Experiences of Child and Youth Care Workers in Working with Victims of Child Sexual Abuse

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Abstract

Child and youth care workers (CYCWs) offer a range of supportive psychosocial services that communities, families, and children need. This study focuses on the work of CYCWs in providing supportive services for children, including those who are victims of sexual abuse. As research reveals, sexual abuse during childhood affects victims in both the immediate and long terms. The impact of this abuse includes victims who experience impaired cognitive development and mental health-related challenges, including depression and suicide ideation. Hence, this study explored the experiences of CYCWs who work with children who have been victims of sexual abuse. Data came from individual one-on-one interviews, conducted among 12 CYCWs who were employed by two child and youth care centres (CYCCs) in Durban, KwaZulu-Natal, and participants were between the ages of 25 and 50 years. The analysis of the findings in this study suggests that CYCWs experience challenges in competently providing support to children who have been victims of sexual abuse. The findings of this study further reveal that some CYCWs lack specialised skills in their work with victims of child sexual abuse, thus feeling inadequate in fully assisting a child in their care.

Keywords: youth; child sexual abuse; care; children; child and youth care workers

Introduction

The Constitution of the Republic of South Africa, Act 108 of 1996, states clearly that every child has a right "to family care or parental care, or to appropriate alternative care when removed from the family environment" (Republic of South Africa, 1996: 11). Hence, it is the children's right to receive optimum care in child and youth care centres (CYCCs). To ensure this, all CYCCs are expected to offer therapeutic and developmental programmes that are tailored to meet the needs of the children for whom they care (Jamieson, 2014) in the places that uphold children's rights. Children admitted in CYCCs need care and protection in terms of Section 150 of the Children's Act (Children's Act 38 of 2005). These include children who (Jamieson, 2014):

- cannot live with their families due to abuse, neglect, reject, abandonment or 'orphaning';
- are awaiting trial;
- have behavioural, psychological and emotional difficulties;
- have been trafficked;
- live on the streets;
- are addicted to dependence-producing substances; and
- live with psychiatric conditions.

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This Children's Act also stipulates that the core responsibility of the government is to develop strategies that ensure that there are sufficient facilities that offer a range of programmes to meet the needs of children in its care.

In most cases, victims of child sexual abuse (CSA) are removed from their homes and placed into CYCCs, which then become places of safety. This enables the provision of potential temporary alternative care for children in need. The practice of child and youth care (CYC) is focused on the developmental needs of children and families, and is committed to social justice that recognises oppression due to race, ethnicity, sexual orientation, gender, disability and socio-economic status (CYC-Net, 2023). The CYC practice involves the equitable, active, and engaged relationship between individuals to facilitate meaningful change aimed at improving children's lives (CYC-Net, 2023). The role of child and youth care workers (CYCWs) then involves providing professional help for children in distress, while considering developmental, personal, familial and social risk factors (South African Council for Social Service Professions (SACSSP), 2023). It includes promoting the optimal development of children, the youth and their families in a variety of settings, while using skills in assessing client and programme needs; designing and implementing programmes and planned environments; and integrating developmental, preventive, and therapeutic requirements into the living space (Garfat *et al.,* 2018). CYCWs engage children in their daily spaces to facilitate and support the children's growth and development through the relational interplay between the self and others (CYC-Net, 2023).

The work of CYCWs focuses on the infant, child and adolescent, including those with and without special needs, within the context of the family, community and lifespan (CYC-Net ,2023). Additionally, CYCWs focus on providing direct care and support to children; monitoring and establishing daily structures and routines; facilitating; and participating in social, recreational and educational activities, as well as providing behavioural support and crisis intervention (Modlin and Magnuson, 2021). Therefore, the work provided by the CYCW should contribute to healing children, including sexual abuse victims, in ways that provide lasting well-being. Therefore, this study explored the experiences of CYCWs in caring optimally for children who have been victims of CSA. Although CYCWs' work can contribute to their sense of satisfaction and pride, it can also be challenging, difficult and emotionally exhausting, mostly due to children's struggles with a variety of behavioural and psychological disorders (Yakhnich, 2022). The dire needs of children in care emphasise the importance of adequate training for CYCWs, which Mhizha and Nhedzi (2023) reveal as one of the great challenges that currently face the CYC profession. An additional challenge in relation to training is the lack of standardisation of the curriculum and facilities that cannot produce the same standards of training for CYC learners (Mhizha and Nhedzi 2023). They further explain that this then affects CYCWs' performance negatively, as CYCWs face difficulties in providing consistent and high-quality education and care for the children in their care.

As previously mentioned, CYC work is focused on the care and support of children. A child is defined by the Office of the United Nations High Commissioner for Human Rights as any person below the age of 18 years (OHCHR) 1996–2024), this is a department of the United Nations Secretariat that works to promote and protect human rights that are guaranteed under international law and stipulated in the Universal Declaration of Human Rights of 1948. In the development of the Convention on the Rights of the Child (CRC), the international community recognised that children are people who have rights that must be respected equally to those of adults and upheld regardless of race, colour, sex, language, religion, nationality, ethnicity, social origin, ability or any other status (United Nations Children's Fund (UNICEF), 2014). Children who grow up in South Africa still face numerous adversities, including poverty, experiencing abuse or suffering multiple losses (Van Breda, 2015; Nelson Mandela Children's Fund, 2023). In South Africa, a high prevalence of CSA is reported by research (Ward *et al.*, 2018; Ngidi *et al.*, 2021; Devries and Meinck 2018). Furthermore, in South Africa, 9.99% of boys and 14.61% of girls aged 15–17 years reported experiences of non-contact or contact sexual abuse (Devries and Meinck 2018). For children to survive and develop to their full potential, they need, among other things, freedom from violence and exploitation and the time and space to play and be allowed to be children (UNICEF, 2014). CSA is one of the major adversities that children face globally, as it increases the risk for physical and mental problems during the life cycle from childhood to adulthood (Letourneau *et al.*, 2017; Hailes *et al.,* 2019).

CSA is defined as any completed or attempted sexual act, sexual contact with a child or any sexual exploitation of a child, and the involvement of a child in sexual activity that they do not understand fully or for which they are not developmentally prepared and thus cannot consent to (Mathews and Collin-Vézina, 2019; Caffo *et al.*, 2021). It involves child sexual assault, child sexual victimisation, child sexual exploitation, adverse sexual experiences and any unwanted sexual experiences (Mathews and Collin-Vézina 2019). CSA is revealed by research to have a

negative impact on social, psychological and sexual functioning later in life (Ezekiel *et al.,* 2017). According to Bursztein *et al.* (2019), CSA is one of the horrific crimes that affect an estimated 9%–19.7% of girls and 3%–7.9% of boys. Furthermore, children endure indecent exposure, forced intercourse and sex trafficking. Hence, CSA is a traumatic experience, as it involves maltreatment and has severe implications for children's right to health and protection (Ferragut *et al*., 2022). A recent review of the evidence suggested that rates of CSA were generally higher in Sub-Saharan Africa than in many other parts of the world (Kamukama *et al,.* 2022,) revealing the great need for child victims to receive optimum care and assistance. Physical and emotional abuse, neglect, family violence, and other victimisations have been found to be strongly associated with sexual abuse (Ward *et al.,* 2018). In South Africa, children who have been found to be more at risk of sexual abuse are children who are not enrolled at school, live in rural areas, lack a flush toilet, are disabled or have parents who abuse substances (Ward *et al.* 2018). This includes children who live with caregivers, have little or no knowledge of their whereabouts, and abuse substances or partake in risky sexual behaviours (Ward *et al.,* 2018).

Sexual abuse against children aged 13–18 years is a significant concern and a national catastrophe in South Africa (Ngidi *et al.,* 2021; Adlem, 2017). Adolescence is a challenging developmental stage for girls, as they tend to be sexualised and encounter sexual victimisation when they begin to mature physically and start assuming sexual identities (Ngidi, 2022). The victimisation of adolescent girls is largely ignored (Murray *et al.,* 2018; Barbara *et al.* 2017; Ngidi 2022). This substantially limits the protection of children from sexual abuse. According to Ezekiel *et al.* (2017), the issue of CSA often goes unnoticed and undocumented because of taboos (its sensitive nature), and mostly affects the less powerful population. Wangamati *et al.* (2018) found that the causes for CSA are the developmental stage, peer pressure and gender disparities within society. Furthermore, according to the World Health Organization (WHO), across the globe, an estimated 50% of children who are 2–17 years old are exposed to violence every year (World Health Organization, 2020). Moreover, approximately 120 million girls are sexually assaulted before the age of 20 (De Oliveira *et al*., 2021). CSA leads to serious lifelong consequences that become serious problems for individuals, families and societies (Muridzo and Malianga, 2015). It has a lasting impact on an individual's psychological functioning, including a broad range of negative mental health outcomes in adulthood (Hailes *et al.,* 2019).

To prevent CSA, laws that criminalise various forms of sexual violence against children should be implemented and enforced (Ligiero *et al.,* 2019). Hence, international law and human rights laws prohibit all forms of sexual violence (Gaggioli, 2014). Moreover, a call has been made for an urgent development of prevention programmes to protect children against sexual abuse. These programmes incorporate the work done by CYCWs with victims of CSA (Citak Tunc *et al.,* 2018). It is recommended that information and training on programmes be provided to all professionals, including CYCWs, who work with children to address CSA (Citak Tunc *et al.,* 2018), in order to ensure rigorous evaluation and provide implementation settings, effective programme content and sufficient skills content (Ferragut *et al.,* 2022). A study conducted in KwaZulu-Natal (KZN) demonstrates the association between exposure to childhood adversities and child behaviour problems (Nazareth *et al.,* 2022).

Therefore, it becomes the responsibility of CYCWs to ensure quality care of children. This begins with ensuring that all CYCCs are registered and have a manager with specialised knowledge of CYC work. CYCWs should be trained in running therapeutic, developmental and recreational programmes (Department of Justice and Constitutional Development, 2010). The CYCWs, who serve children in care, must be trained and practice as professional or auxiliary CYCWs (SACSSP, 2023). According to the SACSSP (2023), only persons who have been registered by the council should work with children in need of care, including those who are in CYCCs. The qualifications may include (SACSSP, 2023):

- a degree in CYC work equivalent to a National Qualifications Framework (NQF) Level 8 qualification accredited by the South African Qualifications Authority (SAQA);
- a Bachelor of Technology degree in CYC work equivalent to NQF Level 7;
- a degree in human sciences equivalent to an NQF Level 7 (this is equivalent to a bachelor's degree or an advanced diploma in South Africa), NQF Level 6 (this is an educational stage that includes higher education diplomas and advanced certificates).
- Further Education and Training (FET) Certificate in CYC equivalent to NQF Level 4; or
- a portfolio of evidence and a combination of theoretical and practical learning obtained prior to the commencement of compulsory registration in terms of the Regulations approved by the Council equivalent

to 1 650 hours. The portfolio of evidence must include an assessment proving that the candidate meets the outcomes reflected in the FET Certificate in child and youth care work.

This indicates that all persons who work with children in CYCCs should be qualified and well prepared for the work they do with children, especially children who have experienced the trauma and distress of CSA. Therefore, the questions that this study intends to ask are as follows:

1. What are the experiences of and challenges faced by CYCWs in providing care to children who are victims of CSA?
2. How can CYCWs be supported and equipped with knowledge and skills for optimally caring for children who have been victims of CSA?

Engaging with children in need of care can be challenging for CYCWs. Their competence is largely shaped by their professional qualifications, which have been regarded as too broad and lacking specification that reflects the scope and complexity of the field (Yakhnich *et al*., 2018). Research has found that some CYCWs find it difficult to put the theory taught during training into practice (Mkhize *et al.,* 2022). Thus, it has revealed the importance of starting discussions that could suggest a refinement of the CYC curricula to reflect specific characteristics of the target population, and consider some core concepts of the field of CYC (Yakhnich *et al.* 2018). Since CYCWs work with children with complex problems, it is essential that they have the appropriate knowledge and skills to work with children (Eenshuistra *et al*., 2019), for them to contribute to the achievement of optimum care. Although some attention is paid to the importance of training CYCWs to increase their professional competencies, little attention has been paid to the influence of training on their behaviour and skills (Eenshuistra *et al.,* 2019). This limits children's optimum care. It further lessens CYCWs' understanding of CSA, thereby contributing to child neglect, rather than childcare. Additionally, inefficient training disempowers CYCWs, as they lose confidence and competence in their work.

CYC work belongs to the wider area of helping professions, and it is a challenging field characterised by intensive daily involvement and care with children and youth at risk (Yakhnich, 2022). The distinct characteristic of this profession includes helping children at risk to think about and live their lives differently, focusing on timely, practical, and, above all, immediate responsive form of care that involves applied learning and knowledge to inform and respond to daily encounters with children (Garfat *et al.,* 2018). CYC work is immediate and focused on the moment as it occurs. Thus, it enables an individual to learn, experience and practise different thoughts, feelings and actions as they live their daily lives. This then proves the importance of the work done by CYCWs in CYCCs, including their competency in knowledge, skills and attitudes, which they use to diligently render essential services to children who are vulnerable to sexual abuse or have been victims of CSA.

CYCWs deal with children who may suffer from behavioural and psychological disorders, engage in self-harming behaviours and be verbally or physically abusive (Yakhnich, 2022). Some of the children are victims of CSA. Therefore, CYCWs need to be trained to create spaces where children feel safe, and which contribute to healing. CYCWs use the *life–space intervention* in their work with children (Yakhnich *et al.,* 2018). This is a way of conceptualising work with children in the spaces where their lives unfold. With the rise in the number of children who are victims of sexual abuse, it becomes essential to explore supportive spaces/services, such as CYCCs, for victims in South Africa. Engaging with children who are marginalised and/or abused poses a great challenge. Hence, the CYCWs' ability to serve children competently is largely shaped during their professional education (Yakhnich *et al.,* 2018). The current study engaged with CYCWs to explore and understand their interventions and challenges in caring for children who have been victims of CSA. Therefore, this study suggests or recommends ways to support and equip CYCWs with knowledge and skills for optimal care for children who have been victims of CSA.

Materials and Methods

This study employed a qualitative, exploratory, and descriptive research approach, which formed a social action that the researchers used to encourage CYCWs to interpret and make sense of their experiences, in order to understand the social reality of individuals (Mohajan, 2018). An exploratory design explores the dimensions of a phenomenon (Polit and Beck, 2012). Additionally, an exploratory design can be defined as an attempt to discover something new and interesting (Swedberg, 2020). It provides alignment across stages of the research process and ways of critiquing the strengths and weakness of a study (Casula *et al.,* 2021). This study explored the experiences

of CYCWs in their work with victims of CSA. Polit and Beck (2012) define descriptive research as research that typically has the accurate portrayal of people's characteristics or circumstances as its main objective.

This study was conducted in two CYCCs in Durban, KZN, South Africa. Both centres are located in the township areas of Durban, KZN, and were selected because the CYCWs in them had been trained and were experienced in working with male and female children from different backgrounds. KZN is a province that has several townships. Townships are government-subsidised small-sized houses and informal and low-income housing settlements that mostly accommodate unemployed and working-class people. They are characterised by low levels of community facilities, high unemployment and crime rates, and violence, as well as high rates of poverty (Ngidi and Mayeza, 2023). According to Statistics South Africa (2017), children who are most vulnerable to extreme poverty, neglect and abuse are those who live in resource-poor black African townships. The poverty of communities in KZN places children at high risk of CSA in their family homes and neighbourhoods (Fouche *et al.,* 2019), due to high rates of poverty, unemployment and substance abuse. Since CYCCs in KZN should, by law, provide for and accommodate children who reside in KZN, to ensure family contact and visitation, it was the researchers' intention to conduct the study in KZN as children in this province are clearly at high risk of CSA.

The sample for this study was 12 CYCWs who were employed in two CYCCs in Durban, KZN. A non-probability, purposive maximum variation sampling design was used for this study. This sampling method ensured that researchers target participants who have the same characteristics but different experiences that are unique to one another (Nyimbili and Nyimbili, 2024). It enabled the researchers to gain as much insight from as many angles as possible, since participants could share their experiences individually and personally. The researchers established effective communication lines with CYCC supervisors (Tilley, 2019) by writing and emailing a gatekeeper request letter and then securing appointments with the supervisors in which the researcher explained the study thoroughly and later permission was granted to researcher to collect data in their CYCCs. After sharing information about what the study entails, the supervisors from each of the two CYCCs invited potential participants to participate voluntarily in the study. Six participants (CYCWs), two males and four females who were aged between 25 and 50 years, had more than one year's work experience and possessed some form of CYC qualification, were recruited from each CYC.

To ensure ethical research practices, firstly, the researchers read a letter of information that detailed the study to each of the participants. The letter included their right to withdraw from the study at any time without any implications on the participants' part. Secondly, participants provided written consent for their participation. Finally, an interview guide was used to facilitate individual interviews that were recorded and transcribed digitally for analysis purposes. The individual interviews were conducted for 15 to 20 minutes each, in private rooms provided by each centre and in spaces that the participants were familiar with and felt comfortable in. Probing was used in the interviews to elicit extra details and deeper data from participants. Through probing, the researchers also gave participants opportunities to clarify, elaborate and further explain their answers to interview questions (Robinson, 2023). To analyse data, we adopted an interpretative process to make sense of what was said and assign meaning to it (Earl Rinehart, 2021). An interpretative description in qualitative research was developed to address limitations within formally established qualitative traditions, in order to assist in answering questions from holistic, interpretative and relational traditions (Thompson Burdine *et al.,* 2021). Accordingly, the researchers used Braun and Clarke's (2006) six stages of thematic analysis to organise the data for meaning. The stages of analyses included firstly reading through all transcripts to get a general impression of the data that were collected; writing down, on the margin, any thoughts that emerged from the data; and making a list of topics and clustering same topics together. The next stage was to abbreviate the topics as codes, writing them next to the corresponding segments in the data, and writing any other topics or codes that emerged next to the appropriate segment of the text. The most descriptive wording for the topics was used, and the topics were turned into sub-categories. The sub-categories were grouped together based on emerging list of categories. Preliminary analysis of data comprised assembling data that belong to each category from any themes that had emerged and data that had been recoded. The themes that emerged were consolidated and linked to the research questions.

Ethical clearance to conduct this study was obtained from the Durban University of Technology's Institutional Research Ethics Committee (reference number: IREC 218/22), and permission to access CYCWs was granted by the residential CYCC authorities. To protect the identities of the participants, in this article, we have anonymised their identities by assigning them pseudonyms. The letter of information and letter of consent provided clear and accurate information about the study and assured participants of the confidentiality of their information. The

confidentiality was maintained by conducting interviews in a private room. Any potential risk was evaluated and prevented as best as possible, allowing the participants the freedom to stop or leave the interview at any point if they felt uncomfortable. Participants' autonomy was respected through respecting their rights to make their own decisions on whether to participate in this study. The recording of interviews ensured that accurate data are collected, analysed and reported.

Findings and Discussion

This section presents findings that were collected from research participants about the CYCWs' limitations in the context of CSA. Three themes emerged during the study, namely CYCWs' knowledge of CSA, existing risk factors of CSA and the therapeutic nature of CYCCs. This study's aim was to explore CYCWs' experiences in the context of CSA. The categories indicate that CYCWs understood what CSA is and its contributing factors. Nonetheless, it appeared that the knowledge and skills that the CYCWs required to deal with cases related to CSA were limited.

CYCWs observe the scars of a child who has had a hurtful life journey due to child sexual abuse

Our analysis suggests that the CYCWs had some understanding of CSA. For example, some of the participants pointed that sexual abuse was rooted in a lack of consent and power inequality between the victim and the perpetrator. Moreover, the participants emphasised short-term and long-term effects of CSA, suggesting, for example, that "it even disturbs your mindset". One of the participants expressed sexual abuse as a harmful event that haunts the victim throughout life and disturbs the victim's normal functioning in the future, as follows:

> *"For me, I would say sexual abuse is something you do by force, something you do because you are forced to do or threatened or given something so you can do it, but which you do not want to do… This is something that disturbs you a lot, a scar you carry for the rest of your life. It even disturbs your mindset." (Thoko, female, 32 years old)*

Sexual abuse was described by another participant as a developing situation in which the perpetrator begins to approach the victim steadily through small acts:

> *"Sexual abuse in children is when someone maybe from the family or [a] neighbour abuses a child, and they start very small by just giving the child seats and then molesting the child by eventually penetrating the child, and in all this, they threaten the child not to tell anyone about the abuse." (Jade, female, 38 years old)*

Another participant expressed sexual abuse in consideration of the lack of consent, the physical and mental scars associated with the abuse and the development of self-blame and, possibly, shame.

> *"For me, I would say sexual abuse is when a child is made to do sex without their consent and when the child's feeling was not there. The child did not want to [do it] and, so, was hurt physically and mentally, and then the child will blame themselves to say maybe I did something wrong." (Lindiwe, female, 31 years old)*

The ability of CYCWs to define CSA revealed their capabilities to identify acts of sexual abuse and recognise a child who has been a victim of CSA. Without this, CYCWs' work with victims of CSA would be ineffective. The prevalence and severe harm of CSA contribute to the inclusion of CSA as a specific target for action and prevention (Mathews and Collin-Vézina, 2019). Therefore, a clear definition of CSA is highly important. Failure to understand CSA may lead to the distribution of inaccurate information and misconceptions, leading to CYCWs being limited in their interventions and possibly failing to provide children in care with accurate information about CSA. The work of CYCWs includes advocating for children and working with families and communities. For this reason, CYCWs need to understand legal frameworks and principles pertaining to CSA. Participants understood the impact and effects of CSA on children's holistic health and lives. This is highly essential, as CSAs have been associated with adult mental disorders, worse psychological well-being, worse physical health, and lower socio-economic well-being (Downing *et al.*, 2021).

CYCWs highlight the risk factors associated with child sexual abuse

In this study, exploring CYCWs' understanding of the factors that propagate CSA was important, because care and support for victims and those rendered vulnerable is an essential component of CYC work. The participants further shared the factors they believed contributed to the perpetration of CSA. For example, they believed that

factors such as substance abuse, lack of follow-up and healing of sexual trauma, lack of education on sexual abuse, and the misuse of cell phones contributed to the rise in cases of CSA. The following excerpts indicate this:

The abuse of substances such as alcohol came up as a risk factor for CSA, and as a possible outcome of a CSA experience that the victim never dealt with and healed from. The following response drew a picture of how victims may become perpetrators:

"OK, mmmh, what I can say is that other things, such as using substances, maybe the parents drink a lot, [and] maybe he/she [the parent] was abused and has anger and did not deal with their abuse because they did not get help, so they end up taking it out of their children. In the home, also, you find that the child was abused outside and did not get help to heal. Then, when they come to the centre, they abuse other children, practising what was done to them." (Sipho, male, 37 years old)

The preceding excerpt mentions the misuse of substances by parents and how this may be due to an abuse they previously experienced and never dealt with. It is essential to highlight here the dire effects of substance abuse by parents/caregivers on children. The harm caused by substance/alcohol abuse impacts the children and places them at risk of maltreatment/abuse (Huckle and Romeo, 2023). Additionally, substance/alcohol abuse can impair the user's judgement and self-control, thereby weakening inhibitors that could otherwise have prevented abusive actions (Testa and Smith, 2009). This indicates that substance abuse is a major contributing factor to increasing cases of maltreatment/CSA (Freisthler, 2004). Furthermore, Fletcher (2021) supports the statement made by one of the participants concerning the misuse of substances/alcohol, exposing the association between sexual or physical abuse and problems with drug dependence. This demonstrates how experiencing childhood maltreatment may lead to more severe substance use-related problems, thus confirming the challenges faced by victims of CSA and other forms of maltreatment in childhood and highlighting the importance of their proper care, support and healing.

The role played by the law and community in responding to CSA was highlighted by one of the participants as having a great influence on the perpetration of CSA. The following excerpt illustrates:

"I think it's [that] the law and the community are not taught well, because others, you find that if a child is raped by a stepfather, they would be shy and be afraid and not want to talk about it but keep it a secret, which now has also led to more rape, even of boys." (Zenzile, female, 41 years old)

In addition to the role played by law and community, cell phone use was expressed as a risk factor for CSA, because of the content that is easily available to children and the risk to which cell phones can expose children. The following response highlights this:

"In my view, [it] is the cell phones that children use, because children download and see things there and come back and practise what they saw. Even if you limit the time, you can't be sitting and looking at everything that is being done by the child. Then, later on, you find children doing something sexual, and when you ask them where they learned it, they would say they saw it on the phone." (Thando, female, 33 years old)

The increasing use of technology/cell phones and access to the Internet and social media, to some extent, influences CSA. The online availability of child pornography content and easy access to vulnerable children raises concerns towards digital media technology (Ali *et al.,* 2023). The Internet has today become the hub of online sexual abuse activities (Ali *et al.,* 2023) that exposes children to information beyond their development level, further placing them at risk of sexual exploitation. Salter and Hanson (2021) further support this statement by revealing how it is now undeniable that the structure, administration and regulation of online services and infrastructure have created a highly enabling environment for online CSA. They further refer to platforms such as TikTok, which is mostly focused on teenage users. Although this platform is only permitted for users above the age of 13 years, the age verification system can be bypassed by simply entering a false birthdate (Salter and Hanson, 2021). This reveals how easy it is for people of any age to access this platform and similar ones.

Although the great advancement in technology and internet usage provides humanity with great advantages and solutions to numerous problems, it provides children with access to harmful material. The exposure of children to pornography is at an unprecedented rate, and adolescents (typically from 11 years) being mostly at risk due to their significant physical, emotional, cognitive and sexual changes associated with adolescent development

(Romney, 2020). This early exposure to pornography impacts adolescents' brain development negatively, thereby further negatively affecting their perceptions of sexual intercourse. Additionally, it influences adolescents'/children's desire to want to repeat the acts they see in pornography, which are typically aggressive, dominant, disrespectful and objectifying (Romney 2020; Massey *et al*., 2021).

Another participant expressed the dire impact of silence and secrecy in relation to CSA, i.e., how people's responses and judgements continue to place others at risk. The following excerpt demonstrates this:

> *"It's because mostly, we don't talk about it, Children who are victims end up keeping quiet, and because of personal reasons, like being judged on how they were dressed and, also, to be [sic] pointed as an abused child and people talking about you, And, also, perpetrators then have access to keep doing this, because it's anyhow hidden." (Mike, male, 37 years old)*

For CYCWs to effectively assess and develop interventions or programmes for children in their care, knowledge on risk factors is crucial, as this will determine children's needs individually. In the preceding excerpts, when participants mentioned the risk factors associated with CSA, they referred to issues such as the use of substances by perpetrators and the use of cell phones by children, which the researchers saw as possible contributing factors. Although these issues are true in certain circumstances, they still do not explain the deep-rooted issues that facilitate CSA. Each case of CSA is unique and must be understood from a background of several psychological, developmental and situational circumstances that contribute to sexual aggression (Kåven *et al.,* 2019). Prior CSA victimisation of a child is another factor that this study's participants mentioned, and the general idea is that some children who have been victims of CSA become perpetrators. This is an important factor to be considered in the CYC context, as the nature of the CYC environment is mainly communal.

Consequently, the understanding should be beyond knowing the risk of victims becoming perpetrators, but should include an understanding of the phenomenon of sexual revictimisation, which has been recently reported as having a prevalence that is just below 50% (Lahav *et al.,* 2019). The low statistics may be attributed to an internalised core belief of worthlessness and extreme shame, which presents as a major therapeutic challenge that many CSA survivors experience (MacGinley *et al*., 2019). In this study, the role played by the law within communities in the protection of children from CSA seemed to be limited, indicating the idea that communities are not taught enough about the law in relation to CSA. Although this is true, our analysis reveals that it may not be the lack of knowledge or information, but the concealment and secrecy about crime (CSA) within families that lead to the spread and prevalence of CSA. The secrecy can last for days, months and even years, typically due to family response and children's fear of not being credible. This culture puts victims in a situation where they do not want to disclose the abuse, being fearful that disclosure would disrupt and stigmatise their families (Gqgabi and Smit, 2019).

Creating a therapeutic environment for the protection and healing of children at risk

Overall, the analysis of this study's data revealed the need for CYCCs to be a therapeutic milieu for children who are victims of sexual abuse. CYCWs should be empowered with appropriate knowledge and skills for them to deal with cases related to sexual abuse. This will ensure that CYCWs, who work in CYCCs, are equipped and informed about challenges that children are faced with in relation to CSA, thereby ensuring that CYCWs are competent in meeting the needs of children who are vulnerable to sexual abuse. CYCWs can provide them with necessary interventions that would enhance both healing and protection of children who are in their care. This was supported by the following statements:

> *"Eh, when I was studying, there were things I was given, to say these are the things I can expect from a child who is sexually abused, would do [sic]…I am not trained or qualified to do something with the child …it does limit…like this child is with me 24 hours, and the person I am referring the child to will only see the child once a month, which I feel is limiting me…If I had a tool I could use, I feel I could do more…" (Londy, female, 27 years old)*

> *"Yes, I heard something about working with children in my training, but nothing more specific or nothing as a form of guidelines for this (sexual abuse). No." (Tarry, female, 30 years old)*

> *"…. in my experience, I have never been given something like that, and it is a great need because we are working with children who have been abused a lot, and others, you find that their behaviour has led them*

> *to more problems, because they did not get the help before. Others would be very angry, and we would not know that the child was abused before, and we didn't know" (Mbuso, male, 35 years old)*

Training in CYCCs was highlighted as an important element in ensuring that children who have been victims of sexual abuse are assisted effectively during their healing process. The participants agreed that training was provided for them, but most of them suggested a refinement of the CYC curricula to reflect specific characteristics of the target populations. The training enabled CYCWs to better practice CYC work, and to consider some core concepts of the field of CYC (Yakhnich *et al.,* 2018). Training must focus on the ability to observe and refer to a child who is suspected to be a victim of sexual abuse.

> *"Yah, I think it does, even though I won't do further, but I can intervene and refer to the social worker, 'cause for me, there's nothing else I can do." (Lulu, female, 34 years old)*

The prevention of CSA would be better achieved when professionals who work with children are more equipped and informed. The prevention of the perpetration of CSA by children on other children is also often missing from prevention efforts. Together with teaching children to protect themselves from sexual harm and to report such acts, it is important to put in place effective perpetration prevention measures (Assini-Meytin *et al.,* 2020).

> *"OK, since I work with boys, it happens sometimes that the child shows signs of being sexually active. Sometimes, you find [that] the child would wake up and touch other boys' penises, sometimes masturbate with other children, or sometimes, if we do a programme of sexual abuse, you find [that] the child is crying without saying anything…" (Tom, male, 45 years old).*

The foregoing statement from one of the participants introduces another important phenomenon that is greatly understudied: peer-to-peer sexual abuse (Katz, 2020). This concept refers to sexually harmful behaviours that exist between individuals of similar ages or developmental levels. It could be a form of grooming other boys to sex or doing what was done to them by the abuser, or an act of curiosity. It is important to emphasise that this act is a sexually abusing act, as it includes indecent touching of another child's private parts (Vizard, 2013). This may also be viewed through the lens of Blakemore *et al.* (2017), who referred to institutional sexual abuse, which is defined as CSA that happens in an institutional context or on an institution's premises. The severe impact of such an abuse proves the need for urgent actions to prevent or mitigate it (Blakemore *et al.,* 2017). The longer duration of the abuse, due to full-time stay of children in the centre, greatly influences the impact and outcomes of CSA later in the victim's life. Cases of sexual abuse perpetrated by children on other children should provide researchers, policymakers and CYC practitioners with a conceptualisation of opportunities for enhancing prevention work, as this act is a social phenomenon that challenges traditional notions of childhood innocence (Molteni *et al.,* 2016).

Conclusion and Recommendations

The main aim of this study was to ascertain CYCWs' understanding of sexual abuse, and further explore the limitations they are faced with in working with the victims of CSA. The study's findings indicate clearly that CYCWs have the basic understanding of CSA. However, the understanding that they have is gained from their perceptions and not from research or academic platforms. Although CYCWs are aware of the contributing factors of sexual abuse, it became evident that the knowledge and skills on how to help CSA victims to heal is limited. Therefore, it is recommended that training institutions revisit and update the curriculum to align it with the needs of the CYC field, including clear guidance for CYCWs in assessing, supporting, caring for and helping child victims of CSA. The institutions should provide up-to-date content that specifies the needs of and requirements from child victims of CSA who go for therapy and content that enables CYCWs to develop programmes that will contribute and enhance the victims' healing process. CYCCs have the obligation to retrain their workers, through supervision sessions, to ensure relevance, thereby committing to the provision of Continuing Professional Development (CPD) courses/workshops focused on CSA and other related complex topics. CYCWs have the responsibility to ensure that they are equipped with the necessary knowledge and skills for effective and efficient service delivery. It is worth mentioning that the number of this study's participants was relatively small. Therefore, the study's findings cannot be generalised. For future studies, interested researchers may look into parental involvement in the process of healing the CSA victims or CYCWs imparting indigenous knowledge to CSA victims to help the victims.

Declarations

Interdisciplinary Scope: The interdisciplinary nature of service provision in Child and Youth Care work is critical in ensuring a holistic approach, additionally, the complexity and multifacet reality of child sexual abuse demands an interdisciplinary approach in both research and practice. This article therefore illustrates an inderciplinary scope through carefully reporting an investigation and exploration of complex areas that grealy affect child victims of sexual abuse.

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