SECTION C:

SUMMARY, EVALUATION, CONCLUSIONS AND RECOMMENDATIONS
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1. INTRODUCTION

In this section, the research is summarised and evaluated especially in terms of how the research design facilitated in the answering of the research question. Limitations are outlined and recommendations made regarding the value of the research and possible future research on family play therapy within the context of child sexual abuse within the South African context.

2. SUMMARY OF RESEARCH

From the literature review and direct contact with families who were affected by CSA, it was clear that the impact of CSA on direct victims, their families and communities is severe. Throughout this study, a recurring polarity was the high incidence of CSA in South Africa versus inadequate service delivery. It was also clear that service delivery often focuses on direct victims, whereas the potential of systemic models with the inclusion of family members is neglected. The conceptual framework provided by the eco-systemic approach provides insight into family dynamics. On the other hand, it was interesting to follow the trends in recent literature where systemic models are also subjected to scrutiny based on the possibility of such models having a mechanical quality and not always taking into account the reactivity of the researcher or practitioner. In this regard, Rasheed, Rasheed and Marley (2011:25) talk about how family practitioners observe the family from the outside in an expert role. In this study the researcher worked within a postmodern framework incorporating family narratives and dialogue with families as the experts on their own lives. Furthermore, historical work such as the ecological perspective and life model of social work, as outlined by Germain and Gitterman (1980), and structural approaches to family therapy (Minuchhen, 1974) could be read against current literature, where the focus is on relational well-being and the expertise of client systems within a strengths based approach. Within a postmodern framework (Lebow, 2012:173-175) practitioners strive to accommodate diversity, including culture and religion. Especially in South Africa, with such a kaleidoscope of cultures, religions and languages, social workers should work in close contact with families, as diverse family narratives unfold in contact and dialogue.

In an integrated family play therapy model, there is room for different therapeutic approaches to allow individualisation. However, the Gestalt approach with the focus on holism, dialogue and awareness seems especially applicable. It allows for individualisation and embraces
diversity. (Geldard & Geldard, 2010:74-76). The Gestalt field approach links well with the ecological theory and seemingly takes away some of the mechanical character of the micro-, meso-, exo- and macro-system constructs. As families map their life worlds and connect through play, the systems as outlined by Bronfenbrenner (1977; 1979; 1994) become alive and family specific. It was also interesting how the old Dennison model (Dennison, 1989) found a place in the integrated family play therapy model. Combined with the work of Hepworth et al. (2013), it provided a broad guideline for family play therapy. The researcher is hesitant to even use the word framework or structure as every family will predict how the process of family play therapy will evolve for them. The researcher is convinced that from the postmodern framework of this study and with the guiding construct of phenomenology, there is no place for manualised treatments within the context of family play therapy for families affected by CSA. Manualised treatments will go against the grain of client self-determination and individualisation. The techniques described in article 3 should never be applied in a recipe fashion. It should be grounded in theory and evolve within the process of dialogue. Talking about family therapy, Rigazio-DeGillio and McDowell (2011:454) make an important point in the following: “In order for the field to grow over the next 50 years, we need family professionals at all levels who are capable of listening to and helping to resolve the issues contemporary families are facing in our ever-diversifying global society.” This would be especially true for families affected by CSA where vulnerability is high and resource loss spirals prevalent. The theoretical grounding outlined in this report will have to be refined in practice to engage with such families and to work with them towards homeostasis. In this regard, it is hoped that the well-known dictum of Kurt Lewin will be true, namely that there is nothing as practical as good theory.

3. EVALUATION OF THE RESEARCH

The study aimed at developing and refining a family play therapy model within the context of child sexual abuse with intervention research as the blueprint. This model has been developed and refined to assist social workers to expand their therapeutic services to include the family in interventions regarding CSA. It is hoped that this study will motivate social workers to continue developing and refining the family play therapy model by implementing it in practice with the affected children and their families. The aim of this study was not to quantitatively test the outcomes of the family play therapy intervention model, but rather as a first step to establish its ability to be implemented in conjunction with professionals and affected families.

The objectives of this study were reached as follows:
• A literature review was conducted as background to the study. This was discussed and described in part 2 of section A of this research report as well as in the three articles. Functional elements were incorporated into the model and applied with participating families as outlined in article 3.

• Consultation with professionals in the field through an initial focus group and follow-up discussion groups helped with the identification of functional elements and served as sounding board for the researcher as the model was developed. Discussion groups with professionals were in part aimed at getting input into the family play therapy model, but also the beginning of a process of dissemination.

• Families affected by CSA were involved in family play therapy sessions. The researcher was aware that this was a vulnerable group of participants and ethical practice was a high priority. In this regard, the researcher was guided by the ethical code of SACSSP where she is registered as a social worker. She took special care to ensure that all participants were fully informed of the research aims and objectives. They were willing to participate and understood that they could withdraw at any time. One family took this option when they asked to withdraw after four sessions due to practical constraints. This family continued to receive services from the organisation where they were registered clients. Two factors supported the ethical practice, namely that the researcher is an experienced social worker with experience in the field of CSA and that the participating families were registered clients of an organisation specialising in CSA where follow-up interventions were done. The participating families reflected on the sessions and their feedback helped to refine the model. After this process, they evaluated the sessions and this reflected their appreciation, especially for the value of dialogue with each other regarding the CSA. A year after the sessions, they were contacted telephonically and still provided positive feedback on the involvement in the family play therapy sessions. The findings were described in three articles. The first article aligns with the initial phases of intervention research and outlines the functional elements that could be included in an integrated family play therapy model. This was based on input from professionals in the field and a literature review. In the second article, the experiences of participating families are described. Interventions should be tailored to the needs of families and this article captures the phenomenology of the families and how the CSA affects them. The third article outlines the integrated family play therapy model. It was clear that social workers will use all their social work knowledge and skills, such as reflective listening, empathy and relationship building when engaging in family play therapy. It is especially important to use techniques to enhance the helping process, especially in the beginning and termination phases. In the change-oriented phase,
techniques will be aimed at the integration of the CSA. The contact afforded within the relationship and the genuine dialogue are the main vehicles for change, with these techniques being the so-called supporting actors.

- Theoretical paradigm- theories and approaches that formed the theoretical paradigm for this study were used successfully as the tentative family play therapy model was developed and implemented through the incorporation of theories and approaches such as Gestalt, eco-systemic, strengths perspective, person centred approach and different theories on child sexual abuse.

This tentative model will be refined continuously in practice by the researcher and by other professionals. Dissemination will be done with workshops and consultation with professionals in the field. The report will also be made available to the organisation where the research was done. If the articles are published in the identified journals, this will also aid in the dissemination of the findings.

In summary, the integrated family play therapy model described in this study combines different approaches, therapies, social work processes and techniques, with the Gestalt, eco-systemic approach and the strength-based approach as the directional guiding theories for the study. It furthermore urges social workers to be creative in including the different and innovative techniques to effectively work with the families. The relationship and dialogue are core features. The family play therapy model is a holistic approach for social workers as it focuses on the victim of CSA and their families as part of their environment. It allows scope for interventions and change on cognitive, emotional, spiritual, behavioural and bio-psychosocial levels. The family play therapy model has been developed in this study to facilitate the process of trauma integration for child victims and their families affected by child sexual abuse. It furthermore allows the families to work together in order to create a platform of support for each other and the victim.

The intervention research process provided a structure for the implementation of this research. The research methodology applied within the phases of intervention research elicited the data necessary to develop a tool for the social work profession, namely an integrated family play therapy model.
4. CONCLUSIONS

4.1 Conclusions on information gathered from professionals working in the field of CSA (Article 1)

The aim of the research study to gather information from professionals in the field of CSA were accomplished as the information were obtained from professionals working in the field of CSA as described in article 1. This information in the form of functional elements has also been successfully incorporated in the model.

- Professional participants clearly indicated the need for a family play therapy intervention within the context of CSA.

- Professional participants agreed that the possibility of the integration of family therapy and play therapy as two separate modalities is possible; however, they also indicated that their personal and professional knowledge and experiences in this regard are limited.

- Professional participants indicated possible challenges when applying family play therapy, in that it could be time consuming and difficult to get all the family members together for weekly sessions. Transport costs will be high when families use public transport. Organisations will not always have funding to sponsor such traveling expenses.

- Professional participants also indicated that it will be difficult initially to fit family play therapy sessions into their already overstretched workloads. It could be helpful initially to appoint specific social workers to do family play therapy if budgets allow.

- Participants indicated that they feel comfortable working with children individually and incorporating caregivers for assessment. They also felt equipped to provide psycho-education to family members. They indicated that they would need special training and supervision to feel competent to conduct family play therapy.

- It was also clear that participants prefer to work from a therapeutic framework that provides them with a step-by-step guide, as it makes them feel safe and more confident in their work. There was also a preference for more directive work. Social workers will have to be supported with supervision and training to enable them to trust the helping process and dialogue to bring about the necessary therapeutic change. They need to be attuned to the needs of family members and the process should follow a natural flow according to how families progress.
Despite their reservations mentioned above, participants clearly expressed the need for families to be included in the helping process. Family dynamics will be highlighted when families work together in family play therapy sessions. This can add valuable information, which can aid helping processes. Participants referred to the timing of family play therapy. It would be relevant to conduct such sessions while court proceedings are still on-going to provide support and to have an open flow of information regarding the forensic process. In this way, secondary traumatisation can be dealt with. It should also be noted that, while court proceedings are still running, these events may be part of the foreground needs of families. In typical Gestalt tradition, dealing with forensic aspects will be the figure, with the integration of sexual trauma shifting to ground.

Importantly, participants raised the issue of whether the content of family play therapy sessions should be part of court reports. The general conclusion was that what happens in family play therapy sessions should be kept confidential and not be used in court reports. However, social workers and family members will also have to realise that the information can be called into court by subpoena. In some cases, the information will also be relevant as part of victim impact reports.

Decisions will also have to be made in terms of individual intervention while the family play therapy process is proceeding. It may be necessary for some family members to follow their own individual processes. The family play therapy should typically be part of a holistic approach to intervention.

Participants suggested that social workers should have background (referral) information about families prior to the family play therapy process.

There were clear indications from participants, and this was supported by literature, that family play therapy intervention should be implemented with victims and their families where the perpetrator is outside the family context, where family members support the victim and where there are no mixed loyalties and conflict about the abuse within the family.

4.2 Conclusions on the families' experiences of CSA (Article 2)

In the next phase of the intervention research process, the tentative family play therapy model was implemented with four families who were affected by CSA. It was clear that the families experienced a range of traumatic events in relation to the CSA experienced. Different themes were identified from the data results, as described in article 2. In summary:
• Family members experienced shock, disbelief and inadequacy to deal with the trauma, and felt responsible. A factor that will have to be considered in family play therapy is the incidence of sexual trauma in the life histories of caregivers. It is possible that such experiences will be reactivated and as such it will affect the quality of the support that caregivers can provide to their children.

• As outlined in article 2, it was of concern how other factors in the fields of families affected by CSA impact on their ability to deal with the CSA. Incidents of community violence, such as shootings, were mentioned by participants. Other risk factors mentioned were drugs and bereavement. Further risk factors included subjective experiences of the court processes, such as feelings of uncertainty, nervousness and stress and lack of communication from court officials and fear of the perpetrator. The negative influence of the stress, frustration etc. the family members endured due to court proceedings following the sexual abuse had a negative impact on the process. Their foreground needs were widespread and the trauma that each family member experienced was at times difficult to contain. Most of the families wanted to spend time debriefing about their emotions, feelings and experiences relating to the court proceedings. In this case, it was important for the researcher to stay in the here and now and to follow the process of the family, by focusing on their specific needs.

• It is clear that it was difficult to identify families that could, as a family unit, attend the sessions on a regular basis. It appeared that it was difficult for the families to get all the family members together once per week, for an hour due to work, school and social obligations.

• Means of transport and the costs involved placed extra stress on the family members even though they were reimbursed for the transport costs by the organisation.

4.3 Conclusions on the family play therapy intervention (Article 3)

The functional elements of family play therapy were incorporated into a tentative model. It was soon clear that a basic helping process can be outlined, with a fluctuation of process versus problem goals and supporting techniques, but that the approach will be individualised according to the needs of each family. The integrated family play therapy model is based on the assumption that social workers have a good grasp of the different perspectives and approaches such as cognitive-behavioural, systems, Gestalt, person-centred and narrative. According to the researcher's knowledge, most universities incorporate course work on the different approaches in undergraduate classes for social work students. However, it may be necessary to incorporate input on the theories and approaches in any training sessions.
where this family play therapy model will be disseminated. The following aspects are relevant to the integrated family play therapy model:

- In general, most participating families were comfortable in the therapeutic setting and were able to express their feelings, ideas, thoughts and perceptions.

- It is clear from the research that the preliminary family play therapy model is not static, as changes were incorporated throughout the early development and pilot phase of the intervention research process. These changes were based on the feedback, experiences and suggestions of the family members during the implementation of the intervention model. Social workers are urged to make use of their own ideas and techniques based on different needs as identified by the families.

- It is clear that the fundamentals of social work practice models, such as the beginning, change-oriented and termination phases, provided the ground structure for a family play therapy intervention.

- The Gestalt contribution was the fundamental process and was applied as awareness, dialogue en process, which were utilised throughout the contact with participating families and contributed to the groundwork of the study.

- Each phase and every session of the process entailed different micro-skills such as listening and reflection utilised by the researcher in her role as practitioner-researcher throughout the process.

- The SPICC (Sequentially Planned Integrated Counselling for Children) model was incorporated alongside the social work practice model throughout the family play therapy process, and added value in terms of theoretical grounding. It created awareness in the researcher in terms of reflexive practice where the techniques were applied within specific approaches. The integrated family play therapy model utilises different therapeutic approaches, e.g. person-centred approach, narrative therapy, cognitive behaviour therapy, as well as Gestalt therapy as outlined in the SPICC model. As indicated in the SPICC model, the different theoretical approaches depend on the specific goals of each session and process.

- It was clear that the structure, dynamics and role division of each family differed, which had to be taken into consideration in terms of individualisation.

- It was of the utmost importance to follow the process of each family and family member during each session as the goals of the sessions and process changed according to the needs of the families.
• It is clear that assessment throughout the process was important, as it served as a guide with regard to the identified needs, risk factors and different variables within the family system. The on-going assessment allowed the researcher to identify the foreground needs of each family.

• Participating family members generally indicated that they would have wanted more therapeutic time and for the process not to have been constraint by time. This need will have to be taken into consideration when applying the family play therapy in practice.

• It is clear from the research that the utilisation of different methods of play and projection techniques helped family members to feel more relaxed, open to communication and able to express their thoughts and feelings.

5. CONCLUSION REGARDING THE RESEARCH AIM

The goal of this study was to conduct an exploratory and descriptive inquiry (Babbie, 2008:97-99; Bless, Higson-Smith & Kagee, 2006:47) by utilising intervention research to develop an integrated family play therapy model for South African families with children who were subjected to sexual abuse. Descriptive research led the researcher to explore the deeper and more critical meaning of family play therapy within the context of CSA in South Africa. The goal has been achieved as descriptions and reflections of the family members guided the researcher throughout the study. The researcher developed a tentative family play therapy that was successfully implemented with families as part of the intervention research process, based on the feedback of the focus- and discussion groups and the families. It can be concluded that this aim has been reached, although the model will be further refined through dissemination and application by the researcher in practice.

Limitations:

• At times, the families did not arrive for sessions, sometimes for two consecutive weeks, which had an impact on the time management of the process as the researcher had to arrange with the organisation to use the allocated room for an additional period of time.

• It was a challenge to set up for the therapy sessions, as a different room at the organisation's offices was used each week and it was shared with other social workers.

• It was challenging for the family participants to get comfortable each time in a different therapy room.

• It was difficult to agree on a specific time and day that suited the needs of all the family participants (e.g. school and work schedules).
• Financial constraints did not allow all the participants to attend some of the sessions.
• The travel costs for the whole family were too high for some participants, irrespective of the fact that the organisation reimbursed their travel costs on arrival.
• Transport problems, e.g. taxis and buses that were unreliable, affected the attendance of the family members, which resulted in the postponement of the sessions.
• The researcher found it challenging to include young children (who are not direct victims) in the process due to their cognitive and emotional levels, which caused them to lose focus at times and their level of understanding caused some frustration within the families.
• The researcher struggled at times to get all the family members to stay in contact during the process, which caused family members to break contact, which had an effect on the processes of the rest of the family members.
• At times, some family members were emotional while others were not. The researcher had to attend to the needs of the emotional members, by consoling them, which caused the researcher to lose contact with some of the other family members.

6. RECOMMENDATIONS FOR RESEARCH POLICY AND PRACTICE

• From literature, it is clear that despite the heightened awareness of the prevalence of child sexual abuse, the agreement of professionals on a clear definition of child sexual abuse remains problematic. Further research on this important topic is needed.
• In this research, the focus was on the family. However, in light of the high incidence of CSA in South Africa more research about interventions for perpetrators is needed. Furthermore, further research is indicated on interventions with families where perpetrators are immediate family members. It is recommended that the tentative family play therapy model developed and refined in this study should be refined further by professionals in the field of child trauma and CSA. It is necessary to understand the importance of the inclusion of the family in their theories and practice.
• It is recommended that systemic work, with the integration of gestalt, play and family therapy should be incorporated into theory, practice and education. The integration of individual and family therapy work is highlighted in this study and need to be incorporated into the practice of social workers and other professionals. Further research should be conducted on the place of individual therapy for the child who has been sexually abused alongside the process of family play therapy. It is possible that
direct victims may not receive adequate attention in the family sessions and will need individual sessions for the further integration of the sexual abuse.

- It is recommended that further research should be conducted on different ways of how to include young children (who are not direct victims) in the family play therapy process as their cognitive and emotional levels caused them to lose focus at times and their level of understanding caused some frustration within the families.

- It is clear from this research that there is a need for social workers in South Africa to expand their therapeutic intervention strategies to include the family as part of the interventions. In this way, they will become more accessible for more victims of CSA and their families. Social workers should be encouraged to engage in reflexive practice where they research their work and publish it in accredited journals.

- It is important for social workers to work closely with government departments to implement legislation and policy (Constitution of South Africa, White paper on families, May 2012, Childcare act, 38 of 2005). In this regard, social workers should also reflect on the effects of high case loads and inadequate service delivery and ensure that policy-makers are informed of the implications of such practices.

- It is clear from the research that family members, especially the primary caregivers, are in need of psycho-educational information on CSA and related topics as their knowledge is generally limited. It is also clear that the primary caregivers identified the need for an intervention group during which their concerns and problems related to CSA could be shared with other group members who they can share their experiences with. In this regard, the researcher recommends that further research is done on the possibility of such groups to be developed.

- As this research is focused on families affected by CSA that are still in the process of the court proceedings, it is advisable to conduct further research in exploring the possibility of conducting research with families that have already undergone court proceedings, i.e. post-forensic stages of intervention, as the needs of the families will change after the court proceedings. The stress and identified needs of the families will differ from those before the proceedings. The family play therapy intervention's content and related topics will be different.

- It is advisable to look into further research into the forensic family play therapy context. The process and framework will be more focused on the forensic assessment purposes and not therapeutic processes, and can provide additional information for the forensic process. Such interventions might also be more short term, compared to the family play therapy intervention as described in this study.
• It is strongly recommended by the family participants that younger children (who are not direct victims) should be excluded from the therapeutic intervention, as in most cases, the cognitive level of younger children causes them to lose focus and their level of understanding and participation can cause frustration within the family. It is also recommended that younger children do not get exposed to the information they do not know, e.g. details of the case, details of the sexual abuse etc. In the opinion of family members, the younger children are too young and will not be able to add value to the process. They are also trying to protect their children against harm done by sensitive information shared. The researcher recommends this as a topic for further research.

7. SUMMARY STATEMENT

The high incidence of CSA in South Africa and the limited resources available to child victims and their families create the need for social workers to expand their interventions to include the family. Derived from the work experience of the researcher in the field of CSA, significant interest has grown to develop a family play therapy model within the context of CSA in South Africa. The choice of research was based on the assumption that knowledge and practical implementation of family play therapy within the context of CSA are limited in South Africa and a need to expand on research on family play therapy within the context of CSA was identified. Intervention research as research design was used and different phases of the intervention research process, namely, the information gathering, design, advanced development and dissemination phase were utilised to develop and refine a family play therapy intervention, which was implemented with families affected by CSA.

The research is relevant to the social work profession in South Africa, where there are simply not enough social workers to address the needs of families affected by CSA. Interventions directed at individuals will always have a place, but family interventions will reach more people. Importantly also, by including the family as a resource, such interventions have the potential to liberate the inherent strengths in families so that they can find their own strategies and plans in line with the unique characteristics of their family and surrounding field. Incorporating play as part of the techniques used during the family play therapy intervention, has the potential to not only offer avenues of dialogue with children, but to also help adults use their creativity in addressing the crisis of sexual abuse in their families.

As always with intervention research, the model described in this research report is not a final product. However, it provides a basic structure from where family play therapy interventions directed at families affected by CSA can be implemented. The researcher will continue to refine the model in practice and will attend to dissemination through discussions
with professionals. It is foreseen that the model will also be shaped and refined by families who are involved in family play therapy sessions in future.
REFERENCES


