



Exploring Social Worker's experiences working with child sexual abuse survivors who are intellectually disabled.

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ABSTRACT

Sexual abuse of children with intellectual disabilities is a global phenomenon. The study aimed to explore social workers' experiences working with child sexual abuse survivors with intellectual disabilities. The study employed a qualitative research design, specifically a qualitative descriptive and explorative design. The study design reflects a commitment to upholding the rights, safety, and well-being of both the social workers involved and the vulnerable populations they serve. Given the sensitive and emotionally charged nature of this study, strict ethical guidelines were followed to ensure the protection and dignity of all participants. Ethical approval was obtained from the UCT Ethics review committee, and all participants provided informed consent before participation. The study prioritized confidentiality, anonymity, and voluntary participation, allowing participants to withdraw at any stage without consequence. Semi-structured face-to-face interviews were held with 14 participants across the Cape Metro who have more than 5 years of experience within the field of child sexual abuse. Through purposive and snowball sampling techniques, the sample consisted of 14 participants, 13 female and one male. The study employed a thematic analysis using Braun and Clarke's thematic analysis. The findings of the study revealed the unique challenges social workers experience with child sexual abuse survivors' intellectual disabilities. The challenges included vicarious trauma, communication difficulties, lack of available resources, and ethical and legal dilemmas, including seeking justice. Furthermore, participants often face systemic barriers such as inadequate training and a lack of intervention strategies. Practice models utilized by participants are adapted from international guidelines. Thus, participants must adapt the guidelines based on the intellectual level of the child survivor. Moreover, the current legislation and policies available are silent when addressing the needs of the child sexual abuse survivor with intellectual disabilities.

The study underscores the need for alternative communication methods, tailored intervention approaches, specifically for South Africa, and comprehensive training programmes to empower social workers in the field of intellectually disabled child sexual abuse. Furthermore, the findings highlighted the need for stakeholder collaboration and policymakers to include and implement policies relating to child sexual abuse survivors with intellectual disabilities.

Keywords: intellectually disabled, child sexual abuse survivors, experience, social workers

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Chapter 1

Overview

1. Introduction

The underpinning research phenomenon explores social workers' experiences with child sexual abuse survivors with intellectual disabilities. The overview chapter is discussed below. First, the author discusses the problem statement, study rationale, and research questions. Thereafter, objectives and clarification of terms are discussed.

1.1.Problem Statement

Child Sexual Abuse (hereafter, CSA) is a global, multifaceted phenomenon. According to Stoltenborgh et al. (2015:38), “the involvement of children in sexual activity who do not fully understand, are unable to give informed consent to, for which they are not developed or mentally prepared, or that violates the standards of the society in which these children live.” An intellectual disability can be defined as limitations in intellectual/cognitive functioning and adaptive behaviour for daily social and practical skills (Fidler & Lanfranchi, 2022). Now that the reader has provided the two key definitions, the problem statement will be discussed.

According to Amelink et al. (2021), sexual abuse is a prevalent problem for individuals with intellectual disabilities, as indicated by research. In comparison to their non-disabled peers, children with intellectual disabilities' impairment and context make them more vulnerable due to various risks and dynamics. This includes their lack of knowledge and understanding regarding sexuality, social isolation, trained compliance, and dependence on others (Bryce & Glasby, 2020). This vulnerable group faces about 4-10 times greater risk of becoming victims of sexual abuse as opposed to their able peers (Amelink et al., 2021). Furthermore, Bryne (2017) found that the prevalence rate of disabled CSA is about 14-32%. A study conducted in India by Reiter et al. (2007), cited in Amelink et al. (2021), indicated that 40% of adolescents with intellectual disabilities have experienced some sexual abuse.

Given the abovementioned statistics, there has been increased attention and awareness of sexual abuse among children with intellectual disabilities. However, there is a paucity of literature on social workers' experiences with CSA survivors with intellectual disabilities (Jojo, et al., 2023). Research indicated several gaps and inconsistencies in how social workers and other healthcare professionals conduct assessments. Additionally, this influences the way they respond to the abuse and trauma of children with intellectual disabilities (Simpson, et al., 2022).

Additionally, social workers have experienced critique due to their lack of understanding and limited exposure to knowledge of providing services to CSA survivors with intellectual disabilities, including their families (Simpson, et al., 2022; Amelink et al., 2021). This includes intervention and support services. Thus, if social workers were resourced correctly and had the relevant knowledge and experience, they would be more competent in rendering services to children with intellectual disabilities (Haney & Cullen, 2017). Hence, there is

limited knowledge and empirical research on generic social work practice with CSA survivors with intellectual disabilities. The current knowledge gap may lead to inadequate interventions and support services for this vulnerable group. Thus, it is essential to explore social workers' experiences in rendering services to CSA survivors with intellectual disabilities to identify the barriers in service delivery and how they can be addressed to improve service provision.

1.2. Rationale and Significance of the Study

Social workers play a crucial role in providing intervention and support services to CSA survivors who are intellectually disabled and their families. When the victim is a child with an intellectual disability, the impact is often more severe due to challenges in communication, comprehension, and access to support. Despite growing awareness of CSA, the specific experiences and challenges faced by social workers who support intellectually disabled child victims remain under-researched and limited empirical research. By capturing the narratives of social workers on the ground, the research aims to contribute to evidence-based knowledge that can inform training, supervision, and policy development. It also aligns with calls in academic literature for more inclusive research that represents marginalized voices both of practitioners and service users. This study explores these lived experiences to fill a critical gap in theory and practice.

On a personal level, the researcher brings firsthand insight as a practicing social worker who has encountered such cases in the field. This professional experience has revealed the complexity of

responding to CSA among intellectually disabled children, ranging from difficulties in forensic interviewing to the vicarious trauma on practitioners. This has sparked a deep personal and professional interest in understanding how other social workers navigate these challenges, cope emotionally, and deliver services ethically and effectively.

The social relevance of the study is particularly urgent. Children with intellectual disabilities are significantly more vulnerable to sexual abuse, yet they often face barriers to justice, protection, and therapeutic support. Social workers play a vital role in bridging these gaps, but they do so within systems that may lack adequate training, resources, or protocols tailored to this population. Understanding the lived experiences of these professionals can inform more responsive child protection frameworks, advocate for policy reform, and ultimately contribute to more equitable and compassionate care for a highly vulnerable group.

1.3. Main Research Questions

- What are social workers' experiences when rendering services to CSA survivors with intellectual disabilities, and how have these experiences shaped their professional development and practice?

Sub-research questions

- What are the unique challenges social workers face when servicing CSA survivors with intellectual disabilities?
- How can social workers collaborate with other stakeholders to support CSA survivors with intellectual disabilities, and what are the challenges in executing collaboration?
- What practices work best when dealing with CSA survivors with intellectual disabilities and their families?

1.4. Main Research Objectives

- Explore social workers' experiences with CSA survivors with intellectual disabilities and how these practices have shaped their professional development and practice.
- Explore the challenges social workers, face when dealing with CSA survivors with intellectual disabilities and how these challenges are navigated.

- Explore how social workers can collaborate with other professionals to provide holistic services to CSA survivors with intellectual disabilities and the challenges they experience with collaborations.
- Explore best practice methods for CSA survivors with intellectual disabilities, including their families.

1.5. Clarification of terms

Child Sexual Abuse (CSA) – As suggested by Jacobs-Kayam & Lev-Wiesel (2019), refers to contact or non-contact sexual acts between persons younger than 18 years of age and an adult who forces or coerces a child to participate in sexual activities for the sexual satisfaction of the adult.

Intellectually disabled (ID) refers to general mental abilities that affect one’s intellectual function, such as learning, problem-solving, judgment, and adaptive functioning, which involves completing daily activities such as communication and independent living (American Psychiatric Association, 2023).

Social worker (SW) - is described as a professional who assists individuals, groups, and communities meet their basic needs and enhance their capacity for personal and social functioning, especially disadvantaged and vulnerable groups (National Association for Social Workers, 1995).

Generic social worker – social workers who have a generic skill set of assessment, planning, and intervention, which they can use on various levels of social work. These social workers can work with individuals, groups, families, and communities in different fields of social work such as child protection, probation, statutory, and clinical social work (Social Work Department, n.d).

Forensic social worker- The National Organization for Forensic Social Work (n.d) defines forensic social work as “the application of social work principles to questions and issues relating to law and legal systems”.

Provision of Social Services – As stated by the Department of Social Development (2022), the provision of social services by the government is linked to social protection services and government efforts to establish partnerships. Furthermore, it comprises guidance from several

legislations and policies that inform services and practices when dealing with vulnerable individuals, groups, and communities. In essence, it assists clients in becoming capable and active citizens by developing themselves and their civilization.

Survivor – often referred to as a person who has suffered a damaging incident that affects their emotional and physical well-being, that is derivative from factual or alleged threats or actions, and as a result, suffers from trauma (Williamson, 2017)

1.6.Conclusion

In conclusion, this chapter discussed the overall problem statement and provided insight into the significance of the study. Furthermore, it included the research topic, the main research questions, and the objectives. Lastly, it clarified terms that will be used throughout the study and discussed the ethical considerations needed to conduct it. The next chapter reviews the literature.

Chapter 2

Literature Review

2.1. Introduction

Social Workers within the field of child protection have a crucial responsibility in providing support and intervention services to children with intellectual disabilities who have been sexually abused. Limited research has been conducted on this phenomenon. Thus, this chapter aims to describe CSA, intellectually disabled CSA, and the social worker's role. The review highlights literature from an international and national perspective on social workers' experiences and the current literature gap. Furthermore, this chapter explores the theoretical frameworks that established the foundation of this research project. Lastly, this chapter reflects on the policies and legislation relevant to the research topic to develop a holistic perspective of social workers' experience with CSA survivors with intellectual disabilities.

2.2. Background into social work in South Africa

Social Work is both a practical profession and an academic field focused on fostering social change, development, and cohesion while empowering and liberating individuals. It is rooted in principles of social justice, human rights, collective responsibility, and respect for diversity. Social workers practice on three levels: casework, group work, and community work (South African Council for Social Service Professionals, 2024). Casework includes work with individual clients and families, such as counseling, therapeutic services, and psychoeducation. In contrast, group work involves engaging a specific group for a period to have programs such as parenting skills, behavior modification, or teenage pregnancy. Community work involves having awareness campaigns and education on child abuse, substance abuse, and Gender-Based Violence in communities, as well as policy development (Baylor School of Social Work, 2023).

2.2.1. Child Sexual Abuse in the South African Context

According to Whetsell-Mitchell (2015), CSA is defined as a child who is unable to provide consent, is under duress or fear, or is otherwise unprepared physically, mentally, or emotionally for sexual activities. This also includes illegal activities and actions that contradict societal moral

values, child trafficking, child prostitution, child pornography, and other similar acts that are carried out against the child's will. CSA is a worldwide problem; however, it remains rife in South Africa. According to STATS SA (2024), a comparison of total reported rape and sexual assault cases to the South African Police Service revealed that children aged 17 and younger constantly experience higher rates of rape and sexual assault. The rate of rape among children increased from 96 per 100,000 children in 2015/2016 to 103 per 100,000 children in 2018/2019 before decreasing to 95 per 100,000 children in 2019/2020. In contrast, the overall rape rate remained constant at 70 per 100,000 people from 2015/2016 onward. While sexual assault rates were notably lower than those for rape, the per capita rate of sexual assault was nearly twice as high among children as in the general population. In 2015/2016, the rate of sexual assault was 20 per 100,000 children, compared to 10 per 100,000 in the overall population. According to (Ward et al., 2018) research from South Africa indicates that sexual abuse among children and adolescents is prevalent, with 36.8% of boys and 33.9% of girls reporting having experienced some form of abuse.

From the abovementioned statistics, one can interpret that CSA is a significant problem in South Africa. The statement is supported by Bougard and Booyens (2015), who state that South Africa is considered the global leader in sexual offenses, with young boys and girls facing a significant risk of sexual victimization, both by individuals they know and by strangers. Furthermore, Badoe (2017), CSA poses a significant barrier to achieving the Sustainable Development Goals and has gained growing attention due to increased awareness of its long-term detrimental impact on affected individuals. According to Artz et al. (2021), cases of CSA are often underreported, which has an impact on child protection services across South Africa as resources and time are invested to assist survivors of CSA. Thus, social workers play an essential role in helping survivors of CSA and their families.

Social Workers play a crucial role in CSA cases by providing support, care, and intervention to protect the child and ensure their well-being. Social Workers are often the first professionals to identify signs of abuse and are involved in assessing the child's safety (safety and risk assessment) to establish if the child should be removed from the family home, should the perpetrator be residing in the same household. Furthermore, the social worker's role is to provide counseling and coordinate with law enforcement, SAPS, and healthcare providers (for medical assessments to

determine the extent of sexual abuse). Social Workers help children process their trauma, advocate for their rights, and ensure they receive necessary services, such as medical care, therapy, and legal assistance. Additionally, they work closely with families, schools, and communities to prevent further harm, educate caregivers on protective measures, and promote a safer environment for the child. In such cases, social workers support the victim and ensure justice.

Research conducted by Schiller (2017) found that policies, legislation, and conventions in South Africa do not complement each other but rather create challenges for social workers in their experience with CSA. These challenges include limited and restricted resources, excessive caseloads, and a lack of effective operational processes to ensure integrated and comprehensive child protection services in both short- and long-term periods. Additionally, there are unclear role boundaries within the multidisciplinary field. The lack of coordination within the multidisciplinary team often leads to inadequate responses to child abuse concerns, resulting in the re-victimization of the abused child (Schiller, 2017). Similar experiences and challenges are noted in the following section, which discusses CSA with children with intellectual disabilities and social workers' experiences.

2.3. An overview of intellectually disabled child sexual abuse: International Perspective

Intellectually disabled CSA is a global, multifaceted phenomenon, as survivors are vulnerable as opposed to their neurotypical peers and are often marginalized (Bryce & Glasby, 2020). It has been noted that children with an intellectual disability are at higher risk of being sexually abused, as the current statistics indicate a ratio of 2-8 in comparison with the general population (Carrellas et al., 2021). Further studies suggest the prevalence of children with intellectual disabilities ranges from 14-65%. Thus, sexual abuse has long-lasting trauma due to its repeated occurrence (Wissink et al., 2015; Carrellas et al., 2021).

In the past twenty years, studies have discovered various discrepancies and inadequacies in how social workers and healthcare professionals have addressed abuse, trauma, and neglect of children with intellectual disabilities (Franklin & Smeaton, 2018; Jones et al., 2016). (Jones, 2016) Social Workers providing service to survivors with intellectual disabilities remain a universal challenge. Therefore, it is essential to comprehensively understand the phenomenon being studied from an international perspective to ascertain similarities and differences between the International and South African contexts. Moreover, the comparison can inform practice and policy in international

and South African contexts. Key themes derived from previous literature include communication difficulties, specialized training, and legal complexities.

2.3.1. Communication difficulties

Social Workers often face communication difficulties with survivors when conducting forensic assessments and providing intervention services. Due to poor communication and memory, survivors struggle to articulate the incident and provide a disclosure. Social Workers may struggle to comprehend the experiences of survivors, which can frequently result in misinterpreting supporting information (Bigun & Baghwan, 2021). Furthermore, social workers must often simplify and adjust jargon for survivors to comprehend the assessment and intervention process (Phasha, 2013). Child protection, legal framework and intervention, and therapeutic services are more developed in first-world countries, such as the United Kingdom (including Wales and Scotland) and the United States of America. Social workers have implemented specific strategies using non-verbal communication tools, augmentative and alternative communication (AAC), and visual aids (Wilczynski & Connolly, 2014; Klebanov et al., 2023). AAC has been partially implemented in the criminal justice system in different countries (Friedman-Hauser & Jacobson, 2024) It is an umbrella term that refers to various approaches to overcoming communication barriers. It includes pointing to symbols and monitoring eye movements, which helps individuals to communicate. Moreover, AAC methods include Picture Exchange Communication Systems and speech-generating systems (Friedman-Hauser & Jacobson, 2024). Social Workers require specialized training with AAC, however, it has been noted that many developed countries have limited resources in terms of AAC to perform forensic assessments and is dependent on their availability (Crowe et al., 2023).

The developed countries use a multi-disciplinary team consisting of a speech and language therapist and an advocacy-centered child psychologist to communicate during interviews and assessments. According to Sonio & Fabella (2023), cases of CSA must be managed within a multi-sectoral team to ensure a comprehensive and integrative approach to intervention, protection, and social services, ensuring that the survivor's needs are met on an emotional, legal, and medical level. However, the possibility of an incorrect disclosure still exists, which may lead to misinterpretation of the sexual abuse incident. Furthermore, social workers should also work with parents, teachers, guardians, and local authorities (Amadi & Karani, 2021). By including all

possible stakeholders, social workers can provide holistic services, and each stakeholder will fulfill their role in supporting and assisting the survivor.

2.3.2. Legal complexities

In developed countries, legislation and policies are well established, considering the care and protection of CSA survivors with intellectual disabilities. This includes the United Nations Conventions on the Rights of the Child and the United Nations Convention on the Rights of Persons with Disabilities, which are discussed in the legislation section of the literature review. These frameworks aim to protect the child's rights, ensure justice, and provide post-abuse services. However, inconsistent implementation and regional disparities in service availability often led to gaps in care, particularly in rural or underfunded areas. For example, a study conducted by Wismayanti et al. (2021) found that Indonesia has a robust national child protection policy. Still, there are considerable gaps in the laws, policy execution, and service coordination, particularly in addressing CSA. This is partly due to limited awareness of CSA issues in the country, coupled with cultural taboos that hinder the development of effective policies. Similarly, in Moldova, a strong legal framework exists; however, this does not guarantee its successful implementation, primarily because of the limited knowledge of the law among justice system professionals, along with insufficient human and financial resources (Rittenhouse, 2017). The abovementioned statement holds true for poor and low-income communities, including South Africa, and impacts survivors as they are not engaged in the criminal justice system.

Another legal complexity is that individuals with intellectual disabilities may experience attending court as an additional trauma following an abuse incident, primarily due to insufficient support and a limited understanding of their condition (Beckene et al., 2020). CSA survivors with intellectual disabilities are often not seen as credible witnesses in court, which causes delays within the justice system (Jantjies, 2023). It is important to note that survivors of sexual abuse who have an intellectual disability have limited capacity and memory (Cossins, 2021). Survivors of intellectually disabled CSA experience vicarious trauma. The stress of attending court, interacting with different legal professionals, and experiencing delays can intensify feelings of anxiety, fear, and helplessness for survivors. This trauma is often compounded by confusion about the legal process and their own experiences, causing them to internalize their emotions (Steele et al., 2019).

The abovementioned poses ethical and legal dilemmas for social workers dealing with CSA survivors with intellectual disabilities as they are mandated to safeguard survivors and support them with the legal process, which provides further complexities. Internationally and for South Africa, this has implications for the survivors and the broader societal attitudes towards justice, human rights, and disabilities for CSA survivors with intellectual disabilities.

2.3.3. Training and Professional Development

According to Rueda et al. (2017), social workers are seen as change agents who seek to serve vulnerable groups. In this instance, it is children with various disabilities such as physical, intellectual, and other impairments. However, their experiences in servicing these survivors have been understudied. Furthermore, social workers address the multifaceted needs of children with disabilities. Nonetheless, Rueda et al. (2017) recorded that no previous research has been conducted to assess social workers' roles in providing services to this vulnerable group, especially regarding sexual and relational health. However, the study by Rueda et al. (2017) conducted in the United States found that social workers must possess a wide-ranging knowledge base, encompassing interdisciplinary roles including counsellor, therapist, case manager, advocate, facilitator, and mediator. Thus, they found that social workers who serve children with disabilities should rely on their foundational practice skills, tools, values, and roles to provide services to this vulnerable group.

In consonance with the above authors, Simpson et al. (2022) reported that social workers lack the necessary knowledge and skills to offer assistance and support to children with intellectual disabilities and their families. This is primarily due to their limited exposure to information about intellectual disabilities. Moreover, the lack of resources and restricted access to services are also factors to be considered, thus placing the child and the family at risk. The studies above are harmonious with a study conducted in Aotearoa in New Zealand, seeking responses from social workers and healthcare workers regarding the abuse, neglect, and trauma of children with intellectual disabilities. According to these findings, social workers and health practitioners require knowledge regarding disabilities and their associated needs to ensure safety and implement effective support interventions. Moreover, to facilitate positive and transformative change, developing strong relationships with children who have intellectual disabilities, and their families is of paramount importance (Simpson et al., 2022).

From an international perspective, training and professional development in terms of intellectually disabled CSA regularly occur (Phasha, 2022). Social workers have the opportunity to upskill themselves and gain knowledge. However, from previous studies cited above, it is arguable that social workers are struggling to access resources and have a general lack of understanding of disabilities. In contrast, a study conducted in the United Kingdom aimed to explore the diverse and complex responsibilities social workers must undertake when supporting vulnerable groups. The study found that social workers experience various challenges in understanding neurological (including intellectual disorders), inaccessible services, and a lack of professional knowledge and resources. This is evident for children with disorders who are institutionalized (Heady et al., 2022). Additionally, the needs of children who have neurodevelopment disorders (including intellectual disorders) can't be achieved by utilizing generic support and intervention services. However, scant literature is still available on this topic (Gilbert et al., 2012).

2.4. South African Literature

On a national level, intellectually disabled CSA has been a growing field in South Africa. Over the past ten years, there has been an increase in peer-reviewed published literature on intellectual disability in South Africa (Goosen, 2012; Phasha, 2022). According to Kahonde (2022), there is a shortage of detailed data showing the statistics of sexual offenses against individuals with intellectual disabilities in South Africa. Research on sexual victimization concerning intellectual disabilities is growing slowly. However, across the country, mental health services are overwhelmed with cases of sexual violence and abuse involving children with intellectual disabilities (Phasha, 2022). There are no official statistics on the nature and prevalence of violence against children with disabilities in South Africa, as SAPS does not separate their data by disability. However, a recent study suggests that children with disabilities in South Africa are 1.5 to 2.1 times more likely to experience sexual abuse compared to their non-disabled peers (Bekink, 2021). Nonetheless, global evidence of their significant vulnerability, combined with the limited local research, indicates that children with intellectual disabilities are especially at risk.

2.4.1. Communication difficulties

From an international perspective, social workers also struggle with communication difficulties in South Africa. These barriers impact nearly every aspect of the social worker's role, including building trust, facilitating disclosure, assessing needs, providing support, and navigating the legal

system. Social workers often must rely on alternative non-verbal communication methods to conduct assessments and interviews to obtain disclosure (Bornman & Bornman, 2023)

Furthermore, the lack of accessible communication tools or systems for children with severe cognitive impairments often leaves social workers to rely on generalized communication strategies that are not tailored to the needs of these children. (Bigun & Bhagwan, 2021). Specialized communication aids are available in South Africa but are often limited. This linguistic gap can leave social workers unable to gather essential information from the child to assist with the intervention and legal process (Bornman & Bornman, 2023).

Moreover, there is a lack of communication among service providers dealing with sexual abuse cases involving children with intellectual disabilities. According to (Bigun & Baghwan, 2021; Franken, 2019) support this claim, noting that many incidents go unreported due to inadequate assessment and a lack of information on reporting procedures. Therefore, social workers are unable to provide support and intervention to survivors, which affects them negatively and prolongs their trauma.

2.4.2. Legal Complexities

As with international legalities, South Africa has well-established legislation and policies to protect children in need of care and protection, such as the Children's Act 38 of 2005, the Criminal Law (Sexual Offences and Related Matters) Amendment Act 13 of 2021, and the Constitution of the Republic of South Africa 108 of 1996. A review of current legislation and policies conducted by Kleintjes et al. (2020) found that outdated laws and terminology hinder the development and implementation of rights-based, coordinated policies and services. Furthermore, the absence of legally mandated reasonable accommodations for survivors of sexual crimes in understanding court proceedings and providing credible testimony can lead to the failure to convict perpetrators (Kleintjes et al., 2020). Several factors contribute to the unsuccessful handling of these cases, including challenges in the investigation, a lack of specialized skills and training for law enforcement, the isolation and communication barriers faced by some victims, and the prejudices and stereotypes that lead to discrimination against these vulnerable individuals.

Additionally, police and the judiciary often view children with disabilities as unreliable or incompetent witnesses. This is especially true for children with communication disabilities, who struggle to express their victimization. In the case of *S vs Roux*, a 10-year-old boy with Down

Syndrome had incomprehensible speech but was assisted by a speech therapist. The court found that it was unnecessary as he can speak. It was also emphasized that criminal courts should avoid hindering the presentation of evidence from witnesses who cannot provide their testimony conventionally by interpreting laws or legal principles too rigidly. The section aims to ensure that evidence is not excluded merely because it cannot be easily understood by the court if there is an alternative way to make it understandable (Bekink, 2021). As a result, these children are frequently re-victimized by the very systems intended to protect them. Children with disabilities, in many cases, remain overlooked and invisible victims of crime. Introducing dedicated disability legislation could enhance intersectoral policy efforts for service delivery by grouping related areas of action identified in this review.

2.4.3. Training and Development

South African social workers face significant challenges in supporting children with intellectual disabilities due to limited specialized training opportunities and continuing professional development programmes. This gap is especially problematic given the high prevalence of CSA in South Africa, coupled with the significant number of children living with intellectual disabilities. There are no official statistics on the nature and extent of violence against children with disabilities in South Africa, as the South African Police does not separate its data based on disability. However, a recent study in South Africa estimates that children with disabilities are 1.5 to 2.1 times more likely to experience sexual abuse compared to their non-disabled peers (Bekink, 2021). Social work research indicated the need for social workers to possess the necessary knowledge and skills to meet the needs of individuals with disabilities and lessen the burden of caregiving (Maphosa & Chiwanza, 2021).

According to (Bigun & Baghwan, 2021; Kahonde, 2022), social workers often feel overwhelmed when working with children with intellectual disabilities due to a lack of adequate knowledge on how to handle communication barriers, emotional responses, and the complexities of abuse disclosures. Many social workers report that they have not received sufficient training in how to use appropriate methods for interviewing children with intellectual disabilities, which can result in unreliable testimony or underreporting of abuse (Goosen, 2012). The absence of mentorship or supervision in cases involving children with intellectual disabilities also contributes to social workers' feelings of isolation and inadequacy. Without proper training and support, social workers

may be more likely to experience burnout and job dissatisfaction, negatively affecting the quality of care they can provide (Goosen, 2012).

The experience of social workers in South Africa with CSA survivors with intellectual disabilities is significantly impacted by the lack of specialized training and professional development opportunities. This issue is not isolated to South Africa but reflects a broader global challenge. While the existing literature highlights the crucial role social workers play in addressing the needs of this vulnerable group, it also underscores the need for more targeted training programmes, ongoing professional development, and policy reforms. By investing in the training and support of social workers, particularly in the context of CSA survivors with intellectual disabilities, South Africa can improve the quality of care and protection for some of its most vulnerable children.

2.5. Gap in literature

In both International and National contexts, a paucity of literature is available regarding social workers' perceptions and experiences rendering services to CSA survivors with intellectual disabilities. Few studies, such as (Bigun & Baghwan, 2021; Franken, 2019), explore the emotional trauma and professional challenges that social workers encounter when dealing with these complex cases. Understanding social workers' experiences is crucial in the challenging field of CSA survivors with intellectual disabilities, as social workers often serve as primary advocates and support systems for survivors. Yet, their own needs and challenges are not sufficiently documented. The research gaps may delay future researchers from building on existing literature, which leads to limited inquiry. Furthermore, the lack of evidence-based research can discourage future researchers from exploring this critical research area, thus perpetuating the gap. Another gap identified is the paucity of evidence-based practice/interventions that are tailored to the challenges of intellectually disabled CSA. This gap has implications for both practice and policy, as well as for the support provided to CSA survivors with intellectual disabilities.

Furthermore, South African-based social workers utilize international frameworks and guidelines when providing intervention and support services, as limited guidelines regarding intervention with intellectually disabled CSA exist. They must adapt their policies according to international standards as well as the functioning level of the survivor. Without a unified national framework, applying laws can be inconsistent across provinces. International guidelines may not always resonate with local contexts. Furthermore, without a national framework that considers cultural

significance, there may be resistance to addressing CSA openly, making it harder to change societal attitudes.

There is a noteworthy absence of research examining the training and professional development opportunities available to social workers who engage with sexual abuse survivors with intellectual disabilities. Understanding what skills and knowledge are required for effective practice is essential. Yet, the literature does not adequately address whether current training programmes meet these needs or how they could be improved. Insights into the dynamics of collaboration with medical professionals, educators, and legal entities are lacking, which can hinder the development of effective integrated support systems. Given the unique challenges that social workers face, the literature does not sufficiently analyze how these barriers affect social workers' experiences or the outcomes for the survivors they serve.

2.6. Theoretical Framework

Theoretical perspectives regarding CSA with children with intellectual disabilities have evolved over the years as more research is being conducted on the phenomenon. Social workers who provide services to CSA survivors with intellectual disabilities typically draw upon several theoretical lenses to inform their practice. Below, the researcher discusses the theoretical frameworks relevant to the phenomenon under study.

2.6.1. Ecological Systems Theory

The ecological systems theory, revised as the bioecological systems theory by Urie Bronfenbrenner in 1979, focuses on understanding human development and functioning within their multiple systems. The various systems include the individual, their families, the community, and broader societal factors, and how these are all integrated and impact the child (Ettetal & Mahoney, 2017). The systems are divided into five categories, namely, micro, meso, exosystem, macro, and chronosystems. Each of the systems interacts with and influences the others in all aspects throughout the individual's lifespan (Ettetal & Mahoney, 2017).

Multi-systems should know about the intellectual disability of the individual, as it is of utmost importance. Family members and caregivers play a pivotal role, as individuals with disabilities should trust them (Kahonde & Johns, 2022). Furthermore, a South African study disclosed that sociocultural perceptions of individuals with intellectual disabilities influence the responses from families and communities relating to sexual abuse (Hanass-Hancock et al., 2018).

A study conducted by Kahonde & Johns (2022) highlighted the need to use the ecological systems theory when dealing with sexual abuse against children with intellectual disabilities. It was argued (Curtiss & Kammes, 2020) the phenomena should be addressed on each level, including the individual, family, school, community, and social and cultural structures. Using the ecological systems theory enables the multi-systems and professionals to shift their perspective on individuals with intellectual disabilities as an inherently vulnerable group that requires protection and towards addressing environmental aspects such as societal ableism and sexual violence. Additionally, it assists in providing accurate design and implementation of support and intervention services by the different systems, as well as professionals working with this vulnerable group (Kahonde & Johns, 2022).

2.6.2. Social Model of Disability and Human Rights Model

The social model of disability asserts that individuals with disabilities are unable to achieve their full potential not due to their impairments but because of various discriminatory barriers, including legal, social, and communication difficulties (Lawson & Beckett, 2021). The model is further described as “the marginalization, exclusion, and oppression of people with disabilities from full participation in wider society” (Toro et al., 2020:2). The human rights model emphasizes the intrinsic dignity of every individual, prioritizing this over their medical conditions. It centers the individual in all decisions that affect them and, crucially, identifies the primary "problem" as being societal rather than within the person (Lawson & Beckett, 2021). The models align with the universal principles of social work, such as promoting human rights, social justice, respect for diversity, and valuing human dignity (International Federation of Social Workers, 2018).

The two models are often used synonymously as they highlight similarities in terms of understanding and interpreting challenges in the specialized field of intellectually disabled CSA.

For the study, the social model of disability was applicable as it focuses on societal barriers, stigma, lack of accessible services, and inadequate legal protections that affect the social workers' ability to provide comprehensive services and support to survivors. By using this model, the researcher explored how external factors influence the recovery of survivors as well as the social workers' ability to provide care and protection to survivors. Social workers may encounter underreporting or poor interagency coordination due to structural biases or a lack of protocols tailored to children with intellectual disabilities. Furthermore, the communication barriers experienced by social

workers are often framed as deficits within the child, however, the social model reframes them as failures in support systems, such as a lack of accessible communication tools. Additionally, social workers may struggle to ensure that survivors are heard in legal and protective processes because institutions fail to adapt procedures to meet their cognitive or communicative needs.

In contrast, the Human Rights Model underscores the importance of recognizing the inherent worth and dignity of both the survivor and social worker. Furthermore, the model assisted the researcher in examining how social workers can advocate for the rights of CSA survivors with intellectual disabilities to ensure they receive the same treatment, protection, and justice as neurotypical survivors. This model underlines the rights to protection and participation. Survivors have the right to be protected from abuse and to participate meaningfully in decisions affecting them. Social workers are often on the frontlines advocating, but may face resistance from courts or agencies. The model also covers objective 2 whereby challenges arise in assessing consent or disclosure validity. The human rights model requires that intellectual disability not be seen as a reason to dismiss a child's testimony thus, social workers need to advocate for survivors in courts. With regards to the survivor's family, they may feel overwhelmed, disempowered, or silenced. The Human Rights Model demands they be supported not out of charity, but because they have a right to state assistance and emotional support.

Combining the social model and human rights model allows a deeper, ethically grounded exploration and understanding of social workers' experiences. Rather than seeing CSA in intellectually disabled survivors as a purely medical or legal issue, these models reframe it as a matter of social justice, inclusion, and systemic transformation, which directly impacts how social workers intervene, support families, and push for institutional change. Moreover, it also explored how social workers can advocate for more inclusive, rights-based practices in supporting these vulnerable children.

Overall, it is essential to consider social work theories as it is a valuable tool for social workers rendering services to CSA survivors with disabilities. By understanding the underlying factors that contribute to these survivors' experiences and using evidence-based interventions, social workers can support and guide them through their trauma and healing. Overall, these perspectives offer

different lenses through which to understand and address sexual abuse of children with intellectual disabilities. Furthermore, it highlights the need for tailored interventions and support services.

2.7. Legislation and policies

Discussing the international, regional, and national instruments applicable to the intended study is essential.

2.7.1. International Legislation

2.7.1.1 United Nations Convention on the Rights of the Child

On an international level, the 1989 United Nations Convention on the Rights of the Child (hereafter, CRC) was the first human rights treaty that protects and forbids any form of discrimination against children with disabilities. South Africa ratified the CRC in 1995. Article 23 of the CRC mandates all state parties to recognize that “a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community.” The CRC further recognizes the right to access special care and assistance for children with disabilities. Article 23(4) states that all international state parties should intend to improve their capabilities and skills and widen their experiences. According to Bekink (2021), Article 23 has been criticized for only affording care and assistance based on the availability of resources, which contrasts with what the Article addresses.

2.7.1.2. Convention on the Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities (hereafter, CRPD) was enacted in 2008 and ratified by South Africa in 2007. Article 7 of the CRPD expands on Article 23 in the CRC. Article 7 (1) “State parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.” Article 7(2) states that “all actions and matters concerning the disabled child are of paramount importance.” Article 7(3) states that “all State parties should ensure that disabled children are allowed to express their views and participate in matters concerning them. They should make provisions and appropriate assistance for children with disabilities to express themselves based on age and maturity, as it is their right”. This is essential for children with cognitive and intellectual impairments, as their views can easily be ignored in the process due to their lack of expression. The Criminal Justice System should ensure that children with intellectual

disabilities have the resources and technology to hear their testimonies in court. The CRPD requires that state parties adopt appropriate legislative, educational, social, and administrative measures to protect this vulnerable group. It encourages state entities to develop and implement legislation and policies to guarantee suitable legal redress in cases of exploitation, violence, and abuse against children with disabilities (Bekink, 2021).

2.7.2. Regional Legislation

2.7.2.1. Protocol to the African Charter on Human and People's Rights on the Rights of Persons with Disabilities in Africa (2018)

On a regional level, the Protocol to the African Charter on Human and People's Rights on the Rights of Persons with Disabilities in Africa was adopted in 2018 and ratified by South Africa in April 2019. This protocol aligns with the CRC and CRPD regarding the principles and rights of persons/children with disabilities. The protocol focuses on equality before the law and access to justice, with emphasis on entitling persons with disabilities to procedural, age, and gender-appropriate provisions to guarantee their effectiveness in participation in court proceedings.

Although South Africa has ratified the international and regional treaties, they have not yet adopted legislation and policies that specifically pertain to children with disabilities. However, three key legislations that provided protection for this vulnerable group will be discussed below.

2.7.3. National Legislation

2.7.3.1. Constitution of the Republic of South Africa (108 of 1996)

The Constitution of the Republic of South Africa (108 of 1996) is an important instrument as it is the overarching legislation. In the extensive Bill of Rights, Section 28 addresses the rights of children, which contains the right to respect, equality, dignity, and not to be discriminated against due to their age, race, or disability. Section 28 (1)(d) further provides that children have the right not to be subjected to neglect, abuse, and degradation.

2.7.3.2. Criminal Law (Sexual Offences and Related Matters) Amendment Act 13 of 2021 / 32 of 2007

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 13 of 2021 / 32 of 2007 enacts comprehensive provisions for sexually abused children and persons with mental disabilities. This includes various sexual offenses such as sexual grooming, exploitation, and display of

pornography. The Act aims to protect this vulnerable group from any form of sexual abuse. Additionally, the Act obliges any person who has knowledge of a person or child with mental disabilities being sexually abused to report the matter in good faith, or they will be liable for criminal proceedings. Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act states that “any person found guilty/convicted of committing a sexual offence against a mentally disabled child or person will be registered on the National Register for Sexual Offenders”. Section 40 (b) addresses employees who work with this vulnerable group to have authority, supervision, care, and access to the children or persons with mental disabilities.

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 13 of 2021 recognizes the challenges and unique vulnerabilities that survivors with mental disabilities face as opposed to their non-disabled peers. Even though the Act has specific provisions that protect and support survivors with cognitive disabilities, there is room for improvement. This will ensure that this vulnerable group will benefit from the criminal justice system and receive the necessary support and services to recover from their sexual abuse trauma.

2.7.3.3. The Policy on Disabilities (2015)

The Policy on Disabilities (2015), created by the Department of Social Development, is a set of strategic guidelines for providing social services that comply with the department’s mandate and legislation related to social development. It aims to help the department and other inter-sectoral departments incorporate disability into a social development practice and promote inclusive policies that align with current frameworks. Additionally, the policy seeks to guarantee that vulnerable, poor, and marginalized people with disabilities receive appropriate economic and social support. Moreover, this includes having access to social welfare programmes that improve their social functioning (Policy on Disability, 2015).

2.7.3.4. White Paper’s Integrated National Disability Strategy (1997).

Another policy relating to the intended study is the White Paper’s Integrated National Disability Strategy (1997). The purpose is to create an inclusive society for everyone. This requires the integration of disability concerns into all government development strategies, planning and programmes. Thus, it is suggested that a coordinated management system is utilized for planning, implementing, monitoring, and evaluation across the government spheres. Moreover, capacity building and extensive public education is required to support the process.

2.8. Conclusion

In conclusion, social workers are at the forefront of addressing the needs of CSA survivors with intellectual disabilities, yet they face significant challenges that impact their effectiveness. The field can better support these vulnerable populations by enhancing training and education, promoting interdisciplinary collaboration, and advocating for stronger policies and resources. Furthermore, the literature proposes the importance of specific theoretical frameworks and guidelines to be implemented when providing services. Moreover, further research is needed to explore how social workers can improve support services to CSA survivors with disabilities and their families, and focus on evaluating the effectiveness of specific interventions.

Chapter 3

Research Methodology

This chapter outlines the research methodology the researcher used to conduct the study. It also discusses the research methodology, population, sampling, data collection, and analysis. Lastly, this chapter discusses the study's limitations.

3.1. Research design

The researcher employed a qualitative research approach with a qualitative descriptive and explorative design. According to Sandelowski cited in Doyle, et al. (2020), qualitative descriptive research is used in areas with limited knowledge regarding the phenomenon being investigated. Thus, the design seeks to provide forthright descriptions of experiences and perceptions. In addition, Bradshaw et al. (2017) state that qualitative descriptive research recognizes the subjective nature of the phenomenon and participants' various experiences. It further presents research findings that reflect the terminology in the initial research question.

Similarly, a qualitative explorative design enables researchers to investigate topics that have not been widely studied and allows participants to help generate new insights in that field (Reid-Searl and Happell, 2012).

Due to the nature and complexity of social workers' experience with CSA survivors with intellectual disabilities, a qualitative descriptive design was best suited. Limited research on the proposed phenomenon exists, and participants' perceptions and experiences have provided the researcher with the required data. Therefore, this approach was selected to explore social workers' experiences with CSA survivors with intellectual disabilities. The researcher also explored a section of service delivery with the under-researched phenomenon to help fill the gaps within practice. Thus, as stated by Colorafi & Evans (2016), qualitative descriptive research is flexible in health environment research as it provides authentic responses to inquiries regarding individuals' perceptions of a specific environment. Additionally, qualitative descriptive and explorative research includes the motivation behind using the services and functions of the said environment and the aspects that facilitate or impede its usage.

3.2. Population and Sampling

3.2.1. Population

According to Shukla (2020), population in research refers to a set of units with various characteristics, such as persons, events, and records under a particular study. Furthermore, the findings or data from the research can be generalized. As stated by Connelly (2020), an important step in research is to establish inclusion and exclusion criteria to determine the characteristics of the proposed research. The researcher included forensic and generic social workers from a Child Protection Organization and Social Work Organization working with children who are intellectually disabled, specifically CSA, within the Cape Metro areas. By exploring the experiences of both groups, the researcher was able to attain a comprehensive perspective and holistic understanding regarding their experiences and service delivery in working with CSA survivors with intellectual disabilities. Notably, a paucity of research exists regarding social workers' experience with CSA survivors with intellectual disabilities, which led the researcher to explore social workers' experience with CSA survivors who have an intellectual disability.

3.2.2. Sampling

Interlinked with the study population, a sample in research refers to choosing a smaller group from the overall population relevant to a research study (Creswell & Creswell, 2018)

3.2.3. Sampling technique

The researcher used a two-folded sampling technique upon completion of the research. Initially, the researcher intended to utilize purposive sampling. According to Shaheen et al. (2019), purposive sampling assists researchers in selecting information-rich samples that are most suitable for obtaining an in-depth view of the proposed phenomenon. In addition, it assists the researcher in meeting the research objectives. According to (Creswell & Creswell, 2018), this sampling technique is used in qualitative research to identify and select in-depth information regarding a research phenomenon. Furthermore, this technique includes identifying and selecting individual participants or groups knowledgeable and experienced about the phenomenon of interest. This technique also involves the availability and willingness of participants to participate and their capacity to communicate their viewpoints and experiences in an articulated, demonstrative, and reflective process. The researcher aimed to conduct the study in the Helderberg area. However, due to limited resources and a lack of experience with generic and forensic social workers, the

researcher had to consider other Cape Metro's to gather the necessary data. Participants within the Helderberg area employed at the Child Protection Organization referred her to other possible participants who are employed at a social work organization working with children who are intellectually disabled, where the second snowballing sampling technique took effect.

The snowball sampling method is used when the researcher finds it difficult to access participants with the target characteristics. In this method, the researcher relies on the existing participants to recruit future participants with whom they are acquainted. This method continues until the data is saturated (Naderifar et al., 2017).

According to Gumpili & Das (2021), sample size refers to individuals or observations included in a study. Small sample sizes seek to provide rich information pertinent to the phenomenon under investigation (Vasileiou et al., 2018). The intended study size was 20 participants who are qualified social workers. However, the researcher only had 14 participants as the researcher experienced data saturation.

The researcher reached data saturation whilst having in-depth interviews with participants. Mwita (2022) defines data saturation as the point where the researcher has collected sufficient information during their study, and additional information does not yield significantly new insights or subsequent perspectives. The researcher mentions below that she only had 14 participants due to data saturation. The researcher noticed that the data became saturated as information became redundant and themes became repetitive, indicative of data saturation. Thus, the researcher terminated further interviews as they did not contribute significantly to the richness or depth of the findings, which signifies that a comprehensive understanding of the research questions has been achieved. Furthermore, when saturation is achieved within qualitative research, it represents the complexity of the phenomenon being studied, which allows researchers to conclude their study (Mwita, 2022).

1	33	Female	Bachelor of Social Work	Forensic social worker	5 years
2	27	Female	Bachelor of Social Work	Forensic social worker	5 years
3	30	Female	Bachelor of Social Work	Forensic social worker	7 years
4	28	Female	Bachelor of Social Work	Forensic social worker	5 years
5	40	Male	Bachelor of Social Work	Forensic social worker	13 years
6	50	Female	Masters of Social Work	Forensic social work manager	27 years
7	57	Female	Bachelor of Social Work	Social Worker	28 years
8	58	Female	Bachelor of Social Work	Social Worker	20 years
9	48	Female	Bachelor of Social Work	Social Worker	10 years
10	37	Female	Bachelor of Social Work	Social Worker	5 years
11	28	Female	Bachelor of Social Work	Social Worker	7 years
12	36	Female	Masters in Social Work	Social Worker	9 years
13	31	Female	Bachelor of Social Work	Social Worker	8 years
14	35	Female	Bachelor of Social Work	Social Worker	12 years

3.2.5. Sampling procedure

The researcher received ethical clearance from the University of Cape Town with reference number SWK-REC-2023-SR007. The researcher approached various Child Protection Organizations and Social Work Organization that renders services to children who are intellectually disabled for forensic social workers and generic social workers. However, upon searching for participants, the researcher was informed by certain Child Protection Organizations that they do not have experience with CSA survivors with intellectual disabilities. The researcher contacted the supervisors from the Child Protection Organizations and Social Work Organization, which renders services to children who are intellectually disabled. When she established contact with the respective supervisors, she attached her ethical clearance, consent form (Attached as Appendix B), and summary of the study. The email contained logistics regarding the venue and time frames of interviews. Additionally, the researcher added that the information will be recorded within the consent form to inform participants. The researcher interviewed 6 participants from the Child Protection Organizations and 6 Social Work Organizations who render services to children who are intellectually disabled, and two other participants in private practice were also recruited.

3.3. Data Collection

Within qualitative research, there are three primary forms of collecting data. This includes participant observation, in-depth interviews, and focus groups. The researcher used in-depth individual semi-structured interviews for the study. According to Moser & Korstjens (2018), the researcher asks participants questions to elicit their perceptions, feelings, and experiences during interviews. Interviews were also conducted face-to-face and online. For the study, the researcher used face-to-face interviews with 13 participants and one online Google Meet interview. Interviews were conducted in a boardroom or a private office at the organizations above where the participants are employed. However, the researcher felt that confidentiality was better maintained in private offices as the boardroom was accessible to other staff members who seldom interrupted and steered the focus away from the interview.

She used a semi-structured interview schedule that ensured the main research questions were covered and allowed for flexibility. The researcher emailed the semi-structured interview schedule to participants before the face-to-face interviews so they could prepare. The interviews ranged between 20-30 minutes, depending on how the participants responded. For the researcher to

complete the data analysis, she informed participants that she would record and transcribe the interviews to which they consented. This method of data collection was suitable for the study as the researcher wanted an in-depth understanding of the research topic.

3.4. Data Analysis

Data analysis is a transformative process that uncovers rich insights from raw information collected, whereby it is systematically organized, interpreted, and presented using different techniques and methodologies to identify themes and patterns (Twining et al., 2017). The researcher used thematic analysis, described as “a method for analyzing qualitative data that entails searching across a data set to identify, analyze, and report repeated patterns. It is a method for describing data, but it also involves interpretation in selecting codes and constructing themes” (Kiger & Varpio, 2020:849).

Furthermore, when engaging with the data, the researcher used deductive and inductive reasoning approaches to ensure a comprehensive understanding and significant exploration of the research question. Deductive reasoning is concerned with using evidence from existing literature and theories to support themes. In contrast, inductive reasoning is used to identify patterns, themes, and relationships within the data collected by organizing data into a comprehensive set of themes (Creswell & Creswell, 2018). This was done by using existing theoretical frameworks such as the ecological systems theory, as well as evidence-based literature and legislation applicable to Child Sexual Abuse (hereafter, CSA) survivors with intellectual disabilities, and deriving themes and patterns such as challenges experienced, interventions, and legal dilemmas from data collected through individual interviews. Using this approach, the study was provided with a structured foundation for analysis and interpretation to ensure that the study is grounded in evidence while also allowing the discovery of new perspectives regarding social workers' experiences of CSA survivors with intellectual disabilities.

Against the background information provided above, the researcher analyzed the data collected from participants using Braun and Clarke's (2006) method of thematic analysis using the six-step framework, which is outlined below:

Step 1: The researcher transcribed the audio-taped individual interviews and meticulously familiarized herself with the data by carefully reading each transcript to understand the phenomenon comprehensively. The researcher highlighted and noted her initial thoughts and ideas.

Step 2: Thereafter, the researcher systematically generated initial codes by identifying significant and applicable data sections. For example, the researcher assigned the code “CE” for challenges experienced.

Step 3: Next, the codes were organized into potential themes. The researcher looked for patterns that formed broader themes.

Step 4: The researcher then assessed and refined themes by reviewing and comparing the dataset. This was done to ensure that themes were precisely presented according to the code extracts and captured the essence of the participants' experience.

Step 5: Subsequently, the researcher clearly defined and named each of them and what each represented to ensure that they reflected the content and context of the data.

Step 6: Lastly, the researcher presented the thematic analysis clearly and comprehensively in the following chapter. She used deductive and inductive reasoning approaches to interpret the data and build encompassing arguments. Table 2 below indicates the framework of analysis.

Table 2: Framework of Analysis

Codes	Themes	Subthemes
Challenges experienced (CE)	Challenges Experienced	<ul style="list-style-type: none"> Experiences of vicarious trauma Communication difficulties Lack of available resources Legal and ethical dilemmas
Intervention and Support Services (ISS)	Intervention and Support Services	<ul style="list-style-type: none"> Intervention strategies used by social workers Different types of support services/networks
Practice multi-models, policies, and legislation (PMPL)	Practice multi-models, policies, and legislation	<ul style="list-style-type: none"> Current multi-practice models Lack of Policy Guidelines

Specialized training and intervention modules for social workers (ST)	Specialized training and intervention modules for social workers	<ul style="list-style-type: none"> Specialized training and intervention modules for social workers
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3.5. Trustworthiness

In qualitative research, data verification seeks to evaluate the study's trustworthiness. This allowed the researchers to entice themselves and readers to consider the research well-intentionally. To refine the idea of trustworthiness, Lincoln & Guba (1985) cited in (Nowell, et al., 2017) introduced the standards of credibility, dependability, conformability, and transferability, which are discussed below:

Credibility is sought if research findings present credible information gathered from participants' initial data and views. Furthermore, credibility aims to establish whether the findings from participants' initial views are correctly interpreted (Korstjens & Moser, 2018). Strategies used to obtain credibility are prolonged engagement, peer reviews, or triangulation. Credibility was achieved by using a semi-structured interview schedule and probing to ensure in-depth exploration of the data. The researcher used Microsoft Word to transcribe audio recordings of the interviews, ensuring participants' responses were accurately quoted and presented. The researcher used member checking to ensure the transcribing was accurate as well as the themes that emerged from the data collected. Furthermore, to verify credibility, the researcher used previous literature relating to the phenomenon under investigation as well as various theoretical perspectives.

Dependability is the basic concept of reliability. Korstjens & Moser (2018) state that dependability is the stability and evaluation of research findings over a certain period. To ensure dependability, the research process must be logical, visible, and accurately documented (Nowell et al., 2017). The researcher ensured dependability by having a well-structured research design in which the process was explained. Additionally, the researcher used a semi-structured interview schedule and VRDAVis UCT cloud drive, as well as Google Drive, as part of data management.

Furthermore, transferability aims to explore whether research findings can be transferred to further settings with other participants or respondents. Moreover, the researcher needs to provide thick descriptions for others to judge the transferability (Korstjens & Moser, 2018). This being said, the researcher achieved transferability through a detailed description of the phenomenon under

investigation, the purposive sampling method selected, which aided her in collecting rich and detailed data. The researcher also provided participants with insight into the background and purpose of the intended study. Lastly, transferability was also achieved by making recommendations for future research.

In conclusion, Kihn & Ihantola (n.d.) define confirmability as research findings, relevance, and interpretations that are intertwined and similar to data that can simply be understood and validated by others. Additionally, participants' opinions should be respected when confirming the data, and the researcher should remain neutral and not influence their views (Nowell et al., 2017). The researcher applied conformability in the study as she wasn't biased and made sure that the findings truly reflected participants' experiences and perceptions.

3.6. Limitations of the study

Limitations in qualitative research are any potential weaknesses that may affect the credibility, transferability, conformability, and dependability of the study findings that are closely related to the research design, which are out of the researcher's control (Theofanidis & Fountouki, 2018).

A limitation identified by the researcher was the small sample size. The researcher managed to interview 14, which posed a limitation to the generalizability of the findings. The limitation may have implications for the validity and reliability of the study's conclusions, which limits the extent to which the results are applied to the broader population of social workers' experience with CSA survivors with intellectual disabilities. Another limitation was that participants were from non-governmental organizations; therefore, their views and experiences cannot be generalized to participants employed in government. Lastly, the lack of previous research done on the topic impacted data verification.

3.7. Reflexivity

Reflexivity, as defined by Berger (2015), is a researcher's intentional effort to be accustomed to one's reactions to participants and how the research account is formed. It aids in the identification of potential or actual effects of contextual, personal & circumstantial facets, on the process and results of the research and preserves cognizance of themselves as part of the world they study.

Reflexivity played a vital role in enhancing the depth and validity of the phenomena under investigation. Throughout the study, the researcher acknowledged and scrutinized her beliefs,

biases, and preconceptions, recognizing the potential impact on data collection and interpretation. The researcher is a qualified social worker and was aware of the challenges and inconsistencies when it comes to this vulnerable group. The researcher tends to become too emotionally involved in cases and therefore had to detach herself from the data collected and avoid challenging participants on their views. The researcher was able to navigate the complexities of the topic with sensitivity and objectivity. Reflexivity allowed the researcher to establish rapport with participants, which created a conducive environment for open dialogue. Lastly, reflexivity enhanced the research process and contributed to a holistic understanding of social workers' experiences with CSA survivors with intellectual disabilities (Olmos-Vega et al., 2023).

3.8. Ethical considerations

When conducting research, it is important to be mindful of ethical considerations, as this is a set of principles that provide guidelines for research and practices. These principles ensure that participants of research studies are safeguarded and well-informed and do so voluntarily (Bhandari, 2022). Given the abovementioned, the following principles were applied in the study:

3.8.1. Informed Consent

According to Fleming & Zegwaard (2018), informed consent is an important principle within research as potential participants must be fully informed regarding the key elements of a research study, what their participation involves, and how data will be utilized. Moreover, participants in research studies must be informed about the potential risks and benefits of their participation. Informed consent is viewed as a contract between the researcher and the participants whereby researchers provide participants with a short written information sheet containing details of the study (Fleming & Zegwaard, 2018).

The researcher received ethical clearance from the University of Cape Town's Ethics Committee. The researcher wrote to the supervisors of the Child Protection Organizations and Social Work Organization, who renders services to children who are intellectually disabled, and requested permission for suitable participants to participate in the study. Furthermore, the researcher provided them with a broad overview of the purpose of the study and discussed ethical considerations with participants. The researcher had informed consent forms that were signed by both parties before the commencement of data collection.

3.8.2. Voluntary Participation

Voluntary participation is intertwined with informed consent. Iseselo & Tarimo (2024) state that voluntary participation in a research study is where participants are made aware that their participation in the research study is voluntary. Moreover, participants must be cognizant that they have the right to withdraw from the study at their convenience, at any time, without any unfavourable repercussions. Additionally, should participants withdraw from the study, they will not be harmed or penalized by their decision not to participate (Mirza et al., 2023)

Upon the information provided, social workers were fully informed about the study's aims, procedures, potential risks, and their rights. Participants made an informed decision to voluntarily participate in the study, knowing they have the right to withdraw at any time. The researcher did not coerce any participants to take part in the study.

3.8.3. Anonymity, Confidentiality, and Risk of harm

As with the abovementioned principles, ensuring anonymity and confidentiality is of utmost importance in research. Badampudi et al. (2022:3) state that “anonymity involves not collecting data that can identify or trace an individual or an organization”. The researcher used pseudonyms to de-identify participants and keep their identities anonymous. Given the sensitive nature of the topic, maintaining the confidentiality of participants and the identities of the children and families they discuss is paramount. Data was anonymized and securely stored to protect privacy. Audio recordings were also de-identified. All information gathered was password-encrypted and only accessible to the researcher and her supervisor.

According to Bos (2020), confidentiality refers to an agreement between the researcher and the participants that the personal information shared remains sensitive and was handled with utmost care. Information disclosed by participants were respected, and the researcher had the responsibility to protect the participants’ interests. The researcher did not disclose any information regarding participants to any unauthorized persons (Bos, 2020).

The researcher ensured confidentiality by eliminating any identifying information of the participants. This included their names, surnames, addresses, and places of employment. The information was detached from the research participants/data and the researcher. Additionally, any personal details of participants were password-encrypted, and only the researcher had

access to the data. During the one-on-one interviews, the researcher informed participants how their information and data collected were utilized and protected. Participants agreed to audio recording when they signed the consent form. Once data is recorded for study purposes, it was password-encrypted and saved on the University VRDAVis UCT cloud. Furthermore, the researcher uploaded information to her Google Drive as well as the University OneDrive. Data provided to the external examiner was destroyed after examination.

The researcher aimed to protect participants against harm by being sensitive when conducting interviews and data collection. The study was designed to avoid causing psychological distress or harm to the participants. The researcher was prepared to provide resources or referrals if participation elicited emotional discomfort.

The researcher empathized with participants during the data collection process. The researcher made sure to ask participants during the interview if they were still comfortable or needed a break based on their body language or emotions. Based on the decision of the participants, the researcher respected their decision and treated it as their final decision. Potential emotional harm was foreseeable as social workers handle sensitive cases that may result in secondary trauma. Thus, the researcher opted to provide a debriefing session, but it was not needed, and participants were not referred for further counselling. If the researcher was unable to manage the distress, she would contact her academic supervisor to advise her on the ideal solution. The researcher scheduled a debriefing session with her academic supervisor.

3.8. Conclusion

This chapter provided an overview of the research methodology. This chapter also provided insight into the qualitative descriptive research design, population, and sampling. Moreover, this chapter discussed data collection, data analysis, and data verification. Lastly, this chapter looked at possible limitations of the study as well as reflexivity.

Chapter 4

Findings

4. Introduction

The study explored social workers' experience with CSA survivors with intellectual disabilities. This chapter will present and analyze the data collected from individual interviews with participants. The researcher used verbatim quotations to present the data collected that most appropriately represented the findings. The research findings are presented in themes and sub-themes derived from the research objectives and in-depth interviews with participants. Next, the analysis framework for discussion is outlined, revealing the key themes. The qualitative data analysis utilized Braun and Clarke's method of thematic analysis using the six steps as described in Chapter 3.

4.1. Data analysis framework

In this section, the researcher discussed the data collected according to Braun and Clarke's 6 steps of thematic analysis as described in Chapter 3. The table below illustrates the framework of analysis.

4.2. Table 2: Framework of analysis

Themes	Sub-themes
Challenges experienced	<ul style="list-style-type: none"> • Experiences of vicarious trauma • Communication difficulties • Lack of available resources • Legal and ethical dilemmas
Intervention and support services	<ul style="list-style-type: none"> • Intervention strategies used by social workers • Different types of support services/networks

Practice multi-models, policies, and legislation	<ul style="list-style-type: none"> • Current multi-practice models • Lack of Policy Guidelines
Training and Education	<ul style="list-style-type: none"> • Specialized training and intervention modules for social workers

4.3. Discussion of findings

In this section, the researcher explores the findings of the research and offers an interpretation of these findings. The following discussion of key findings is directly relevant to the research objectives outlined in Chapter 1. This chapter provides concluding remarks at the end of the discussion of findings.

4.3.1. Challenges

The first theme relates to the challenges participants experience with CSA survivors with intellectual disabilities. Presenting participants' challenges and experiences enables the researcher to gain a deeper understanding of social work practice with CSA survivors with intellectual disabilities. Experiences of vicarious trauma, communication difficulties, and legal and ethical dilemmas were sub-themes that emanated from the main theme which is discussed below.

4.3.1.1. Experiences of vicarious trauma

The findings indicated that one of the challenges participants often experienced is vicarious trauma with CSA survivors with intellectual disabilities. The following quotes are a depiction of their responses:

“I can describe it as more challenging compared to like other children that I’ve worked with specifically due to the nature and intellectual disability.”

(Participant 2)

“I would say is traumatizing and sad because we struggle to interview the person with the intellectual disability because of the level of their IQ.”

(Participant 9)

“Like my experience of working with it or my experience of working with the whole process is kind of one that's actually just really sad to be quite honest. Yeah, so... I've worked with children like

this before. I've worked with children that have been sexually abused and other perpetrators of sexual abuse in terms of disabilities, but you know my experience of it has been atrocious."

(Participant 12)

The views expressed by participants can be inferred that social workers working with CSA survivors with intellectual disabilities are likely to experience vicarious trauma which is also referred to as secondary trauma. Vicarious trauma is defined by Pearlman & Mac Ian (1995, in Roberts *et al.*, 2022:2) "as the inner transformation of a trauma provider due to a cumulative and empathetic engagement with the client's traumatic experiences". The trauma is often experienced due to the complexities of cases which include communication barriers, lack of sexual education, dependence on caregivers, difficulties in forensic assessments with survivors with intellectual disabilities of CSA, and the emotional well-being of survivors (Wissink et al., 2015). Referring to the ecological theoretical framework, social workers can make use of caregivers to assist in collateral information and communicating to the child in a way that they are used to. Furthermore, social workers must provide sexual education to survivors and teachers to be able to look for signs of possible abuse and neglect.

Often, social workers become invested in the emotional well-being of the client. When learning of clients' sexual abuse, feelings of sadness and grief are evoked as well as experiencing secondary trauma. Participant 9 described the experience as sad and traumatizing as this could be an indication of the barriers to communication with survivors given their IQ levels. This suggests that the participant's experience was emotionally distressing, likely due to the perceived difficulty in communicating with individuals who are survivors of some traumatic event or condition. These feelings likely stem from the frustration and helplessness that can arise when trying to communicate effectively with someone who has cognitive impairments. In situations where communication is difficult, individuals may feel disconnected or alienated from the survivor, which can lead to emotional distress. This finding is supported by Franken (2019), which expands on the emotional effects on social workers dealing with CSA cases. Social workers often experience trauma which leads to emotional detachment and are confronted with fear for their safety. This trauma is usually internalized. This further leads to feelings of helplessness which are further exacerbated by limited resources and information. The communication barriers could manifest in many ways, such as difficulty expressing thoughts, problems with understanding

verbal or non-verbal cues, or a lack of capacity to engage in back-and-forth conversations. The communication breakdown can create an emotional and practical gap between the survivor and those trying to help or interact with them. Social workers are often at risk of compassion fatigue, being paranoid, and overprotective when encountering cases of CSA (Sonio & Fabella, 2023).

Witnessing the vulnerability of intellectually disabled CSA survivors with intellectual disabilities increases social workers' vicarious trauma as they are confronted with the intersectionality of disability and abuse. The stark vulnerability of children with intellectual disabilities in abuse cases can be alarming. Social workers may feel an acute sense of helplessness, frustration, or anger at the system that fails to protect these children adequately. It is often difficult for social workers to navigate the balance of providing support without becoming emotionally overwhelmed, which leaves a lasting impact on them (Porter & Westphalen, 2022). Social workers may be confronted with multiple layers of trauma that require a strong understanding of both the child's cognitive limitations and the emotional and sexual violence they've endured.

4.3.1.2. Communication difficulties

Another sub-theme that derived from the challenges is communication difficulties. According to (Bigun & Bhagwan, 2021), children who have an intellectual disability are often unable to articulate themselves and usually cannot explain details relating to their experiences of sexual abuse, such as time, dates, what they were wearing, and so forth, due to their limited capacity and insight. When questioned about communication, participants expressed the following views:

“There is a lack of communication skills when it comes to if there is, the police officers will have to make a statement. Yeah, it's perhaps a lot of things are left out because they will only ask what happened. And you know sometimes with the victim they don't remember things, but if you have other methods of communication, they will. So, there will be details left out or there will be things written down and it was said like that.”

(Participant 8)

“They don't even always know and comprehend that what is happening to them is wrong. They don't always have the language to describe what is happening to them. They don't understand the long-term consequences, for them, if they are sexually abused.”

(Participant 6)

“With intellectually disabled children I do experience that they can’t grasp certain concepts and with forensic assessments there are certain disclosure and activities on a certain level. So, the challenge of bringing that down to a simple level without asking leading questions is a big challenge. Um...and also to figure out whether this is the reality and whether it is factual or fantasy but also a fantasy that comes into play. And also, sometimes the children don’t really often remember the facts of what happened and that brings a different challenge.”

(Participant 4)

This quote indicates that social workers may find it challenging to understand survivors, which could often lead to the misinterpretation of collateral information. A study conducted by Phasha (2013) in two South African schools with girls with intellectual disabilities concurs with this statement as they found that children who have communication barriers struggle to communicate the sexual abuse and trauma that occurred. Thus, this impacts their ability to address their needs beneficially as they do not have all the necessary information to provide proper services. These findings were further supported by Miller & Brown (2014), who stated that children with special needs often experience various communication difficulties when seeking help. It is noted that children with intellectual disabilities have poor memory and cognitive abilities and are less likely to provide professionals with full disclosure of the sexual abuse incident (Latiff et al., 2024).

Furthermore, social workers have to explain the abuse, assessment, and intervention process to survivors. However, the children might not be able to comprehend the information, as mentioned by Participant 4, who stated that “they can’t grasp certain concepts,” thus leading to a gap in service provision. Participant 4 mentioned that *“bringing that down to a simple level without asking leading questions is a big challenge”*. This means that the social worker must find balance and neutrality between simplifying the questions and explanations for the child to understand while still being neutral and non-suggestive. It is crucial to obtain collateral and reliable information about the circumstances without contaminating the child survivor’s response. Within the micro-system of the ecological framework, social workers can receive information from family members and caregivers. They share a close relationship with the survivor, and the social worker can use this to their advantage to build a trusting relationship with survivors.

It is difficult for survivors to navigate the systemic barriers regarding reporting. As alluded to by Participant 8, there is a lack of communication among service providers in the field of sexual abuse

with children with intellectual disabilities. This statement is supported by Bigun & Bhagwan (2021) as they stated many cases are often underreported due to lack of appraisal and information on how to report a case. Furthermore, professionals are not adequately trained to effectively work with survivors as they lack skills and experience in communicating with survivors, which increases the risk of underreporting. Quotes 8 and 4 highlight a need for better communication channels and collaboration among service providers. Improved information sharing and coordinated efforts are crucial to ensure the child receives a comprehensive and coherent approach to their care, safety, and healing.

The communication difficulties from both service providers and survivors also pose a risk to the justice system as survivors are often not seen as credible victims or witnesses due to their limited capacity and poor memory as they struggle to articulate themselves. The researcher elaborates more on this statement under the legal and ethical dilemmas theme discussed in the next theme.

4.3.1.3. Legal and ethical dilemmas

Social workers in the field of child protection are mandated to provide care and protection to children in need of care according to the Children's Act 38 of 2005. The participants explained the legal dilemmas they encountered in the field of CSA survivors with intellectual disabilities. The researcher presents the social workers' responses below in quotes due to the complexity of child protection legal proceedings.

"We sit with cases here that's been on the court roll for 5-7 years and for various reasons they can't find the perpetrator. Prosecutors change all the time. The client becomes delusional because if you have been attending court for a while... The court bombards someone with a mild intellectual disability whereas we as social workers speak with warmth and they won't address them in that way."

(Participant 7)

This quote reflects the prolonged court process contributing to the vicarious trauma experienced by survivors. The trauma caused by attending court, dealing with various legal professionals, and facing delays can exacerbate feelings of anxiety, fear, and helplessness. The social worker's trauma is often further escalated by confusion of the CSA survivors with intellectual disabilities as they do not fully understand the legal process and their experience, which leads to the survivor

internalizing their feelings. Participant 7 states, *“The client becomes delusional because if you have been attending court for a while”*.

This means that the prolonged legal court process, lack of verdict, and continuous retelling of their experience can affect the survivor’s mental health, leading to feelings of delusion or confusion, thus making it harder for survivors to cope with the trauma. Participant 7 also alluded to *“The court bombards someone with a mild intellectual disability,” which relates to the legal jargon that often confuses survivors, and they might not be able to comprehend what is being said*, as mentioned previously. This process further presents uncertainty and distress for survivors and their caregivers. This interpretation is supported by Steele et al. (2019), stating that survivors with intellectual disabilities are often retraumatized and experience emotions and physiological and behavioral symptoms that usually increase in frequency as they have limited adaptive functioning.

Professionals in the court proceedings have expressed challenges relating to victims' recollections of events and evidence. Historically, the justice system has viewed people (children and adults) with intellectual disabilities as unreliable witnesses, assuming they are unable to give dependable testimony in court (Beckene, 2020). The complexity further intensifies when court proceedings are adjourned as they have a poor memory. As stated by Cossins (2020) *“people with intellectual disabilities have reduced cognitive abilities that impact various areas, including memory and communication”*. This makes it challenging for them to file complaints or give testimony in court. They may also find it challenging to comprehend court procedures, such as taking an oath, which can hinder their ability to testify. As previously mentioned, survivors are often not seen as credible witnesses due to inconsistencies in their testimony. Thus prosecution and conviction rates are low for CSA survivors with intellectual disabilities and perpetrators are acquitted (Cossins, 2020). Thus, it makes it difficult for court proceedings to continue as a ‘neurotypical’ child would not be able to recall events and provide the court with evidence.

“If I do a forensic investigation, then I've gotta go and testify in court. But you testify in court and then what ends up happening is you end up saying something like, you know, 'Johnny really struggles with understanding the difference between a truth and a lie’, for example. Which is something that, if you're intellectually disabled, you might struggle with you don't know what the difference is between a truth and a lie. And then by saying that you're being honest but what's the defense using that? Ohh. Well, then how do we know that? The child is telling the truth like till

they don't. They only see facts and evidence, but they don't see the child for being the child. No, and that's their job. That's the purpose of their job they have to create a bit of doubt. But my thing always comes down to what's in the best interest of this child."

(Participant 8)

The above quote indicates the complexities social workers face when gathering collateral information from sources to corroborate information provided to the social worker and testifying in court relating to survivors. Participant 8 mentioned that "*if you're intellectually disabled, you might struggle with you don't know what the difference is between a truth and a lie.*". Children with intellectual disabilities may struggle to understand the concept of truth versus lies. When social workers testify about these difficulties, they are honest about the child's cognitive limitations, which can be crucial for understanding the child's perspective. Social workers are mandated by the Children's Act 38 of 2005 to act in the best interest of the child concerned. The Act ensures the protection of children and their rights, aligning with international standards for child protection in South Africa. It outlines the responsibilities and authority of relevant bodies and prohibits various forms of child abuse, including exploitative labor practices (Children's Act 38 of 2005). Thus, social workers need to advocate for survivors and highlight their cognitive limitations to ensure they are protected and receive treatment. Social workers are caught in the difficult position of balancing their commitment to the child's best interests with the adversarial nature of the legal process.

The defense may use the child's cognitive limitations to doubt their credibility. For example, in the study by Cederborg and Grumpet (2010), the primary finding was that the participants (prosecutors) had minimal confidence in these children's ability to meet an acceptable standard when reporting abuse experiences. By emphasizing that the child might have difficulty distinguishing between truth and falsehood, the defense aims to challenge the reliability of the child's testimony. This can create significant obstacles in proving the child's account of abuse. The legal system often prioritizes concrete facts and evidence, which can overshadow the nuanced understanding of the child's experiences and limitations. The court's focus on evidence may not fully consider the unique difficulties faced by children with intellectual disabilities such as their challenges in communication and understanding. According to Cederborg and Grumpet (2010)

achieving justice for these children will be significantly more difficult if the legal system fails to consider their unique characteristics when evaluating their credibility.

According to Bornman et al. (2022) child survivors of abuse often regard courts as unapproachable due to the various legalities, court jargon, and complex rules and practices which make it difficult for survivors to navigate court proceedings. This is especially true for children with intellectual disabilities, as court personnel often create doubt and do not address the child with sensitivity or warmth. They often do not get justice as courts are not always equipped with the necessary tools and methods. Cossins (2020) states that the justice system usually regards survivors with intellectual disabilities as unreliable witnesses. Suppose they find that there are discrepancies in the witness testimony. In that case, the case may be withdrawn, and the perpetrator will be acquitted, which, in essence, means that they are not prosecuted, and the survivor doesn't receive justice as they cannot recall the event or communicate.

When working with CSA survivors with intellectual disabilities, the social model of disability profoundly impacts how social workers approach legal and ethical dilemmas. It encourages social workers to consider not just the abilities of the child but also the barriers they face within society and how these barriers intersect with the legal system, ethical responsibilities, and the principles of justice.

“We sometimes struggle with welfare to safeguard these children, so, that’s a challenge for me. Because, if this child really can’t tell you what’s going on, you can’t really put the child elsewhere because if you put the child elsewhere and then the child is in an environment with people who can’t understand them. So, that is one of the challenges. I think the system as a whole. Um...the FCS for example, they don’t always have the patience or time to get a statement from a child who has an intellectual disability. They’re also overworked, so, that is also a challenge I would say it’s actually difficult to get justice for them.”

(Participant 1)

This finding indicates that CSA survivors with intellectual disabilities are being discriminated against by public servants as their sexual abuse is not seen as equal or meaningful as children without an intellectual disability. This is a direct violation of their fundamental human rights as enshrined in the Constitution of the Republic of South Africa (106 of 1996) and the White Paper

on Persons with Disabilities (2016) which advocates for the rights of children with intellectual disability and their right to protection against any form of abuse and exploitation from family, communities and institutions. According to Miller (2017; cited in Modula & Sumbane, 2022:8) “The social model of disability asserts that a lack of support to the human needs of children with disability impacts on the degree of social inclusivity and their ability to participate actively in their homes and community irrespective of their bodily incapacity induced by their disability status”. Thus, children with intellectual disabilities must participate in any matter concerning them as enshrined in the Children’s Act 38 of 2005. Therefore, social workers must advocate for legal processes that are accessible, respectful of the child’s autonomy, and responsive to their communication needs. However, ethical challenges arise around balancing the child’s right to participation, their developmental capacity, and the need for protective interventions. Ultimately, the social worker's role is to ensure that the child’s voice is heard, their dignity is respected, and they are supported through systems that are designed to meet their needs (Children’s Act 38 of 2005)

Participant 1 alluded to the safeguarding of survivors, which poses a challenge to social workers when having to remove a child from their home/family environment to an alternative placement, which is often limited. Furthermore, alternative placements such as safety parents of Child and Youth Care Centres are not adequately equipped to take care of them or do not have the capacity and understanding to cater to CSA survivors with intellectual disabilities. An Australian study found that home is the safest place for children with intellectual disabilities as opposed to alternative care (Robinson & Graham, 2021). In contrast, Modula & Sumbane (2022) found that the home environment is not always a safe space for children with intellectual disabilities as they are often subjected to abuse by family members. In African countries, families with children with intellectual disabilities rely on community members and institutions to provide safety and security for their children. However, families seem to lack support from them (Modula & Sumbane, 2022). This being said, one can argue that social workers are at a crossroads as they need to act in the best interest of the survivor and determine which placement will best be suited, given the fact that sexual abuse has been reported. Thus, this highlights the need to develop specialized care facilities and train safety parents with skills that will equip them to provide care and protection to survivors.

Additionally, Participant 1 referred to how SAPS are not filing cases by Bigun & Bhagwan (2021) who affirmed that numerous cases remain unreported due to judgment and a lack of knowledge of the complaint-filing process. This matter is further exacerbated by professionals who advocate for victims who lack adequate training in effectively assisting children with intellectual disabilities or special needs. According to Endicott (1992; cited in Niehaus et al., 2013) the system of laws has not demonstrated and implemented much capacity to find solutions in which people with intellectual disabilities can be accommodated to participate in customary human activities, which includes serving justice in society.

4.3.1.4. Lack of available resources

When asked about the challenges, social workers mentioned that they are dealing with a lack of resources that are preventing them from providing holistic service delivery. Below are their responses:

“The biggest challenges that we as Social Workers face in this regard is that services for Survivors are very limited. There are either very little services or there are waiting periods for them to be assisted.”

(Participant 13)

“There is a lack of facilities for intellectually disabled children. We are struggling to find safety parents and safe houses for the children who are sexually abused.”

(Participant 14)

“I think it is a bit marginalized as not many organizations exist to help the intellectually disabled child that has been sexually abused.”

(Participant 5)

The findings indicated that social workers encounter challenges with service delivery to CSA survivors with intellectual disabilities due to a lack of resources. In a study by Franken (2019), social workers mentioned that they are forced to conduct crisis intervention, which often leaves them without hearing the child's voice due to time constraints and lack of human resources. They found that the system of CSA is unaccommodating and adds to their already challenging work. Furthermore, they explained that the system needs to understand the urgency of sexual abuse cases,

which links to the following challenge of how indolent the justice system works with sexual abuse cases, especially intellectually disabled CSA. The lack of resources also causes them to stagnate in cases due to the lack of facilities and human resources available to assist CSA survivors with intellectual disabilities who require care and protection.

In addition, a study conducted by Muridzo et al. (2018) found that survivors of CSA with intellectual disabilities often experience societal, physical, and communication barriers. Moreover, they lack participation in their interconnection with service providers. The current existing conditions violate their rights as children with disabilities as enshrined in the UN Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities, and the African Charter on the Rights and Welfare of the Child. In the South African context, this also applies to the Children's Act 38 of 2005 and the Constitution 108 of 1996. With the comprehensive policy and legislation, CSA survivors with intellectual disabilities remain excluded from mainstream service delivery (Muridzo et al., 2018).

As mentioned by Participants 5 and 1, it is difficult to find places of safety for children with intellectual disabilities who have been sexually abused. As per the Children's Act 38 of 2005, it is the social worker's responsibility to ensure that the child is safe and it should be a priority to remove the child from the perpetrator who sometimes resides in the same house as the child. However, if children with intellectual disabilities are removed from other environments, they may find it difficult to adapt (Bigun & Bhagwan, 2021). This causes another challenge for the social worker as safety parents or places of safety are not always equipped to deal with a child with intellectual disabilities who have been sexually abused (P1). A paucity of literature exists on the safety of parents as a resource for survivors with intellectual disabilities.

Without adequate resources, social workers face challenges in accurately addressing the needs of survivors which delays their progress and well-being. Whereas, with a "neurotypical" child, services are easily accessible even though there are challenges. This finding is supported by Klebanov et al. (2024:1307) "Hence, it seems that the accessibility of CWDs to services dealing with CSA is lower than for children without disabilities". This includes specific therapeutic services for survivors, providing intermediaries at court to assist the survivors in testifying, and providing services that are accessible to survivors. This statement is supported by Klebanov et al. (2024) "resources must be provided to prevent and safeguard intellectually disabled children who

are at risk of sexual abuse”. Moreover, resources in terms of therapeutic interventions have to be tailored to the specific needs of survivors with intellectual disabilities, with due consideration of the diverse contexts such as education, welfare, and justice systems. Thus, this poses a challenge to social workers dealing with CSA survivors with intellectual disabilities to obtain justice for them and provide further intervention and support services, which are discussed below.

4.3.2. Intervention and support services

The second theme from the thematic analysis was intervention and support services. The theme examines the interventions and support services that social workers undertake in their work with CSA survivors with intellectual disabilities. Using theoretical (ecological framework and the social model of disability) and intervention approaches (Crisis Intervention, American Professional Society on the Abuse of Children, Comprehensive Assessment Model) to provide services. The child protection field and field of intellectually disabled CSA often demands that social workers adjust these interventions and find suitable and innovative approaches to deal with the child with intellectual disabilities due to most child-centered interventions and theories being provided for the ‘neurotypical’ CSA survivor. The findings are presented below.

4.3.2.1. Intervention strategies used by social workers

The participants provided an overview of intervention strategies during the interviews. They noted that social workers do not have a specific protocol or intervention strategies when dealing with children who have an intellectual disability and have been sexually abused. However, the participants stated that they try to assist by providing intervention services tailored to the child's needs.

“I would say to refer them to other sources, provide support and guidance throughout the process.”

(Participant 11)

“I would say that you must have a clear understanding of your intervention and therapeutic plan. You need to be creative in eliciting information from the victims”

(Participant 5)

“So, we provide all the support for that individual and for that family. We don't see the same person with the psychologist, senior for the assessment. We go and see the person, we're in their home because we are also in the position, I'm convinced, and I think you know, you just see somebody different in a different light. Because the person is vulnerable. But you see you see the family and how the person is in her community.”

(Participant 7)

“All the forensic social workers do blind assessments and have no prior information on the sexual abuse of the sexually abused, mentally disabled child. The use of blind assessments will increase attentiveness and patience from the forensic interviewer to elicit information from the sexually abused, mentally disabled child. This gives the forensic social worker more credibility and increases objectivity in the courts. The same models and steps are utilized by all the forensic social workers for normal and mentally disabled children. There are no specific guidelines for the assessment of sexually abused, mentally disabled children.”

(Participant 9)

Participant 11 emphasized referring to other sources. It can be analyzed that social workers play a crucial role in ensuring that survivors with intellectual disabilities receive comprehensive care. By referring them to specialized resources, they can ensure the survivor receives the best support tailored to their needs. Meanwhile, providing ongoing support helps reduce the stress and confusion that can come with the legal and therapeutic processes, fostering a more supportive environment for the child. Within the ecological systems framework, social workers can refer to school social workers to provide a supportive school environment and educate and equip teachers with skills to recognize signs of trauma (Phasha, 2014).

The findings indicate that there is a lack of intervention guidelines for social workers dealing with CSA survivors with intellectual disabilities in South Africa. No previous literature has supported this finding in the current study. Thus, this threatens to deliver effective services and to advocate for the survivor. The challenge is further escalated as social workers are struggling with tailored intervention guidelines to deal with the complex intersections of intellectual disabilities, abuse, and trauma. Furthermore, the findings indicated that social workers often must find alternative

methods to obtain disclosure, continue with the guidelines, and be creative. They usually refer to other, more specialized organizations like Cape Mental Health.

However, Kahonde (2022) found in their study that a specific and comprehensive intervention approach that considers the ecological framework needs to be developed. Children with intellectual disabilities concern everyone, and thus, stakeholders involved will need to work together. Additionally, more research on evidence-based interventions with intellectually disabled CSA should be conducted.

4.3.2.2. Different types of support services

Participants were asked about support services for CSA survivors with intellectual disabilities. They emphasized the need for support and educational groups.

“Being patient and trying to understand where the client is coming from. If you don't understand or educate yourself with regards to the type of disability, the guidance can easily misjudge the person or the communication pattern or the way the person is communicating with you can miss that... building up emotion and also building that relationship between you and the client and family.”

(Participant 10)

“We need to have the systems outside of me as the social worker that are functioning. So that's why I say like I'm a big believer in families being involved and families being supported, you know, and siblings being supported as well because the attention shifts to one child or other siblings get left behind. Like support groups, education and big on educating parents and helping them understand this is.

(Participant 12)

“it's the social worker's place to support the client through the court, just being there is also important and pray before the time. The trauma counselling will come during and after because often cases are withdrawn because of insufficient evidence because the client doesn't go to court at all. It is our role to support the child and the family because we feel our work is ongoing. We need to provide services and support until termination.”

(Participant 8)

Participants provided the researcher with their views on support services (support, parenting, and educational programs) for CSA survivors with intellectual disabilities. According to the National Policy Framework Management of Sexual Offences Matters (2013), throughout all phases, the provision of support services is an integral part of psycho-social services and practical assistance that must be provided in the management of sexual abuse cases. Additionally, support services offered must consider the unique needs of the survivor and aim to prevent secondary trauma as well as repeated victimization. Thus, the ecological systems framework applies to meso and macro systems. The social worker can refer the survivor to resources in the community to assist with support and intervention. Furthermore, social workers have raised awareness in the community of sexual abuse and intellectual disabilities.

A study conducted by Wissink et al. (2015) found that parental involvement and the rest of the child's system (e.g., teachers, siblings) are key aspects to consider when providing intervention and support to survivors. Participant 8 further mentioned "*I'm very big on helping them understand this is what the emotions might be that your child is going through and possible consequences...Working with siblings and trying to get them into therapy as well, so they also get a little bit of special time and then educating like professionals and helping them understand the systems.*" One can interpret that it is equally important to include siblings as they often experience anxiety and hostile family environments. They also fear taking over from their parents to care for their sibling with an intellectual disability, which can result in maltreatment (Kruithof et al., 2021). Therefore, it is essential to include all family systems to have an understanding of intellectual disability and how they can support the survivor. The support programmes can be adapted to support survivors with intellectual disability.

Moreover, programmes must be conducted in a supportive, stimulating, and structured context (Wissink, et al., 2015). With regards to parental involvement, Hodapp, Dykens & Masiono (2007) and Oelofsen & Richardson (2006; cited in Bigun & Bhagwan, 2021), emphasized that parents need social, emotional, and psychological support. In their review, Latiff et al. (2024) support the ecological framework by stating that when professionals facilitate a supportive framework, they are most likely to obtain disclosure from survivors. Furthermore, by using and equipping other adults (parents, teachers) in the survivor's system with skills, they are also likely to pick up when a child with an intellectual disability has been sexually abused.

Previous studies reinforce the perceptions of the participants of different support services. Thus, this is an indicator that support services are an integral part of service delivery when working with CSA survivors with intellectual disabilities. Social workers are mandated to implement support services throughout the intervention process despite lacking available resources which is discussed next.

4.3.4. Practice multi-models, policies and legislation

The researcher enquired about the multi-practice models regarding providing services and intervention to CSA survivors with intellectual disabilities. Below are the participants' responses.

4.3.4.1. Current multi-practice models

“We do the psychosocial assessment when they come on in there. But we have the sexual abuse victim empowerment programme, whereby they are assessed by the psychologist who needs to assist in their life and testifying organizer report. That is actually unique to treatment of that programme.”

(Participant 8)

“You know, we have two theories based on crisis intervention system like those types of practices like that has worked for us or any treatment plans that you work according to... prevention is always best, raising awareness is constant, especially in a community where the sexual abuse attacks on people with intellectual disabilities are high. Counselling as a therapeutic method, you can use therapeutic methods not only for the client, but also for the family”.

(Participant 10)

“So, I think it depends on the child that you work with as they are all different and unique in their own way but definitely, to weigh out the level of disability this child is experiencing whether that child can be assessed and if the child cannot be assessed is there maybe a way that we can still assess to accommodate the child because that child has a right”.

(Participant 4)

“That's the National Institute of Child Health and Human Development Protocol, which is an interview protocol for forensic interviewing. So I'll follow that and then I follow the comprehensive

assessment model with it and that allows me to basically get information from different sources so that the child source is not the only source. It's very helpful with intellectual disabilities because you might have a child that's not able to provide you with all the information. But then because I use that model, I can get information from other people. So I find that very helpful. I also follow a non-directed child seated play therapy model. So I've been trained in that model and I stick with it"

(Participant 12)

The findings revealed that there is not one approach suited for all; social workers use multiple models best suited for the individual as the merit of each case differs. A psychosocial assessment is an extensive evaluation of the client's social, emotional, and physical well-being, informing a treatment plan (Social Work Portal, 2024). For survivors of sexual abuse, particularly those with intellectual disabilities, this assessment can identify their immediate needs, cognitive or emotional challenges, and areas where specialized support is required. For example, participants from one organization have a set programme for survivors called "The sexual abuse victim empowerment (SAVE) programme". This programme seeks to provide comprehensive assessment and ensure access to justice for sexual abuse survivors with intellectual disabilities. They provide counselling and support to the survivor and family throughout the legal process and after Cape Mental Health (2024). Participant 8 stated they use a psychologist and legal professionals, indicating that they work within a multi-disciplinary team. The social worker might coordinate services or ensure that the psychological assessments are integrated into broader therapeutic and legal processes. Therefore, the SAVE programme may include therapeutic, social, and legal support tailored to the survivor's cognitive abilities and emotional state. This uniqueness also highlights the necessity of specialized interventions for children with intellectual disabilities, as their responses to trauma and their capacity for understanding legal processes may differ significantly from their neurotypical peers.

In contrast, social workers from other organizations and private practice use generalized approaches such as crisis intervention, play therapy, and counseling and adapt approaches

according to the needs of the survivors and their families. Participant 14 mentioned the NICHD protocol used in private practice. This view is supported by Brown et al. (2017), who state that the NICHD protocol is flexible and child-centered. Furthermore, the protocol relies on open-ended prompting in terms of asking questions. It ensures that the child is allowed to communicate at their own pace and level, enhancing the reliability of their statements. However, professionals using this protocol with survivors with intellectual disabilities will have to use alternative strategies and questioning methods to obtain disclosure. Agnew (2004; cited in Brown et al., 2017) stated that interviewers should be mindful of interrupting the narrative flow and spontaneous recall of information from survivors with intellectual disabilities. The International Rescue Committee (2012) released guidelines for health and psychosocial service providers on how to care for child survivors of sexual abuse. The guidelines address how social workers should ensure best-practice communication by creating a warm and friendly environment to exchange information and obtain disclosure. They should use non-verbal communication cues such as smiling and possess specialized skills in child-centered practice. The guide makes provision for survivors with intellectual disabilities and states that psychosocial service professionals should use toys, dolls, and art to obtain information from the survivors and rely on their caregivers for information (Bigun & Bhagwan, 2021).

Participant 12 also referred to the comprehensive/holistic model, highlighting the value of gathering information from various sources beyond just the child. In cases involving intellectual disabilities, children may have difficulty providing a complete or accurate narrative due to cognitive limitations, poor memory, or communication difficulties. By incorporating additional sources of information such as family members, teachers, or medical professionals, the social worker can build a fuller, more accurate picture of the child's experiences.

From the abovementioned responses from participants, social workers are using multi-practice models to render services to CSA survivors with intellectual disabilities. However, no specific model has been implemented to address the unique needs of survivors and ensure holistic service delivery. It can be argued that social workers need a holistic approach that prioritizes the well-being and empowerment of survivors. None of the participants mentioned a guideline that is designed explicitly for CSA survivors with intellectual disabilities in South Africa, thus indicating a lack of specialized guidelines for this vulnerable group. In social work practice, guidelines are

essential to ensuring that interventions are consistent, evidence-based, and designed to meet clients' needs (South African Council for Social Service Professions, 2024). In the absence of such a guideline, social workers may struggle to provide the most effective care or to navigate the complexities of intellectual disabilities in the context of sexual abuse. Without clear, standardized guidelines, social workers might approach cases in a variety of ways, some of which may not be well-suited to the complexities of survivors of intellectual disabilities. This can result in less effective interventions, miscommunication, or inadequate support for the child and their families.

4.4.5.2. Lack of Policy Guidelines

Policies and legislation are essential for social workers to complete their work roles and responsibilities. When prompted with policies and legislations, participants provided the following:

“The American Professional Society for Abused Children guidelines, Comprehensive assessment model etc., but with more focus on their intellectual age and making use of more collateral interviews to support the investigation. These guidelines are effective, however, it doesn't consider the intellectually disabled child”

(Participant 6)

“There are currently no guidelines that I am aware of for intellectually disabled child sexual abuse in South Africa. We use the Children's Act and the Sexual Offences Act as guidelines which is designed for the normal or abled child. We have to make our own adaptations.”

(Participant 5)

“And I don't always think that our Constitution or like our laws aren't always designed for this group. I think it needs to be reevaluated and with intellectual disability there's a lot of education needed because children are extremely vulnerable.”

(Participant 1)

The findings indicated that there are limited policies or legislation guidelines on an international level and in South Africa written explicitly for CSA survivors with intellectual disabilities, which is concerning as sexual abuse amongst children with intellectual disabilities is a growing field. It

points out that these guidelines do not sufficiently consider the cognitive and communicative limitations of children with intellectual disabilities. This raises concerns about whether the standard guidelines are comprehensive enough to address the distinctive needs of survivors with intellectual disabilities, who may not be able to fully participate in or benefit from standard forensic interview techniques or assessment models. Participant 5 alluded to the fact that they must make adaptations to the policies and legislation such as the Children's Act, and Sexual Offences Act to accommodate survivors. This means that without specific guidelines, social workers are forced to navigate complex cases using general child protection laws and practices that may not adequately address the unique needs of children with intellectual disabilities. These existing laws do not necessarily account for the cognitive and communicative limitations of children with intellectual disabilities. For instance, the laws may not provide specific guidance on conducting forensic interviews with children who struggle to express themselves or fully understand the process. As a result, social workers may be left to adapt to these legal frameworks independently, leading to inconsistent practices and uncertainty in how best to support these children.

Looking from an ecological systems framework, specifically, the macro system, the Children's Act, the Sexual Offences Act, and other existing laws should be amended or supplemented to specifically include guidelines and protocols for CSA survivors with intellectual disabilities. This could involve adapting legal processes such as forensic interviews and court testimonies to be more accessible for children with intellectual disabilities, ensuring that they are not re-traumatized and that their testimonies are appropriately understood in court.

The Department of Social Development, which developed the Policy on Disabilities (2015), aims to assist those with disabilities in receiving adequate support, social services, and economic and social welfare programmes. This policy is in correlation with the White Paper's Integrated National Disability Strategy (1997) and the White Paper on the Rights of Persons with Disabilities (2016), which are inclusive services across different spheres of government, including planning, strategies, and programs. Despite these policies being available, it is not being implemented, which leaves survivors without a lack of support, being marginalized, stigmatized, and limited opportunities, thus leaving survivors to advocate for themselves and receive assistance from caregivers. The abovementioned statement is supported by Kopel (2017), who states that although

the White Paper on Persons with Disabilities is committed to providing them with services and support, it doesn't specify how these commitments are implemented and monitored.

If one looks at the international instruments, the United Nations Convention on the Rights of Persons with Disabilities was ratified in 2006 by South Africa. However, South Africa's legal system, which operates on a dualist basis, has not fully incorporated international conventions into its domestic laws to advocate for persons with intellectual disabilities which includes children (Huus et al., 2015). Additionally, the Constitution of the Republic of South Africa 108 of 1996 falls within the same scope of not fully incorporating guidelines for this vulnerable group.

According to Capri et al. (2018), it can be argued that persons with intellectual disabilities are at a disadvantage as they are not afforded the opportunity and support to contribute to policies and legislation that directly impact them, which is seen as morally abusive. By excluding them, they will remain vulnerable to exploitation, marginalization, and, most importantly, experience inequality in a system whereby care, protection, and services are not in their favour and are seldomly adequate. Thus, without the support and appropriate policies and legislation, survivors are subjected to the risk of abuse and neglect Makgoba (2016; cited in Capri et al., 2018).

Given the discussion above, one can interpret that the lack of policies and legislation challenges social workers, a critical service delivery gap. The lack of clear guidelines contributes to the ambivalence regarding the rights, interventions, and legal processes available to survivors. Moreover, it hinders social workers' efficacy in providing adequate support and leaves survivors without legal protection. Therefore, urgent attention should be given to developing comprehensive policies and legislation that specifically address the intersections of intellectual disabilities and sexual abuse.

4.3.5. Specialized training and intervention modules for social workers

When asked about training, participants felt that working with CSA survivors with intellectual disabilities is a specialized field that requires specific training and education. Many of the participants mentioned that they are not equipped to deal with CSA survivors with intellectual disabilities due to a lack of training, expertise, and knowledge within the specific field.

"I would say good knowledge of the developmental capabilities of the client in front of the social worker. The ability of the social worker to think outside of the box to help the families to protect

their children as it is not as straightforward to protect the children as it would be for a family without a child with intellectual disabilities.”

(Participant 6)

“I think it is something that needs to be incorporated from the grassroots when you start social work the first year of study, I think it should actually be covered because we are facing it more with intellectual disabilities. Sometimes you know it’s genetics and sometimes it’s negligence from the parents or mothers drinking but I think because definitely, it needs to start from grassroot level. I think there needs to be more training and ensuring that we get the stuff done.”

(Participant 1)

“In my professional view, Social Workers need to receive basic and advanced training from stakeholders who are experts in these fields. I was fortunate to receive training and continued guidance from Cape Mental Health professionals whom I established good working relationships with in order to assist my clients. As a Social Worker, the onus is also on you as a Social Worker to develop your knowledge base on this aspect so that you can provide the effective and efficient services to the survivors.”

(Participant 13)

The findings indicate that the social workers require specialized training, specifically with CSA survivors with intellectual disabilities. Participants from Cape Mental Health mentioned that they receive training regularly but feel that more attention should be focused specifically on CSA survivors with intellectual disabilities. Thus, social workers who have not received specialized training may face difficulty in effectively identifying, investigating, and supporting cases of sexual abuse among children with intellectual disabilities. A lack of training can hinder their ability to interact appropriately with the child, understand the child’s needs, and navigate the intricacies of the legal and therapeutic processes involved in such cases. Participant 9’s quote could guide investigation into the current training practices, gaps in knowledge, and the effects of specialized training on social workers' effectiveness in supporting vulnerable children.

Forensic social work is a specialized field that requires specialized training. In a scoping review performed by Klebanov et al. (2023), they found that there is a lack of adequate training for

professionals dealing with children who have intellectual disabilities and have been sexually abused. When survivors are interviewed by social workers who do not possess the necessary forensic interview skills or adequate training, it may amplify the survivor's fear and trauma (Mabaso, 2017). Specialized training should be more evidence-based, include more resources, and be done in multi-disciplinary teams to optimize holistic services and obtain justice for survivors (Wiley, 2009; cited in Franken 2019). Following previous researchers, Klebanov et al. (2023) stated that training programs should review survivors' political, social, and cultural contexts, considering their pivotal role in shaping their well-being. It is also essential that other professionals and law enforcement officials within the criminal justice system receive adequate training when responding to CSA survivors with intellectual disabilities to ensure holistic service delivery (Archambault et al., 2022).

4.5. Conclusion

To conclude, this chapter gave the reader an overview of participants' demographic information. Furthermore, this chapter discussed the data analysis framework according to each theme and sub-theme. The themes focused on exploring social workers' perceptions of working with CSA survivors with intellectual disabilities and discussed the findings. The findings presented were substantiated by previous literature on the research topic.

CHAPTER 5

MAIN CONCLUSIONS AND RECOMMENDATIONS

5. 1. Introduction

This chapter concludes the research findings on social workers' experiences providing services to CSA survivors with intellectual disabilities. This chapter discusses research conclusions according to the research objectives. This chapter also provides recommendations for future research and practice.

5.2. Main conclusions

The purpose of the research was to explore social worker's experience with CSA survivors with intellectual disabilities in terms of service delivery. The theoretical models utilized were ecological systems theory and social model of disability. Regarding laws and policies, the researcher used United Nations Convention on the Rights of a Child, Convention on the Rights of Persons with Disabilities, Protocol to the African Charter on Human and People's Rights on the Rights of Persons with Disabilities in Africa, Constitution of the Republic of South Africa (108 of 1996), Criminal Law (Sexual Offences and Related Matters) Amendment Act 13 of 2021 / 32 of 2007, Policy on Disabilities and White Paper's Integrated National Disability Strategy (1997). The abovementioned theoretical models and policies were used as a framework to understand social workers' engagements and service delivery with CSA survivors with intellectual disabilities. Various themes such as challenges experienced, intervention and support services, training and education, practice models, laws and policies, and insights became apparent, which shed light on the complex dynamics inherent in this challenging field of social work. The findings revealed the unique challenges social workers face when providing services to survivors. Furthermore, the objectives of this study have been achieved and discussed, relating to the research findings from which conclusions are drawn.

5.2.1. Objective 1: To explore social workers' experiences with child sexual abuse survivors with intellectual disabilities, and how these practices have shaped their professional development and practice.

The findings revealed that social workers' experience with CSA survivors with intellectual disabilities has highlighted the complex and demanding nature of their roles in providing support and services. Furthermore, the participants shared their narratives, which were underscored by the emotional toll of witnessing and experiencing vicarious trauma with the survivors. According to Luyt (2015), social workers find it challenging to conduct CSA investigations as it is emotionally and intellectually demanding. The findings revealed that social workers may become more sensitive and understand the needs of CSA survivors with intellectual disabilities. Participants' past and current practice experiences contributed significantly to understanding the intersection of intellectually disabled child sexual abuse. The experiences of participants help to identify the vulnerabilities of survivors, such as the high risk of being sexually abused due to communication difficulties, dependency on caregivers, and societal misconceptions about their capabilities, which focuses attention on the specialized need for professional development initiatives. By acknowledging social workers' experiences with CSA survivors with intellectual disabilities, the study aimed to contribute to and enhance the development of social work practices by ensuring the provision of adequate and empathetic support for this vulnerable group.

5.2.2. Objective 2: To explore the challenges social workers face dealing with child sexual abuse survivors with intellectual disabilities and how these challenges are navigated.

The participants experienced multifaceted challenges working with CSA survivors with intellectual disabilities. One of the significant challenges revealed by the findings is the struggle with communication barriers, as survivors cannot consistently articulate the abuse that occurred. Moreover, they struggle to comprehend the sexual abuse and the consequences thereof. The finding of the current study is in line with Edwards (2012) and Milne & Bull (2008; cited in Bigun & Baghwan 2021), who found that sexual abuse survivors with an intellectual disability struggle to articulate themselves and have difficulty comprehending the intervention process, especially questioning. Thus, social workers must be creative in finding alternative communication methods and liaise with other professionals to gather collateral information to provide the necessary support and services.

Furthermore, participants expressed challenges regarding the legal and ethical considerations that further hamper the court and intervention process concerning consent and capacity of survivors that require social workers to navigate through a balance of safeguarding and allowing them to make autonomous decisions depending on the level of intellectual disability. The finding was supported by Beckene et al. (2020), who stated that both recalling and sharing experiences of abuse can be traumatic for the child, and simply being in a courtroom can also be a distressing experience for a child with an intellectual disability. According to Ayalew (2012; cited in Bigun & Baghwan, 2020), social workers have a critical role in supporting survivors in court, such as establishing a trusting relationship with the child to ensure they feel relaxed and at ease before questioning and using easily understood language. Furthermore, their role involves safeguarding children from secondary victimization within the courtroom, acting as a liaison between the court and child abuse survivors, and advocating for the court to adhere to the principles of children's rights. This being said, the South African justice system requires significant reform to effectively address and meet the needs of children with special needs (Carter, 2016). Additionally, a study by Jantjies (2023) found low conviction rates due to survivors not being credible witnesses in court due to the adversarial system and questioning.

Another pressing challenge was the lack of resources and specialized training for social workers in this field. The lack of accessible and holistic programmes hampers social workers' ability to develop tailored interventions, hindering the optimal support for CSA survivors with intellectual disabilities. Furthermore, adequate training and resources are essential to enhance the competence of social workers, enabling them to effectively address the unique needs and challenges of survivors.

5.2.3. Objective 3: To explore how social workers can collaborate with other professionals to provide holistic services to child sexual abuse survivors with intellectual disabilities and the challenges they experience with collaborations.

To conclude, the findings indicated that social workers and other professionals are working in silos instead of building partnerships with different stakeholders to improve services. The findings revealed that services from other professionals are not coherent as they delay the intervention and support process. The findings aligned with Schiller (2017) and Artz et al. (2016), who found that social workers often experience challenges within a multi-disciplinary team, such as unclear roles, which usually lead to inadequate service delivery. This indicates the importance of collaboration with multidisciplinary teams to overcome this challenge. Social workers must forge partnerships with psychologists, medical professionals, legal experts, and educators to create a holistic support structure. Research conducted by Pamburayi (2022) found that social workers within the forensic social work field must collaborate with other professionals from various disciplines to assess and evaluate the credibility of CSA allegations and make decisions about the case outcomes. This will ensure a comprehensive understanding of the CSA survivors with intellectual disabilities' needs and facilitate the development of integrated interventions that encompass psychological, medical, educational, and legal aspects.

5.2.4. Objective 4: To explore practice methods with child sexual abuse survivors with intellectual disabilities, including their families.

Exploring the best practice methods is of paramount importance when dealing with CSA survivors with intellectual disabilities and their families. The findings suggested that social workers in South Africa do not have a practice model. The findings concurred with Frank (2018), who found that South Africa does not have established guidelines or standardized methods for carrying out truth-lie discussions, and the protocols followed in forensic evaluations do not include this technique. A study conducted by Pamburayi (2019) found that the social workers interviewed did not use a specific model or guidelines but multiple models such as APSAC, the Comprehensive Assessment Model, and play therapy techniques to provide a more holistic assessment report. However, they use international guidelines and frameworks which adjust to the survivors' intellectual level. Social workers use a generic comprehensive assessment model to obtain collateral information from all systems involved in the survivors' lives. Pamburayi (2019) further noted that forensic protocols are limited in South Africa, thus causing

delays in service delivery and dormant cases. Furthermore, they use approaches, legislation, and policies that are not individualized and tailored to intellectually disabled CSA in South Africa.

Thus, this necessitates the need for having an individualized approach that intertwines compassion, expertise, and collaboration. By recognizing the unique challenges survivors and their families are confronted with, it is crucial to implement intervention strategies that are evidence-based, tailored, and ongoing. When an individualized and comprehensive approach is present, social workers can foster a healing and resilient environment that involves the survivor and the family. In conclusion, best practices are a continual commitment to refining methods and advocating for resources as well as the rights and well-being of CSA survivors with intellectual disabilities and their families.

5.3. Recommendations

The intersection of social work and the experiences of CSA survivors with intellectual disabilities has gained increasing attention over recent years. Social workers have an essential role in supporting the survivors in navigating complex emotional, social, and legal aspects. This section aims to provide informed recommendations based on the challenges faced by social workers rendering services to CSA survivors with intellectual disabilities, drawing on insights from their experiences. By understanding and recognizing the specific needs of survivors with intellectual disabilities, social workers can enhance their approaches, foster resilience, and advocate for more effective interventions that promote healing and justice.

Based on the findings, the following recommendations were made in relation to the social workers experience providing services to CSA survivors with intellectual disabilities:

5.3.1. Effective communication

In response to the communication difficulties experienced, there is a lack of awareness amongst professionals as participants failed to mention alternative methods to assist survivors. Thus, it is recommended that social workers facilitate the reporting process by using alternative communication methods to illicit disclosure and continue with their assessment and intervention process. According to Carter (2016; cited in Bigun & Baghwan 2021), alternative communication methods include art or play therapy and using anatomical dolls to assist with the helping process. Additionally, social workers can also use augmentative and alternative communication (AAC) methods that involve strategies, techniques, and aids to assist persons with intellectual disabilities

in improving their speech and being expressive. AAC encompasses the individual's entire range of communication skills, involving spoken words or vocalizations, gestures, manual signs, and supported communication methods (American Speech-Language-Hearing Association, 2024). Thus, the researcher recommends that social workers familiarize themselves and be trained within AAC based on the survivor's intellectual level.

5.3.2. Specialized training

As per the findings, participants mentioned that working with CSA survivors with intellectual disabilities should be a specialized field and that it requires specialized training. Thus, it is recommended that social workers be trained regarding the specific trauma CSA survivors with intellectual disabilities experience, their different intellectual levels, cultural differences, understanding of the legal frameworks surrounding child protection, reporting requirements, and the ethical implications of working with vulnerable populations. By recognizing this specialization and investing in appropriate training, social workers can be better equipped to support CSA survivors with intellectual disabilities effectively and compassionately.

5.3.3. Collaboration in multi-disciplinary

By the researcher's findings, participants are working in silos. Thus, it is recommended that social workers collaborate with other health professionals, educators, psychologists, and justice personnel to create a supportive network, enhance service delivery and provide holistic care. Furthermore, by collaborating with other health professionals, clear communication can be fostered, thus having consistency and sharing of important information about CSA survivors with intellectual disabilities. By collaborating, each professional has skills and knowledge to enhance the survivor's situation and lead to a holistic intervention and support plan. Collaboration amongst health professionals involved in intellectually disabled CSA expands the resources network.

5.3.4. Tailored intervention and practice and support frameworks for South Africa

Due to the lack of tailored interventions, the study recommends that social workers have tailored interventions and support frameworks when working with CSA survivors with intellectual disabilities. By having individualized intervention plans, social workers can ensure that survivors' challenges are met and that they overcome their trauma, ensuring that interventions are practical and relevant. By having tailored interventions, social workers can eliminate ineffective generic interventions, thus lessening burnout. Additionally, tailored intervention will assist with clear

goals and progress tracking to measure the effectiveness of the strategies. South Africa is diverse; therefore, a cultural approach should be considered to respect survivors' cultural and diverse backgrounds. Lastly, by having tailored approaches, social workers can improve their skills and understanding regarding rendering services to CSA survivors with intellectual disabilities, therefore contributing to their professional growth. Social workers' insights can be valuable in identifying the most effective strategies for supporting survivors. These professionals often draw upon their direct encounters with the children, families, and other caregivers, along with their training in trauma-informed care, child development, and disability awareness.

In terms of practice, social work supervisors have to ensure that social workers receive regular supervision and peer support to help them process the emotional challenges and complexities involved in working with CSA survivors, especially those with intellectual disabilities. This support is essential for preventing burnout and ensuring high-quality care. Social workers should create awareness and educate the general public, including caregivers and educators, about the vulnerability of children with intellectual disabilities to sexual abuse and the importance of recognizing warning signs. Public education campaigns can help prevent abuse and ensure early intervention when needed.

5.3.5. Specified laws and policies for South Africa

South Africa is a signatory to international laws and treaties; however, South African laws should be more inclusive of CSA survivors with intellectual disabilities that ensure their care and protection. Policy developers must advocate for stronger legal protections for children with intellectual disabilities within the judicial system, ensuring they are given equal consideration and access to justice when they are victims of sexual abuse. This includes lobbying for legislative changes that improve accessibility to services and protection for survivors with disabilities. The researcher recommends having established laws and policies that will offer social workers a clear guideline for interventions and legal requirements about cases of intellectually disabled CSA. With inclusive legislation and policies, it will encourage survivors to report sexual abuse and seek justice, which will lead to successful prosecution.

5.4. Recommendations for future research

Suggestions for future research include:

The present study focused on social workers delivering services to CSA survivors with intellectual disabilities in the Helderberg area as well as Cape Metro's. The study sample was restricted to 14 participants in both generic and forensic social worker roles. Considering the limited sample size, future research needs to be conducted on a larger scale and target more organizations that render services to CSA survivors with intellectual disabilities. Thus, it strengthens the reliability and relevance of the findings to gain a deeper understanding of how to address the challenges social workers experience further and focus on the needs of the survivors.

To ensure reliance and applicability, expanding the research and including survivors and their families is essential when considering support and intervention services. This approach will allow an inclusive process to address social workers' and survivors' unique challenges. Furthermore, by including diverse cultures, social workers will also be able to be culturally competent in addressing the needs of survivors. Further topics for research exploration should include support to parents and families as well as a scoping review of guidelines on social work intervention specifically with child sexual abuse survivors who are intellectually disabled and exploring the experience of parents and families.

Moreover, there is a paucity of literature on social workers' experience with rendering services to CSA survivors with intellectual disabilities. Thus, conducting more research on the topic will yield positive results and potential solutions in addressing the needs of survivors and the unique challenges experienced by social workers. Consequently, it is essential to prioritize efforts to investigate these specific areas further.

5.5. Closing remarks

This study emphasized the significance of social workers' experience delivering services to CSA survivors with intellectual disabilities. By exploring their perceptions, the study findings revealed the unique challenges and vicarious trauma social workers experience regarding service delivery. Furthermore, the findings highlighted the need for tailored support and intervention services that include survivors and their families. Social workers have to undergo specialized training to aid them in providing better service delivery and providing a holistic approach by working in multi-disciplinary teams. Moreover, the findings revealed gaps within the justice system whereby survivors are not seen as credible witnesses and are not obtaining justice, which leaves them feeling

disappointed. Lastly, the findings revealed that social workers in South Africa don't have set intervention guidelines and thus use international guidelines in practice, which they have to adapt to fit the intellectual level of the survivor.

References

Amadi, O. J. & Karani, O. K., 2021. *Journal of Humanities And Social Science*, 26(5), pp. 15-23.

Amelink, Q., Roozen, S., Leistikow, I. & Weenink, J.-W., 2021. Sexual abuse of people with intellectual disabilities in residential settings: a 3-year analysis of incidents reported to the Duch Health and Youth Care Inspectorate. *BMJ Open*, Volume 11, pp. 1-10.

American Headache Society. 2019. The American Headache Society Position Statement On Integrating New Migraine Treatments Into Clinical Practice. *Headache*. 59(1), pp1-18.

African Union. (2018). Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa.

Anon., 2023. *Baylor School of Social Work*. [Online] Available at: <https://socialwork.web.baylor.edu/> [Accessed 30 November 2024].

Anon., 2024. *American Speech-Language-Hearing Association*. [Online] Available at: <https://www.asha.org/public/speech/disorders/aac/> [Accessed 30 November 2024].

Anon., n.d. [Online] Available at: <https://socialwork.web.baylor.edu/>

Archambault, J., Lonsway, K. A., Paceley, S. & Herrman, C., 2022. *Successfully Investigating Sexual Assault Against Victims with Disabilities*. [Online] Available at: <https://evawintl.org/wp-content/uploads/Disabilities.pdf> [Accessed 21 January 2024].

Artz, L. et al., 2017. *Optimus study South Africa: technical report. Sexual Victimization of Children in South Africa. Final Report of the Optimus Foundation Study*. South Africa: Centre for Justice and Crime Prevention.

Association, A. P., 2023. *American Psychiatric Association*. [Online] Available at: <https://www.psychiatry.org/Patients-Families/Intellectual-Disability> [Accessed 13 April 2023].

Badampudi, D., Fotrousi, F., Cartoxo, B. & Usman, M., 2022. Reporting Consent, Anonymity and Confidentiality Procedures Adopted in Empirical Studies Using Human Participants. *e-Infomatica Software Engineering Journal*, 16(1), pp. 1-24.

Badoe, E., 2017. A critical review of child abuse and its management in Africa. *African Journal of Emergency Medicine*, Volume 7, pp. 32-35.

Beckene, T., Forrester-Jones, R. & Murphy, G. H., 2020. Experiences of going to court: witnesses with intellectual disabilities and their carers speak up. *J Appl Res Intellect Disabil*, 33(1), pp. 67-78.

Beckene, T. F.-J. R. & M. G. H., 2020. Experiences of going to court:. *Applied Research* , 33(1), pp. 67-78.

Bekink, M., 2021. The protection of disabled child victims within the South African Criminal Justice System: Shining a light on the invisible and forgotten victims of crim.. In: C. Ngwena, H. Combrinck, S. D. Kanga & N. Murungi, eds. *African Disability Rights Yearbook*. Pretoria: Pretoria University Law Press, pp. 23-51.

Berger, R., 2015. Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15(2), pp. 219-234.

Bhandari, P., 2022. *Scribbr*. [Online] Available at: <https://www.scribbr.com/methodology/research-ethics/> [Accessed 1 November 2022].

Bigun, S. & Bhagwan, R., 2021. The silent suffering of special needs children who have been victims of abuse: The need for greater sensitivity, support and advocacy. *Child Abuse Research: A South African Journal*, 22(1), pp. 1-15.

Bornman, J. & Bornman, H. G., 2023. Augmentative and alternative communication in the South African justice system: Potential and pitfalls. *South African Journal on human rights*, 39(4), pp. 301-319.

Bornman, J., White, R. & Johnson, E., 2022. What Accommodations Do Courts Provide for Abused Children with Communication Disabilities? A Legal Scoping Review. In: M. Fitzgerald, ed. *Child Abuse and Neglect*. London, United Kingdom: IntechOpen, pp. 67-83.

Bos, J., 2020. *Research Ethics for Students in the Social Science*. Switzerland: Springer.

Bougard, N. B. & Booysen, K., 2015. Adult female rape victims' views about the Thuthuzela Care Centre: a South African multi-disciplinary delivery model. *South African journal*, Volume 5, pp. 19-22.

Bradshaw, C., Atkinson, S & Doody, O. 2017. Employing a Qualitative Description Approach in Health Care Research. *Global Qualitative Nursing Research*. 24 (4), pp.1-10. <https://doi.org/10.1177/2333393617742282>

Braun, V., & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), pp 77–101. <https://doi.org/10.1191/1478088706qp063oa>

Brown, D., Lewis, C., Stephens, E. & Lamb, M., 2017. Interviewers' approaches to questioning vulnerable child witnesses: The influences of developmental level versus intellectual disability status. *Legal and Criminological Psychology*, Volume 22, pp. 332-349.

Bryce, I. & Glasby, K., 2020. Child Sexual abuse in the context of disability. In: I. Bruce & W. Petherick, eds. *Child Sexual Abuse - Forensic Issues in Evidence, Impact, and Management*. India: Elsevier, pp. 137-158.

Bryne, G., 2017. Prevalence and psychological sequelae of sexual abuse among individuals with an intellectual disability: A review of the recent literature. *J Intellect Disabil*, 22(3), pp. 294-310.

Capri, C. et al., 2018. Intellectual disability rights and inclusive citizenship in South Africa: What can a scoping review tell us?. *African Journal of Disability*, 7(0), pp. 1-17.

Carrellas, A., Resko, S. M. & Day, A. G., 2021. Sexual victimization and intellectual disabilities among child welfare-involved youth. *Child Abuse & Neglect*, Volume 115.

Cederborg, A. C., & Gumpert, C. H. 2009. The challenge of assessing credibility when children with intellectual disabilities are alleged victims of abuse. *Scandinavian Journal of Disability Research*, 12(2), pp 125–140. <https://doi.org/10.1080/15017410902909134>

Clarke, J. N., 2012. Youth violence in South Africa: the case for restorative justice response. *Contemporary Justice Review: Issues in criminal, social, and restorative justice*, 15(1), pp. 77- 95.

- Colorafi, K. J. & Evans, B., 2016. Qualitative Descriptive Methods in Health Science Research. *Health Environments Research and Design Journal*, 9(4), pp. 16-25.
- Connelly, L. M., 2020. Inclusion and Exclusion Criteria. *MEDSURG Nursing*, Volume 29, pp. 115-116.
- Cossins, A., 2020. *Closing the justice gap for adult and child sexual assault: Rethinking*. Australia: Palgrave Macmillan.
- Creswell, J.W. and Creswell, J.D. 2017. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 4th Edition. Newbury Park: Sage
- Creswell, J. W. & Creswell, J. D., 2018. *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. Fifth Edition ed. Thousand Oaks, California: SAGE Publications.
- Crowe, B. et al., 2023. Augmentative and Alternative Communication for Children with Intellectual and Developmental Disability: A Mega-Review of the Literature. *Journal of Developmental and Physical Disabilities*, Volume 34, pp. 1-42.
- Curtiss, S. L. & Kammes, R., 2020. Understanding the risk of sexual abuse for adults with intellectual disabilities from an ecological framework. *Journal of Policy & Practice in Intellectual Disabilities*, 17(1), pp. 13-20.
- Department of Justice and Constitutional Development .2013. *National Policy Framework Management of Sexual Offences Matters*. Pretoria: Government Publisher
- Endicott, E. 1992. *Technical report: The impact of Bill c-15 on persons with communication disabilities*. Ottawa: Research and Development Directorate, Department of Justice.
- Ettekal, A. & Mahoney, J. L., 2017. Ecological Systems Theory. In: K. Pepler, ed. *The SAGE Encyclopedia of Out-of-School Learning*. Thousand Oaks: SAGE Publications, pp. 239-241.
- Fidler, D. J. & Lanfranchi, S., 2022. Executive function and intellectual disability: innovations, methods and treatment. *Journal of Intellectual Disability Research*, 66(1-2), pp. 1-8.
- Fleming, J. & Zegwaard, K. E., 2018. Methodologies, Methods and Ethical Considerations for Conducting Research in Work-Integrated Learning. *International Journal of Work-Integrated Learning* , 19(Special Issue), pp. 205-213.

- Frank, R.S., 2018. *Effectiveness of interviewing techniques with the Black child during forensic social work assessments: A South African perspective*. PhD thesis. University of Limpopo.
- Franken, J. 2019. *The experiences of designated social workers working with cases of alleged sexual abuse in the South African Context*. Masters Degree. University of Pretoria
- Franklin, A. & Smeaton, E., 2018. Listening to Young People with Learning Disabilities Who Have Experienced, or Are at Risk of, Child Sexual Exploitation in the UK. *CHILDREN & SOCIETY*, Volume 32, p. 98.
- Friedman-Hauser, G. & Jacobson, M., 2024. Pursuing Justice for Children with Disabilities: Exploring the Risks of Augmentative and Alternative Communication (AAC) and Advancing the Field. *Int. Journal on Child Malt*, Volume 7, pp. 593-605.
- Gilbert, D., Mukherjee, R., Kassam, N. & Cook, P., 2012. Exploring the experiences of social workers in working with children suspected to have fetal alcohol spectrum disorders.. *Adoption & Fostering*, 45(2), pp. 155-172.
- Gumpili, S. P. & Das, A. V., 2021. Sample size and its evolution in research. *IHOPE Journal of Ophthalmology*, 1(1), pp. 9-13.
- Hanass-Hancock, J., Nene, S., Johns, R. & Chappell, P., 2018. The impact of contextual factors on comprehensive sexuality education for learners with intellectual disabilities in South Africa. *Sexuality and Disability*, 36(2), pp. 123-140.
- Haney, J. L. & Cullen, J. A., 2017. An exploratory investigation of social workers knowledge and attitudes about autism.. *Social Work in Mental Health*, 16(2), pp. 201-222.
- Heady, N., Watkins, A., John, A. & Hutchings, H., 2022. The challenges that social care services face in relation to looked after children with neurodevelopmental disorders: A unique insight from a social worker perspective. *Adoption & Fostering*, 46(2), pp. 184-204.
- Hodapp, R.M., Dykens, E.M. & Masino, L.L. 2007. Families of children with Prader-Willi syndrome: Stress-support and relations to child characteristics. *Journal of Autism and Developmental Disorders*, 27(1): pp 11-24.

Huus, K., Bornman, J. & Lyngnegard, F., 2015. Human Rights of children with intellectual disabilities: Comparing self-ratings and proxy ratings. *Child Care, Health and Development*, 42(6), pp. 863-870.

International Federation of Social Workers, 2018. *International Federation of Social Workers*. [Online]

Available at: <https://www.ifsw.org/global-social-work-statement-of-ethical-principles/> [Accessed 16 April 2023].

International Rescue Committee .2012. *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*. New York: International Rescue Committee. Available at: <https://www.unicef.org/media/73591/file/IRC-CSS-Guide-2012.pdf>. Accessed [15 December 2024]

Iseselo, M. K. & Tarimo, E. A., 2024. Comprehension of informed consent and voluntary participation in registration cohorts for phase IIb HIV vaccine trial in DAR Es Salaam, Tanzania: a qualitative descriptive study. *BMC Medical Ethics*, pp. 25-29.

Jacobs-Kayam, A. & Lev-Wiesel, R., 2019. In Limbo: Time Perspective and Memory Deficit Among Female Survivors of Sexual Abuse. *Frontiers in Psychology*, Volume 10, pp. 1-13.

Jojo, N. et al., 2023. Knowledge of sexual abuse and resistance ability among children with intellectual disability. *Child Abuse & Neglect*, Volume 136, pp. 1-12.

Jones, C. S. K. F. A. F. D. C. A. a. T., 2016. Enablers of help-seeking and protection from abuse for deaf and disabled children: a qualitative study. *Child*, pp. 1-16.

Kahonde, C. K. & Johns, R., 2022. Knowledge, perceptions and experiences of risk to sexual violence amongs adults with intellectual disabilities in Cape Town, South Africa. *African Journal of Disability*, 11(0), pp. 2-11.

Kiger, M. E., & Varpio L. 2020. Thematic analysis of qualitative data: AMEE Guide No. 131. *Med Teach*. 42(8), pp 846-854.

Kihn, L.-A. & Ihantola, E.-M., n.d. Approaches to Validation and Evaluation in Qualitative Studies of Management Accounting. *Qualitative Research in Accounting and Management*, 12(3), pp. 230-255.

Klebanov, B., Friedman-Hauser, G., Lusky-Weisrose, E. & Katz, C., 2024. Sexual Abuse of Children With Disabilities: Key Lessons and Future Directions Based on a Scoping Review. *Trauma, Violence, & Abuse*, 25(2), pp. 1296-1314.

Klebanov, B., Friedman-Hauser, G., Lusky-Weisrose, E. & Katz, C., 2023. Sexual Abuse of Children With Disabilities: Key Lessons and Future Directions Based on a Scoping Review. *Trauma, Violence, & Abuse*, 0(0), pp. 1-13.

Kleintjes, S., McKenzie, J., Abrahams, T. & Adams, C., 2020. *Improving the health of children and adults with intellectual disability in South Africa: legislative, policy and service development*, Cape Town: South African Health Review.

Kleintjes, S., McKenzie, J., Abrahams, T. & Adnams, C., 2020. Improving the health of children and adults with intellectual disability in South Africa: legislative, policy and service development. In: P. A. Kathard H, ed. *South African Health Review*. Durban: Health Systems Trust, pp. 19-34.

Kopel, C., 2017, 'Suffrage for people with intellectual disabilities and mental illness: Observations on a civic controversy', *Yale Journal of Health Policy, Law, & Ethics* 17, pp 209–209.

Korstjens, I. & Moser, A., 2018. Series: Practical guidance to qualitative research. Part 4: Trustworthiness and Publishing. *EUROPEAN JOURNAL OF GENERAL PRACTICE*, 24(1), pp. 120-124.

Kruithof, K. et al., 2021. Siblings' and parents' perspectives on the future care for their family member with profound intellectual and multiple disabilities: A qualitative study.. *J. Intellect. Dev. Disabil*, Volume 46, p. 351–361.

Latiff, M. A., Fang, L., Goh, D. A. & Tan, L. J., 2024. A systematic review of factors associated with disclosure of child sexual abuse. *Child Abuse and Neglect*, 147(2024), pp. 1-14.

Lawson, A. & Beckett, A. E., 2021. The social and human rights models of disability: towards a complementarity thesis. *THE INTERNATIONAL JOURNAL OF HUMAN RIGHTS*, 25(2), p. 348–379.

Lincoln, Y., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.

- Mabaso, N.P., 2017. *Forensic interviewing in child abuse cases: Exploring best practices and methods for professionals*. Master's thesis. University of KwaZulu-Natal.
- Maphosa, N. & Chiwanza, V., 2021. Caregiver experiences and the perceived roles of social workers in caring for people with disabilities in South Africa. *African Journal of Social Work*, 11(3), pp. 155-163.
- Miller, D. & Brown, J., 2014. *'We have the right to be safe': Protecting disabled children'*. London: NSPCC.
- Mirza, H., Bellalem, F. & Mirza, C., 2023. Ethical Considerations in Qualitative Research: Summary Guidelines for Novice Social Science Researchers. *ocial Studies and Research Journal*, 11(1), pp. 441-449.
- Modula, M. J. & Sumbane, G. O., 2022. Families' Experiences on Safety Needs of Children with Intellectual Disability. *International Journal of Environmental Research and Public Health*, 19(15246), pp. 1-12.
- Moser, A. & Korstjens, I., 2018. Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *EUROPEAN JOURNAL OF GENERAL PRACTICE*, 24(1), pp. 9-18.
- Muridzo, N. G., Chikadzi, V. & Kaseke, E., 2018. Challenges Encountered by Children with Disabilities Accessing Child Sexual Abuse Interventions in Zimbabwe. *Journal of Human Rights and Social Work*, Volume 3, pp. 191-201.
- Mwita, K., 2022. Factors influencing data saturation in qualitative studies. *INTERNATIONAL JOURNAL OF RESEARCH IN BUSINESS AND SOCIAL SCIENCE* , 11(4), pp. 414-420.
- Naderifar, M., Goli, H. & Ghaljaei, F., 2017. Snowball Sampling: A Purposeful Method of Sampling in Qualitative Research. *Strides in Development of Medical Education*, 14(3), pp. 1-6.
- Niehaus, S., Krüger, P. & Schmitz, S. C., 2013. Intellectually Disabled Victims of Sexual Abuse in the Criminal Justice System. *SciRes*, 4(3), pp. 374-379.

NOFSW, n.d. *National Organization for Forensic Social Work*. [Online] Available at: <https://www.nofsw.org/what-is-forensic-social-work-1> [Accessed 30 June 2023].

Nowell, L. S., Norris, J. M., White, D. E. & Moules, N. J., 2017. Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, Volume 16, pp. 1-13.

Nowell, L. S., Norris, J. M., White, D. E. & Moules, N. J., 2017. Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, Volume 16, pp. 1-13.

Oelofsen, N. & Richardson, P. 2006. Sense of coherence and parenting stress in mothers and fathers of preschool children with developmental disability. *Journal of Intellectual and Developmental Disability*, 31(1): pp 1-12.

Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L. & Kahlke, R., 2023. A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *MEDICAL TEACHER*, 45(3), pp. 241-251.

Pamburayi, S.P., 2019. *Social workers' experiences of forensic practice with victims of child sexual abuse in the City of Cape Town*. Master's dissertation. University of Cape Town.

Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, 26(6), pp 558–565. <https://doi.org/10.1037/0735-7028.26.6.558>

Peter Twining, R. S. H. M. N. C.-C. T., 2017. Some guidance on conducting and reporting qualitative studies. *Computers & Education*, Volume 106, pp. Pages A1-A9.

Phasha, P. T., 2013. Influences on Under Reporting of Sexual Abuse of Teenagers with Intellectual Disability: Results and Implications of a South African Study. *Journal of Psychology in Africa*, 23(4), p. 625–629.

Phasha, T. N., 2022. Key informants' perspectives about sexual victimisation of learners with intellectual disability in South Africa. *Humanities & Social Sciences Communications*, 9(1), pp. 1-8.

Portal, S. W., 2024. *Social Work Portal*. [Online]
Available at: <https://www.socialworkportal.com/psychosocial-evaluation/>
[Accessed 17 November 2024].

Porter, S. & Westphalen, D., 2022. *Choosing Therapy*. [Online]
Available at: <https://www.choosingtherapy.com/secondary-trauma/>
[Accessed 04 June 2024].

Professions, S. A. C. f. S. S., 2024. *South African Council for Social Service Professions*. [Online]
Available at: [South African Council for Social Service Profession](https://www.sacsspa.org.za/)
[Accessed 30 November 2024].

Reid-Searl, K. a. H. B., 2012. Supervising nursing students administering medication: a perspective from registered nurses. *Journal of Clinical Nursing*, 21(13/14), pp. 1998-2005.

Republic of South Africa. (1997) *White Paper on an Integrated National Disability Strategy*.
Pretoria

Rittenhouse, R., 2017. *Barriers to Access to Justice for Child Victims of Sexual Exploitation: Legal Framework and Insights from Professionals in the Criminal Justice System in Moldova, Thailand*: ECPAT International .

Roberts, C., Darroch, F. & Bruggen, A. G. & R. v., 2022. You're carrying so many people's stories: vicarious trauma among fly-in fly-out mental health service providers in Canada. *International Journal of Qualitative Studies on Health and Well-being*, 17(1), pp. 1-11.

Robinson, S. & Graham, A. N., 2021. Feeling safe, avoiding harm: Safety priorities of children and young people with disability and high support needs. *J. Intellect. Disabil*, Volume 25, pp. 583-602.

Rueda, H. A. et al., 2017. Social Workers' Roles in Supporting the Sexual and Relational Health of Children with Disabilities. *Child Adolesc Soc Work J*, Volume 34, pp. 493-505.

sa, s., 2021. *Department; Statistics South Africa*. [Online]
Available at: <https://www.statssa.gov.za/>
[Accessed 1 December 2024].

Schiller, U., 2017. Child sexual abuse allegations: Challenges faced by social workers in child protection organisations. *Practice: Social Work in Action*, 25(9), pp. 347-360.

Shaheen, M., Pradhan, S. & Ranajee, R., 2019. Sampling in Qualitative Research. In: M. Gupta, M. Shaheen & K. P. Reddy, eds. *Qualitative Techniques for Workplace Data Analysis*. United States of America: IGI Global, pp. 25-51.

Shukla, S., 2020. *Concept of Population and Sample*. India, Indian Institute of Teacher Education Gandhinagar.

Simpson, K., Yeung, P. & Munford, R., 2022. Responses to abuse, neglect, and trauma of children with intellectual disability: Experiences of social workers and health practitioners in Aotearoa New Zealand. *Aotearoa New Zealand Social Worker*, 34(1), pp. 72-87.

Simpson, K., Yeung, P. & Munford, R., 2022. Responses to abuse, neglect, and trauma of children intellectual disability: Experiences of social workers and health practitioners in Aotearoa New Zealand. *Aotearoa New Zealand Social Work*, 34(1), pp. 72-87.

Social Work Portal. 2024. *Best Social Worker Assessments Guide for 2025. Everything You Need to Know*: <https://www.socialworkportal.com/social-work-assessment/> [Accessed 30 January 2025]

Sonio, M. P. & Fabella, F. E. T., 2023. The Lived Experiences of Social Workers Handling Child Sexual Abuse Cases. *Cognizance Journal of Multidisciplinary Studies*, 3(6), pp. 130-172.

South African Council for Social Service Professions (2024) *Annual Report 2024*. Pretoria: South African Council for Social Service Professions. Available at: <https://www.sacssp.co.za/annual-report-2024> [Accessed: 13 November 2024]

South African Government. 2015. *White Paper on the Rights of Persons with Disabilities*. Pretoria: Government Printing

South African Government .1997. *Integrated National Disability Strategy: White Paper*. Pretoria: Government Printing

South African Government .2016. *White Paper on the Rights of Persons with Disabilities*. Pretoria: Government Printing

- Steele, S. J. et al., 2019. The epidemiology of rape and sexual violence in the platinum mining district of Rustenburg, South Africa: Prevalence, and factors associated with sexual assault. *PLoS One*, 14(7), pp. e0216449-e0216449.
- Stoltenborgh, M., Bakermans-Kranenburg, M. J., A. & L. R. A., & v. I. M. H., 2015. The prevalence of child maltreatment across the globe: Review of a series of meta-analyses. *Child Abuse Review*, 24(1), p. 37–50.
- Susanna Niehaus, P. K. S. C. S., 2013. Intellectually Disabled Victims of Sexual Abuse in the Criminal Justice System. *Psychology*, 4(3A), pp. 374-379.
- Theofanidis, D. & Fountouki, A., 2018. Limitations and delimitations in the research process. *Perioperative Nursing*, 7(3), pp. 155-162.
- Toro, J., Kiverstein, J. & Rietveld, E., 2020. The Ecological-Enactive Model of Disability: Why Disability Does Not Entail Pathological Embodiment. *Front Psychol*, Volume 11, pp. 1-15.
- Twinning, P., Heller, R.S., Nussbaum, M & Tsai, C. 2017. Some guidance on conducting and reporting qualitative studies. *Computers & Education*. 106, pp 1-9. <https://doi.org/10.1016/j.compedu.2016.12.002>.
- United Nations. (1989). *Convention on the Rights of the Child*. United Nations Treaty Series, 1577, 3.
- United Nations. (2006). *Convention on the Rights of Persons with Disabilities*. Treaty Series, 2515, 3.
- Vasileiou, K., Barnett, J., Thorpe, S. & Young, T., 2018. Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, 18(148), pp. 2-18.
- Ward, L. 2018. Sexual violence against children in South Africa A nationally representative cross-sectional study of prevalence and correlates. *Lancet Glob Health*, 6(4), pp. 460-468.
- Whetsell-Mitchell, J., 2015. *Rape of the Innocent: Understanding and Preventing Child Sexual Abuse*. New York: Routledge.

Williamson, C., 2017. *Definition of Victim, Survivor, and Thriver*. [Online] Available at: <https://www.utoledo.edu/hhs/htsj/pdfs/flyers/PATH%20client%20definitions.pdf> [Accessed 15 November 2022].

Wismayanti, Y. F., O'Leary, P., Tilbury, C. & Tjoe, Y., 2021. The problematization of child sexual abuse in policy and law: The Indonesian example. *Child Abuse & Neglect*, Volume 118, pp. 1-10.

Wissink, I. B. et al., 2015. Sexual abuse involving children with an intellectual disability (ID): A narrative review. *Research in Developmental Disabilities*, Volume 36, pp. 20-25.

Wissink, I. B. et al., 2015. Sexual abuse involving children with an intellectual disability (ID): A narrative review. *Research in Developmental Disabilities*, Volume 30, pp. 20-35.

APPENDIX A – SEMI-INTERVIEW SCHEDULE

Semi-structure interview schedule

1. How would you describe your experience with child sexual abuse survivors with intellectual disabilities?
2. How has your experience shaped your personal development and practice?
3. What are the current challenges you are facing with providing services to child sexual abuse survivors with intellectual disabilities?
4. How do social workers approach and address the complex emotional and psychological needs of the child sexual abuse survivors with intellectual disabilities and their families?
5. What are the best practices for assessing and treating child sexual abuse survivors with intellectual disabilities?
6. What training and education needs do social workers require who render services to child sexual abuse survivors with intellectual disabilities?
7. What are the current protocols and legislations that guide your assessments and services?
8. Any suggestions for future practice?

APPENDIX B: PARTICIPANT CONSENT FORM

University of Cape Town

Faculty of Humanities

Department of Social Development



CONSENT FORM

Title of research project:

Exploring social worker's experiences with child sexual abuse survivors with intellectual disabilities

Name of principal researcher:

Leandré Samuels

Department/ Research group address:

University of Cape Town
Level 5, Leslie Social Building
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Rondebosch

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Telephone:

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Smllea003@myuct.ac.za (principal researcher) / shanaaz.hoosain@uct.ac.za (supervisor)

Name of participant:**Nature of the research:**

Social workers play a crucial role in providing intervention and support services to child sexual abuse with intellectual disability and their families. Hence, exploring their experiences will contribute to a limited body of knowledge and improve overall services. Sequentially, this can lead to increased advocacy and policy changes that are aimed at improving access and support for disabled child sexual abuse survivors. Moreover, the study will seek to contribute to the creation of guidelines for special provisions for CSA-disabled survivors.

Participant's involvement:**What's involved:**

Risks: Emotional risks to the participant are involved. Due to the sensitivity of the research topic, participants may experience fear, stress, triggers of past trauma/emotional experiences and emotional distress. However, the researcher will empathise with participants during the

data collection. The researcher will engage emotionally with the participants; however, she will refer to a professional counsellor should a participant experience emotional distress.

Benefits: There are no direct personal benefits that you will get by participating in this study. However, the study will enhance our knowledge of social workers experiences with intellectually disabled child sexual abuse survivors. The information will contribute to the current knowledge gap and specific intervention as well as services.

Costs: R0

- I agree to participate in this research project.
- I have read this consent form and the information it contains and had the opportunity to ask questions about them.
- I agree to my responses being used for education and research on condition my privacy is respected, subject to the following:
 - I understand that that my personal details may be included in the research/ will be used in aggregate form only, so that I will not be personally identifiable.
 - I understand that I am under no obligation to take part in this project.
 - I understand I have the right to withdraw from this project at any stage.
 - I understand that this research might be published in a research journal or book. In the case of dissertation research, the document will be available to readers in a university library in printed form, and possibly in electronic form as well.

Signature of participant: _____

Name of Participant: _____

Signature of person who sought consent: _____

Name of person who sought consent: _____

Signature of principal researcher: _____

Date: _____

APPENDIX C – ETHICAL CLEARANCE



UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

DEPARTMENT OF SOCIAL WORK AND SOCIAL DEVELOPMENT
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14 August 2023

Student: **Leandre Samuels (SMLLEA003)**

Supervisor: **Dr Shanaaz Hoosain**

Outcome: **ACCEPTED**

I am pleased to inform you that ethical clearance has been given by an Ethics Review Committee of the Faculty of Humanities for your study, *Exploring Social worker's experiences with intellectually disabled child sexual abuse survivors*. The reference number is SWK-REC-2023-SR007.

I wish you all the best for your study.

Yours sincerely

Prof Leon Holtzhausen

Head of Department

Chair: Ethics Review Committee

APPENDIX D – TRANSCRIPT 12

Interviewer: Good afternoon. Thank you so much for agreeing to participate in the research study today. My name is Leandre. I'm currently doing my masters in criminal justice social work at UCT. And today we will just briefly speak about “Exploring social workers experiences rendering services to intellectually disabled child sexual abuse survivors” So just for the record, I would just like you to state what is your current occupation, how long you've been in the field and what type of services do you deliver?

Participant 12: OK, so I've been a social worker for seven years. I have a masters in social work and a masters in forensic practice and I'm currently busy with my doctor's work. The render therapeutic services to children between the ages of three and 12 years old. And then I do socio emotional assessments and forensic investigations.

Interviewer: OK. Thank you so much for that day. So let me take much of your time today. So, the first question is how would you describe your experience with intellectually disabled child sexual abuse survivors?

Participant 12: I want to say it's limited, but I don't want to say it's limited because there's not a lot of referrals. I think I have about 5. I think it's offered just by the time it ends up with me, it's kind of at like the end of the case, like nobody knows what to do so they just contact me for help. Like my experience of working with it or my experience of working with the whole process is kind of one that's actually just really sad to be quite honest. Yeah, so... I've worked with children like this before. I've worked with children that have been sexually abused and other perpetrators of sexual abuse in terms of disabilities, but you know my experience of it has been atrocious.

Interviewer: And can you maybe describe to me like what does that mean to you? Like when you say atrocious like just elaborate a bit more.

Participant 12: I think there's just like either, there's a super under reaction to it, so it's this belief that because they're disabled, whether that's like there's, there's almost this belief that because they're disabled, it mustn't be as bad for them like they're actually like what's going on? So, we don't need to treat it with the same intensity we were treated with. If it was like quote unquote “a normal child that experience that”.

Interviewer: Yeah. OK.

Participant 12: So, I think for me, it's like a lack of compassion that's showing throughout the whole process. Also, just like a lack of logical thinking, I sound very negative saying that, but it's just I often think the people that work with intellectually disabled children while you do get some of the really beautiful, wonderful people that do it, oftentimes it's people that actually just don't have any understanding of what their needs are.

Interviewer: Yeah, and then how would you say this experience with them shaped your personal development and within practice?

Participant 12: Oh, I think I'm just like, become really nasty towards other professionals because I have to be the advocate for them. So, I end up having to be the one that, like pushes and the one that says, what are you going to do and they'll say like oh no. We'll just send them for therapy and I'm like, OK, what's therapy are you sending them for. And what therapist are you sending them to? Are you sending them to the free therapist that you can find? Or are you sending them to a therapist that has the capacity to understand this? What are you doing to support the parents? So, I end up. Becoming more of like an advocate and then you do get sort of labeled as being like a problematic person or something. Creating more work but just I just feel like. Again, it comes back to if you, if you if I work with somebody so option a, I work with somebody that's got really good understanding. They contact me, they say to me that the child was struggling intellectually, they were wondering if I could possibly do therapy for them or like a forensic investigation. They meet with me. They're open, they bring the person to me, they are like they have it. They're sorted. That's a fantastic process. Yeah, but option B is like you get somebody that messages you that says to you oh. My boss says that we've gotta refer for therapy and I put it in the call for Paul. So, I'm contacting you. Yeah. They're like, intellectually disabled. So, I mean, they probably don't even understand what happens. So, I mean, yeah, I'm just basically covering my bases. OK, well, I can't see the child and what's the plan and? Then they're like, oh, but you're so far away or... So, like we'll bring the child for one session and then I'm like no It's for like 6 months if it's like sexual abuse? All the parents involved. What are you doing to support the parents? So, then you know it becomes a little bit of a problem. So I think personally, like I've become a very big advocate for it. Umm, I'm also very much now focused on like empowering the parents because you want the parents to feel empowered, especially when there's a sexual abuse too often. It's like we focus so

much on the children but the parents. Themselves are also victims. And these parents are especially vulnerable because they're dealing with children. Those are already different and so now you've got a child that's already different. That's being mocked now with something, and especially within certain communities, a child that's being sexually abused is like, ostracized. Or and so it's really about supporting the parents.

Interviewer: OK. No, thank you for that. We will get to that question, but you've already touched on a little bit. Do you experience? Any challenges with providing services to the intellectually disabled child?

Participant 12: I want to say like the first thing is nobody thinks they need services. Because it's like I mean, even let's just take like a normal child in South Africa there's a lack of resources. There's a Lack of understanding in terms of the needs and there's a lack of awareness of, you know, intellectually abused child, intellectually disabled child who like struggles to verbalize their feelings, struggles to comprehend, what's happening, can be easily manipulated easier. And then now you gotta try and get them services. It just becomes like it's actually what I've often said to people in this country, it's actually so sad because as a social worker, you're constantly trying to work yourself out of your profession. Do you want to be in a place where there's nobody like you're not needed? Anymore. Yeah, but in our country there's always work.

Participant 12: Because it's just like because it's just like this knock-on effect of just continuous cycles that just continue through generation and generation and I've often said like, I think it must be atrocious to be disabled and all.

Interviewer: Because they I want to say forgotten, they're basically forgotten.

Participant 12: They would have been remembered to begin with, like to be what? And you have to first be thought of umm, but like in, in that type of scenes that they are not seen in the scenes that we can help you or you also need therapy or you know like web services. Where we need to provide to you and they're often. Like I said, the services themselves, they're not even thought of being necessary. So you have like you, you have people that are going or, but do they even understand what's happening? But they thought it was a game. Yeah. You know, they don't even comprehend. Even if you're, I mean, I think it's harder if you're intellectually disabled because. You can't comprehend what's happening. You have no clue about what's going on with your body

now. You're also you're at sometimes you're at, you know, the mercy of somebody else that has to look after you. And if that person's the one that's abusing you, they're manipulating you and they're using that to their advantage. **Interviewer:** but like do you experience challenges within the justice system. Like if you have to go to court?

Participant 12: The fact that like an intermediary service is not even like just a given in the Children's court or in the like Criminal Court. Now you've gotta put, like, an intellectual disability, which sometimes I think is worse because it's not like they are in a wheelchair. I mean, sometimes they can be but like, if you've got an intellectual disability and you're not in a wheelchair people just assume you're fine. When you're not accommodated, you know people with if I think of like some of the kids that I've worked with have intellectual disabilities, they present as normal. And so then everyone assumes that they are just like the rest. Of you know, their classmates. But a child that is 17 can maybe have the brain of a six-year-old.

Participant 12: Exactly. And so then, you know, I'm thinking of one child in particular. He presents as normal. I hate using that word, but. He presents as like typical and suddenly he opens up his mouth and he asks questions and you can see everybody being like this is a, you know, 70. Well, he's not 20, but a 20-year-old man. That's asking me questions like a six-year-old boy. And then they don't know how to. React. So now think. Of how that must be in the criminal system, you've got a lawyer. Who's got you know? High caseloads, who needs to represent this child? But they don't have the capacity to understand the child. They've now got to educate the court on the intellectual. Tea. So then, like, who do you get to explain what the challenges are for that? Do you need a doctor to do that for a psychologist or a therapist? And nobody's going to come into court and do that for them because you can barely get somebody in court to testify. To the forensic evidence.

Interviewer: Yeah, that's not that's quite bad for you guys that work within that field like are you sometimes go to go to court to go and explain to them or be like that advocate for the child.

Participant 12: Yeah, sorry if I do a forensic investigation, then I've gotta go and testify in court. I mean, depends. But you testify in court and then what ends up happening is you end up saying something like, you know, Johnny really struggles with understanding the difference between a truth and a lie, for example. Which is something that, if you're intellectually disabled, you might struggle with you don't know what the difference is between a truth and a lie. And then by saying

that you're being honest but what's the defense using that? Ohh. Well, then how do we know that? The child is telling the truth like till they don't. They only see facts and evidence, but they don't see the child for being the child No, and that's their job. That's the purpose of their job they have to create a bit of doubt. But my thing always comes down to what's in the best interest of this child and that's. Why the children's school thing is sometimes more. In place to try these kinds of cases. But again, what's better if you're intellectually disabled and your home is unsafe, where do you go? What facilities do we have? In our Children like that and then I always think. Of that compliance story, it's like the worst thing. I've watched this story of those children that were disabled in the Eastern Cape that lived in a like a secure care. Facility and I just keep thinking like I just they play in my mind all the time because I think like that's what the government deemed. OK, do you know? I mean, that's not the setting. So how can then we expect the rest of the people to follow?

Interviewer: Yeah...it is a lot hey... but let's move on to the next question is how do social workers approach the complex emotional and psychological needs of the intellectually disabled child sexual abuse survivor, as well as their families, you said you are big on providing services to families?

Participant 12: I'm a big believer because I can see the child one day like one hour a week, hmm and their families I can see throughout the process. We need to have the systems outside of me as the social worker that are functioning. So that's why I say like I'm a big believer in families being involved and families being supported, you know, and siblings being supported as well because the attention shifts to one child or other siblings get left behind.

Interviewer: What type of systems? Can you maybe elaborate on that?

Participant 12: Like support groups, education and big on educating parents and helping them understand this is. What it's like for a child, this is what your child's gone through this. How it may affect them. I'm very big on helping them understand this is what the emotions might be that your child is going through your child might get very angry for no reason. Your child might lash out at you, your child might lie in bed all day, you know things like that. Your child might start wetting the bed again. So, So that's very important. Working with siblings and trying to get them into therapy as well, so they also get a little bit of special time and then educating like professionals and helping them understand the systems.

Interviewer: And with the individual, like with your intellectually disabled child, like, how would you work with them?

Participant 12: I think it's just the way that I work so I work very non-directive. When I'm doing forensic assessments or social emotional assessments, I see the child. I do the interview and sometimes might be that I realized that like the child can't answer some of my questions. Like I do one of the things that I ask is OK when you do. Like who are your friends at school or you know, what do you think mom is feeling in this picture. And sometimes, depending on if they have capacity or the intellectual capacity, they might not be able to answer the question. Yeah. So then in that way, I then adjust the questions and make it much simpler, but the forensic assessment likely works for children from age 4. So it's just about a change language. In terms of the therapy that I'm working with, kids and the therapy works very non-directive, so it's very childlike. Well, that's the way I work, very childlike, very child centered. The child gets to choose what we do and again because it works for children from age 3 to 12. If I've got the intellectual capacity of a 5-year-old. I'm just adjusting my techniques to be you're 5-year-old. It's Like it's like, you know, expecting a fish to be able to ride a bicycle. It's just not so I adjust my expectations for what they can do, but I really can't meet them where they are.

Interviewer: You know that that's really important. I wanted to say that's actually a very cool way of approaching because with the forensic assessment and interview. And it's also. Emotional things. It's so direct like this. Now you're going to try and speak to this child on a level that. You know the age group, but then at the same time you also need to. Consider where their brain. Is at or their level of development.

Participant 12: Yeah. It's just about adjusting, but it's the same way. Like I I don't want to compare it, but it's the same way that if you're speaking to somebody where English is not their first. Language which we're using. Big, fancy words and like dumb it down. I don't know why we're so quick to do that for people that speak different languages. One of the people with different ages, you know. So, it's just about adjusting and again educating. That's why I think educating professionals is so important and explaining to them.

Interviewer: So true. What do you think are some of the best practices for treating intellectually disabled children with sexual abuse?

Participant 12: First one is being like be bloody qualified because I just feel like every second person now is like an investigator or a therapist that specializes in trauma. And then you ask them, like, what are their qualifications? And they're like, oh, I did a 2-day course you know on play therapy. Yeah, I did. Like a. Oh, I did a I did a YouTube video that I watched all the Council says it's all the Council says it's with my school practice, you know, like, yeah, the Council also tells us that, you know, you don't get specializations in social working in special. So, I feel like the first thing. Is like you you have to be qualified, yeah. And you can't and and...I think it's also one of those things of like some people just feel like they're qualified, but are you prepared? So, so to me it's like you qualified and you have to be supervised.

Participant 12: Secondly, I feel like you have to be continuously doing some sort of course. I've got a qualification and play therapy, but there's lots that you get within the country. And then you compare like mine to theirs. And I'm not saying mine is the best one like some people. And they're like, oh, what qualifies you to be play therapist and like there is no such thing. In our country as a play therapist, first of all. Anybody can be a plate therapist. And secondly, like I did a yearlong course. Well, now I'm in. My second year of a four-year degree you know and then they're like, oh, wow. Oh, I just did like a 5-day CPD course so that qualifies me. And then I'm like, OK, and then I'm like, so who do you work with like? Oh. No, I'm working at children's homes or? I work at this CYCC and I'm like, oh, wow. So you must have a lot of like trouble work. And then they're like, yeah, I mean, it's not that. Difficult to like, yeah. It seems a little bit without it.

Participant 12: So I think that best practices is like and I think then also I think you have to be committed for long periods of time because intellectually disabled kids take longer. Because you know you're not working with somebody that's functioning at their base. And then also in terms of the sexual abuse things, I think you've got to be, for me a very big thing that I push for people is you have to be sure when you're involved in the process and when you remove yourself from the process. So, in an ideal world, somebody that's intellectually disabled that's been sexually abused, like if it's disclosed. In an ideal world, what you'd want is like it gets a forensic investigation, then it gets up. While that's happening is getting reported to the police on the day-by-day processes. And then when that's done. They go for therapy. But what ends up happening now is it's like. We send them for therapy and then we take them for forensic process and then through this and then ohh when we can take them for therapy anymore. We've got another therapist.

Interviewer: Thank you for that. You've also mentioned that training needs to be provided to social workers. What training and education does social workers require to render these services to intellectually disabled child sexual abuse survivors.

Participant 12: I would love to know if there is a training on intellectually disabled children. Like I'll be honest with. You I don't know of a single training that I can that at least think of I could have found, that would have helped with with any of this. Yeah. But you're right, there needs to be. Some sort of course developed. In some way shape or form, but then again. Yeah, this is like not really going to. Help you with your study, but. I do think the Council needs to start specializing social workers because then I think what's going to end up happening is you're going to end up getting rid of a lot of the crappy social. Workers that are around. But everybody calls himself a hospital social worker or school social worker. There's no such thing. Like there's genuinely no such thing. You cannot register the Council with that. You've worked in a hospital for a year. That doesn't make you a hospital social worker. That makes you a social worker that's worked in a hospital. Like training specifically for social workers with intellectually disabled children?

Participant 12: I think, if the Council had specializations and they were very strict, they were like you can only work with intellectual disabilities if you have done like a postgrad but that would require them to for them to develop one and that's not going to happen because. They can barely develop a system that sends us our receipts sometimes you know, so not. So certainly it's like you need to, you need to be training people, but you also you need to have like the right training, you need to have.

Interviewer: No, no, I fully, I fully understand what you're saying and I agree with you sentiment, because you, the Council, is not. Doing what they're supposed to do.

Participants 12: No. And then who gets left behind the children Because you've got social workers that are operating with no consequences. They are making money or for advertising themselves in a specific capacity. Who's actually who's actually being disadvantaged here?

Interviewer: Yeah. And at the end of the day, we become so burned out. We have so many things to do, so many clients, we don't get all of the kids.

Participant 12: But again, if you could then have people that would specifically work with intellectual disabilities that were trained that were supervised, that were being managed, then yeah, you would.

Interviewer: I hear you... for the second last question, what protocols and legislation guide your assessments and services?

Participant 12: I follow the forensics. I follow the NCHD protocols. That's the National Institute of Child Health and Human Development Protocol, which is an interview protocol for forensic interviewing. So I'll follow that and then I follow the comprehensive assessment model with it and that allows me to basically get information from different sources so that the child source is not the only source. It's very helpful with intellectual disabilities because you might have a child that's. Not able to. Provide you with all the information. But then because I use that model I can get information from other people. So I find that very helpful. I also follow a non-directed child seated play therapy model. So I've been trained in that model and I stick with it. And I have a supervisor that makes sure that I stick within that. I stay within my scope. I also work with something called the strengths and Difficulties Questionnaire? It's called an SQ and that allows me to get like a baseline for children that I see for therapy. So you basically get the parents and the teacher to fill it out to you then compile that information. You get a school and then at the end of therapy I get another school. It's not like the only thing that I use obviously is helpful in terms of getting some doctor from people, and then I've got like a very thorough intake form that I send people, which gives me a lot of information. In terms of like what do they like as birth? What medication? Are they on? You know, because intellectual disabilities there might be. A medication which can affect their functioning. And you know, do they have? Doctors, small things. They're like sometimes kids have. A shorter attention span, so then you can't, do you know full hour assessment. So it's about figuring things like that. Oh. Mm-hmm and legal, legal like children's act. And obviously the Sexual Offences Act. Like the Disabilities Act? Yeah, I never got training on that adversity like.

Interviewer: Lastly, do you have any suggestions for future practice within this specific field?

Participant 12: Oh, you're really not going to like it, I don't think we need more social workers. We need more good social workers. I think we should have social workers coming to the field with more capacity and like better training. I think we need to have a specialization in terms of

intellectual disabilities or just physical disabilities or disabilities in general, like how many social workers do you know that can speak like sign language or can read Braille. Or can do. Now I'm gonna completely forget what is that language. That what do they call it for children with Intellectual disabilities but I know they teach it to babies with body movements to indicate what they need oh yes, hand gesture communication, basically and it's brilliant, but we don't do it here. With intellectual disabilities to give them away to communicate. And it's brilliant, but it doesn't help if the child can only communicate to like their mom. You know they need. To be able to communicate to other people. So how many social workers do you actually know that can communicate to their clients? But again if it. Was a specialization and you were made. To learn it and you were told by. The Council you have. To have you know. A post grad you have to be able to speak. This language then. Suddenly it becomes very different. Through and I think the more they try to incorporate other things that are not working instead of asking us what do you think is going to work, they just do their own things and we just need to fall.

Participant 12: Now, you've got you've got somebody sitting in a DSD office that was a social worker maybe 30 years ago, they've worked their way up the ranks. They've stayed in the profession, you know? Yeah. They studied social work, but they haven't really done anything. More than that. Yeah. And so what do they do? They're just pushing the same thing. What do we need? We need more social workers. How are we going to get them more money? How are we going to get more money? You know, more advertised whatever it is I mean, what ends up happening? You just have the same people doing the same thing over and over and over again, to do **anything else that you would like to add.**

Participant 12: No, I think you should just like include in your masters that like I think there needs to be an acknowledgement of social workers that this is a vulnerable group and that a vulnerable group doesn't require a quick fix. It requires like long term sustainable changes. And it's not going to happen with people that are coming in who act like they know everything and that they are like the ones that are going to save these children. It needs to be, it needs to be somebody that's willing to come in and learn from them and then be able to implement that with the next child that they see. You know, and to consistently be, like humbled within the provision, because if you come in with this mentality of I know what to do and I can help them and this technique or this act or this, you know. This way of doing things is going to help, which you're going to end up

doing is you're going to end up having a group that's again being told what they need instead of having somebody listen to what they need.

Interviewer: Thank you so much, that was very insightful and looking forward to go and read up on some of the things that you've mentioned.