayed by children.

The delineation of the research question, together with the goals and objectives, concluded phase 2 of the qualitative research process.

2.5 PHASE 3: PLANNING

According to Fouche and Delport (in De Vos et al., 2005:79), this phase entails the following steps as part of the planning process:

- Choose a research paradigm and determine the place of a literature control within this qualitative approach;
- Choose a qualitative research design;
- Choose a method of data collection and data analysis;
- Delineate the research sample and identify the most appropriate sampling method.

The value of the qualitative research approach to this study was explained under the preceding heading. It was essential that the researcher should familiarise
herself with the relevant literature available in the subject field. Kumar (2005:30) explained that at the outset of the study the literature review helps to: “...establish the theoretical roots of the study, to clarify your ideas and develop your methodology; but later on, the literature review serves to enhance and consolidate your knowledge base and helps to integrate your findings within the existing body of knowledge”.

In order to enhance an understanding of how child care workers can effectively manage sexualised behaviour displayed by children in residential child and youth-care facilities, the literature review was conducted and reflected upon in Chapter 1.

The next step associated with the planning phase is the selection of an appropriate research design.

For the purposes of this study, an **exploratory, descriptive and contextual research design** was employed, primarily because the aim of the study was to explore a relatively under-explored area of study: How child care workers manage the sexualised behaviour displayed by children in residential child-care centres. According to Bess et al. (2006:47), the purpose of exploratory and descriptive research is to gain a broad understanding of a situation, phenomenon, community or person.

Durrheim (2006:44) suggests that **exploratory designs** seek to look for “new insights into a phenomenon”. An exploratory research design was, therefore, deemed appropriate, as the aim of the study was to enhance an understanding of how child care workers can effectively manage sexualised behaviour displayed by children in residential child and youth care facilities. The strength of this kind of research is that it studies the topic broadly and generally – to usually yield at least some insights into the observed behaviour, and to arrive at recommendations for where further studies need to be done.
The main weakness of the exploratory design is that it often does not yield definitive results, and further explanatory research is needed to obtain satisfactory answers to research questions (Babbie, 1995).

The second part of the research design was descriptive in nature. Neuman (1997:20) stated that with descriptive research design, the researcher conducts the research with the aim of describing it accurately. Gay and Airasian (2000:25-26) add that descriptive research is intended to provide thorough descriptions, with a view to providing material for subsequent research. In the present research study, the researcher aimed to accurately describe the experiences of Child care workers working with children displaying sexualised behaviours in Child and Youth Care Centres. Using this approach, this study aimed to gain new insights into, and descriptions of the phenomenon of sexualised behaviours in Child and Youth Care Centres.

Quotations from the participants’ views have been included in Chapter Three (chapter on the discussion of the findings), so that a rich description could be provided, to enable the readers to gain insight into the participants’ experiences of children displaying sexualised behaviour in Child and Youth Care Centres.

A contextual design involves situating the object of the study within its immediate setting (Cresswell, 1994:62). The qualitative approach allowed for research to be conducted in the natural setting and context of the research participants, i.e., an institutional environment, where a set of rules and regulations is operational. The implementation of the contextual research design was, therefore, necessitated by the fact that “…people’s behaviour becomes meaningful and understandable when placed in the context of their lives and the lives of those around them” (Friedl, De Vos and Fouche, in de Vos et al., 2005:435). The participants consisted of Child-Care Workers who were interviewed at their respective Child and Youth Care Centres. In addition, their freedom to select the interview venue also allowed the
researcher insight into what the participants regarded as their own geographical context.

After the confirmation of the relevant research design, the focus shifted to the identification of the best data-collection method that could elicit the rich narratives that the researcher hoped to extract from the research participants. The researcher made use of one method of data collection: semi-structured interviews for the purpose of this study, and not the planned methods of data collection that were proposed at the onset of the research (semi-structured interviews and journalling).

A detailed explanation was provided in Chapter One on why the journalling method of data collection was omitted, as well as how the researcher addressed the participants’ concerns in this regard. Semi-structured research interviews, therefore, appeared to be the most suitable data-collection strategy for the purposes of this study; and for the comfort of the participants (8) eight interviews were conducted in pairs; and two (2) were individual interviews. This totalled to 10 research participants interviewed.

A semi-structured interview guide was utilised to structure the participants’ responses to questions regarding the incidence of sexualised behaviour by children in their care. The primary focus of the semi-structured interviews was to explore how the participants experience these behaviours, and how they have been responding to them to date. The semi-structured interview also focused on the participants’ educational exposure to the phenomenon; and they were intended to provide opportunities for them to reflect on any training they may have received in this respect.

The following questions formed part of the interview schedule:

- Tell me about your experiences of being a child care worker;
- What is your understanding of sexualised behaviour?
• Please share your experiences of working with children who present with sexualised behaviour;
• What were your experiences of these behaviours?
• How did you respond to the children who were engaging in these behaviours (and the recipients of the behaviours)?
• What was the impact of your response to the children’s behaviours?
• What training have you had on how to deal with these behaviours?
• What guidance/input do you need to enable you to manage such behaviours effectively in the future?

The researcher was able to arrive at these data-collection questions by constantly keeping the main research question in mind, as well as the goal and objectives of the study. It was important for the data-collection questions to be formulated in an open-ended manner, to encourage elaboration from the research participants and to reduce fixed one-word responses. The fact that the researcher is an experienced social worker, who has had comprehensive training in good interviewing techniques, was an added benefit.

The next step in the planning phase focused on the data-analysis process. Tesch’s content analysis, as cited in Cresswell (1994:55), was proposed as the method to analyse the data. The following proposed steps would be followed systematically:

• The researcher transcribed the audio-recorded interviews and the field notes. All the transcripts were read carefully, jotting down some ideas in the margin;
• The researcher reflected on the underlying meaning inherent in the transcripts, as they were being read;
• This process continued until a list of all the topics had been acquired. The topics were then clustered together and placed in different categories, major topics, unique topics and ‘left-overs’;
• The data were revisited again, and codes were formed to organise and categorise the data;
• Categories were formed by the formulation of descriptive wording for the topics. All efforts were made for categories to be grouped together in the topics;
• A final decision was made on the abbreviation for each category; and the data material belonging to each category was placed in one place; and a preliminary analysis was performed (Cresswell, 1994:155).

The next step in the planning phase focused on the **delineation of the sample and the sampling method**. For the purposes of this qualitative, exploratory descriptive and contextual study, the child care workers employed at residential child and youth care centres comprised the broad population, from which a sample was drawn. De Vos et al. (2005:199) describe a sample as a small set of persons that together comprise the subject study.

The researcher made use of non-probability purposive sampling to obtain a minimum of 10 research participants. According to Cresswell (1994:118), the purposeful selection of participants represents a key decision in qualitative research, since research participants are carefully selected, according to specific inclusion criteria. The inclusion criteria for the sample in the present study were as follows:

• They would need to have been in the permanent employment of a child and youth care facility as child-care workers;
• The minimum duration of employment would need to have been at least 12 months, to ensure that the participants have a base of experience from which they can draw;
• Child care workers must have experienced the phenomenon of sexualised behaviour (either through direct observation or through reports from other children). Voluntary participation was essential for the purposes of the study;
and this was therefore communicated as such to the managers of the residential facilities.

Five different Child and Youth Care Centres were contacted in different geographical areas of Port-Elizabeth. Contact was made with the managers of the Child and Youth Care Centres; and appointments were made to further explain the research topic to the management of the facilities. The different responses by the respective centre managers were particularly interesting, as some were cautious to consent to an introductory meeting with their child and youth care workers, whilst others expressed their appreciation of the study and scheduled a meeting with their staff, where the study could be introduced and explained.

The researcher made direct contact with the gatekeepers (i.e., the managers) at each Centre. The gatekeepers were informed of the study, and were asked to arrange a meeting with the Child and Youth Care workers, where the study was explained. The researcher went to the different Centres and explained the goal of the study and left a flyer with her contact details. Interested Child and Youth Care Workers then contacted the researcher directly to indicate their interest to participate in the study. A suitable time and place was arranged for the research interview to be conducted. Most of the participants requested to be interviewed at their place of work. The informed consent form was signed at the start of the research interview.

The more cautious managers escalated the request to the Management committee (MANCO) of the centres, citing sensitivity of the topic. The sample was eventually recruited from only three child and youth care centres in Port Elizabeth; and a total of 10 Child and Youth Care Workers, who met the sampling criteria, provided informed consent for their participation in the study.

In concluding the planning process of the research study, a research proposal was submitted to the Faculty Research Technology and Innovation Committee (FRTI),
and Human Ethics committee (REC-H) at the Nelson Mandela Metropolitan University for approval. Approval was granted in April 2011. After gaining the relevant permission from these committees, contact was made with different Child and Youth Care Centres, as described above.

2.6 PHASE 4: IMPLEMENTATION

The first steps in the implementation phase involve a consideration of the principles of a pilot study (Fouche and Delpor, in De Vos et al., 2005:79). Conducting a pilot study is useful in identifying possible problems with the research design; and in doing so, it can help to convince readers that the research has been well-thought through and carefully planned (Van der Riet and Durrheim, 2006:94). It also alerts the researcher to the value of the research questions, and to determine whether they can be easily understood by the participants.

A pilot study was conducted with one Child and one Youth Care worker at the Centre. At the start of the interview, the participant was very nervous and questioned the motive for the research. The participant was under the impression that the study was being conducted because the child and youth care workers had done something wrong. The researcher explained the goals and objectives of the research to the participant, and tried to build a trusting relationship with the participant and make her feel comfortable.

The need to conduct an audio-recording of the interview was also explained. Armed with more knowledge on the research topic the participant decided to proceed with the research interview. However, it was evident from the scant data collected during this interview that the participant was cautious and selective in the type of information that she shared. Upon reflection of the interview process, the participant suggested that the research interviews be conducted in pairs. In a consensus discussion following the pilot interview between the researcher and the research supervisor, three hypotheses arose: i.e., that the participants still feared that the
research data would be used to their detriment; secondly, that they felt intimidated by the professional status of the researcher (i.e., social worker vs the perceived diminished status of child and youth care worker); and thirdly, that the different cultural orientation of the researcher contributed to the hesitant responses.

As a result, the research supervisor (from a similar racial orientation to that of the participants) conducted the following interview – which was also conducted with two participants, at their request. In order to address the first hypothesis, the participants was reassured that their participation was completely voluntary, and that they had the right to withdraw from the research process at any point without any consequences.

The next step inherent in the implementation phase is the actual collection of the data and the undertaking of a comprehensive literature review. Data were collected through semi-structured interviews, as detailed above, with most of the participants preferring to be interviewed in pairs. Only two (2) of the interviews were individual interviews. Most of the interviews lasted between 45 and 75 minutes. The interviews were scheduled at a time and place of the participants’ own choosing, with most of the interviews being conducted at the Child and Youth Care Centres.

Eight of the 10 interviews were conducted by the researcher, who is a Social Worker by profession, and has four years’ experience in conducting interviews with clients. One interview (with a pair of two participants) was conducted by the research supervisor – for the reason stipulated above. The subsequent interviews conducted by the researcher refuted the hypothesis on the racial orientation. Each interview was also concluded with a reflection on the participants’ experience of the process, where they all indicated that they felt comfortable, understood and good about the opportunity to add to the body of knowledge in their profession. Interviews were recorded (with the informed consent of the participants), and then transcribed.
2.7 PHASE 5: INTERPRETATION AND PRESENTATION

Fouche and Delport (in De Vos et al., 2005:79) describe the interpretation and presentation phase as a crucial phase in the qualitative research process. This is where the researcher process leads to the analysis of the collected data, according to the proposed method. The data-analytical process was described in detail under heading 2.5. In addition to Tesch’s model of data analysis, the researcher also utilised the parallel steps outlined by Terre Blanche, et al. (2006:322-326) to guide the data analysis.

This involved the following: immersion and familiarisation, inducing themes, coding, elaboration, and interpretation and checking of the coded information. Throughout the afore-mentioned process, the researcher also looked for useful quotations to incorporate into the ‘qualitative story’ (Cresswell, 1994:155).

Triangulation of the data was, furthermore, employed by consulting an independent coder, who is experienced in qualitative data analysis. Triangulation, in this context, thus referred to the comparison of different perspectives by using two researchers to analyse the data. After the independent coder had analysed the interviews independently of the researcher, the researcher, the research supervisor and the independent coder met for a consensus discussion. Finally, the outcome of the data analysis was subjected to a literature control.

The data-analytical process was followed by the verification of the data against the literature control that had been conducted in phase 4 of the qualitative research process. Lastly, it required the researcher to select criteria that would be utilised to assess the trustworthiness of the research process. According to De Vos et al. (2005:331), the term trustworthiness is used to describe the validity and reliability issues in qualitative research. Curtin and Fossey (2007:89) suggest furthermore that “…trustworthiness refers to the extent to which
the findings are an authentic reflection of the personal or lived experiences of the phenomenon under investigation”.

The process of data verification was subsequently undertaken, according to Guba’s model of trustworthiness. This model identifies four criteria and strategies for ensuring and establishing trustworthiness. These are: truth value, applicability, consistency and neutrality (Lincoln and Guba, 1985). Each of these criteria are described in turn and supported by the specific strategies that were employed to meet the criteria.

**Truth-value:**
Truth value refers to how confident the researcher is with the truth of the findings, based on the research design, the participants, and the context in which the study has been undertaken. It is concerned with whether the findings of the study are a true reflection of the experiences of the study participants (Krefting, 1999). The following strategies were employed to enhance the truth value of the study. These included the specific interviewing techniques, triangulation, reflexivity, as well as peer evaluation, and the authority of the researcher.

Each of these strategies will now be discussed in turn:
The researcher utilised interviewing techniques, such as probing, ensuring congruence between the verbal and non-verbal expressions, and the skill of summarising, in order to enhance the credibility of the study. The researcher also allowed space to reflect on the participants’ experiences at the end of the interview – to ascertain whether there were any variables that inhibited the truth value.

Each interview was also started with a reflection on what the participants required to enhance their level of comfort and sharing during the interview. The researcher also had an expert qualitative researcher as a study leader, who interrogated the pilot study and read through the transcript of each interview, in order to ensure that
the truth value was enhanced. This contributed to the authority of the researcher, which served to enhance also the credibility of the findings.

The researcher also made use of triangulation, which is defined as the comparison of multiple perspectives (Krefting, 1991). In this instance, the data generated from the participants were triangulated with a literature control.

**Applicability:**
Applicability may be defined as the degree to which the findings can be applied to other contexts and settings or to other groups (Krefting, 1991). This research fulfilled the criteria for applicability, as suggested by Krefting (1991), as it contains an accurate description of the research process, an explanation of the various methods and the theoretical frameworks used in the study, as well as a rich and detailed description of situations and contexts.

The fact that the one research interview was conducted by the research supervisor; while the other interviews were conducted by the researcher, served to enhance the applicability of the study, as similar processes were followed, and similar findings were generated from these interviews – despite having different interviewers.

**Consistency:**
According to Guba in Krefting (1991), consistency of data refers to whether the findings would be consistent if the enquiry were replicated with the same subjects, or in a similar context. The researcher made use of an independent coder, to independently code the data, and to have discussions with the study leader on the themes, sub-themes and categories that would be presented as the research findings.

The last point discussed under applicability also bears relevance to the criterion of consistency.
Neutrality:
Neutrality refers to the extent to which the study findings are free from any bias. Guba (in Krefting, 1991) proposed that neutrality in qualitative research should consider the neutrality of the data rather than that of the researcher; and this suggests conformability, as the necessary strategy to achieve neutrality. Neutrality was established through the criterion of triangulation.

2.8 ETHICAL CONSIDERATIONS

According to Wassenaar (2006), the researcher must be concerned with the welfare of his or her subjects; and must take steps to ensure that their wellbeing is protected. As qualitative research, in particular, carries the potential to cause distress to its participants, we have to consider the ethical considerations. The author indicates that there are guiding principles in all ethical research: autonomy and respect for the individual, ensuring that no harm befalls the participant, and ensuring fair treatment: that the participants would benefit from the research; and finally, that justice, or ensuring the fair treatment, of the research participants was maintained throughout the research process (Wassenaar, 2006: 67-68).

The following section reflects how the researcher upheld these ethical principles. It is stated that the main purpose of research ethics is to protect the welfare of the research participants (Terre Blanche, et al.; 2006:67).

During the process of the research, the following ethical considerations were consistently addressed:

- All participants were thoroughly briefed before the interview, explaining the goal, procedure and advantages of the study;
- Participants were reminded that they could withdraw at any stage from the research process, as participation was completely voluntary;
- The principles of privacy and anonymity were guaranteed; and all the participants were informed of the findings of the study.
When the participants showed discomfort on how the findings would be utilised, the researcher devoted a lot of time to comprehend and address their concern. Furthermore, the data-collection process and methods were also amended, as specific interventions to address these concerns. The specific ethical issues that surfaced during the study are discussed in more detail below:

**Confidentiality:** The information being shared was of a sensitive nature, and the participants were reminded on how the confidentiality and anonymity of the participants would be respected – both before, and upon the completion of the research study. The participants appeared to be anxious about sharing information that could be viewed as incriminating of their own knowledge gaps and institutional practices. None of the centre managers knew who the research participants were; and in order to reduce the participants’ concerns on being identifiable, their suggestion to conduct the interviews in pairs was subsequently followed.

The journaling process, as part 2 of the data-collection process, was also omitted in an effort to reduce their fears about coming across as incompetent or incapable of managing the children’s sexualised behaviours.

**Emotional discomfort:** The nature of the topic of sexualised behaviour could have created discomfort, especially since one of the interview questions required the participants to reflect on the incidents of sexualised behaviour by the children in their care. The researcher addressed this issue, by enquiring about the concept in generalised terms at the onset of the interview. After the participants’ definition of this concept had been narrated, the researcher then used their choice of words to further the discussion and to advance to more specific reflections on their own experiences and management of the phenomenon.

The participants were also asked to reflect on how they had experienced the interview and to suggest ways of enhancing participants’ comfort levels.
The findings of the study will be made available and shared with the participants without compromising the principle of confidentiality. All the potentially identifying information has been omitted from the research report, and an appeal would be made to the integrity and professionalism of the managers to embrace the study as an opportunity to yield valuable insights into how the problem of sexualised behaviour can be managed most effectively by all caregivers concerned.

Risks
A potential risk factor associated with the research was that the participants’ narration of the sexualised behaviour that they had observed or had had reported to them, could have elicited emotional distress either around their own management of the situation or around the impact of the phenomenon on the children involved. The research interview was not intended as a therapeutic process; and therefore, the participants were advised that a professional helper was available for debriefing should this be required. A particular risk, articulated by some of the participants, was that their jobs could be at risk as a result of the nature of the information shared in the study.

This risk was addressed by obtaining confirmation from the management that the research process was not an evaluation of the child and youth care workers’ competence, but was in fact an opportunity to highlight the effective intervention approaches and to learn about the need for training.

Benefits
Participants had the opportunity to reflect and share their experiences with their colleagues in a safe and comfortable environment. They felt that their role in these children’s lives was important, and it made them feel ‘heard’ to share their experiences and life-experiences of working as a child-care worker. Sharing their experiences could assist them in dealing with future challenges, as they would have had a chance to voice their experiences and hear other colleagues’ ways of dealing with such behaviours.
One of the aims of this study was to gain further insight into the management of sexualised behaviours in Child and Youth Care Centres. In taking part in the research process, and sharing their experiences, participants could have had the satisfaction of being part of a study that adds to the effective management of a problem that has become rife amongst vulnerable children in residential care facilities.

2.9 CONCLUSION

In this Research Methodology chapter, we have described the qualitative research process, in order to have an in-depth understanding of the process that this study will follow. The research route was divided into five different phases, namely: the choice of the research topic or theme, the exact formulation of the research problem, the planning of the research project, as well as the implementation thereof, and the interpretation and presentation of the data captured.

The ethical considerations of the research were revisited, in order to give clarity on some of the considerations impacting on the study.

In Chapter 3, we will aim to present the research findings and the literature control.
CHAPTER THREE
DISCUSSION OF THE FINDINGS AND THE LITERATURE CONTROL

3.1 Introduction

The method of data analysis was described in detail in both Chapters 1 and 2, respectively. This chapter (three) will aim to present the research findings followed by supporting quotations of the research participants and comparing them with the literature review that was conducted on the major focus areas of this study. The aim of the present study has been to explore and describe Child Care Workers’ management of sexualised behaviour – as displayed by children in residential child and youth care centres – in order to enhance an understanding of how Child Care Workers can effectively manage the sexualised behaviour displayed by children in these residential facilities.

In the qualitative exploratory phase of the research, the researcher used semi-structured interviews as the method for gathering data from a total of 10 research participants. These were all child and youth care workers from three different child and youth care centres in Port Elizabeth. The ensuing table contains a biographical description of the research participants:
Table 1: Biographical description of the research participants

<table>
<thead>
<tr>
<th>Gender representation</th>
<th>Number of years’ experience as a child and youth care worker</th>
<th>Academic qualification as child and youth care worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male participants</td>
<td>0-5 years</td>
<td>Yes</td>
</tr>
<tr>
<td>Female participants</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>1</td>
<td>9</td>
<td>6-11 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
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<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>N = 10</td>
<td>12 years +</td>
<td>N = 10</td>
</tr>
</tbody>
</table>

The sample consisted of predominantly female participants, and only one male participant. The gender representation of the sample is also in accordance with the actual composition in the profession itself (Fulcher, 2007). It is evident from the table that a large proportion of the participants brought a wealth of experience through their many years of service as a Child Care Worker.

The requirements for appointment as a Child Care Worker vary: primarily because efforts to professionalise the occupation and to regulate their employment conditions and standards of practice is an ongoing process. Winfield (2011) indicates that in the 1980s South Africa offered a two-year qualification known as the National Higher Certificate in Residential Child Care (NHRCC). UNISA offered a two-year Certificate in Child and Youth Care (CCYC) in the 1990s. There was a need for trained and educated child and youth care workers at the end of that decade; and internationally recognised academics and practitioners within the field of child and youth care work designed the national Diploma: Child and Youth Development and the Bachelor of Technology (BTech) qualifications.

These Child and Youth Development qualifications were to be offered at institutions of higher education (Winfield, 2011).
The following five focus areas were explored, by means of open-ended questions during the research interviews, in an attempt to generate data that would address the research questions and issues:

- What are the participants’ experiences of the incidence of sexualised behaviour by children in child and youth care centres?
- Participants’ understanding of and responses to these sexualised behaviours;
- The impact of the child care workers’ responses on the childcare worker/child relationship;
- The effect of these responses to the occurrence of sexualised behaviour by children in the residential facilities;
- The Child Care Workers’ level of knowledge and skill on the constructive management of sexualised behaviour displayed by children.

The table below contains a representation of the major themes, sub-themes and associated categories and sub-categories that emanated from the data analysis process.
<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2.1 Theme 1: Requirements of Child Care Worker</td>
<td>3.2.1.1 Building a relationship with the child</td>
<td>3.2.1.1.a Acting as a parental figure to the children</td>
<td>*Looking after welfare of child</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>*Adjusting to the individual needs of each child</td>
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<td></td>
<td></td>
<td>*Love/care</td>
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<td></td>
<td>*Making children feel they belong</td>
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<tr>
<td></td>
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<td>3.2.1.2 Responsibility of daily chores and effective house keeping</td>
<td>3.2.1.2.2 Cleaning</td>
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<td></td>
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<td>3.2.1.3 Personal characteristics of the Child Care Worker</td>
<td>3.2.1.3.a Dealing with the challenges of being a Child Care Worker</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>*Working with different children</td>
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<td></td>
<td>*Coping with emotional work</td>
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<td>*Dealing with sexually active child</td>
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<tr>
<td></td>
<td></td>
<td>3.2.1.3.b Having patience</td>
<td>*Sexualised behaviour is often the result of past sexual abuse</td>
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<td></td>
<td></td>
<td>3.2.1.3.c Perseverance and being a role model to the child</td>
<td>*Child abused often enact same behaviour on others</td>
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<td></td>
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<td>3.2.1.3.d Having an understanding of Child's background</td>
<td>*Television influence</td>
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<td></td>
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<td>3.2.1.3.e Other characteristics of Child Care Workers</td>
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</tr>
<tr>
<td>3.2.2 Theme 2: Incidents of sexualised behaviour by children</td>
<td>3.2.2.1 Physical contact between children</td>
<td>3.2.2.1.1 Children sleeping together</td>
<td>*Experimentation with opposite sex</td>
</tr>
<tr>
<td></td>
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<td>3.2.2.1.2 Playing with other's private parts</td>
<td>*Sodomise</td>
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<td>3.2.2.1.3 Touching</td>
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<td>3.2.2.1.4 Kissing and hugging</td>
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<td>3.2.2.2 Other types of contact (self-stimulatory)</td>
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<td></td>
<td></td>
<td>3.2.2.2.1 Playing with their own private parts</td>
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<td>3.2.2.2.2 Self-stimulatory behaviour</td>
<td>*Masturbation</td>
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<tr>
<td>3.2.3 Theme 3: Child Care Worker’s response to sexualised behaviour</td>
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<tr>
<td>3.2.3.1 Responding with shock and anger</td>
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<tr>
<td>3.2.3.1.1 Shocked</td>
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<td>3.2.3.1.2 Angry</td>
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<tr>
<td>3.2.3.2 Discussions about incidences with the child</td>
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<tr>
<td>3.2.3.2.1 Questioning children involved</td>
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<tr>
<td>3.2.3.2.2 Talk to other children who may have observed for information</td>
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<tr>
<td>Determine situation and respond with respect</td>
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<tr>
<td>*Children don’t always listen to talks</td>
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<tr>
<td>3.2.3.3 Discussions about sexualised behaviour</td>
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<tr>
<td>3.2.3.3.1 Child Worker’s confidentiality leads to child trust</td>
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<td>3.2.3.3.2 Spend quality time with children and talk</td>
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<tr>
<td>*Provide guidance</td>
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<td>3.2.3.4 Discipline</td>
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<tr>
<td>3.2.3.4.1 Threat of punishment</td>
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<td>3.2.3.4.2 Rules</td>
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<tr>
<td>3.2.4 Theme 4: The requirements and needs of the Child Care Worker dealing with sexualised behaviour</td>
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<tr>
<td>3.2.4.1 Child Care Worker’s behaviour</td>
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<tr>
<td>3.2.4.1.1 Learn when to respond</td>
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<td>3.2.4.1.2 Teach children about God</td>
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<tr>
<td>*Learn from the children</td>
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<tr>
<td>*Respond positively and respectively</td>
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<tr>
<td>3.2.4.2 The need for workshops or training</td>
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<tr>
<td>3.2.4.2.1 Need for training in sexualised behaviour</td>
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<td>3.2.4.2.2 Training with regards to child’s behaviour</td>
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<td>3.2.4.2.3 Training in dealing with problems</td>
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<tr>
<td>3.2.4.3 The Child Care Worker need support</td>
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<tr>
<td>3.2.4.3.1 From supervisors</td>
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<td>3.2.4.3.2 From other Child Care Workers</td>
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<td>3.2.5 Theme 5: Preventative interventions</td>
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<tr>
<td>3.2.5.1 Checking up/monitoring children</td>
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<tr>
<td>3.2.5.1.1 Staff do rounds in the evening</td>
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<td>3.2.5.2 Report incident immediately</td>
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<tr>
<td>3.2.5.2.1 Report to Social Worker</td>
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<tr>
<td>*Care Worker follows up</td>
<td></td>
<td></td>
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<tr>
<td>3.2.5.3 Educate children about consequences of sexualised behaviour</td>
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<tr>
<td>3.2.5.3.1 Talk to the children about sex</td>
<td></td>
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<tr>
<td>*Social Worker talks about good/bad touching</td>
<td></td>
<td></td>
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<tr>
<td>3.2.5.4 Training received</td>
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</tr>
</tbody>
</table>

Each of these themes, together with their accompanying sub-themes and categories (where applicable), will subsequently be discussed. This discussion will be supported by relevant quotations and narratives of the participants and will,
Furthermore, be subjected to a literature control – in an attempt to verify the findings in the light of the existing literature and research findings. Furthermore the researcher will also reflect on the non-verbal responses of the participants where relevant and the changes in the tone of the interviews, as some degree of discomfort was evident during certain phases of the interview process.

3.2 Presentation and discussion of the main themes, sub-themes and categories

3.2.1 Theme 1: Key requirements to be met as child and youth care worker

This main theme emanated from the general introductory question, where the child and youth care workers were asked to reflect on their experiences of being a child and youth care worker and the key requirements to ensure their effective functioning in this role. The participants enjoyed sharing their past experiences, they spoke freely about their history and what made them to do this job as a Child Care Worker. They shared their personal experiences without thinking about their sharing’s and what the researcher would reason. They seemed proud as they spoke about their capabilities. The Building a relationship with the child, the responsibility of daily chores and effective housekeeping and personal characteristics of the Child Care Worker were sub-themes that emerged from the data analysis; and each of these, together with their relevant categories, will be discussed in turn.

3.2.1.1 Building a relationship with the child

From the above-mentioned question, it seems evident that it is of great importance for the Child and Youth Care Workers to build a relationship with the children with whom they are working. A few of the direct quotations from the research participants that give effect to this importance are cited below:
“But what stood out for me, was the importance to build a relationship with that child, to walk a path with that child.”

“You have to make them feel loved and appreciated – and have that relationship.”

“I have that relationship... doesn't matter where they come from, and I get so frustrated sometimes with some of the officials. They don't have a way to speak to the children.”

Miles and Stephenson (2001:19) describe the importance of building relationships with the children – as the main principle in residential care – in a document outlining the framework for good practice in residential and alternative care. Furthermore, they highlight the fact that priority should be given to building relationships – with the child, the family, the community, the organisation or institution, and between agencies.

Where long-term residential care is likely, and parental involvement is unlikely or disrupted, different ways of developing consistent, unconditional and supportive adult-child relationships are to be explored and put into practice. It is of importance that careful boundaries and supervision of the staff are enforced. This is not only to prevent abuse, but also to prevent situations where the emotional needs of the staff might become confused with those of the child – for example, a carer confusing his or her own fear of separation and loss with that of the child’s, thus preventing the child from moving on to alternative care, or of returning to the natural parents.

From the 10 research participants, there was one participant who did not feel that this profession was a calling for her; she indicated that she was promoted to this ‘job’. She had not done a course in Child and Youth Care Work. From her responses below, it seems that she saw her profession as a 'job', rather than a calling that she enjoyed doing.

“I was the general assistant here; and it was for 9 years that I was working
in this system, before I became a Child Care Worker. I have a lot of experience with different problems that I had to face, while working with children. With them I can’t say its love, because love is a big word; it’s a very big word.”

And another quotation from the same participant:

“If you see the children from the past, they are different. We can’t think for children; they must learn to do that themselves; we are there to teach them, not to do things for them. How are they going to face the outside world if they can do nothing for themselves?”

It appears that the research participant had purposely withdrawn herself from the children; she experienced the children as very different to the ones she cared for earlier. It seems that the research participant has adopted a tough-love approach that instills a sense of responsibility in the children with whom she is working.

From the data analysis, it became evident that the research participants value the importance of building a relationship with the children amongst whom they work. In addition to this, they were able to describe how they had built these relationships, through acting as a parental figure, looking after the children, adjusting to the individual needs of the children, offering love and care, as well as providing a feeling of belonging to the children. Each of these categories will be discussed below; and subsequently illustrated with relevant quotations by the participants.

3.2.1.2 Acting as a parental figure to the children

A majority of the participants identified themselves as a parental figure to the children. They described themselves as being a mother/or father figure to the children. Although they indicated that they know they can never fulfil the role of the child’s biological parents, they try to fill the emptiness by means of caring and love.
They indicated that the children will directly tell them that they are not their parents and that they should not fulfill that role. One of the participants recalled a reaction by one of the children to the childcare worker’s attempt to act as a parental figure:

“You see, you try to be a father for them, but some of them will tell you in your face that you are not my father. But you try to be a father figure for them. I will tell them most of the time - Listen here, I am not your father and I cannot be your father, but whilst you are here, I am trying to be a role model of a father that you can look onto for support”.

Some of the female participants described themselves as overtly being mothers of the homes they live in. They listed the following tasks as being evident of this maternal role: looking after the welfare of the children, getting up early to prepare food, getting their school uniforms ready, and preparing for when they come back from school. The fulfilment of these daily chores will be discussed in more detail in the next sub-theme (See sub-theme, 3.2.1.2).

The participants indicated that they adjust to the individual needs and personalities of each child, by responding to them differently, both when intervening in a conflict and when they have to discipline them. One participant described the behavioural management of the children in her care as follows:

“Sometimes you should not hasten to answer the questions of the child during an argument. You keep quiet for a while. By doing this, you give that child the chance to rethink what they said to you; and this gives you the chance not to just discipline or act without thinking. You have to adapt to each child, even though it is difficult to adapt. In the end you touch that child somehow, somewhere”.

“I am not their biological mother, that’s why I have to talk and talk, but I am a mother for them, I pray for them, wash dishes for them.”
The participant’s response seems to suggest that the parental task of disciplining should offer the child an experience from which they can grow and learn, rather than just being punitive in nature. This is in accordance with Barakat (2007) who indicates that every adult who cares for children has a responsibility to guide, correct and socialise the children towards appropriate behaviours. These adult actions are often called child guidance and discipline. Positive guidance and discipline are crucial, because they promote children’s self-control, teach children responsibility, and help children make thoughtful choices.

The more effective adult caregivers can be at encouraging appropriate child behaviour, the less time and effort adults will spend correcting children’s misbehaviour (Barakat, 2007).

It was apparent from listening to most of the participants that loving and caring for the children form important aspects of building their relationship with the children and working effectively with them. The participants spoke with ease as they expressed their love towards the children. One participant articulated her emotional connection to the children as follows:

“I love the children; they are in my heart”.

Another participant justified this loving and caring approach as follows:

“If you do not have parents, you have a need to be loved. That is what I can offer them – that love. Giving them love was my main aim for coming here and working as a Child Care Worker”.

The participants frequently stated that they love the children with whom they work. They emphasised that the children need love and affection, especially given the home circumstances from which they have been removed. They spoke about hugging the children, crying with them and displaying understanding towards them.
Building an attachment with the children by means of love and caring, as well as making them feel they belong, are aspects that seem to play a vital role in the relationship with the child.

These sentiments of the participants concur with those of Lamb (2007: 8; 33), who suggests that secure attachments are a protective factor for a child; they reduce the risks of poor developmental outcomes in later childhood; and they prepare the children to become competent parents themselves. Separation of children from carers, and disrupted or disordered early attachment relationships can have serious negative consequences for children's development. Without intervention, attachment difficulties may persist from generation to generation. However, children do not necessarily form just one attachment relationship; they can form separate attachments to different people who may care for them.

Lamb (2007:33) continues by stating that some attachments tend to be stronger than others; so it is of value to children, when more than one attachment becomes available to them. This may be the case in the child and youth care centres, where the children are attended to by the primary houseparent, as well as the rest of the alternate staff and other professional helpers. The importance of feeling that you belong is in accordance with the author Brendtro and Larson (2006), who indicates that a sense of belonging forms part of one of the developmental needs of a child. Other developmental needs are: mastery, independence and generosity. These developmental needs contribute to building self-worth in children.

3.2.1.3 The responsibility of daily chores and effective house keeping

The importance of attending to the children's practical needs has been alluded to in the previous sub-theme, under the discussion of acting as a parental figure. It is elucidated in more detail here, because of the emphasis that the participants placed on it during the research interviews. According to the participants, the custodial care
includes feeding the children; keeping the homes neat and clean and putting them to bed.

According to the participants, this plays a vital role in their daily routines, and in the behavioural management of the children (including the effective management of sexualised behaviours by the children). The participants cited specific examples whereby they try to ensure that the children feel cared for and looked after:

“Even at night, we have to make sure the dorms are clean, make everything nice for them.”

“We must make everything ready for when they come back from school.”

“I wake up early to make food for them.”

The importance of effecting structure and discipline as a way of making children feel safe and secure, as well as safeguarding them from the classification of ‘At-Risk-Youth, who have been exposed to poverty, drugs, negative peer influence and suchlike is emphasised by numerous authors (for example, Karageorge and Kendall, 2008; McWhirter, McWhirter, McWhirter and McWhirter, 1998). These authors assert that although Child Care Workers cannot cure all of the hurts experienced by children, they can make a difference by organizing the children’s schedules, and their own time with the children, so that they can provide as much consistency, structure and clear expectations to the children as possible, with the latter being particularly important for children who come from chaotic environments.

3.2.1.4 Personal characteristics of the Child Care Worker

According to The Children’s Act Guide for Child and Youth Care Workers (Mahery, Jamieson & Scott, 2011:15), a proper and fit person should care for the children at Child and Youth Care Centres. Whilst the Act does not provide any definition of a
‘fit and proper person’, it does give some examples of people who one could consider as being not fit and proper, such as a person found to be unsuitable to work with children. One (but definitely not the only) criterion would be if the person’s name appears on the National Child Protection Register (NCPR).

Although the absence thereof, clearly does not automatically qualify the person as a fit and proper person, all staff working at child care facilities must be screened against the NCPR. The researcher could not come across descriptions of personal characteristics of child and youth care workers; however, there is an abundance of literature on the characteristics of professional helpers in general (Belskey, 2007; Heydt and Sherman, 2005; Thumbadoo, 1997).

These characteristics and value systems will be compared with those suggested by the research participants of the present study. They will be discussed below.

3.2.1.5 Dealing with the challenges of being a Child Care Worker

During the interviews, the participants spoke of the challenges of being a Child and Youth Care Worker. They mentioned that this is not a line of work for all people, and that they do not always know how to react and deal with some of the challenges with which they are confronted. The participants seemed frustrated not knowing how to address challenges that they are faced with.

These challenges include working with different children, coping with the emotional part of the work, and dealing with the sexually active child. These challenges seemed evident to most of the Child Care Workers; however, they clearly resonated through the research interviews that they love what they are doing, irrespective of the challenges. Two participants reflected on the challenges as follows:

“We have had some training, but we need more, because we have challenges every day and we don’t know how to deal with these challenges.”
“I still don’t know how to deal with the sexually active child; I have tried; and the Social Worker has also tried, but we need more help.”

Thumbadoo (1997) describes the task of Child and Youth Carers as working with young people who are “at-risk”, or who are already emotionally and behaviourally troubled, such as those who are orphaned, abandoned, deprived, abused, homeless, those with learning difficulties, or those who are disabled, and youth who are in conflict with the law. As cited before, the children the participants work with all come from different backgrounds; and hence, they have unique needs. One such need is to be protected against the sexualised behaviours in which they engage, or to which they subject others. This has been described as a particularly challenging behaviour by the participants; and their sense of helplessness is evident from the quotations cited above.

Thumbadoo (1997) highlights the challenges in the process of caring, especially in a situation where the care worker has to manage both the individual and the group. This entails observing the behaviour and the reactions of the youngsters in their environment, taking proactive steps to ensure safety, enabling each child emotionally, physically, intellectually, socially and spiritually – to tackle and complete the goal of the moment or the goal of the day.

This may involve drawing out existing strengths or teaching new skills, on-the-spot counselling, providing emotional support, facilitating conflict resolution and problem-solving. This complex work requires a skilled, trained and self-aware professional who is able to use him/herself as an effective and quality tool in the process. A further discussion of the other personal characteristics or qualities identified by the participants follows below.
3.2.1.6 Having patience

The participants frequently stated that it takes patience to work with the children in their care. Refer to the verbatim extracts to that effect below:

“We need a lot of patience and understanding, and remember that children make mistakes and that at some point you have to forgive them.”

“We have to have patience with all these things and these challenges when they happen.”

“You really have to have a lot of patience, a lot of patience to do this work.”

Belsky (2007:18) describes a sensitive and responsive caregiver as one who sees the world from the child’s point of view, and seeks to meet the child’s needs rather than just serving his/her own. The participants explained that they need to have patience working with the children displaying sexualised behaviour. They have to stay focused on the best interests of the child, and hence respond in a sensitive manner.

3.2.1.7 Perseverance and being a role model to the child

Many of the participants emphasised perseverance as an essential characteristic of Child and Youth Care Workers, especially since they work with children who display challenging behaviours continuously. They expressed the importance of this characteristic as follows:

“You need to have the passion, the heart and the strength for this job.”

"You need the strength to get through this job; it's not about the money."
According to Kiraly (2001), there are nine identified groups of specific behaviours that are said to characterise the most effective residential care workers. These nine groups are: behavioural analysis, empathy, nurturing, developing young people, positive confrontation, self-control, openness, 

**perseverance**

and a positive attitude. Perseverance forms part of these characteristics, as the participants identified themselves as continuously challenging the children’s behaviour and feeling love towards the children in doing so.

Wheatley (2010) describes perseverance as “a day-by-day decision not to give up”, which seems to be a suitable definition to describe the perseverance of most of the participants in the present study.

### 3.2.1.8 Having an understanding of the child’s background

It was evident from the study, that the participants felt excluded from the world of the children in their care if information on the children’s background is withheld from them. They shared the view that knowledge on the children’s background enhanced their understanding and management of the children’s behaviour. This was articulated as follows by two of the participants:

“You have to look back at a child’s background, so you can consider what exactly happened to that child, because what happened to that child, those are the things he is doing now with the other children.”

“After an assessment the other day, one of my other cases, this boy was from another institution; apparently there he had this sexual behaviour too.”

It seems that the above-mentioned participants believed that prior knowledge of the child’s background history would have enhanced their effective management of the children’s behaviour. Furthermore, the first participant believed that children re-enact their own experience of sexual abuse towards the other children in the
residential care centre, whilst the second participant reiterated the point that if the child and youth care worker at the previous care centre had had adequate knowledge of the child’s circumstances, they would have addressed the child’s behaviour more effectively at that stage of his/her development.

Spies (2006: 274), and Pollock and Farmer (2005:28-29), support the sentiments of the child and youth care workers that it is of great benefit to the abused child if caregivers understand the life and survival skills required of a sexually abused child. Such understanding could minimize the mistakes caregivers inadvertently make during their interaction with these children, and thus contribute to their healing. The authors furthermore suggest that sexually abused children prefer that caregivers in substitute care are informed of their special needs, as this contributes to creating a more secure environment in which the sexually abused child can learn to take more risks in his/her life (Pollock and Farmer, 2005).

If caregivers are informed of the trauma and level of healing at the time of placement, the children do not need to share any information, nor do they need to explain their behaviour. In any event, it is argued that children often do not understand why they act the way they do, with some children indicating that they often feel caregivers question the validity of their claims of ignorance about their own behaviour (Spies, 2006).

3.2.1.9 Other personal characteristics of the Child Care Workers

Other characteristics identified during the interviews were their passion for their care worker job, their religion and empathy, as is evident from the quotations below:

“You really need to have the passion and the love for this job; you really need to also have a heart and the strength in your heart.”
“God helps you; and you pray: God help the children. You have to pray 24 hours of the day for the children.”

“You need to have your religion.”

The participants shared how they demonstrate empathy towards the children through small gestures and just involving themselves as the biggest helping tool:

“It is important to smile, because sometimes in their backgrounds they are not used to seeing a smile; sometimes you must cry with them; and sometimes you have to smile with them.”

“You find out that you have a meeting in the boardroom, but you have to make that time to smile and say: “Hi”… and hear about their day, but you must not fake it; it must be out of your heart.”

Authors, Heydt and Sherman (2005), explain the importance of the helping relationship as a tool (instrument) that helpers use to facilitate change. They indicate that just as rock bands depend on their drummers to set the beat and doctors use stethoscopes; similarly, as helping professionals, we rely on our relationship being a vehicle of change.

According to Phelan (2008), he states that the concept of ‘relationship’ in Child and Youth Care Work is a multi-dimensional concept. The author describes it as follows: The first layer is the ability to establish safe, equal relationships with suspicious, poorly attached people. This is the obvious, yet very complex, first step required to do effective child and youth care interventions. The author states that safe relationships create the possibility of connecting with people’s strengths, and developing direct knowledge. This knowledge does not occur in an office, but in the life space, a sometimes wildly uncontrollable place.
The author continues by stating that the next layer of the relationship is the connection between the person(s) being helped and their social background. Child and Youth Care practitioners relate to the interactions that people have with the systems around them: schools, jobs, social workers and suchlike, as well as the spousal, parental, friend and familial connections in their lives. As a person enlarges the desire for positive interactions in his/her life, and develops the ability to have positive relationships through the physical experiences provided by these interactions with the child and youth care professional, s/he becomes more capable of functioning effectively (Phelan, 2008).

3.2.2 Theme 2: Incidences of sexualised behaviour by children

The participants cited a range of behaviours when asked to share their understanding of sexualised behaviour exhibited by the children in the child and youth care centres. The participants seemed weary of how to answer the questions on sexualised behaviour; it seemed they reacted as if they have done something wrong on not knowing what sexualised behaviour is and not knowing how to address it. During some of the interviews, they seemed to defend themselves with precautions they take to avoid these behaviours of the children in the homes. They seemed uncomfortable speaking about sexualised behaviours and they did not openly answer the questions as in the previous theme- they seemed to be guarded in their answers. From the analysed data, it became clear that these behaviours could be clustered into two categories: physical contact between children, and then secondly, other contact which primarily involved self-stimulation. The verbatim narratives where the participants recalled examples of the first category (i.e., physical contact between children) of behaviours are cited below:

“Touching and the touching and kissing of the penis and becoming loving towards other children.”

“Sexually active, being sexually abused, watching porn movies.”
This boy was continuously masturbating; the other night I found the same boy with another boy and they were under the blanket, the boy was sitting on top of him and they were masturbating.”

It is evident from these narratives that these sexualised behaviours have a voluntary interactive element between the children concerned. In the next few verbatim narrations, the participants reflected on sexualised behaviours, where the recipients of the sexualised behaviour were involved on an involuntary basis:

“The boys broke the windows overlooking the girls’ bathroom and watched them.”

“The girl was pulling up her dress and showing the boys her private parts.”

These two examples include voyeuristic behaviours, where in the first instance naked girls were being observed – without their consent (Plug, Louw and Meyer, 1997); whilst the second example reflects exhibitionism – with the young girls exposing themselves to a non-consenting boy (Plug, Louw and Meyer, 1997).

The research participants cited several other examples of sexualised behaviour that involved physical contact between children, where it is not always apparent if the behaviour involved consenting participants. These are listed below:

“They touch one another, and they hold one another.”

“The children like to sleep together, especially the older ones with the young ones.”

“The small one started telling me that the big one was asking him to have sex with the other one.”
“The 5-year old boys were playing with each other’s private parts behind the couch.”

“The girl gave the other girls love-bites.”

“When I found them, they were lying on top of one another and kissing: boy on girl.”

“The children had hung the blanket in front of the bed. When I looked, I saw two boys sodomising one another.”

It is evident from the range of behaviours cited above that sexualised behaviours do indeed encompass a broad description. This view has been supported by Spies (2006), who describes it as sexual preoccupation and repetitive sexual behaviour, such as masturbation or compulsive sexual play. Farmer and Pollock (2003) furthermore suggest that sexualised behaviour includes compulsive masturbation, overt sexualised behaviour to children and/or adults, being sexually abusive towards other children, sexual activity with peers, pregnancy of children with their peers, prostitution and the making of pornographic videos.

The second cluster of sexualised behaviour that emerged from the research findings involved behaviours that were more of a self-stimulatory nature. The participants cited the following examples:

“The children play with their own private parts.”

“It happened behind blankets.”

“She did it in the closed shower.”

“The boy was masturbating himself.”
“That girl was masturbating in the shower and in the toilet.”

“Even at age three, they begin by playing with their private parts; it was very shocking because you don’t expect it from that age group.”

“I have noticed, this little boy, when I wash him – his genitals stand up, and then I ask him – what happened now? Why is it standing like that now?”

At first glance, these behaviours sound like age-appropriate developmental behaviours. This then invites the question: What is the difference between sexualised behaviour and developmentally appropriate sexual behaviour?

Two Australian researchers posed a similar question in their study, which was focused on the link between sexualised behaviour and sexual abuse in Australia.

McNichol and McGregor (2008) acknowledge that while sexualised behaviour has often been regarded as a consequence of sexual abuse, sexual behaviour as a normal child development phase is often underscored. The authors hence emphasized that it is important to differentiate between normal sexual behaviour and sexualised behaviour which may indicate sexual abuse. Little research has however been conducted to establish what constitutes normal sexual behaviour and the identification of behaviours that are considered unusual in children. A study conducted in the Free State Province of South Africa found that 79% of the girls in a Child and Youth Care Centre were involved in sexual abuse, either as an offender or as a victim. The abuse included digital penetration, touching (palpation), caressing and voyeurism (Van Straaten and Pietersen, 2008).

This study, however, only reflected on the incidents of the behaviour and not on the distinction between normative sexual behaviour and behaviour as a result of sexual abuse. It is apparent from some of the examples cited here and the contradiction in literature above, that the child care workers need more educational input on
developmental psychology, so that they can distinguish between normal and idiosyncratic behaviours.

### 3.2.3 Theme 3: Child Care Workers response to sexualised behaviour

The research participants' responses to witnessing and/or receiving reports of the children’s sexualised behaviour, ranged from initial shock and anger to addressing the actual behaviour directly with the children concerned, as well as doing general sex education with all the children in their care. Whilst exploring this theme, the participants were hesitant to share their responses; they battled to express how they respond and on exploration on how the children reacted, they would avoid the question and express that their reactions had no impact on the children. This could be that they did not want to acknowledge that their reactions do have an impact and their not sure if their reactions are the ‘right’ ones. Each of these responses towards the sexualised behaviours, together with the accompanying narrations by the participants, is now presented below.

#### 3.2.3.1 Responding with shock and anger

It was interesting to note that all the participants who reported having a shocked response, labelled it as negative. Lipton (1997) suggested that this is, in fact, a normal response to an abnormal experience. Most of the research participants who reported the shocked response, acknowledged that they did not know what to do, or how to handle the situation. A few of their narrations are cited below:

“Sometimes you respond negatively because you are shocked; you just respond negatively.”

“You respond negatively; you don’t expect things like that to happen.”

“I was in shock, but I didn’t want to show her I was in shock.”
“I didn’t know, so I freaked out.”

“I felt angry; I do not like other children to be exposed to this.”

The participants’ narrations clearly indicate that their responses to the sexualised behaviour were informed by it being so unexpected, which is a positive indication that the occurrence of sexualised behaviour has not been normalised yet (for the research participants at least). In addition, the participants’ concern that they are not informed about the child’s background (see heading 3.2.1.3.d), could also serve to explain their shock and surprise at the occurrence of such sexualised behaviour.

It is imperative that the adult caregiver’s responses to these behaviours do not reinforce them or aggravate further displays of sexualised behaviour (Lipton, 1997). Out-of-home placement, the family’s reaction to disclosure, and the emotional functioning of mothers may impact on the emotional wellbeing of the sexually abused child (Lipton, 1997).

A study done by Kools and Kennedy (2002) found that many caregivers had difficulty in dealing with the distressing experience of child sexual abuse, and are uncomfortable in dealing with matters of sexuality, especially in children. They concluded that the caregivers needed to develop an awareness of their own experiences, beliefs and assumptions and the ways in which these experiences had influenced their perceptions and treatment of the sexually abused child.

Furthermore, it is important for caregivers to appreciate the individual variations in responses to child sexual abuse, avoiding over-reaction to and overgeneralization of child behaviours. Based on their findings, they recommend that interactions and interventions with a child victim of sexual abuse, who has engaged in sexualised behaviour, be supportive and non-judgemental – to avoid further victimisation through unintentional stigmatisation, blaming the victim and thereby generating social isolation (Kools and Kennedy, 2002).
3.2.3.2 Discussions about incidences with the child

It seemed that some of the responses to the sexualised behaviour were focused on having discussions with the children concerned about the incident. These discussions led to questioning the child, talking to other children who may have witnessed the behaviour, in order to fully understand the situation; and hence, respond to it accordingly. It is evident from the participants’ narrations below that they considered a number of variables before embarking on such conversations with the children. Some of these variables included the timing of the discussion; who to have present at the discussion; as well as the child care workers’ motive behind having such a conversation, as will transpire from the participants’ narrations below:

“I like to talk to the children.”

“When I notice these things, after praying; I talk to them about it.”

“We talk to the girls separately to ask them and to tell them that it is not acceptable because if someone touches you, you won’t like it.”

“I want to make them afraid, when we sitting to tell them; why you sleeping with that one? I know what you want to do.”

“When others tell you, that those two are doing the ABC, I’ve tried to talk strongly and ask them over and over.”

The research participants spoke to other children, who may have witnessed the occurrence, for information. They try to determine the situation and respond with respect:
“Other children like to ‘skinner’, so when you talk, you talk with them to hear about this.”

“So you have to know how to handle the situation, because if you are going to handle the situation incorrectly, you will carry the consequences and it could have a bad consequence. So, you need to handle that situation with respect and know how to handle the situation.”

The research participants also indicated that their talks do not always work, as the children do not listen to them:

“The talks do not stop her because she said she loves her, and tis a friend, but it’s a friend not the ways we see it, it’s the other way around.”

“It still happens; I have to keep reminding them, but it still happens.”

Ryan (1990) reflected that children expect adults to react and correct various kinds of behaviour. If the adult refrains from acting on sexual behavior, the child may become confused. She proposes three phases in terms of how an adult could act. The first response should be to label the behaviour and react at a personal level. It should be non-judgmental and not prohibitive. The aim is for the child to think how the other child feels, or to understand that the adult is upset by the behaviour, without developing feelings of guilt in the child.

The second phase is that if the same or similar sexual behaviour is repeated, the second response is to confront and prohibit. According to Ryan (1990), the response should still be communicative and non-judgmental towards the child, but determined. If the adult reacts by saying: “Don’t ever let me catch you doing that again”, there is a risk that the behaviour will continue underground.

At the same time it is important to continue to observe the child’s behaviour for a while. Thirdly, if a problematic sexual behaviour continues or increases, one should
report one’s observations to a professional in the field, which in this case would be the social worker.

### 3.2.3.3 Discussions on sexualised behaviour

During the data collection, the research participants shared that they have discussions about sexualised behaviours. It seems they try to normalise the topic of sexualised behaviours to the extent where they themselves feel comfortable talking about it as well. The participants seemed uncomfortable to talk to the researcher about sexualised behaviour during the interviews. The researcher wondered how the participants address these sensitive issues when speaking to the children.

“I will give you an example, I will always talk about examples with them, if for instance, with me I don’t like hugs; I don’t like unless I asked for it, so don’t do it to the next person; if you don’t like it, don’t do it to the next person.”

The research participants explained that confidentiality leads to the child’s trust. It seems they value the trust of the children and try to maintain confidentiality as far as possible. They see the trust of the relationship as a benefit to working with the children, as they feel the children will talk to them when they need help. They furthermore see the value in spending quality time with the children, as they talk to them during these times. They use the quality time to build a trusting relationship with the children and to provide guidance on sexualised behaviour and other forms of behavioural management.

“The children learn to trust through keeping confidentially, keeping your word, the children puts us through tests, they tell you something and wait and see if you going to tell the whole group, then they know; you can’t trust that person.”

“We spend quality time with each child; that is when you talk to them about things you need to discuss, how they feeling at school, about management and about me.”
“Guidance, you have to give them guidance as well.”

It seems the research participants saw the importance of having discussions about sexualised behaviour and they created an environment where they could talk to the children, build trust, spend time and provide guidance to them.

Sanderson (2010) indicates that talking to children displaying sexualised behaviours can be difficult – especially if the professional experiences discomfort talking about sexualised behaviour and is anxious about the use of appropriate language. The author gives guidelines when talking to children. These guidelines show that it is imperative to be clear and explicit about what is appropriate behaviour, and to stress healthy boundaries; that it is essential not to frighten the children, or to evade questions, or make false promises, and that it is essential to discuss the importance of responsibility for choices and decisions.

### 3.2.3.4 Discipline

Discipline as a response to sexualised behaviour plays a dynamic role in the Child Care Workers’ response to such behaviours. The research participants seemed to think that discipline assists in the management of sexualised behaviours. When they experienced a child displaying sexualised behaviours, they follow through with discipline.

“It is discipline; it about consciously carrying on, keeping hope, having head and sometimes keeping your mouth shut.”

“It takes discipline, every day.”

“Discipline; it comes with the rules; you have to have rules in your house.”

“My first reaction would be to stay calm but strict; it’s a warning for them.”
The research participants associated discipline with rules, and they continuously communicated the importance of rules and how having rules assists with management of the children and their behaviour.

“I am grateful for rules; they are so important, because they will remember those discipline and those rules.”

“You make it very interesting before you put up the rules, and they must abide by the rules.”

Lipton (1997) indicates that negative reactions toward sexualised behaviours may frustrate the healing process of the child. It is therefore imperative that the Child Care Workers understand the behaviour and react in an appropriate manner. Discipline could make the child feel guilty, and reinforce behaviours in a manner of feeling cared for and loved.

3.2.4 Theme 4: The requirements and needs of the Child Care Worker dealing with sexualised behaviour

The participants were asked to reflect on their training needs pertaining to the constructive management of sexualised behaviour amongst the children. The participants seemed to feel open to discuss their needs. The three key requirements that emerged from the research interviews include the following: the behaviour of the Child Care Worker; the need for workshops/training; and the need for support.

Williams and Laylor (2001) have indicated that the roles and responsibilities of the residential Child Care Worker have increased significantly over the past ten years, thus increasing the complexity of the task of the care worker. The profession is presently at an infancy stage in its development; and is attempting to gain further status and recognition.
3.2.4.1 Child Care Workers’ behaviour

There is a need for the Child Care Worker to perform in a certain manner, and to know what their behaviour should be, and how they should respond when addressing sexualised behaviours. The research participants communicated that they needed to learn when to respond; they needed to teach the children about God; they had learned from the children and to respond positively and respectfully.

“Sometimes you shouldn’t hasten too much to answer; you might just say the wrong answer.”

“Your approach; it’s very important; and if you approach the person properly, you will get there; they will open up to you.”

“I spoke to the boys about God; and I told them: let’s go to church tomorrow.”

“And I explained to the boys, you won’t fall, because you have Jesus inside you.”

The Child Care worker should open themselves up and be able to learn from children.

“You can learn from that child, and that child can learn from you.”

As well as responding positively and respectfully:

“You see you are not supposed to shout, rather explain how they are doing it right.”

“Shouting does not help with the children.”

It is evident from these responses that the participants realised that they have to tread with caution, and be willing to utilise themselves as a helping tool; and lastly,
that they can be guided by the children’s responses as well. These approaches require a lot of skill and self-control. Williams and Lylor (2001) explain typical behaviours that Child Care Workers are dealing with. They indicate that for example, the children’s behaviour may present as: Violent outbursts; assaults on people and property; self-mutilation; suicide attempts; cutting parts of their body; re-opening old wounds; fire setting; sexualised behaviour: walking around semi-naked, touching adults and other children inappropriately and flirting with staff; stealing; night terrors; enuresis and encopresis; hoarding food; truancy and or bullying or being bullied.

Dealing with behaviours, such as above-mentioned, requires a lot of skill and self-control.

3.2.4.2 The need for workshops and/or training

During the data collection, the research participants continuously expressed their need for workshops and training. They maintained that they do not know how to respond to the children’s sexualised behaviour, as they had not received training in this regard:

“I have had no training; and I do not have the knowledge about how to deal with these things.”

“We really need more training, because every day we have got more challenges.”

“I have had no training, no not me, I haven’t done a course.”

“Yes, there is a need for training.”

“I think it’s especially difficult when they become teenagers, because that is also the time that they explore things you know; they are exploring and doing a lot of things.”
They want to experience a lot of things. They touch and they see my thing is growing. So, we really need to do these courses and understand these things.”

The Child Care Workers express their need for training in sexualised behaviour as follows:

“There is a definite need for training in these sexualised behaviours.”

“If I get training, I will know how to approach this giant, because I do it now just out of my own, but maybe that is also the wrong way. For me it is working now. If they can equip me, then I will know definitely the skill to work with the children.”

The many direct quotations reflecting the participants need for training, is evidence of the importance and urgency of this need. Besides the management of sexualised behaviour, quite a few participants alluded to the increasing complexity in children’s behaviour, which also requires more creative and informed responses.

“I would need more training, so that when such things do happen, you know what to do, you know what to say, you can easily observe, you know what to do when such things come and (you) have the answer. To see the signs and identify the behaviour.”

“The focus should be to deal with the problem, and not with the child.”

Child Care Workers performs a complex nurturing and therapeutic role. Far from being a 'minder' or 'baby-sitter, they are a specialist in the field of caring, who is capable of providing personalised, warm and responsive care, in order to act as an effective agent in helping the child recover his hers wholeness as a person (Williams and Laylor: 2001). For South African Child Care Workers to perform this complex nurturing and therapeutic role, they need the adequate training that they
are requesting, in order to enhance their work with the children and for them to have knowledge on this complex task that they have to perform.

3.2.4.3 The Child Care Worker needs support

During the data gathering, the research participants expressed their need for support in dealing with sexualised behaviours. They felt they needed support from supervisors and other care workers. At the time of the data collection, some of the participants confirmed the receipt of support, but they expressed the need for more support and understanding, which to some extent, alludes to the extent of the problematic behaviours with which they need to deal:

“We have supervision, that is when you have a one-to-one, and you can discuss all of this.”

“I freaked out and went to my supervisor and told him what I saw and it was lesbians.”

“We get support and advice from each other (Child Care Workers).”

The sources of support that the participants made reference to included peer support, as well as supervision support. It is evident, though, that there is a need for structured and more regular support forums, in order to strengthen the participants’ management of the behavioural difficulties of the children in their care.

Various authors have expressed the complexity of working with children and, furthermore, working with children who display sexualised behaviours (Farmer and Pollock, 2002; Lipton, 2007; Williams and Lylor, 2001). Receiving supervision and emotional support is of great importance for the Child Care Workers. They do not necessarily have the professional knowledge on coping with the phenomenon of
sexualised behaviours, or the emotional impact on themselves and their reactions to such behaviour.

3.2.5 Theme 5: Preventive Interventions

The research participants have created preventive interventions, in order to manage the sexualised behaviours of the children. It seemed the Child Care Workers acknowledged the importance of filling in the incident report after witnessing an incident of sexualised behaviour, but it seemed that they try and avoid filling in the incident report (trying everything and anything else before reporting) - as if they thought they were going to be in trouble if their reports were given to the Social Workers and/or that it would be out of their hands to handle it. It also seemed that when they give the reports to the Social Worker, the social worker addresses it with the child and no feedback is given to the Child and Youth Care Worker- they seem to feel excluded from this process. They continuously voiced how they have to monitor and check up on the children. They discussed the importance of reporting the incident immediately, educating children on the consequences of sexualised behaviour, as well as the training that they had received. These preventive interventions are discussed below and supported by relevant quotations by the participants.

3.2.5.1 Checking up/ monitoring children

The research participants made checking up and monitoring of the children one of their first priorities. They felt that the children needed constant supervision, and if they do not keep an eye on them, they will get involved in sexualised behaviours. Two of the quotations below imply that the aim was to catch the children in the act, rather than to implement the monitoring as a deterrent, or being readily available to intervene in the event of a problem.
This approach in itself also reflects a need for training on more constructive behavioural management.

“I like to take off my shoes and put my socks on so that no one can hear my footsteps; and then I can see that it’s not right. You can see the way they grab one another.”

“Since the Social Worker told me about the boy, I keep a close eye on him, since I received that information.”

“We watch them all the time; we do not show them that we are watching them all the time.”

McGrath (2010) indicates that frequently the advice is given to parents or carers of children prone to sexualised behaviours that they need to monitor the problem. This author indicates that it is better to take an active rather than a passive approach to monitoring; and there are different ways to intervene. This observation can be done through keeping an eye on the child, but not necessarily trying to catch them out. Observation means being ready to intervene, and not waiting until we have absolute ‘proof’, before distracting, or in some other way, moving the child in another direction.

3.2.5.2 Report the incident immediately

The research participants were aware of the fact that they need to report any incident to the Social Worker, or the manager immediately. They indicated that there is a procedure that they need to follow, and they try to report all incidents. They felt frustrated, as they are not always aware of the first signs of sexualised behaviours, and when they do become aware of such behaviours, it seems too late.
“When I saw the two boys sodomising each other, the next morning I filled in the incident log pamphlet and immediately reported it to the Social Worker.”

“When I saw them doing these dirty things behind the couch, I write the incident report to the Social Workers, and I say to them I need help.”

“I acted immediately, me and my husband were still working together in one house as parents, and we act immediately, and we didn’t like it, so it needed to act on it, and we went to the Social Worker and we had to write a report about the incident, and then she called him in and she spoke with him, and then she called the other one-by-one and then they told her what had happened.”

“We have to report immediately, sometimes a thing starts small, but then if you don’t do something about the behaviour, this small thing gets bigger, and then by the time you do something, it’s too late.”

Groves (2010) stresses the importance of reporting incidents of sexualised behaviour, and the importance of taking notes and filling in reports. This author indicates that staff members should make a record of what they have heard, observed and done, and should sign and date their notes. These should then be provided to the site leader (Social Worker). Most Child and Youth Care Centres have specific record systems for recording incidents, and these should be used when appropriate.

The author shares that the Child Care Workers should be aware of the principles of good record keeping: being factual and record only what is relevant, identify the people whose actions or views you are recording; observe objectively the appearance and reactions. It is of high importance that all incidences of sexualized behaviour be reported immediately, in order to address the behaviour more quickly. Reporting incidents immediately also safeguards the Child Care workers in their response to sexualized behaviour, and their duty in addressing sexualized behaviours immediately (Groves, 2010:17).
3.2.5.3 Educate children on the consequences of sexualised behaviour

The research participants identified the education of consequences and talking of sex as being important factors.

“I must try and educate the children; I have to inform them.”

“We spoke to the children about their behaviour and obviously educated them before taking it to the Social Worker.”

McGrath (2010) suggests the importance of educating children on sexualised behaviours. The author states that it is easy to be mistaken nowadays, and to assume that children and youth people are sophisticated and well informed on matters related to sexuality. Parents and Carers (Child and Youth Care Workers) can play a vital role in educating sexuality at a deeper level and just by talking honestly to children about sexualised behaviours may have a much deeper affect on the children and their behaviour.

The participants identified the importance of sexual education, and felt that it was their responsibility to educate the children before taking them to the Social Worker. It seems the participants feel this forms part of their role as the ‘Mother’ or Child Care Worker.

3.2.5.4 Training received

Some of the Child Care Worker had received training, such as Child Care Training and Mother training.

“We have received in-service training, mother training.”
The requirements for appointment as a Child Care Worker still vary, primarily because efforts to professionalise the occupation and to regulate their employment conditions and standards of practice is an ongoing process. Winfield (2011) indicated that in the 1980s South Africa offered a two-year qualification known as the National Higher Certificate in Residential Child Care (NHRCC). UNISA offered a two-year Certificate in Child and Youth Care (CCYC) in the 1990s. There was a need identified for trained and educated child and youth care workers at the end of that decade, and internationally recognised academics and practitioners within the field of child and youth care work designed the national Diploma: Child and Youth Development and the Bachelor of Technology (BTech).

Child and Youth Development qualifications were to be offered at institutions of higher education (Winfield, 2011).

Most (9 out of 10) of the research participants had one or another qualification on Child and Youth Care Work. These qualifications were not specified during the data gathering. One participant had worked at the Centre for more than 10 years and was promoted from being the domestic cleaner to becoming a ‘Mother’: the name the research participants identify as being a Child and Youth Care Worker. This research participant did not share all the characteristics of a Child and Youth Care Workers, as the other participants did. This profession seemed to her to be a ‘job’ the participant did, as she was promoted to this position. She reflected on this, right throughout her interview.

The importance of the personal values that contribute to this profession were once again highlighted (Thumbadoo, 1997).

3.3. Conclusion

Data gathered from the semi-structured interviews have contributed to an increase in the knowledge base of Child Care Workers’ management of sexualised behaviour displayed by children in residential child and youth care centres.
Chapter 3 concluded that there are certain requirements of child care workers that were identified during the research study; incidents of sexualised behaviour were identified, discussed, and responses to sexualised behaviour were narrated in this research study. The needs of the Child Care Workers with regard to sexualised behaviour were identified and preventive measures that had been put in place for the protection of the children were identified and discussed. The findings suggest that there is a clear need for more intensive training of the participants in the area of constructive behavioural management, and especially in the area of sexualised behaviour.

The research participants have now had the chance to voice their needs regarding sexualised behaviours of the children in residential care. Addressing these needs, could have a significant impact on managing sexualised behaviours in Child and Youth Care Centres.

Observations made during the data collection process indicated that the Child Care Workers found it difficult to express themselves on the topic of sexualised behaviours in Child and Youth Care Centres. They seemed to be guarded in their responses. The participants seemed uncomfortable to report on their own responses towards the children when sexualised behaviours did occur, how the children responded to being disciplined, and the impact on children after their reactions. They initially seemed hesitant to partake in the study, probably worrying that there would be implications for their work security. After the pilot study the process of data gathering needed to be adapted as the participant was so guarded to speak on their own, the interviews were adjusted to more than one participant engaging in the interview at once, to make them feel more comfortable and less like they were in trouble. The journaling needed to be excluded from the study, as the participants needed alot of reassurance before they shared their experiences. The benefits of this study could have been further enhanced if the participants were less guarded in their responses.
CHAPTER FOUR

SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The previous chapters have presented the study and its objectives, provided an overview of the design and methodology, a discussion of the theoretical perspective and background to the study, offered a comprehensive account of the research process, and an in-depth discussion of the findings set against a literature control (Chapters 1, 2 and 3, respectively).

This final chapter summarises the research design and methodology, the findings, and discusses the limitations of the research. Conclusions will be drawn from the study and recommendations for practice, further research and policy will be suggested.

4.2 SUMMARY OF THE RESEARCH DESIGN AND METHODOLOGY

4.2.1 Research design

The goal of the research was to enhance an understanding of how child care workers can effectively manage sexualised behaviour displayed by children in residential child and youth care facilities.

The objectives of the research were to explore the incidence of sexualised behaviour by children in child and youth care centres, to increase an understanding of the child care workers and responses to these sexualised behaviours, the impact this response had on the childcare worker/child relationship; and the subsequent
behaviour of the child, as well as the childcare workers’ training needs with regard to the constructive management of sexualised behaviour displays by children.

To achieve these objectives, the research was located within a qualitative framework, being exploratory, descriptive and contextual in nature.

4.2.2 Research methodology

The participants were recruited using purposive sampling, a non-probability form of sampling appropriate to qualitative research. Semi-structured interviews were conducted, following a pilot study, to test the relevance and formulation of the questions contained in the interview guide. Participants were interviewed who met the following inclusion criteria: they must have been in the permanent employment of a child and youth care facility as child and youth care workers; they must have had a minimum duration of employment of at least 12 months, to have ensured that the participants had a base of experience from which they could draw; they had experienced the phenomenon of sexualised behaviour (either through direct observation or through reports from other children).

All the participants participated voluntarily in the study; and they were reminded that they could withdraw from the study at any stage, but fortunately all 10 participants honoured their commitment to the study.

A multi-step process was used to analyse the data; this process was guided by Tesch’s content analysis, as cited in Cresswell (1994:55). Themes and categories were identified through the transcription and analysis of the raw data. The use of an independent coder confirmed the analysis and contributed towards the trustworthiness of the study.
4.2.3 Trustworthiness

The measures for ensuring trustworthiness were based on Lincoln and Guba’s (1985) model. This model identified four criteria and strategies that were used for ensuring and establishing the trustworthiness in this research study. They are truth value, to ensure that the findings of the study are a true reflection of the experiences of the study participants; applicability, to ensure that the study contains an accurate description of the research process; an explanation of the various methods and the theoretical frameworks used in the study; and a rich and detailed description of situations and contexts. Consistency: this term refers to whether the findings would be consistent if the enquiry were replicated with the same subjects or in a similar context; as well as neutrality: this refers to the extent to which the study findings are free from any bias (Lincoln and Guba, 1985).

4.3 ETHICAL CONSIDERATIONS

The ethical considerations were addressed by thoroughly briefing the participants, and reminding them that they could withdraw at any stage; the principles of privacy and anonymity were guaranteed; and all the research participants were informed of the findings of the study. Provision of the contact details of local psychological service providers or counsellors, given that the participants’ narration of the sexualised behaviour that they had observed or had reported to them, could have elicited emotional distress – either around their own management of the situation, or around the impact of the phenomenon on the children. All these details were made available: if there was any need for them.

4.4 SUMMARY OF THE RESEARCH FINDINGS

Themes, sub-themes and categories, were derived from the data analysis and supported by direct quotations by the participants and the relevant literature, where appropriate. These findings of the research study are summarised as follows.
4.4.1 Theme 1: Requirements of Child Care Workers

The main theme centred around the requirements of child care workers. This emanated from the general introductory question – where the participants were asked to reflect on their experiences of being a Child and Youth Care Worker. The key requirements identified by the research participants were, building a relationship with the child, the importance of facing the responsibility of daily chores, effective housekeeping, as well as the personal characteristics of the Child Care Worker. These requirements were identified throughout the research study and constitute an important part in the profession of Child and Youth Care Workers.

From the data analysis, the participants contextualised their behaviour and the importance of building a relationship with the children with whom they work. They described how they built these relationships through acting as a parental figure, looking after the welfare of the children, adjusting to the individual needs of the children, offering love and care, as well as providing a feeling of belonging to the children. Some of the female participants identified themselves directly as being a “mother” for the children; and they indicated that they are the ‘mothers’ of the homes in which they live.

They identified this role by looking after the welfare of the children. With regard to the responsibility of daily chores and effective housekeeping, the research participants regard this as an important part of their job requirements. They identify structure and discipline and reported that this makes the children feel safe and secure. The research participants provided a description of the essential characteristics required of child and youth care workers.

4.4.2 Theme 2: Incidents of sexualised behaviour

The participants cited a range of behaviours when asked to share their understanding of sexualised behaviour exhibited by the children in the child and youth care centres.
From the analysed data, it became clear that sexualised behaviours were identified and these behaviours were clustered into two categories: physical contact between children; and secondly, other contact which involved self-stimulation primarily.

It was evident from the narratives of the research participants that some sexualised behaviours had a voluntary interactive element, whereas others were more involuntary. The research participants cited several other examples of sexualised behaviour that involved physical contact between children. It was not always apparent whether such behaviour involved consenting participants.

The second cluster of sexualised behaviours that emerged from the research findings involved behaviours that were more of a self-stimulatory nature. At first glance, these behaviours sounded like age-appropriate developmental behaviours, which then invited the question: What is the difference between sexualised behaviour and developmentally appropriate sexual development? Different research studies were explored. It was apparent that there were contradictions in the literature of the research studies; and that from the range of behaviours cited in Chapter 3, Theme 2, that sexualised behaviours do indeed encompass a broader description of non-normative sexual behaviour. The conclusion was that the child care workers need more educational input on developmental psychology, so that they can distinguish between normative and idiosyncratic behaviours.

4.4.3 Theme 3: Child Care Workers response to sexualised behaviour

The research participants’ responses to witnessing and/or receiving reports of the children’s sexualised behaviour, ranged from initial shock and anger to addressing the actual behaviour directly with the children concerned, as well as doing general sex education with all the children in their care.
It was interesting to note that all the participants who reported having a shocked response, labelled this as negative. Most of the research participants who reported the shocked response, acknowledged that they did not know what to do and how to handle the situation. Their responses to the sexualised behaviour were informed by it being so unexpected, which is a positive indication that the occurrence of sexualised behaviour had not yet been normalised (for the research participants). The participants’ concerns were that they are not informed about the child’s background. This could have also served to explain their shock and surprise at the occurrence of such sexualised behaviour.

Some of the research participants’ responses to the sexualised behaviour were focused on having discussions with the children concerned about the incident. These discussions led to questioning the child, talking to other children who may have witnessed the behaviour -- in order to fully understand the situation, and hence respond to it accordingly.

The research participants spoke to other children who may have witnessed the occurrence for information. They try to determine the situation and respond with respect. The research participants also indicated that their talks do not always work, as the children do not listen to them. The participants shared that they had had open discussions about sexualised behaviours. It seems as if they had tried to normalise the topic of sexualised behaviours – to the extent where they themselves felt comfortable talking about it, as well.

They explained that confidentiality leads to the child’s trust. It seemed they value the trust of the children and try to maintain confidentiality, as far as possible. They see the trust in the relationship as being beneficial when working with the children, as they feel the children will talk to them when they need help. They, furthermore, saw the value in spending quality time with the children, as they talk to them during these times. They use the quality time to build a trusting relationship with the
children and to provide guidance about sexualised behaviour and other forms of behavioural management.

Discipline as a response to sexualised behaviour plays a dynamic role in the Child Care Workers’ response to sexualised behaviours. The research participants seemed to think that discipline assists in the management of sexualised behaviours. When they experienced a child displaying sexualised behaviours, they follow through with discipline. They associated discipline with rules; and they continuously communicated the importance of rules, and how having rules assists with the management of the children and their behaviour.

They continuously mentioned that they have a need to understand this behaviour, in order for them to react appropriately to it. This brought us to the next theme: their needs with regard to sexualised behaviour.

4.4.4 Theme 4: The requirements and needs of the Child Care Worker with regard to sexualised behaviour

There were three requirements and needs identified in Child Care Workers working with sexualised behaviour. These needs and requirements were: the behaviour of the Child Care Worker, the need for workshops/training and the need for support. The participants expressed the need to understand what an acceptable, required response to sexualised behaviours should be. The research participants communicated that they needed to learn when to respond; and they identified the need for spiritual education for the children.

They realised that they have to tread with caution, and be willing to utilise themselves as a helping tool, as well as to be guided by the children’s responses. The importance and urgency of this need for more knowledge on children’s behaviour was stressed continuously by the participants. They identified that they need the support of their supervisors and other care workers. The sources of
support that the participants made reference to in the study, included peer support as well as supervision support. It is evident though that there is a need for structured and more regular support forums, in order to strengthen the participant’s management of the behavioural difficulties of the children in their care.

4.4.5 Theme 5. Preventive interventions

The research participants have created preventive interventions, in order to manage the sexualised behaviours of the children. They constantly voiced how they have to monitor and check up on the children. They felt that the children needed constant supervision; and if they did not keep an eye on them, they would get involved in sexualised behaviours. Their monitoring implied that the aim was to catch the children in the act, rather than to implement the monitoring as a deterrent, or being readily available to intervene in the event of a problem.

This approach reflected a need for training on more constructive behavioural management. The research participants were aware of the fact that they need to report any incident to the Social Worker, or the manager immediately. They indicated that there is a procedure that they need to follow; and they try to report all incidents. They felt frustrated as they were not always aware of the first stage signs of sexualised behaviours; and when they do become aware of such behaviours, it seems to be usually too late.

The research participants identified the education of consequences and the talking of sex as an important factor. They shared how they spoke to the children about sex and the boundaries of intimacy – before they took the children to the Social Worker. They seemed to identify this as part of their role as the ‘Mother’ of the children.

Some of the participants have received training, such as Child Care Training and Mother training. Most (9 out of 10) of the research participants had one or other qualification on Child and Youth Care Work. These qualifications were not specified
during the data gathering. One participant had worked at the Centre for more than 10 years and was promoted from being the domestic cleaner to becoming a ‘Mother’. This is the name with which the research participants identify, as being Child and Youth Care Workers.

This research participant did not share all the characteristics of a Child and Youth Care Workers, as the other participants did. This profession seemed to be a ‘job’ the participant did, as she was promoted to this position. She reflected this, right throughout her interview. The importance of the personal values that combine with this profession was once again highlighted by the participants.

4.5 CONCLUSIONS

On drawing conclusions based on the findings of this study, we revisit the goal of the research. The goal of the research was to enhance an understanding of how child care workers can effectively manage sexualised behaviour displayed by children in residential child and youth care facilities.

The research methodology had to be altered, as the participants were initially guarded with regards to the type of information they shared. After the pilot study the process of data gathering needed to be adapted as the participant was so guarded to speak on her own, the interviews were adjusted to more than one participant engaging in the interview at once, to make them feel more comfortable and less like they were in trouble. The journaling needed to be excluded from the study, as the participants were wary about sharing information, and writing it down, would have make it even more threatening for them.

The conclusion is that key requirements of Child and Youth Care workers were identified; and this could assist with compiling a personality and educational review of what the requirements should consist in the profession of Child and Youth Care Work. Sexualised behaviours do occur in Child and Youth Care facilities and that the Child Care Workers are challenged with this behaviour, not knowing how to
address it effectively. Observations made during the data collection process indicated that the Child Care Workers found it difficult to express themselves on the topic of sexualised behaviours in Child and Youth Care Centres. They seem to be guarded in giving their answers and fully participating in gaining knowledge on this subject. The participants seemed to feel guilty about how they reacted towards the children when sexualised behaviours do occur, how the children responded and the impact on children after their reactions. The Child Care Workers responses to the sexualised behaviour could serve to reinforce the children’s display of sexualised behaviour. Needs and requirements were identified, as well as preventive measures that the participants have to put in place to address these behaviours.

The significance of the Child Care workers forming part of the multi-disciplinary team concerning the child’s wellbeing is acknowledged, as the Child Care Workers play and central role in the child’s everyday life and attachment towards a parental figure. It is of importance that the Child Care Workers form part, and work directly together with the Social Worker in the multi-disciplinary team to deliver valuable insight into the lives of the children with whom they are working with.

This study could have had a greater impact for Child and Youth Care Workers if they viewed this study as contributing to good practice and not a threat towards them and their knowledge base on sexualised behaviours. With more training and education on sexualised behaviours and managing the troubling behaviours of children, the challenge of sexualised behaviours can be addressed in Child and Youth Care facilities.

4.6 LIMITATIONS

The following factors are recognised as being limitations in the study.

- Although anonymity and confidentiality were emphasised and confidentiality agreements were entered into, the research participants still seemed to feel that they were being cross-questioned as to how they respond to this
challenge of sexualised behaviour. Sexualised behaviour in a Child and Youth Care Centre is a sensitive topic; and the Workers seemed to feel that they had done something incorrect. After the pilot study, the semi-structured interviews had to be altered from individual interviews to combined (2 participants) interviews. The information shared could have been richer with individual interviews and the tool of journalling if the participants had felt safer when talking about this topic.

- With the sensitivity of this topic, it was rather difficult to get Child and Youth Care Centres to consent to the study, as well as Child Care Workers to fully participate freely in the study. With more participants and Child and Youth Care facilities involved, the information could be richer.
- The data were collected during the course of one semi-structured interview. A second interview might have yielded richer data, and allowed for a more in-depth discussion of areas of children’s challenging behaviour.
- A second interview may also have provided an opportunity for participants to specifically discuss recommendations on the programmes that they would like to see implemented at the Child and Youth Care Facility.

4.7 RECOMMENDATIONS

Based on the findings of this study, recommendations will be made across three areas: recommendations for practice, further study and policy.

4.7.1 Recommendations for practice

- Child and Youth Care Workers should form part of the multi-disciplinary team at the Youth Care Centres. Their input and contributions as part of the holistic approach to the wellbeing of the child should play a vital role in upholding the best interests of the child.
- The history/background of each child placed in the care of a Child and Youth Care Worker should be shared and discussed with the Child and Youth Care
Worker, as this forms part of managing the behaviour of the children, as well as offering a platform from which to work, in order to build a relationship with the child.

- It is of the utmost importance that all staff working with children in Child and Youth Care Facilities should have the accurate training and qualifications needed to work with children. Offering high-quality care requires skill and commitment to meet the needs of the children. Their knowledge base is of high importance, as they are working with vulnerable and challenging children in a residential care facility.

- Child and Youth Care Workers should receive sufficient peer supervision, as well as educational supervision on a regular basis. The Child Care Workers need a platform on which to express themselves – as well as being supported and educated in their profession.

### 4.7.2 Recommendations for further study

- The development of a programme designed to address the needs of the Child Care Worker regarding problematic and sexualised behaviours of children in Child and Youth Care Facilities.

- Studies examining the nature of Child and Youth Care programmes currently offered to Youth Care Workers and the relevance of these programmes to the nature of the work that the Child and Youth Care Workers render in the facilities.

- Secondary abuse, as a result of the mismanagement of sexualised behaviour. The emotional effect on the children after the adverse response on sexualised behaviour, as well as the outcome on the child/worker relationship could be studied.
4.7.3 Recommendations for policy

- The development of accredited Child and Youth Care training programmes should receive urgent attention.
- The registration and regulation of Child and Youth Care work should also receive urgent attention, so that the occupation can be professionalised.
- Child and Youth Care Workers should have similar training or education, in order for them to deliver a constant service in their profession of Child and Youth Care Work.

4.8 CONCLUDING REMARKS

The management of sexualised behaviours by children in Child and Youth Care Centres has been explored. This research study has given voice to the experiences of Child and Youth Care Workers working with children on a daily basis. Their work at ground level, working closely with children is frequently overlooked, or underrated. Their voices address the need for appreciation, and especially training, in order to enhance their effectiveness and efficiency in their roles.

The profession of Child and Youth Care Work needs to be embraced as an important part in the holistic approach to working with children. The Child and Youth Care Workers are faced with challenging circumstances that they need to address; and without adequate training, this leaves them feeling unattended to and overwhelmed with situations that they battle to manage.

The participants shared love with the children and the importance of building a relationship with them. They need to know the history of the children, in order for them to build an attachment with the children. For some children, the attachment with their ‘Mother’ – also known as the Child and Youth Care Worker – might be the first secure attachment that involves love and acceptance for the children. It is encouraging to note that the participants, who were involved in this study, shared a
true love and compassion for the children they work with, as well as being fulfilled in their profession.

Finally, various recommendations were made across three domains, specifically: recommendations for practice, further research and recommendations for policy.

In concluding this study, the researcher would like to echo and emphasise the words of a 17-year old girl in the Eastern Cape shared at the NACCW (National Association for Child and Youth Care Work) Youth Conference:

“We are just a small group, but we know that if you do help us, that with you by our side, we can do anything… So please take our hands and lead us,… be with us.”

Above all, the children and young people recognise that they cannot solve their problems alone; they acknowledge the supportive role that we play in their lives. Let us fulfil that role to the best of our ability.
REFERENCES


APPENDICES

Appendix 1: Letter to gatekeepers

Consent form

We as, _________________________________________________, agree to give permission to Marisa Pietersen, Master’s degree Student and Social Worker, to address our Organization with her research on the child care workers management of sexualised behaviour displayed in residential child and youth care centres.

The following points have been explained to me;

1. Participation of the participants is entirely voluntary and they can withdraw their consent at any time.
2. The focus of this research is on child care workers management of sexualised behaviour by children in child and youth care centres.
3. Participation is limited to one, semi-structured interview, followed by journal entries.
4. Although no discomfort or stress is foreseen, should the workers experience any discomfort or stress they reserve the right not to answer any question at any time during the interview.
5. Should the workers experience discomfort or distress the researcher will provide details of counselling services available at the University Psychology or psychologists in private practice.
6. Participation in this research is entirely confidential and information will not be released in any individually identifiable form.
7. The researcher will answer any questions the workers wish to ask about this research now or during the course of the research process.
8. The results of the research will be made available to the undersigned organization if they so wish. Should undersigned organization require a copy of the research the organization will communicate this to the researcher and provide the researcher with their postal details.

Signature of Director of Organization __________________________ date

Signature of researcher __________________________ date

Signature of research supervisor __________________________ date

Marisa Pietersen:
Tel: 041 5859393/ 083 2060 818
marisapietersen@gmail.com

Research supervisor: Veonna Goliath
email: veonna.goliath@nmmu.ac.za
Tel: 041 5042197
Appendix 2
Letter to proposed participants

Dear ……,
I am a Social Worker currently employed at FAMSA PE, and am studying towards a Master’s Degree in clinical Social Work at the Nelson Mandela Metropolitan University. Part of the requirements of the degree programme is that I complete a research study.

My research study is focused on the Child care workers’ management of sexualised behaviour displayed by children in residential child and youth care centres. I am aware that children display sexualised behaviour in Child in Youth care centres, as I have previously done a study on such behaviours in Bloemfontein. It has come to my attention that we, as helpers, are not always aware of how to address this behaviour and how to understand it; and hence, the importance of this research study becomes clear.

This study can only be effected if I am able to obtain participants who would not mind sharing their experiences on the question posed above. To this end, I would need to conduct one interview of approximately 1 hour with you. The day, time and location of the interview can be arranged to suit you. The content of the interview will be recorded, but at all times confidentiality and anonymity will be ensured. I would also like the participants to keep journals after the interview to assist in gathering information on more feelings and thoughts (after the interview). Focus
groups will be held with some of the participants to gather ideas on how to address this problem. The study will conform to the ethical guidelines and requirements of the university, and I will enter into individual confidentiality agreements with each person interviewed.

My research supervisor is Veonna Goliath, and she can be contacted at 041-5042197 or Veonna.Goliath@nmmu.ac.za.

My contact details are marisapietersen@gmail.com
Tel: work: 041 5859393

Thank you for taking the time to read this letter and I hope to hear from you.

Yours sincerely,

Marisa Pietersen
Social Work Clinical Master’s Student
RESEARCHER/ CLINICAL MASTER’S STUDENT
Appendix 3: Permission and release form; recordings and transcriptions

CONSENT FORM FOR AUDIO RECORDING OF INDIVIDUAL INTERVIEWS

Participant Name: ________________________________________________

Contact details:

Address: ________________________________________________________

________________________________________________________________

Telephone no: _________________________________________________

Name of researcher: Marisa Pietersen

Level of research: MASW (Clinical Social Work)

Brief title of research: Child care workers management of sexualized behaviour by children in child and youth care centers.

Supervisor: Ms. V. Goliath

Declaration

(Please sign in the blocks next to the statements that apply)

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<td>1. The nature of the research and the nature of my participation have been explained to me verbally and in writing.</td>
<td>Signature:</td>
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<tr>
<td>2. I agree to participate in an interview and to allow audio-recordings of these to be made.</td>
<td>Signature:</td>
</tr>
<tr>
<td>3. The audio-recordings will be transcribed only by the researcher.</td>
<td>Signature:</td>
</tr>
<tr>
<td>4. Once the data have been transcribed, the recordings will be destroyed.</td>
<td>Signature:</td>
</tr>
</tbody>
</table>

Date:

Witnessed by researcher:
Appendix 4: Consent form

I, _________________________________________________, agree to participate in this research.

The following points have been explained to me;

1. Participation is entirely voluntary and I can withdraw my consent at any time.
2. The focus of this research is on child care workers management of sexualised behaviour by children in child and youth care centres.
3. Participation is limited to one, semi-structured interview, followed by journal entries.
4. Although no discomfort or stress is foreseen, should I experience any discomfort or stress I reserve the right not to answer any question at any time during the group session or interview.
5. Should I experience discomfort or distress the researcher will provide details of counselling services available at the University Psychology or psychologists in private practice.
6. Participation in this research is entirely confidential and information will not be released in any individually identifiable form.
7. The researcher will answer any questions I wish to ask about this research now or during the course of the research process.
8. The results of the research will be made available to me if I so wish. Should I require a copy of the research I will communicate this to the researcher and provide the researcher with my postal details.

____________________________    ____________________
Signature of participant             date

____________________________    ____________________
Signature of researcher            date

____________________________    ____________________
Signature of research supervisor                                                               date

Marisa Pietersen:
Tel: 041 5859393
marisapietersen@gmail.com

Research supervisor: Veonna Goliath
email: veonna.goliath@nmmu.ac.za
Tel: 041 5042197
## LIST OF TABLES

### Table 1: Biographical description of the research participants

<table>
<thead>
<tr>
<th>Gender representation</th>
<th>Number of years’ experience as child and youth care worker</th>
<th>Academic qualification as child and youth care worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male participants</td>
<td>0-5 years: 2</td>
<td>Yes</td>
</tr>
<tr>
<td>Female participants</td>
<td>6-11 years: 7</td>
<td>No</td>
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<td>N = 10</td>
<td>12 years +: 1</td>
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<td></td>
<td>N = 10</td>
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<tr>
<td>Themes</td>
<td>Subthemes</td>
<td>Categories</td>
</tr>
<tr>
<td>--------</td>
<td>-----------</td>
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<td>3.2.1</td>
<td>3.2.1.1</td>
<td>3.2.1.1.a</td>
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<tr>
<td>3.2.1</td>
<td>Building a relationship with the child</td>
<td>3.2.1.1.a Acting as a parental figure to the children</td>
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<tr>
<td>3.2.1</td>
<td>3.2.1.2</td>
<td>3.2.1.2.2 Cleaning</td>
</tr>
<tr>
<td>3.2.1</td>
<td>Responsibility of daily chores and effective house keeping</td>
<td>3.2.1.2.2 Cleaning</td>
</tr>
<tr>
<td>3.2.1</td>
<td>3.2.1.3.a</td>
<td>3.2.1.3.a Dealing with the challenges of being a Child Care Worker</td>
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<td>3.2.1</td>
<td>Personal characteristics of the Child Care Worker</td>
<td>3.2.1.3.a Dealing with the challenges of being a Child Care Worker</td>
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<tr>
<td>3.2.1</td>
<td>3.2.1.3.b</td>
<td>3.2.1.3.b Having patience</td>
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<td>3.2.1</td>
<td>3.2.1.3.c</td>
<td>3.2.1.3.c Perseverance and being a role model to the child</td>
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<tr>
<td>3.2.1</td>
<td>3.2.1.3.d</td>
<td>3.2.1.3.d Having an understanding of Child’s background</td>
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<tr>
<td>3.2.1</td>
<td>3.2.1.3.e</td>
<td>3.2.1.3.e Other characteristics of Child Care Workers</td>
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<tr>
<td>3.2.2</td>
<td>3.2.2.1</td>
<td>3.2.2.1.1 Children sleeping together</td>
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<tr>
<td>3.2.2</td>
<td>Physical contact between children</td>
<td>3.2.2.1.1 Children sleeping together</td>
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<td>3.2.2</td>
<td>3.2.2.1.2</td>
<td>3.2.2.1.2 Playing with other’s private parts</td>
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<tr>
<td>3.2.2</td>
<td>3.2.2.1.3</td>
<td>3.2.2.1.3 Touching</td>
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<td>3.2.2</td>
<td>3.2.2.1.4</td>
<td>3.2.2.1.4 Kissing and hugging</td>
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<tr>
<td>3.2.2</td>
<td>3.2.2.2.2</td>
<td>3.2.2.2.2 Playing with their own private parts</td>
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<tr>
<td>3.2.2</td>
<td>Other types of contact (self-stimulatory)</td>
<td>3.2.2.2.2. Self-stimulatory behaviour</td>
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<tr>
<td>3.2.2</td>
<td>3.2.2.2.1</td>
<td>3.2.2.2.1 Self-stimulatory behaviour</td>
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<td>3.2.2</td>
<td>3.2.2.2.2</td>
<td>3.2.2.2.2 Masturbation</td>
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<tr>
<td>3.2.3 Theme 3: Child Care Worker’s response to sexualised behaviour</td>
<td>3.2.3.1 Responding with shock and anger</td>
<td>3.2.3.1.1 Shocked</td>
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<td>3.2.3.2 Discussions about incidences with the child</td>
<td>3.2.3.2.1 Questioning children involved</td>
<td>Determine situation and respond with respect</td>
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<tr>
<td></td>
<td>3.2.3.2.2 Talk to other children who may have observed for information</td>
<td><em>Children don’t always listen to talks</em></td>
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<tr>
<td>3.2.3.3 Discussions about sexualised behaviour</td>
<td>3.2.3.3.1 Child Worker’s confidentiality leads to child trust</td>
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<tr>
<td></td>
<td>3.2.3.3.2 Spend quality time with children and talk</td>
<td><em>Provide guidance</em></td>
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<tr>
<td>3.2.3.4 Discipline</td>
<td>3.2.3.4.1 Threat of punishment</td>
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<td>3.2.3.4.2 Rules</td>
<td><em>Learn from the children</em></td>
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<tr>
<td>3.2.4 Theme 4: The requirements and needs of the Child Care Worker dealing with sexualised behaviour</td>
<td>3.2.4.1 Child Care Worker’s behaviour</td>
<td>3.2.4.1.1 Learn when to respond</td>
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<td></td>
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<td>3.2.4.1.2 Teach children about God</td>
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<td></td>
<td>3.2.4.2 The need for workshops or training</td>
<td>3.2.4.2.1 Need for training in sexualised behaviour</td>
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<td>3.2.4.2.2 Training with regards to child’s behaviour</td>
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<td>3.2.4.2.3 Training in dealing with problems</td>
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<tr>
<td>3.2.4.3 The Child Care Worker need support</td>
<td>3.2.4.3.1 From supervisors</td>
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<td>3.2.4.3.2 From other Child Care Workers</td>
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<tr>
<td>3.2.5 Theme 5: Preventive interventions</td>
<td>3.2.5.1 Checking up/monitoring children</td>
<td>3.2.5.1.1 Staff do rounds in the evening</td>
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<td></td>
<td>3.2.5.2 Report incident immediately</td>
<td>3.2.5.2.1 Report to Social Worker</td>
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<td></td>
<td>3.2.5.3 Educate children about consequences of sexualised behaviour</td>
<td>3.2.5.3.1 Talk to the children about sex</td>
</tr>
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<td></td>
<td>3.2.5.4 Training received</td>
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</table>