

**THE LIFE EXPERIENCES OF ADOLESCENT
SEXUAL OFFENDERS: FACTORS WITHIN THE
FAMILY THAT CONTRIBUTE TO OFFENDING
BEHAVIOURS**

KRISHNAVANI DHABICHARAN

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DECLARATION OF ORIGINALITY

I hereby declare that this thesis in its entirety, unless specifically indicated to the contrary in the text, is my original work.

KRISHNAVANI DHABICHARAN

UNIVERSITY OF NATAL, DURBAN

JULY 2002

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DEDICATION

*Dedicated to Raj and our children, Saanthakari,
Yajna, and Sareeran*

ABSTRACT

This study was conceptualised to explore the life experiences of adolescent sex offenders with the aim of obtaining insight into factors that contributed to their sexually offensive behaviour, especially those factors within the context of the family. The study was approached from an ecosystemic perspective to probe circumstances within and outside the family that may have had an impact on the functioning of the family. The research was characterised by qualitative research methodology. A predominant feature that emerged in the study was the exposure of the adolescent to abusive situations. However, this was not the only contributory factor to sexual offending and had to be seen in the context of the adolescents' ability to cope with the abuse. The characteristics of the individual and familial factors were identified.

The study reflected the complex and compelling situations of the adolescent offender. The process of data collation was a comprehensive, intensive process. The sensitivity of the issue required the development of a trusting, long-term relationship to ensure the gradual disclosure of intimate information about the self and family.

Data was obtained through 25 case studies, all of which were male, as male sexual offenders constitute the dominant population at Childline Family Centre, KwaZulu-Natal. The adolescent, family members and other referral sources of information were interviewed to compile the in-depth and rich information obtained in the analysis. The therapeutic group, which all the adolescent offenders were involved in, was also used as a context for data gathering. Data were thus obtained over an extended period of time. The QSR NUD*IST software programme was used as a tool to analyse the large quantity of data that the interviews yielded. It is based upon these insights that recommendations were made for the way forward.

TABLE OF CONTENTS

PART ONE: INTRODUCTION

CHAPTER ONE: INTRODUCTION

INTRODUCTION	1
SIGNIFICANCE OF THE PROBLEM	2
RESEARCH OBJECTIVES	7
RESEARCH QUESTIONS	8
UNDERLYING ASSUMPTIONS	9
VALUE OF THE STUDY	10
CONCEPTUAL FRAMEWORKS GUIDING THE STUDY	11
The Ecosystemic Approach	11
DEFINITION OF CONCEPTS	14
THE RESEARCH PARADIGM	15

PART TWO: LITERATURE REVIEW

CHAPTER TWO: CONCEPTUALISATIONS OF SEXUALITY

INTRODUCTION	18
INCIDENCE AND PREVALENCE	18
CONCEPTUALISATION OF A SEX OFFENCE	20

DIFFERENTIATING THE 'NORMAL' FROM THE ABUSIVE IN THE ADOLESCENT SEX OFFENDER	22
A HIERARCHY OF SEX OFFENCES	24
THE TAXONOMY OF SEX OFFENCES	29
The Rapist – Offender Continuum	29
Typologies of Abusive Adolescents	31
CHILD DEVELOPMENT	32
CHILDHOOD SEXUALITY	34
SEXUAL BEHAVIOURS: A CONTINUUM	44
DEVELOPMENT OF SEXUALITY AND ACQUISITION OF SEXUAL KNOWLEDGE IN THE ADOLESCENT	49
Understanding the Sexual Behaviour of Young People	52
CHAPTER THREE: THEORETICAL PERSPECTIVES OF OFFENDING BEHAVIOUR	
THEORIES OF ADOLESCENT SEXUAL ABUSE	56
Feminism	56
Compulsive Behaviour Cycles of Sexual Abuse	57
The Psychodynamic Perspective	58
Learning Theory	59
Traumatic Sexualisation	61
Cognitive Behavioural Model	63
OTHER STUDIES	65

Delinquency and Offending	65
Psychiatric Diagnoses of Adolescent Sex Offenders	68
CHILD SEXUAL ABUSE AS A PHENOMENON OF ADDICTION	69
AFFECTS OF CHILDHOOD SEXUAL ABUSE	71
Sexual Abuse on Males	75
Sexually Abused Males Who do Not Enter the Victim- to-Abuser Cycle	79
COMMON CHARACTERISTICS OF FAMILIES	81
The Exploitive Family	82
The Rigid / Enmeshed Family	82
The Chaotic / Disengaged Family	82
The Perfect Family	82
The Previously Adequate Family	83
CHARACTERISTICS OF ABUSED CHILDREN	85
THE HANSEL-AND-GRETAL SYNDROME AND SEXUAL ABUSE BY OLDER BROTHERS	86

PART THREE: METHODOLOGY

CHAPTER FOUR: RESEARCH DESIGN AND METHODOLOGY

INTRODUCTION	89
RESEARCH DESIGN	91
SAMPLING	92

DATA COLLECTION	93
DATA ANALYSIS	98
VALIDITY AND RELIABILITY	101
LIMITATIONS AND STEPS TAKEN TO MINIMISE LIMITATIONS	105
ETHICAL CONSIDERATIONS	106
Voluntary Participation and informed consent	107
No harm to the participants	107
Anonymity and Confidentiality	108
Deceiving Subjects	108
Research Integrity and quality	108
Use and Misuse of Results	109
THE CHALLENGES FACED BY THE STUDY	109

PART FOUR: ANALYSIS AND DISCUSSION OF RESULTS

CHAPTER FIVE: PERSONAL PROFILES OF PARTICIPANTS

INTRODUCING THE PARTICIPANTS – 25 PROFILES	111
SUMMARY	152
DEMOGRAPHICS OF THE SAMPLE OF ADOLESCENT OFFENDERS	153

SOURCES OF REFERRAL	154
DEMOGRAPHICS OF THE VICTIMS	156
AGES OF VICTIMS	160
RELATIONSHIP OF OFFENDER TO VICTIM/S	160
DETAILS OF THE OFFENCE	163

CHAPTER SIX: CONTRIBUTORY FACTORS TO ABUSIVE BEHAVIOUR

ADOLESCENT OFFENDERS' EXPERIENCE OF ABUSE	166
Emotional Abuse	167
Physical Abuse	169
Sexual Abuse	173
FAMILY CIRCUMSTANCES	181
DOMESTIC VIOLENCE	182
SUBSTANCE ABUSE	187
NEGLECT OF CHILDREN	192
Mothers' Immaturity and Depression	195
Interactional Patterns	197

Single Parenting	204
INTERGENERATIONAL PATTERNS OF ABUSE	206
CHAPTER SEVEN: CHARACTERISTICS AND SELF-CONCEPT OF THE OFFENDER	
SELF-ESTEEM	215
INTELLECTUAL AND EDUCATIONAL FEATURES	218
EXPRESSION OF FEELINGS	221
ANGER MANAGEMENT	226
EMPATHY	229
SOCIAL DEVELOPMENT	233
Peer Relations	235
Attitude Towards Opposite Sex	240
SEXUAL VALUES/EXPERIENCES	243
Influences of Pornography	243
Sexual Fantasies	249
Sexual Messages in the Family	250
CRITICAL ISSUES IN THE SOCIAL ENVIRONMENT	252

PART FIVE: CONCLUSIONS AND RECOMMENDATIONS

**CHAPTER EIGHT: CONCLUSIONS TO THE PHENOMENON OF SEXUAL
OFFENDING AND THE WAY FORWARD**

INTRODUCTION	259
MAJOR CONCLUSIONS	260
RECOMMENDATIONS	264
BIBLIOGRAPHY	273

LIST OF TABLES

TABLE 1:	THE NUMBER OF ADOLESCENT SEX OFFENDERS (13 – 18yrs) AT CHILDLINE FAMILY CENTRE KWAZULU-NATAL	3
TABLE 2:	THE HIERACHY OF SEX OFFENCES	26
TABLE 3:	SEXUAL BEHAVIOURS: A CONTINUUM	46
TABLE 4:	REPRESENTATION OF DIFFERENT RACE GROUPS	153
TABLE 5:	AGE OF THE ADOLESCENT SEX OFFENDERS	155
TABLE 6:	DEMOGRAPHICS OF THE VICTIMS	156

PART ONE

INTRODUCTION

INTRODUCTION

What do offenders see as the cause of their offending? What rewards do they get from offending? And of what use is such information? Quite simply, we have little chance of changing an offender's behaviour unless we know about that behaviour and what causes it. Offenders often see the causes of their offending quite differently from how others see them. Unless we can understand behaviour from the offender's perspective, we run the risk of targeting them with inappropriate programmes in therapy, which will do little to address the real causes of their offending. The causes they give for offending or the way they perceive their behaviour may seem totally irrational or unacceptable to us but it is the reality of their world only by seeing it through their eyes can we understand what motivates their behaviour to help them change (Briggs, 1995:vii).

The above quotation by Dr Meryl McKay, Department of Justice, New Zealand, 1993 (cited in Briggs 1995), captures the essence of the significance of this study.

This chapter introduces the problem of adolescent sex offending and the researchers motivation and interest in the problem. The research objectives and questions, the value of the study, the significant definitions and the theoretical frameworks guiding the research are presented. The theoretical research paradigm guiding qualitative research is also clarified.

THE SIGNIFICANCE OF THE PROBLEM OF ADOLESCENT SEX OFFENDING

The main aim of this research is to understand the impact of the interacting context of the family and its environment on the adolescent sex offender, and how these factors may influence offending behaviour. There are various macro forces such as the availability of pornographic material, poverty, loss of traditional values and support systems and increasing violence that contribute to the development of offending behaviour that require structural change, but the focus of this research is on a micro level - which is, the individual and the family.

There are few clinical projects in various parts of the world (Lightfoot & Evans, 2000) which have evaluated and described their work with young sex abusers in great detail. Therefore, basic facts about this group of young perpetrators are not well known to many clinicians, academics or other professionals.

The Childline Family Centre is a non-governmental, non-profit organisation that provides a 24-hour help line service and a therapeutic resource for victims of abuse and sex offenders. Since its beginnings in 1986, Childline has talked with thousands of children and young people about a wide range of problems, and sexual abuse has always been represented highly in the statistics.

South Africa has the highest rate of reported rape worldwide. It is estimated that 1 in 26 rapes are never reported to the criminal justice system because of shame, intimidation, stigmatisation and the well-established fact that the criminal justice system further victimises and stigmatises the rape victim. In 1998, the South African Police Services and specialised individuals dealt with 37 353 reported crimes against children. This was an increase of nearly 58% since 1994. Rape was the most prevalent crime against children reflecting 42% (21 204) of total crimes in 1998 (Office on the Rights of the Child, 2001). According to Joan van Niekerk (2002), Director at Childline, KwaZulu-Natal, and Project

Leader of the Sexual Offences Committee of the Law Commission in South Africa, 50% of all rape victims are under the age of 15 years in South Africa and that 42% of all sexual crimes are committed by youths under the age of 18 years. The Child Protection Unit of the South African Police, in Durban, reported that adolescents commit approximately 35% of all sexual abuse cases reported to them. The number of cases of adolescent sex offenders reported to Childline over the years has steadily increased. However, in South Africa, due to underreporting of adolescent sexual abuse, the failure of the police to accept these reports and lack of a centralised data register, it is difficult to obtain accurate statistics reflecting the number of adolescents who have engaged in sexually abusive behaviour.

TABLE 1: Number of adolescent (13-18 years) sex offenders at Childline Family Centre, KwaZulu-Natal.

RACE	1999	2000	2001	04-2002	%
Indian	6	12	13	8	22% (39)
White	6	9	11	4	17% (30)
Coloured	2	3	7	3	8% (15)
Black	13	32	27	13	49% (85)
TOTAL	29	56	58	28	100%(171)

The above table indicates statistics at Childline, KwaZulu-Natal, and reflects that, 49% of adolescent sex offenders referred to Childline are black. KwaZulu-Natal currently has the highest number of black children, followed by Indian children as compared to other provinces. Most of these adolescents attending therapy are from communities in and around the greater Durban area.

The 1996 Census counted 16 333 349 children under 18 years of age, 40% of which are poverty-stricken children. Poverty can fragment family life and may

force children into undesirable situations. The percentage distribution is as follows: Indian/Asian 2%; Coloured 9%; white 8%; black 81%. Most of the children reside in KwaZulu-Natal, 55% of whom live in the rural area (Office on the Rights of the Child, 2001). The 1996 Census results show that South Africa's population stood at 40,58 million in 1996. Thus although a higher percentage of children live in KwaZulu-Natal, 55% of the children may not have access to many resources in the rural areas and especially therapeutic services offered by Childline Family Centre, as the organisation is based in a urban area.

The Deputy Director of Public Prosecutions reported that not only are the courts dealing with an increasing number of cases involving adolescent sex offenders, but that there have been numerous cases of charges laid against children under the age of 13 years (Fleischack, N., in Ehlers & Van der Sandt, 2001). Despite charges being laid, these cases are seldom prosecuted. It appeared that this to a large extent is due to both professionals and the broader community holding the attitude that these adolescents are merely engaging in harmless sex-play (Wood, 1998). In a number of cases, the child is not even charged. Alternatively, where charges are laid, they are frequently withdrawn.

Article 40(3) of the Convention of the Children's Rights requires States parties "to promote the establishment of laws, procedures, authorities and institutions specifically applicable to children alleged as, accused of or recognised as having infringed the penal law". Having ratified the Convention in 1995 and recognising that the situation regarding such children in South Africa was unsatisfactory, the government decided to bring about substantial change in this area. There is legislative support for the child/adolescent sex offender treatment programme. All legislation relating to the care and management of children and child abuse is presently being reviewed. This includes:

- The Child Justice Bill, which deals with the child (under 18 years) offender. The ethos of this Bill is that children, wherever possible and

appropriate, should be diverted away from the Criminal Justice System and the focus should be on the provision of programmes for the young offender that discourage a life of crime and promote positive psychosocial development. This prevents incarceration to reform schools and adult prisons. In South Africa these facilities are notoriously under-resourced, overcrowded, with little protection for the young offender and with minimal or no opportunities for rehabilitation.

- The Sexual Offences Bill has specific provisions related to the sexual assault of children, and the procedural provisions for the management of child victims and child offenders.

Various studies have tried to estimate the extent of sexual abuse by young people. Sixty percent of adult sex offenders commit their first sexual offence in their early teens. A summary of studies (Monck, Misch, Hawkes, Woods and Jenkins cited in Vizard, 1997) indicated that many adult sexual offenders begin offending as adolescents and are not detected for many years - if at all. In a major retrospective study of adults concerning their experiences of abuse in childhood, Finkelhor (1986) found that 34% of women and 39% of men who recalled having a sexual encounter during their childhood with someone five or more years older than themselves reported that the older person was aged between 10 and 19 years. Other studies (Abel cited in Abel, Becker, Cunningham-Rathner, Rouleau and Murphy, 1987) found that approximately 50% of adult sex offenders reported that they began their sexual offending during their adolescent years. Openshaw cited in Vizard (1997) concluded that there appeared to be a consistent finding that between 25 and 33% of all alleged sexual abuse involved young perpetrators.

According to Fehrenbach, Smith, Monastersky & Deisher (1986), sexual offences by adolescents are not simply isolated incidents involving normally-developing adolescents. The researcher is of the opinion that the causes of

offending appear to be complex and dynamic, resulting from a combination of interpersonal, environmental and socio-structural factors.

The researcher developed an interest in the topic because it comprises an area of her therapeutic load at Childline Family Centre. The majority of the sex offenders appear to be males and this has been consistent with the experience of working with offenders at Childline Family Centre, thus the participants chosen in this research were male and reference will be made to the male offender throughout this study.

According to Joan van Niekerk, (2002) Director of Childline, KwaZulu-Natal (personal interview), programmes that have targeted women and children in an attempt at empowerment and self-protection have not been very successful, as the incidence of abuse has continued to increase. The magnitude of the problem means that it cannot be addressed by legislative solutions alone, critical as these are. Violence against women and children are perpetrated within a context of deeply entrenched structural, cultural, religious, and patriarchal mores. These must be confronted and dealt if we are to stem the tide of abuse.

In the light of the above, and the need to develop strategies that effectively work towards the reduction of violence against children, Childline Family Centre developed a treatment programme to address the behaviour of adolescent sex offenders. The researcher sees the most compelling reason for finding ways of successfully managing adolescents who commit sexual offences against children as one of primary prevention, that is aiming to stop sexual abuse of children before it happens. There are many ways of doing this: the most relevant is identifying and treating potential adolescent offenders or beginning therapeutic intervention at an early stage in the development of their offending behaviours. Historically, such offenders have not been held accountable. Family and

community systems have ignored early signs, minimised behaviours and denied the deviance involved.

Men who become confirmed paedophiles can go on to abuse literally hundreds of children in their lifetime (Bagley and Thurston, 1996b), and creative ways to intervene in this pattern of offending are needed. Offering non-punitive interventions for people who seek help voluntarily has clear advantages. Unfortunately, society's demonisation of child molesters often makes this difficult or impossible.

Ageton's study (1983) raised important issues regarding the potential for prevention through a decrease in the number of offenders. According to Ageton (1983), the prevalence of adolescent sexual assault, as well as the fact that many offenders repeat this behaviour, make programmes directed at youths an important issue.

Although the family interacts and is affected by the larger societal structure and the individual thus is an integral part of a society, for purposes of this study, the immediate agent of socialisation, the family is given priority.

A qualitative research paradigm was used in this study to probe the life experiences of the adolescent; including the adolescent's development; a possible history of neglect and emotional, physical or sexual abuse; the adolescent home environment; deviant sexual arousal; and current situational factors.

RESEARCH OBJECTIVES

* To explore communication patterns, discipline, parenting styles, and interpersonal relationships within the family context of the adolescent.

- * To ascertain experiences of emotional and/or physical abuse and/or neglect experienced by the adolescent sex offender within the family.
- * To explore the possible relationship between significant stressful events, such as death, separation within the family to the offending behaviour.
- * To explore the adolescent's understanding of sexuality and the role that parents and peers play in sexuality education.
- * To explore sexual experiences that may be linked to offending behaviour/s.
- * To explore the adolescent's perception of his offending behaviour and its impact on the victim.

RESEARCH QUESTIONS

- * What are the life experiences of the adolescent within the context of the family of origin?
- * How does the adolescent offender perceive his environment and how does this perception shape his experiences?
- * What is the quality of the adolescent's interpersonal relationships with family and peers?
- * What information did the adolescent obtain about sex and how did it shape his perceptions toward offending behaviours?

* What is the possible impact of emotional, physical and/or sexual abuse, and significant stressful events, such as death and separation etc. on the adolescent?

* What are the possible precipitating factors that culminate in the offending behaviour?

* What is the adolescent offender's motivation for the offending behaviour?

UNDERLYING ASSUMPTIONS

The following assumptions underlined this study:

1. Risk factors for the development of sexually abusive behaviour include early experiences of humiliation, trauma (Freeman-Longo 1986), lack of empathic care or inconsistent care (Steele & Alexander, 1981).
2. The adolescent is exposed to sexualised models of compensation (Steele cited in Ryan 1991), or the experience of sexual victimisation.
3. Social skills deficits are a recurrent and significant feature in the adolescent's family and the adolescent sexual abuser's social presentation (Fehrenbach, Smith, Monastersky and Deisher, 1986).
4. The young abuser is a victim of some form of abuse, as reported by Becker, Stein, Sefarbi and Saunders cited in Awad (1991).

VALUE OF STUDY

Work with adolescent sex offenders, has since 1992 been introduced at Childline, KwaZulu-Natal and nationally, but is not very well understood. While there is a strong suspicion that this behaviour may be a major precursor to adult sexual offending, and is thus a particularly serious concern, there is a dearth of formal empirical work on its origins in children, and most encompasses predominantly American research literature. This research study provided some insight into the factors that contribute to offending behaviour. It is imperative for the therapist managing the programme of rehabilitation to have sufficient knowledge and understanding of each offender in order to plan for services.

As there is a gap in the literature on the adolescent sex offender in the South African context, our understanding of the South Africa adolescent offender, and our ability to render effective programmes to them is limited. This study contributes to local literature and as the sample is inclusive of adolescent sex offenders of all races and cultures, the study is relevant to the South African context.

Successful programmes for adolescents can be hugely cost-effective in terms of human trauma and finances. If the adolescent sex offender's behaviour is effectively managed to assist him to lead a well-adjusted life, it will prevent the development of new victims and protect existing victims. The study provides insight into factors that may make a victim and an abuser more vulnerable to abuse and abusing behaviour. Given the potential impact on victimised children and the possible risks of ongoing victimisation, it is essential to obtain more information on the factors that contribute to the offending behaviour. This study might help to plan more effective management strategies and preventative programmes.

Another form of primary prevention lies in the intervention with families in which dysfunction and disorganisation of roles and relationships put children at risk of physical, emotional and sexual abuse. By establishing the possible relationship between family dynamics and offending behaviour, this research makes a valuable contribution to programmes on the prevention of child sex abuse. If family dynamics are better understood, services will also to enhance family functioning. If family functioning is improved, it will in the long-term reinforce and sustain rehabilitation endeavours. The family also plays an invaluable role in monitoring and supporting the juvenile sex offender.

CONCEPTUAL FRAMEWORK GUIDING THE STUDY

This research is informed by family systems theory and the ecosystems model. Family systems theory tends to apply general systems theory to families while ecosystems theory, influenced by human ecology, applies general systems theory to the total environment, the whole ecology. The ecosystem is seen as a system of systems – the individual system, the family system, the sociocultural environment, the diagnostic context, and so on – thus enabling the ecosystemic theorists to speculate about the interrelatedness of multifarious systems (UNISA, psy. 103/96, 1996). An important difference between the family systems approach and the ecosystemic approach lies in the level of the system being considered. The ecosystemic approach looks further, considering individual behaviour as a symptom of both the wider social systems and the family systems. The person is viewed as developing within a complex system of relationships affected by multiple levels of the surrounding environment (Berk, 1998). To be effective human service-providers we need a conceptual framework that allows us to view the person within the total gestalt (gestalt means organised whole) of his/her situation that is the person-in-situation gestalt. According to Berk (1998) human service professionals are concerned with what happens at the interface of the individual and the environment.

According to Bronfenbrenner cited in Berk (1998) from an ecological-systems perspective, development is the progressive mutual accommodation between an active growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings and by the larger context in which the settings are embedded.

In employing a multilevel systems paradigm, Drake and Pandey (1996) recognize that the aetiology of child maltreatment must be sought across several levels:

- factors associated with the perpetrator (ontogenic factors);
- factors associated with the family and the child's immediate environment (the microsystem);
- broader ecological or community systems which directly impact the family (exosystem); and
- the nature of modern culture and society (the macrosystem).

While there is increasing congruence in the literature regarding the necessity of adopting a multilevel systems paradigm, researchers are only now beginning to systematically consider current etiological theories within such a framework. Using an ecological framework, we can see that etiological explanations of different types of abuse place varying degrees of emphasis on different systems levels. Several broad groupings of exosystem and macrosystem factors are commonly referenced regarding all types of child maltreatment. According to Drake and Pandey (1996) among these are economic distress and social isolation; and the chronic lack of resources that prevail in many of our poorest neighbourhoods. As opposed to social isolation, social embeddedness and a feeling of community is generally regarded to be a strong protective factor, both reducing stress and providing normative standards in families. The social isolation and sense of negativism obtained within many very poor communities

must therefore be counted among the ecological factors associated with child maltreatment.

The study of child abuse requires a family systems or ecological approach for several reasons:

-The entire family is involved, not just a mother, father, or some other caretaker who deliberately abuses a child. The mother, the father, the child - and the environment - all play a part.

-No family exists in a vacuum. Environmental stresses as well as community resources and support must be considered for primary prevention to be successful.

-On the societal level, the cultural "scripts" that are given to parents and children must be identified - the messages that largely determine what parents expect of children and themselves. The messages about the use of violence and abuse are also part of scripting - the idea that family members can be hit if they persist in doing wrong, the notion that if all else fails, violence will solve the problem.

The ecosystem perspective is thus concerned not only with the possible psychopathology of the perpetrator or the effects of abuse on the victim but also with disturbances in the total family system and the family's interaction's with the larger community (Maddock, Gusk, and Lally cited in Patton, 1991).

Abuse of a child is the end result of a system of interaction between the spouses, the parent and the child, the child and the environment, and the family and society. What affects one affects another. The notion of the family as a system is not new. Bowen cited in Patton (1991:189) noted, "The relationships between family members constitute a system in the sense that a reaction in one

family member is followed by a predictable reaction in another, and that reaction is followed by a predictable chain reaction pattern". Thus, when a parent competes with a small son or daughter for nurturance, all the other family members become part of the competition.

According to Maddock and Larson (1995) the strength of the family systems approach is the ecological analysis employed, so that an integrated view of individual emotions, family interactions and socio-cultural influences on gender and erotic experiences can all be taken into account. Balances of power, emotional interchange, and interconnectedness with wider society and its values and expectations are unique for each family. The ecological approach is dialectical; it does not polarise different approaches, but rather seeks to integrate them.

DEFINITION OF CONCEPTS

ADOLESCENT SEX OFFENDER

According to Hoghughi, Bhate and Graham (1997) an adolescent sex offender refers to a person between 13 to 18 years, who has committed a sexual offence.

ABUSE

Abuse is an act with another person who does not or cannot give informed consent. It is the violation of one's human rights.

SEXUAL OFFENCE

A sexual offence may refer to an array of sexual behaviours that are abusive, manipulative, exploitative, and/or aggressive in nature. It displays a power

imbalance between victim and abuser. The behaviour is deviant which denotes a significant departure from the norms and values of society. The victims may be adults, peers or children.

FAMILY

An organisation of human beings united through kinship, sharing a common biological-psychological, socio-cultural, and environmental milieu (Marston and Chambers cited in Sewpaul, 1993:189).

RESEARCH PARADIGM

This research fits into the category of qualitative research, for various reasons.

Qualitative research is descriptive. The data collected are in the form of words rather than numbers. The written results of the research contain quotations from the data to illustrate and substantiate the presentation. Researchers try to analyse the data with all of their richness as closely as possible to the form in which they were recorded or transcribed.

Qualitative researchers are concerned with process rather than simply with outcomes or products. Qualitative researchers tend to analyse their data inductively. Theory evolved emerges from the bottom up, from many disparate pieces of collected evidence that are interconnected. It is called grounded theory, according to Glaser and Strass in Bogdan and Biklen (1992).

Meaning is of essential concern to the qualitative approach. Researchers who use this approach are interested in the ways different people make sense out of their lives (Erickson in Bogdan and Biklen, 1992). Qualitative researchers are concerned with making sure they capture perspectives accurately.

A paradigm is a loose collection of logically held together assumptions, concepts, or propositions that orient thinking and research (Bogdan and Biklen, 1992). Qualitative research is grounded in a phenomenological perspective.

Silverman (1993) noted that the primary issue in qualitative research is to generate data, which give an authentic insight into people's experiences. Research could provide the mirror reflection of the world and it may provide access to the meanings people attribute to their experiences and social worlds. While the interview is itself a symbolic interaction, this does not discount the possibility that knowledge of the social world beyond the interaction can be obtained.

According to Silverman (1993), those of us who aim to understand and document others' understandings choose qualitative interviewing because it provides us with a means for exploring the points of view of our research subjects, while granting these points of view the culturally honoured status of reality.

Within the qualitative research paradigm the collective case study method was used in that 25 cases were included in the study.

This chapter introduced and provided an overview of the research. It highlighted the researchers interest in the area of adolescent sex offending and contributing issues to offending behaviour. It examined the objectives and potential value of the study, defined some of the concepts that would be used, and the theoretical frameworks and research paradigm underpinning the study.

Chapter two and three presents a review of the literature detailing the issues of sexual offending and abuse, its forms, developmental issues and factors that contribute to offending.

Chapter four describes the research methodology employed in this study. It presents the data collection processes, the sample, the analyses of the data and the ethical considerations involved in undertaking the research.

Chapter five introduces the profiles of the adolescent sex offenders and a presentation of their demographic details as well as that of the victims.

Chapter six deals with the analysis of the data dealing specifically with abuse experienced in the lives of the adolescents and other factors that have affected the adolescent sex offender within the context of the family.

Chapter seven details the analysis of the characteristics of the juvenile sex offenders, the offending behaviours and ecological issues.

Chapter eight presents a synopsis of the findings and details the way forward in the prevention of sexual abuse of children.

PART TWO

LITERATURE REVIEW

CHAPTER TWO

CONCEPTUALISATIONS OF SEXUALITY

INTRODUCTION

Chapter One provided an introductory to this research study; this chapter provides an overview of the literature with specific reference to the incidence and prevalence of adolescent offending behaviour, the conceptualisation of the sexual offence, a hierarchy of the different types of sex offences, taxonomy of adult offenders and the taxonomy of adolescent offenders.

INCIDENCE AND PREVALENCE

According to Hoghghi, Bhate and Graham (1997) the British Crime Survey Home Office in 1988, estimated that only about 10% of rape cases are reported at the time of the abuse, although this percentage is increasing due to changes in the quality of police and judicial response. This finding is consistent to that found in other countries. False or mistaken accusations of child sexual abuse are rare. They may occur in the context of bitter custody battles or when a parent is psychotic or mentally ill. From the researcher's experience at Childline Family Centre, approximately 2.3% of all allegations appear to be false. It is indicated that sexual offences by young people are steadily increasing possibility due to an improvement in the functioning of reporting processes, increased awareness or due to a general increase in crime in South Africa for a variety of reasons.

It appears that the incidence and prevalence of sexual abuse by youngsters are both high and an underestimate. According to Hoghughi and Richardson cited in Hoghughi, Bhate and Graham (1997) there are many reasons for that:

- disorganised and chaotic families in which abuse of/ by a child is not noticed;
- suspicion of police and official agencies and the tendency not to involve them unless stakes are very high;
- experiences of parents as abusers or abused, which lead them to underplay the importance of sexual abuse;
- child victim's inability to articulate the abuse;
- victim's fear of parental reactions;
- victim's concern for their reputation among peers and in the neighbourhood;
- unwillingness of the offender to self refer because of the attitude that nothing wrong has been done;
- age of perpetrator and the tendency by parents and officials to underplay the inappropriate sexual act/s;
- "boys will be boys" ideas of experimentation and hope that the youngsters will grow out of such behaviour and not repeat it;
- fear that official intervention might exacerbate the adolescent offender's condition and add to his problems;
- fear of consequences for the victim and the victim's family if they report it and are dragged into the law enforcement system;
- absence of any clear guidelines about what to do with the abuser and uncertainty about outcomes; and
- confusion in public services and the legal system about balance of public protection and diversion from the criminal justice system in the case of adolescent perpetrators.

In view of the above, it seems imperative that the concept of a sexual offence requires a clear understanding and should precede any further discussions.

CONCEPTUALISATION OF A SEX OFFENCE

There are key elements in a sex offence, which are force or coercion, exploitation and a focus on control of the sexual victim. These elements suggest that a sex offence involves the use of greater age, force, prestige, intelligence, or other source of power to coerce another person into a sexual act to which they might not otherwise consent. The offender thus uses his greater power to exploit his victims. A part of the sexual gratification obtained by the perpetrator arises from controlling, dominating, and/or humiliating the sexual victim (Breer, 1987)

Breer (1987:4) attempted to examine its implicit assumptions from psychodynamic, therapeutic, rehabilitative and diagnostic points of view:

The definition of what is a sexual offence is not simple. For decades ...thinking about the sexual activity of adolescent boys has been dominated by the concept of experimentation.

It is worthwhile to pause here to remark that Breer's (1987) statement raised the important issue that social mores fluctuate dramatically in Western society, with regard to sex and sexual issues. The change in conceptualisations of homosexuality in successive editions of the Diagnostic and Statistical Manual (APA, 1994) is one example of this fluctuation. Moreover, attitudes to sex differ within and among cultures. The work of Ryan and Lane (1991) has contributed to debates about the social constructions of childhood behaviour that is normal and abusive. Such work is important in lending temper to the view that abusive sexual behaviour can be rigidly demarcated from appropriate sexuality. This would be further explored in this literature review.

According to Breer (1987:6) separating the sex offence from "adolescent experimentation" is a more difficult task than defining a sex offence. The

concept of experimentation has been overused and should be used with great caution to prevent abuse. Experimentation can be identified in younger offenders. Repeated looking, touching, and exposing suggests more than curiosity or a quest for information. Service providers need to be very careful in applying the concept 'experimentation'. The very fact of the selection of a younger child as a sexual partner suggests many conflicts. These include self-doubt and serious anxieties. Sexual contact with prepubertal children may also point to developing paedophilia. The emphasis upon control, domination, and humiliation that is common in the adolescent offender has a sado-masochistic element that cannot be considered within normal limits.

The sexual act can emanate from any source for instance, neighbour, sibling, cousin, friend and range from a mild to serious acts, whether or not it involves physical injury (Hoghughi, Bhate and Graham, 1997). There are always difficulties in determining the intent of the offender or consequence of the act for the victim, particularly when the offender denies any intent or if the abuse seems opportunistic. Briggs (1995) identified three developmental 'paths' taken by young abusers, one of which is the 'dead-end' path, in which the abuser stops abusing of his own accord with no intervention. Unfortunately, the current level of knowledge is insufficient to allow us to identify with any degree of confidence those child abusers who will follow the dead-path, and those who will continue their abusive behaviour, into adulthood. However, some child abusers seem to present a greater degree of risk than others, especially those who have experienced profoundly damaging and disrupting childhood trauma, and are persistent in their abuse, and preoccupied with sexually abusive behaviour.

However, sexual abuse is serious and warrants serious intervention. Recidivism is an important but unexplored factor in adolescent sex crimes. The available data suggests that about half of adolescent offenders have made a previous sexual assault, but after treatment, about 10% go on to commit a further sex

crime (Abel cited in Abel, Becker, Cunningham-Rathner, Rouleau and Murphy, 1987).

Breer's (1987) definition is a useful guide in determining abusive acts and orients one to the psychological and relational aberrations surrounding sexual offending.

The next section details particular issues that can be established in determining issues of sexually abusive behaviour.

DIFFERENTIATING THE 'NORMAL' FROM THE ABUSIVE IN THE ADOLESCENT SEXUAL OFFENDER

Groth and Loredó (1981:128) studied adolescent sex offenders and offered eight basic criteria that could be used to distinguish "normative sexual behaviour that is situational," from what may be "inappropriate, solitary, sexual activity of a non-aggressive nature," to what may be "sexually assaultive behaviour that poses some risk to another person." Groth and Loredó's determinants pertained primarily to adolescents, and questions whether the offence was transitory or reflective of underlying psychosocial problems. Eight basic issues must be assessed.

- The age relationship of the offender and the victim/s involved – whether the object of attention is significantly younger or older may suggest what difficulties the offender may be experiencing.
- The type of social relationship the offender shares with the victim and the context of the abuse. Whether the persons are related, and if there is an abuse of trust. The purpose of the behaviour for the abuser and the role

of power differences in the act. The experience of the victim to determine the impact of abuse and whether they were able to give consent.

- The type of activity exhibited in the situation is also probed.
- One has to determine how the sexual contact took place, whether there was mutual agreement, deception, enticement, intimidation, threat, physical force or violence. Another significant issue is whether the offender disclosed the sexual activity because abusers rarely self disclose.
- The persistence of the sexual behaviour also determines the severity and the inappropriateness of the sexual act.
- Evidence of progression or escalation in the use of force, the nature or frequency of sexual activity suggests serious underlying problems.
- The nature of the sexual fantasies preceding or accompanying behaviour can clarify the significance of the behaviour. Fantasies may indicate problems with sexual identity, preferences, violence, lack of victim empathy and choice of inappropriate sexual partners like young children.
- Any distinguishing characteristics of the victims such as those who are psychologically, physically or socially unequal to the subject should be a particular cause for concern.

The above issues are important, because in treatment the quality of interaction and the nature of the relationship between victim and offender are critical issues.

Groth and Loredó (1981) suggested that the offender's personality development and his current family situation must also be assessed. In the researcher's perspective this validates the usefulness of the family systems or ecosystems perspective. Critical developmental life events, life tensions or stress or other psychological problems must be assessed. Groth and Loredó's (1981) clinical experience suggested that the offences reflect a struggle for control, a quest for identity, and a discharge of emotion. The offender is a loner with a few social skills, he tends to be an underachiever with low self-esteem, and his general mood state reflects states of anger, depression and emptiness.

To assist in the understanding of the conceptualisation of a sexual offence the next section will detail the different forms of sexually abusive acts ranging from mild to serious acts.

A HIERARCHY OF SEX OFFENCES

Breer (1987) developed a hierarchical structure by ranking offences in terms of their gravity. The gravity of an act of molestation is in turn measured by how damaging it is to the victim and how much psychosexual pathology it implies in the offender.

Some sexual acts are voyeurism and exhibitionism. By way of definition, exhibitionists attain sexual stimulation by displaying their sex organs to others. The voyeur obtains his sexual gratification by observing others either in the nude or in the course of sexual acts. Both exhibitionism and voyeurism can be a normal adolescent phenomenon, according to Breer (1987). When the emphasis of the exhibitionist is upon shocking the victim and attaining sexual arousal for himself, it shades into psychopathology. One needs to know the fantasies and feelings lying behind that act in order to help determine where the behaviour pattern will lead. These offences can constitute offensive behaviour

but is seldom reported or taken seriously by service providers, according to the researcher's experience.

Breer's (1987) hierarchy is useful in determining pathology in the individual, but any sexually abusive act can cause psychological damage, and does not necessarily depend on the severity of the act or the physical damage done to the victim, but the individual's personal issues of coping with the abuse.

TABLE 2: THE HIERARCHY OF SEX OFFENCES

The table has been adapted from Breer (1987:143).

NO.	TYPE	DESCRIPTION	PATHOLOGY
1	Fondling.	<p>Most minor sex offence. Touching of the genitals or anal areas through the clothing or after the removal of clothing. Fondling involving removal of clothing is more serious than fondling through the clothing</p>	<p>Fondler experiences impulses to go further. But has good impulse control and empathy for the victim and of an operating conscious, which keeps the young offender from making a more serious assault on the child.</p> <p>Cautions in evaluation are necessary because sometimes an offender gets no further than fondling because he/she is interrupted.</p>
2	Masturbation	<p>Masturbation in front of the child, and may lead to asking the child to touch the genitals of offender. Next step is initiating mutual masturbation.</p>	<p>This involves an inhibition of a wish of a more substantial kind of sexual contact with the child.</p> <p>Impulse control and empathy are relatively effective.</p>
3	Frottage	<p>Frottage involves the rubbing of the genitals against the body of another, against the genitals or the buttocks or rubbing while lying on top of the victim.</p>	<p>Frottage probably represents a strong impulse to penetrate, but some internal control in the offender exists. Important, is whether the offender has removed clothing or reached orgasm.</p>

4	Digital penetration	Finger penetration of the victim, either vaginally or anally.	Serious because physical injury is possible; implies poorer victim empathy and impulse control. Anal penetration indicates sadistic-aggression.
5	Oral sex	There are two variations, that is, to have the victim perform oral copulation on the offender or vice versa.	Male offender-male victim is considered more serious than female victim because boys who commit this offence are more likely victims of this offence themselves. Poor victim empathy and impulse control exists.
6	Insertion of objects	This involves putting objects into the vagina or anus of the victim.	If substitution is an attempt at impulse control, less serious than if it is sadistically motivated. If the restraint is based on fear that offender's penis will be damaged, an impaired capacity for impulse control and empathy is implied. The type of object inserted and the reason determines pathology.
7	Vaginal penetration	This indicates penetration of the vagina by the penis.	Vaginal penetration implies less severe psychopathology than anal penetration. It often involves severe physical harm to the victim and implies poor capacity for victim empathy along with poor impulse control.
8	Anal Intercourse	This indicates penetration of the anus of the victim.	Indicates sadistic fantasies, and a greater need to control and humiliate the victim. Likely to be victims of a similar assault. Sodomizing younger girls implies greater need to control and

			dominate females.
9	Sadistic behaviour		Can involve any or all of the above accompanied by behaviour motivated to harm, terrorize, control, humiliate the victims. Force and violence is excessive and implies serious pathology.

Comparison of the rapist to the molester would assist in differentiating their relevant characteristics and in targeting or implementing suitable intervention strategies

THE TAXONOMY OF SEX OFFENCES

This taxonomy was derived from retrospective studies with adult sex offenders, but makes an important contribution, as it points to cumulative difficulties that adults reflected that they experienced in their adolescence and thereafter.

THE RAPIST-OFFENDER CONTINUUM

Groth (cited in Groth and Lored, 1981) separated sex offenders into rapists and molesters. He described molestation as a sex offence in which the perpetrator operates by seduction or persuasion. Bribery and manipulation are used to obtain the victim's consent. The molester often has a perverse but true affection for his victim. Such relationships often extend over a prolonged period of time.

Molesters are further divided into two subcategories. On the one hand, there is the fixated offender, who is the more serious offender and has a primary sexual orientation to children. This individual's interest in children begins in adolescence. There is no apparent stress, which precipitates the offence against young children. The behaviour is compulsive and driven. Offences are usually premeditated. The other sub-type of molester is what Groth (cited in Groth and Lored, 1981) called the regressed offender. This offender is reacting to some stress in his life. His primary sexual interest is in people his own age. The sexual attraction to a child is a temporary aberration. This kind of problem rarely begins in adolescence.

According to Groth and Loredó (1981) rape is a wholly different matter. The act itself is one of aggression and hostility. Rather than carry on a long-term relationship with one or few children, the rapist is typically involved in a one-time offence with several different children. One of the most important differentiations is to separate adolescents showing the precursors of the rape pattern from those more likely to develop into molesters. The distinctions between molesters and rapist are useful in working with adolescent sex offenders. Teenage molesters are generally isolated, shy, awkward and passive young men. Rapists may have greater social skills and are more aggressive.

It is more useful to use the molester-rapist distinction as a continuum. Pure cultures of either the molester or the rapist are rare. What is most often seen is some combination of the two purer types. Force or threats are generally used to obtain compliance of the younger child. The researcher's experience in cases of sexual offending, is that it is common but not compulsory, for a person known to the victim to initially introduce sexual fondling, which eventuates in full sexual penetration if situations or opportunities permit. A note of caution needs to be sounded, however, about the relation between adolescent and adult sexual offending. Though consistent findings have indicated that as many as 50% of adolescents' first sexual offence was in adolescence, the conclusion is that 50% of adolescents do not go on to become adult offenders. Due to the greater biological, psychosexual and psychosocial turbulence of the adolescent period (Blos, Erickson and Kroger cited in Erooga and Masson, 1999), a larger number of situational or stress-related sexual offences in adolescence are probable. Taxonomic work with adolescent offenders is essential since prognosis for younger offenders is likely to be better and because legal and therapeutic probity with adolescents is likely to limit, if not eliminate offending earlier.

TYOLOGIES OF ABUSIVE ADOLESCENTS

Although each adolescent abuser is unique, as a group they have many similarities. To designate and recognise 'types' of adolescent abusers is potentially an efficient way of dealing with them, particularly if relevant treatments can be developed. The types were based on background, personality, social functioning, clinical presentation and abuse characteristics. O'Brien and Bera cited in Hoghughi, Bhate and Graham (1997), for example, described six types of adolescent abusers:

naive experimenter; undersocialised child molester; the sexual aggressive; the sexual compulsive; the disturbed compulsive and the group influenced offender.

The study by O'Brien and Bera cited in Hoghughi, Bhate and Graham (1997), included comparing a group of sibling abusers with a variety of others on family and background factors; and found sibling abusers to come from the most seriously disordered families, where they themselves were likely to have been abused by a family member. They had a longer history of sexual offending and had committed more penetrative acts. Knight and Prentky (cited in Hoghughi, Bhate and Graham, 1997) made a sustained effort to develop taxonomies of juvenile sex offenders. They reported factors that distinguish groups of adolescent sex offenders from other adolescents, showing that adolescent sex offenders had experienced more sexual abuse as children than other groups. Juvenile rapists came more frequently than others from families in which deviant or abusive practices against other family members prevailed.

Typologies do not appreciate the differential characteristics of the adolescents. The typologies derived are closely determined by the data on which they are based, which appears to vary with different researchers. Apart from the sexual abuse itself; more work is required to identify systematically the features that differentiate abusive adolescents from others. The phenomenon of abuse is too

serious and with its grave consequences for both perpetrators and victims, only detailed individual assessment rather than recourse to typological information is likely to lead to therapeutically effective work.

It is important to pause at this stage and reflect on a common thread that has been emerging in the literature thus far, the significance of family issues and its impact, which lends support for the family systems approach, which forms the theoretical basis of the current study.

The focus of the literature thus far has been on sexual offending behaviours, but one needs to question the departure of these behaviours from normal development. One may question the origin or development of sexually inappropriate behaviours. The next section explores development with a particular focus on sexual development in children.

CHILD DEVELOPMENT

Human development generally follows a predictable pattern of growth and result in similar, acceptable characteristics, that is, they need to reach a series of milestones along each dimension if optimal outcomes are to be achieved.

When occurrences blatantly violate those expectations, the questions that arise are “Why?” and how?” Why did this happen? Where did this aberration come from? In exploring the development of sexually deviant behaviours, both the norms of sexuality and the range of what is developmentally possible must be understood. The development of sexuality is shaped by cultural norms, familial and societal messages and life experiences.

The capacity for sexual urges is inborn, but the ways in which sexuality is expressed are learned. It is a hypothesis that the origin of sexually exploitative

✱ behaviours lies in the early childhood experience of the offender (Steele cited in Ryan and Lane, 1991). Many child molesters have a history of significant family disruption, neglect or abuse in their earlier years. The child is left with a low self-esteem, an empty yearning dependency, a wish for love, care and respect, and an identification with the uncaring or absent parent. Similarly, exposure to developmentally inappropriate sexual stimuli or sexual traumatic experience as a child may alter the child's development and suggest sexual behaviours as a means to solve inner turmoil in later years.]

According to Bagley and Thurston (1996a), identity formation is a crucial part of child development. Children have two crucial identity phases. One around the age of 7, and one at the stage of adolescence when the emergence of new roles is integrated within a conception of self as a competent person, having achieved emotional balance in the previous childhood years. Child sexual abuse can undermine healthy identity development in profound ways, giving the chronically abused child a sense of guilt, and confusion about psychosexual identity and competence in performing the roles of adult lives.

{ Generally, sexual behaviours in early childhood are repressed by parental and societal messages that deny, discourage or punish displays of sexuality prior to puberty. The child that defies repression is labelled deviant and/or promiscuous. Despite the inhibition of sexual knowledge and experience we expect adolescents to develop a secure sexual identity to prepare for healthy adult relationships. Our society's confusing expectations contribute to dysfunctional sexual attitudes and behaviours (Martinson cited in Ryan and Lane, 1991).

{ An understanding of the child's sexual development may increase our understanding of the role sexuality plays in both sex offence behaviours and the development of deviant arousal.

CHILDHOOD SEXUALITY

Little was known about childhood sexuality until the 1990s. Research earlier in the 1900s, did explore the capacity for sexual functions and sexual arousal in the unborn child to toddlers (Ford, Beach, Calderone, Kanner, Kinsey, Pomeroy, Martin cited in Ryan and Lane 1991). Numerous studies also referred to the masturbatory behaviours of toddlers and preschool children, describing arousal patterns, orgasmic tension reduction suggesting that children's masturbatory activities were at times self soothing and tension reducing and at times stimulating and exciting (Blackman, Conn & Kanner, Ford & Beach, Lewis, Spiro and Martinson cited in Ryan, 1991). The concept of latency (Freud cited in Bagley and Thurston, 1996a) discouraged recognition of childhood sexuality in many cultures. The unanswered question was whether latency was a natural phenomenon or was induced by adult repression.

The researcher will present theories on childhood sexual development, in order to determine events or issues that disrupted normal development and gave rise to sexual offending behaviour.

Childhood sexuality is generally discussed as a single entity. However, Johnson cited in Johnson and Gil (1993) examined separate developmental lines within child sexuality, allowing a more thorough understanding and a greater possibility of the assessment of problems that occur in children's sexual development. Seven different lines of development will be focused on: biological, sensual/erotic, behavioural, gender, cognitive, relationship, and socialisation.

Starting in utero, the *biological* substrates of sexuality begin to develop. After children are born, *sensuality* in relation to touch and skin contact is experienced and is later expressed in the *eroticism* of adult sexuality. As children develop

manual dexterity and physical coordination, they begin to engage in *sexual behaviours*. Children grow in cognitive awareness of the world, accumulate sexual knowledge, and consolidate *gender* identity through interaction with the environment. As children experience others in relation to their own sexuality, *the relational* aspects of sexuality develop and mature. Sexual socialisation is a powerful force in aligning all aspects of sexuality in developing children.

Although the lines can be delineated separately, they overlap in many respects. If disruption or acceleration occurs in one line, other lines may be disrupted or accelerated. There may be 'critical periods' in sexual development as in other aspects of children's development.

① According to Johnson (cited in Gil and Johnson, 1993) it is possible that some sexually preoccupied children may have problems in their *biological development* that may manifest in hormonal excesses. These children's fantasies do not have an aggressive component. One needs to exercise caution in the supervision of these children because if they were molested, they often find the experience pleasurable.

* Furthermore, children who live in unstable, unpredictable environments frequently experience different states of physiological arousal that may be incomprehensible to them. For instance, they may be unsure of what is going to happen when someone gets angry or slams the door. These children attempt to release the arousal they experience as quickly as possible. Children in these situations describe a physiological arousal to different emotions; for example, fear for their bodily safety may be regarded as hopelessness. The environmental factors and the feelings are often paired so that children, who recall an incident of violence, feel aroused and seek to release the arousal immediately. The arousal is sometimes sexual and other times a combination of both sexual and aggressive elements. This state of arousal may also be sought

so that they feel always ready to respond. When not keyed up, they feel vulnerable of experiencing sadness and abandonment.

② Another aspect of normal development is *sensual development*. In the beginning of ones childhood, one responds to kissing, rubbing, patting, and caressing by caretakers. Thumb sucking, toe sucking and masturbation generally provide a soothing sensual pleasure and may act as a method of tension reduction and distraction (Yates cited in Gil and Johnson, 1993). It is often noted that latency-aged and older prepubescent children describe curious fascination with genitalia, especially boys because of the protruding nature of the penis. Boys usually develop greater access to and knowledge of their genitalia, and participate in particular games of seeking whose penis can stand up higher, or measuring their penises. During prepubescence and adolescence, children experience pleasurable and sexual feelings associated with their genitalia. In addition to sensuality, is sexual and erotic pleasure that comes from kissing, looking, fantasising, genital touching, self-stimulation, sexual intercourse, and other sexual experiences.

VIP * Disruptions in *sensual development* occur in situations of sexual abuse, where children are faced with the need to satisfy the erotic desires of an older person and become overwhelmed by feelings of helplessness, confusion, inadequacy, and fear. Some begin to confuse all types of touch with sexual touch and may become aroused when abused. It is important to pause and comment that, from the researcher's experience, children who have been exposed to gentle seductive sexual abuse generally become sexualised and are confused into believing that the activities are part of normal growing up behaviour, others feel guilty by the physiological (arousal) response of their bodies. This is supported by literature studies of Finkelhor (1995). According to Gil and Johnson (1993) for some children pleasurable feelings during sexual encounters, may be related to feeling wanted, loved, and cared for. According to the researcher's

experience this response generally occurs in emotionally impoverished homes, where sexual abuse is the only form of physical touch and thus, for this particular child sex and physical comfort become synonymous. Trickett & Putnam (cited in Bagley and Thurston, 1996a) indicated that girls who have been sexually abused appear to have an early onset of the hormonal changes associated with puberty. They go on to explain that their studies of girls raised in families in which persistent family conflict occurred indicate an earlier onset of puberty, which may be related to stress.

Gil and Johnson (1993) reported certain sexual behaviours in children as part of natural and expectable development. These include genital exploration, which begins in infancy and brings pleasurable and soothing feelings. Masturbation is more orchestrated than genital play. Other sexual behaviours of children include showing their genitals to others or being embarrassed and covering themselves up. Sex play between children that includes exploring or touching other children's genitals is relatively common. As children get older and try to understand the social and interpersonal aspects of sexuality, games such as spin the bottle and strip poker gain prominence. It should be noted that there is very little research on sexual behaviours among children in different races, ethnic groups, socio-economic levels, and religious groups. Finkelhor (1985); Haugaard, Tilly, Goldman and Johnson cited in Gil and Johnson (1993) indicated that when adults respond to questions about their childhood sexual experiences, approximately 40% of adults recall sexual activity before the age of 13 years. Sixty percent of mothers reported that they were aware of their children's sexual activity.

Disruption in the *development of sexual behaviours*, occurs when the child's interest in the behaviours increase and perhaps stimulate the child into wishing to repeat the sensation. Some may engage in the behaviour, as a form of repetition compulsion; others may be trying to understand or master the

traumatic aspects of the experience by repeating it. Studies of sexually abused children cite increased sexual behaviours in these children, (Friedrich cited in Gil and Johnson, 1993) especially in homes experiencing greater levels of family distress and fewer educational and financial resources. Friedrich and Luecke cited in Gil and Johnson (1993) explained that if these children go on to become juvenile offenders, their behaviour also increases in severity.

In the *gender development* of children there are natural and expectable development, such as infants being born with an inclination toward a particular gender identity, which usually conforms to the individual's anatomic sex. The hormonally determined maleness or femaleness of the brain may predispose persons toward one sexual preference or another. The socio-biological perspective lends support to this theory. According to social learning theory children develop an awareness of their gender early in their lives because of the process of socialisation. Parents overtly and covertly reinforce the child's gender. Gender identity is defined in the first few years of life. By adolescence, sexual orientation becomes fixed.

Presently no empirical evidence (as defined within a logical positivist tradition) exists of a disturbance related to gender among children who molest (Gil & Johnson, 1993). There appears to be congruence between children's biological sex and their gender identification. Many children exaggerate their gender roles: boys may over-emphasise their maleness, claiming to be tough, strong, and invincible. In some boys this appears to be in direct relation to their feelings of insecurity.

In acquiring *sexual knowledge it is a natural and expectable development* for children to learn about sex and sexuality from their parents, friends, and the world around them. Much of their knowledge is gained through self-exploration. As children grow and develop, they question adults about what the genitalia are

for, where babies come from, and how they are born. Based on their developing knowledge of sexuality, children have make-believe weddings and play house. Gender identity and sex roles become a focus of play. Peers, print and visual media, and society at large also fill gaps in knowledge. Parents have an important role in teaching their children about sex and sexuality. Unfortunately from experience in working with parents they take on this responsibility to different degrees. Some parents provide children with absolutely no information or mixed messages regarding sex and sexuality.

Disruption in the development of sexual knowledge occurs when gaps in sexual knowledge has to be gained through visual and print media and may provide misinformation and confusion. Television, which is available to most people, shows every area of sexuality, including lovemaking. Madonna and other singers have raised music and dance to an erotic height to which children can only aspire. From the researcher's experience when sexualised children, child or adolescent offenders are questioned about what in their immediate environment stimulates their desire to act in a sexual way, they invariably mention television soap operas and programmes. The researcher's observations have no empirical basis but are based on her experience. Particularly stimulating to children who molest are movies that have dual themes of sex and violence. Pornographic material and highly rated sex movies shared with friends are also a common phenomenon, with sexually abusive adolescents.

Children and adolescents who have been oversexualised or offend have more and less sexual information than other children. Although they may know more about the mechanics of sexual behaviour, they often have less understanding of relationships. Their parents are sometimes less apt to provide positive and healthy sexual information to their children. In some cases, the parents themselves have been sexually misused, and may be reticent to talk about sex and sexuality. More than others, child and adolescent offenders tend to have

skewed values and perceptions about sexuality. Overexposure to sexuality has generally overwhelmed their ability to assimilate the information in an orderly fashion. Many incorrectly surmise the connections between fragments of sexual information gleaned while in emotionally heightened states (Hawkes, Jenkins & Vizard, 1997).

6 In focusing on the *relationship aspects* of sexuality there are natural and anticipated developments. The infant moves from the warm comfort of the nursing mother to the soothing and pleasurable aspects of self-stimulation. As children grow and develop, there is a transition from the symbiosis with the mothering figure and a gradual transition to separation and individuation. This assumption is supported by object relation's theory. During this process infants learn to create their own pleasure (Gil and Johnson, 1993). The separation-individuation phase is inaugurated by the emergence of relatively well-defined representations of self and object. As children go through the latency period, they focus on developing peer relationships while still remaining closely tied to their parents. They learn about male-female sexual relationships through observation of their home life.

The *relationships aspect* of development is disrupted as families in which adolescents who offend are raised, have extreme difficulties in their relationships. Negative relationship models, including role reversals, are the standard for children. During infancy, the parents of these children are often unable to attend to the children's emotional and physical needs due to their own unmet dependency and sexual needs. Lack of physical affection has also been associated with higher levels of violence in cultures (Broude, Prescott cited in Gil and Johnson 1993). Parents of sexualised children or adolescent offenders may use their children to fulfil their own needs, frequently trying to disguise this as fulfilling the children's needs. Having children sleep in their bed may fulfil parents' needs for sexual and emotional comfort. Children may be told that

sleeping there is to provide them comfort and prevent bad dreams. This is inherently confusing to children, who become unable to separate their needs from the sexual and dependency needs of their parents. This merging of need states can have serious sequelae for the mental health of children and their ability to develop mutually satisfying intimate relationships.

The confusion in their understanding about relationships becomes more intense when the parent has a sexual partner. Instead of inviting the child into his or her bed, the parent may throw the child out of the bed. The child is consciously aware that he or she is being used, but this cannot be articulated. Parental rejection and the ephemeral nature of relationships are underscored. As children observe their parents' volatile relationships to each other or to other parents, the impermanence and unreliability of male-female relationships becomes the norm.

We know *sexual socialization* to be generally contributed by parents, teachers, relatives, television, published materials, and videos. Sexual socialisation starts immediately after birth with the closeness and comfort infants receive. From holding and soothing, children learn about closeness, soothing touch, and emotional caring. Infants and children learn to expect that their parents' warm feelings and appreciation of them are accompanied by kisses and hugs. Children's genital awareness and self-touching, when accepted by parents, leads children to accept their bodies. Children learn about when sexual behaviours between people can begin by their parents' example. Parents teach values and morals regarding sex and sexuality to their children as they grow. As children begin to experiment with nudity, touching and exploring other's genitals, sexual games, and sexual jokes, the guidelines set by parents teaches them the balance for these activities in their lives. Exaggerated, angry, or horrified reactions by parents send messages to children about themselves, sexuality, and sexual expression. If parents openly engage in these behaviours, their

actions provide a stronger message than their words. Parent's attitudes about sex and sexuality by the words they use when describing sexual behaviours, will teach attitudes and values to their children. Unspoken messages are often as potent or more potent than spoken messages. There is a range of sexual environments in families (Bolton, Moris & MacEachron, 1989). They range from supportive of or destructive to healthy and natural sexuality: on the one end of the continuum are natural and healthy homes and on the other end are homes in which sexuality activity occurs across generations. In between are sexually neutral homes, open or communal living homes, sexually repressed homes, sex is dirty homes, homes with overt values and covert norms, sexually overwhelming homes, sexually and emotionally needy homes, homes where sex is an exchange commodity and sexually abusive homes (Gil and Johnson, 1993).

Adolescent perpetrators may come from a range of dysfunctional homes as described above. In sexually and emotionally needy homes, sex is used as a way to meet the unsatisfied longing of the adults. Sex is often confused with love, and the parents engage in sex trying to compensate for their emptiness. If a parent is without a partner, a child may be used as a substitute partner. The emotional, physical, and sexual boundaries in these families are very poorly defined and managed.

Domestic violence in these homes is a common occurrence while children look on helplessly or develops an alliance with the needy parent. These homes may be impoverished and prostitution and substance abuse may occur in the presence of the children. In sexually abusive homes, incest by one or both of the parents occurs. In some cases, one of the parents does not know that the other is molesting their child or is unwilling or unable to step in to end the abuse. It is important to mention at this stage that in these cases of abuse, the non-abusing parent is needy, vulnerable and dependent on the abuser to support her

dependence
of
spousal
relationships

emotionally, physically and/or financially. In most instances the father is the perpetrator. If extended family members live in the home or visit, abuse may be by relatives.

In some sexually abusive homes, there is concurrent incestuous activity between grandparents, parents, siblings, and perhaps aunts, uncles, and cousins. Sexual abuse and misuse is by the more powerful to the less powerful. Family members and relatives are totally confused about sexual expression and its limits and boundaries. Children grow up emotionally vulnerable with little sense of self-protection and not knowing whom to trust, as it is not modelled in these homes. Children are not adequately socialized about emotional and physical boundaries, as their parents show little respect for issues of privacy. Mothers of children who offend have described their genitals being played with or overtly valued by their parents, and in some cases having their genitals mocked (Gil & Johnson, 1993). Children whose sexuality is beyond natural and healthy expression may come from any of these families.

Gil and Johnson (1993) have presented a very comprehensive account of sexual development from their experiences with young children. Disruption in 7 lines of development, viz. the biological, sensual/erotic, behavioural, gender, cognitive, relationship and socialization can occur which can contribute to the offending behaviour of adolescents and the child molester. Children are sexual beings, this has to be accepted and thus parents and adults need to respond appropriately to children in supervising them, responding to their emotional needs, socializing and educating children. A common issue in the discussions is the importance of a stable family climate, which underlies the importance of the theoretical framework adopted in the present study.

Although the literature presented by Gil and Johnson (1993) lacked empirical validity (as defined within a logical positivist tradition) it is a realistic and relevant

account of experiences in working with children, and one, which the researcher can support in her experience in working with victims, and offenders of sexual abuse.

As a point of departure, the present researcher would like to emphasise:

- There is more sexual activity by and among prepubescent children than the concept of latency suggests;
- Children engage in a wide range of sexual behaviours;
- The emergence of sexuality, experience of sexual arousal, early exploration of body, and interpersonal body relationships occur primarily outside the family with peers; much of the sexual behaviour of children occurs in a climate of secrecy, without opportunity for adult observation or intervention; and
- Children make value judgements about early sexual experiences that are related to their emotions and beliefs about the behaviour.

There is a range of sexual behaviours that caregivers are unable to respond to appropriately because they are unable to distinguish appropriate from inappropriate behaviours and this leads to confusion about the required intervention for the child.

Gil and Johnson (1993) after extensive evaluations, defined groups or clusters of sexual behaviour.

SEXUAL BEHAVIOURS: A CONTINUUM

Gil and Johnson (1993) proposed a model/ continuum of sexual behaviours that manifest in children aged 12 years and under who are not developmentally delayed. If there were a continuum based on the level of sexual disturbance, these children could be divided into four groups. Group 1 include children

engaged in natural childhood sexual exploration; Group 2 is composed of sexually reactive children; Group 3 includes children mutually engaged in the full range of adult sexual behaviours; and Group 4 includes children who molest other children. Some are on the borderline between groups or move between groups over a period of time.

TABLE 3: CONTINUUM OF SEXUAL BEHAVIOURS

The table has been adapted from Gil and Johnson (1993:41-50)

GROUP 1: NORMAL SEXUAL EXPLORATION	GROUP 11: SEXUALLY REACTIVE	GROUP 111: EXTENSIVE SEXUAL BEHAVIOURS	GROUP 1V: CHILDREN WHO MOLEST
<p>Children involved in age-appropriate exploration are of similar age and size, generally of mixed sex and more often friends than siblings. They participate on a voluntary basis 'I'll show you mine if you show me yours'.</p>	<p>Display more sexual behaviours than the same aged children in group 1. Many children in this group have been sexually abused. Young children who live in sexually explicit households may display a multitude of sexual behaviours. Many children cannot integrate these sexual experiences in a meaningful</p>	<p>These children have a far more pervasive and focused sexual behaviour pattern. They participate in full range of sexual behaviours, generally with children in the same age range and conspire to keep</p>	<p>Sexual behaviours go far beyond developmentally appropriate child exploration or sex-play. Behaviours include oral / vaginal / anal intercourse, penetration of vagina /anus of another child with fingers /objects. These behaviours increase over time and are part of a consistent pattern. Even when challenged these children cannot stop and</p>

<p>The typical affect of children regarding normal behaviours is light-hearted and spontaneous. Sexual behaviour is balanced by curiosity about other aspects of their universe. Children will stop this behaviour if challenged by an adult. Children engage in a variety of sexual behaviours including autostimulation and self-exploration, kissing, hugging, touching and or exposing of genitals to other children and</p>	<p>way. This can result in acting out the confusion in the form of more advanced or frequent sexual behaviours. These behaviours often only involve the child themselves, by masturbation, inserting objects. If they engage with other children the age difference is not great and coercion is not used. When confronted, group 11 children generally acknowledge the need to stop and welcome help. Intervention must be consistent, proactive and non judgmental. These behaviours are easy to stop, as they do not represent a long pattern of manipulative and highly</p>	<p>their behaviours a secret. They use persuasion but not force. They may however move between group 111 and 1V (coercion threats). There is a lack of affect: they have a matter-of-fact attitude towards sexual behaviours. (It is just the way we play). Their sexual activity is an attempt to make some kind of human connection in a world that has been chaotic, dangerous</p>	<p>need specialised therapeutic intervention. There is an aggressive, compulsive quality to these children's sexual behaviour. These children often link sexual acting out to fear, anger or loneliness. Children who molest seek out vulnerable children. Often there is a large age difference. These children rarely express empathy for their victims. They lack problem solving and coping skills and demonstrate little impulse control. They express a lot of anger, anxiety and confusion about sexuality. When group 1V children are not overtly abused they come from home environments marked by sexual</p>
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perhaps simulating intercourse.	charged behaviours.	and unfriendly.	stimulation, lack of boundaries, and physical violence.
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Depending on group membership, treatment needs differ. Some children require in-depth treatment to address not only the sexual behaviour problems but also the myriad emotional problems that propel the behaviours.

The development of younger children has been highlighted. The next sections focus specifically on the development of adolescents and the range of sexual behaviour presented by the adolescent developmental stage, which may be differentiated from the problematic to the expected behaviour.

THE DEVELOPMENT OF SEXUALITY AND ACQUISITION OF SEXUAL KNOWLEDGE IN THE ADOLESCENT

According to Brooks (1985) the onset of rapid sexual development in adolescence is normally associated with profound biochemical and physical changes. The increase in sexual arousal, interest and drive that reflects the biological changes of puberty does not account fully for complexities of adolescent sexual behaviour. A range of other influences is also involved in promoting change in the cognitive, emotional and social aspects of adolescent sexuality. Given wide cultural variations, sexual behaviour of adolescents cannot be understood separately from its social context. Adolescents are generally less concerned with reproduction than with pleasure. However some tension between the two remains. This is in the context of all societies' attempts to control sexuality in order to regulate fertility. Thus, society's attempts to influence adolescent sexuality tend to focus on reproductive and biological aspects. The consequence is that the emotional and social aspects of sexuality are often ignored or underplayed, resulting in uncertainty about how to deal them. This may lead to activities, which are harmful, both to individuals and society, including unsafe sex, premature and sexual aggression in adolescents (Hoghughi, Bhate and Graham, 1997).


vip

There are particular reasons for believing that the resolution of social difficulties at the adolescent stage may be crucial to the development of abusers. Adolescence has typically been regarded as a period of elevated social demands and tasks. Exploration of issues such as identity, autonomy, expansion and realignment of social contacts, new roles and feelings takes place against a background of physical changes and expectations of increased responsibility as preparation for adulthood. Social interactions centred around making friends, dating and being part of a peer group play a vital role in socialisation and the achievement of developmental tasks which are essential for future social, emotional and occupational functioning. The influence of peers on behaviour and beliefs is especially powerful at this stage.

Factors such as a history of physical or sexual abuse and neglect, psychiatric or emotional problems and learning difficulties are far from unique to adolescents but are common amongst them (Marshall and Barbaree, 1993). Where present, they are likely to have a major disruptive impact on development. An individual whose viewpoints and behaviour have been shaped in such a context is likely to be at a serious disadvantage. Additional pressures can exacerbate problems. Strained interactions, the stigma of social awkwardness or failure to provide support and social reference points for peers might elicit rejection or compound existing negative biases and a sense of isolation. Gaining support or validation of the self, a major preoccupation of adolescence, can thus be undermined.

We expect adolescents to develop sexual behaviour through the same learning mechanisms that are involved in the development of any other type of behaviour. These include association with and imitation of models in the environment; direct experiences resulting in rewarding or punishing consequences; appraisals and expectations arising from socio-sexual encounters. However certain issues can inhibit learning and these will be discussed in relation to the adolescents' experiences in the current study (in the analysis in Chapter Six).

Thus, for a number of reasons, sexual abusers are more in need of education in the following areas, (Finkelhor and Browne, 1985; Hacker, Buchanan, Kaplan, Zimpfer, Murphy, Perry and Orchard, Carter, Fisher and Barak cited in Hoghughi, Bhate and Graham, 1997):

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- For some adolescents, difficulties in relating to peers, and consequent social isolation, result in limited access to the most readily available source of sexual information and reduced opportunities to develop appropriate sexual behaviours.
 - For many others, knowledge and attitudes regarding sexuality are based on direct and indirect experiences of sexual abuse and tend to be, therefore, either distorted or deviant in nature.
 - Adolescent abusers who have been victims of male perpetrators sometimes develop intense homophobic attitudes as defence against anxiety about any homosexual feelings they may have, or feelings of guilt concerning pleasure they may have experienced during the abuse.
 - Reoffending by adolescent abusers is associated with limited sexual knowledge and poor understanding of sexual values.
 - Psychosexual educational approaches have been shown to be successful in increasing adolescent abusers' sexual knowledge, improving their attitudes and modifying their values.
 - Improved sexual knowledge, attitudes and values enhance the probability of success of other offence-specific treatments.
 - As their sexual values and beliefs are less ingrained and distorted, re-education can be successful in disrupting younger abusers' offence

cycles and reducing the probability that these will become habitual and repetitive.

- Psychosexual education, as part of the treatment programme, should be given to abusers as early as possible, as it is known that many adult offenders began offending during their adolescence and the seriousness of offending behaviour escalated as they moved from adolescence into adulthood.
- Psychosexual education can help counteract negative attitudes and values promoted by inappropriate exposure to pornography in childhood, which many abusers experience in the context of abusive situations.
- As some abusers use pornography during both antecedent and maintenance phases of their abusive acts, educational approaches can sensitise abusers to its influence on their behaviour.

The understanding of childhood sexuality is essential in order to correct inappropriate behaviours and to understand what is normal expected behaviour. It is discussed in the following section.

UNDERSTANDING THE SEXUAL BEHAVIOUR OF YOUNG PEOPLE

Clinical experience suggested that young people's sexual behaviour can be conceptualised in four categories although these are not mutually exclusive (Ryan and Lane, 1991). Nevertheless it is helpful to view their behaviours in this way as a means of making sense of the intervention, which may be proposed. The following is a range of adolescent sexual behaviour:

Normal

- Sexually explicit conversations with peers
- Obscenities and jokes within cultural norms
- Sexual innuendos, flirting and courtship, interest in erotica
- Solitary masturbation
- Hugging, kissing, holding hands
- *Foreplay, (petting, making out)
- *Mutual masturbation
- *Monogamist intercourse (**stable or serial)

Requiring Adult Response

- Sexual preoccupation / anxiety (interfering in daily functioning)
- Pornographic interest
- Polygamist sexual intercourse (**promiscuity)
- Sexually aggressive themes/obscenities
- Sexual graffiti (especially chronic or impacting individuals)
- Embarrassment of others with sexual themes
- Violation of other's body space; pulling skirts up/pants down
- Single occurrences of peeping, exposing, frottage with known age mates

Requiring Correction

- Compulsive masturbation (especially chronic or public)
- Degradation/humiliation of self or others with sexual themes
- Attempting to expose other's genitals
- Chronic preoccupation with sexually aggressive pornography
- Sexually explicit conversation with significantly younger children
- Touching genitals without permission (i.e. grabbing)
- Sexually explicit threats (verbal or written)

Illegal Behaviours Defined by Law; Requiring Immediate Intervention

- Obscene phone calls, voyeurism, exhibitionism, frottage, sexual harassment

- Sexual contact with significant age difference (child sexual abuse)
- Forced sexual contact (sexual assault)
- Forced penetration (rape)
- Sexual contact with animal (bestiality)
- Genital injury to others

* Moral, social or familial rules may restrict these behaviours but they are not abnormal, developmentally harmful, or illegal when private, consensual, equal, and non-coercive.

**Stable monogamy is defined as a single sexual partner throughout adolescence. Serial monogamy indicates long-term (several months or years) involvement with a single partner, which ends and then others follow.

***Polygamist intercourse is defined as indiscriminate sexual contact with more than one partner during the same period of time.

****Some evaluation and intervention is desirable in response to these behaviours order to support healthy and responsible attitudes and behaviours.

Many adolescents who are reported for abusive behaviour, will exhibit elements of all four categories and it is therefore of paramount importance to be able to separate out the behaviours at an early age (Erooga and Masson, 1999).

It is important to emphasise at this stage that although children are born with the capacity for sexual arousal and function, the ways in which they behave sexually are learned. Sexual behaviours are likely to be repeated because they are very reinforcing, due to the intimacy, arousal, orgasm and/or tension reduction associated with them. Behaviour must also be evaluated in context and one must caution about the labelling of adolescents.

It is the researcher's contention that the real issues of difficulty experienced by children and adolescents within their families are overlooked or accepted

but not responded to appropriately. If service providers want to eliminate or eradicate problematic behaviours the issues presented by families must be given the focus it deserves, on a therapeutic and structural level.

This chapter has detailed developmental issues, sexual development and distinguished between expected and normal, inappropriate behaviour. The next chapter in the literature review will focus on the discussion of several theories that attempt to explain sexual offending behaviour.

CHAPTER THREE

THEORETICAL PERSPECTIVES OF OFFENDING BEHAVIOUR

The previous chapter focused on developmental issues pertaining to child and adolescent behaviour, this chapter details theories that contribute to explaining offending behaviour. The impact of sexual abuse is presented and issues detailing impact on males in particular are emphasized. Specific characteristics and issues in the family context are also highlighted.

THEORIES OF ADOLESCENT SEXUAL ABUSE

A theory is an 'organising principle' which sets out the order, relationship, complexity, weight and impact of elements of an area of discourse (Kuhn cited in Hoghughi, Bhate and Graham, 1997:20). Various theories are presented to explain abusive behaviour. Theories of sexual abuse are examined against other current understandings of how both normal and other deviant behaviours are generated and sustained.

FEMINISM

Feminists generally adopted a socio-cultural model of sexual assault, arguing that society invests the male gender with power, while disempowering women and children. Sexual assault is perceived as the abuse of power rather than a sexual act. Herman (1990) contended that sexual abuse, especially the abuse of children, is a consequence of patriarchy. The author maintained that the issue of sexual abuse would have remained buried in the male-dominated society if it were not for the interest in the subject generated by the feminist movement. Patriarchy is the premise on which the male-gender role behaviour is commonly based. The attitudes associated with patriarchy tend to emphasise control over emotions and control over others. That control is

reinforced by role bound obligations. The traditional family stereotype is headed by the strong, benevolent father and provider who is responsible for the material welfare of his family. His wife satisfies the emotional needs of her husband and children while providing the logistic support at home to keep her husband functioning and earning in the wider society. The socio-political prominence given to the stereotypical nuclear family reinforces traditional gender-role behaviour, with an emphasis on masculinity that normalizes crime and abuse (Dominelli, 2002).

The concept of gender-based power is central to the feminist perspective on the aetiology of the sexual abuse of children (Hoghughi, Bhate and Graham, 1997). The feminists see that men are in powerful positions relative to females and children and that some men abuse power is attributed to the male gender than to the female gender. While the sexual abuse of children fits this direct abuse of power model, it is important to note that the majority of offenders perceive themselves as powerless. They see themselves as failures in the male role and failures in developing and maintaining age appropriate relationships. This results in offenders adopting a victim mentality to life. They resort to using children as substitutes for adult partners because they perceive children to be in a less powerful position than themselves.

The researcher has experienced the concept of power to be a recurrent theme in the intervention with male adolescent offenders, especially in respect to their relationships with others. The act of sexual abuse with a child victim reflects a power imbalance, and is an issue that is generally addressed.

COMPULSIVE BEHAVIOUR CYCLES OF SEXUAL ABUSE

The sexual abuse cycle for adolescents (Lane cited in Erooga and Masson, 1999) represents cognitive and behavioural progressions prior to, during and after sexually abusive behaviour. The details of the cycle will vary from

individual to individual but common elements of the overall pattern are apparent, with abusive elements, types of gratification and styles of thinking which support the behaviour.

The model described a process of events and not a causal representation. It is represented cyclically because of the repetitive compulsive nature of the behaviour sequence and because of indications that previous offensive incidents often parallel and reinforce the subsequent offence pattern.

The adolescent's life experiences, outlook and beliefs predispose him to respond to an event, interaction or problem with feelings of helplessness. The cycle presents issues that can be covered in treatment, viz. guilt, accountability, power, control, anger, fantasies, reinforcement, and empathy. The model merits consideration in identifying the role of experience as victim in generating subsequent abusive behaviour.

The cycle of offending is utilized in present programmes at Childline Family Centre, KwaZulu Natal and yields a significant amount of information about the predisposing factors to abuse and the actual experience of the offending behaviour. Prosocial exits are established for each individual in therapy. The cycle plays an integral part of the programme at Childline.

THE PSYCHODYNAMIC PERSPECTIVE

Contemporary dynamic practitioners focused on interpreting the 'facts' of a child's development and relationships in order to make sense of his abusive behaviour (Hoghughi, Bhate and Graham, 1997). The impulse and the actual act of molesting a younger child are only the surface manifestations of a problem whose roots lie in complex psychodynamics. In therapy, the adolescent is frequently unaware of the conflicts and drives which lead him into criminal behaviour.

According to Breer (1987), there are 2 important areas that seem to be associated with molesting behaviour. They are dystonic homosexual feelings, and a history of sexual victimisation of the offender himself by an older person.

A basic premise is that behaviour arises from feeling. People who find themselves fixated at very early stages of development have a great deal of trouble managing their feelings. If they have an angry impulse, they act upon it. If they have a sexual impulse, they may not be able to prevent sexual response.

Stoller (cited in Thurston and Bagley, 1996a) maintained that the emotionally deprived youth who is seduced by an adult will bond with that adult and will identify with him. The researcher can lend support to this assumption from her experience in working with victims and offenders. Perverse adult fantasies (and actions) are the means by which an adult symbolically attempts to gain mastery over weaknesses and passivity in the remembered childhood sexual relationship.

The researcher is of the opinion that Freud underplayed the harm done by incest and suggested the child's complicity in the act. This theory fails to acknowledge the profound impact of the broader socio-cultural environment on the lives of people. One can question the empirical status of the psychodynamic theory, but it is one of the first substantial theories introduced and is still a model that is utilized by some current practitioners.

LEARNING THEORY

This theoretical approach employed by psychologists suggested that sexual arousal in the presence of a potential sexual victim may well involve classical conditioning; grooming and stalking would involve instrumentally learned ploys; and execution of abuse would either be based on operant conditioning or on learning from example by others. Facilitators and inhibitors of sexual

abuse, whether they are internal (such as conscience) or external (fear of punishment) acquire their force from a youngster's past exposure to these in his 'good-bad' balance sheet of experiences.

Finkelhor and Browne (1985) stated that sexually abused children are taught and therefore learn to behave in sexually inappropriate ways. Based strongly in learning theory, they propose that children learn through repeated conditioning with positive or negative reinforcement. Offenders exchange attention and affection for sex (positive reinforcement), or they withhold punishment in exchange for sex (negative reinforcement). In either case the child learns to perform sexual acts for a variety of reasons. The child learns that sexual behaviours can modulate anxiety and promote feelings of safety and well-being.

Other researchers approached this theory with some variation. According to Freeman-Longo (1986), in his social learning theory of sexual aggression, behaviour is learned rather than resulting from inborn causes. In working with offenders who were themselves sexually abused, one may find that they replicate their own victimisation, have an anger reaction to it, and model their attitudes and behaviour on the assumption that it was not harmful to them. Offenders have more difficulty discussing their own abuse than describing what they have done to others. There is sometimes evidence that they find memories of their own abuse sexually arousing. Few men have overcome the abuse or dealt with the feelings engendered. Few adolescent offenders are initially able to deal openly with fear of becoming vulnerable to others. Some report a hatred of their perpetrator and a desire to retaliate, while continuing to feel vulnerable in terms of further abuse. Many still feel a lack of power and control in their lives, and temporarily overcome this by victimising others. They do not empathise with their victims, however, and tend to reflect back only on the positive parts of their own experiences.

One of the major flaws of the learning approach appears to be the assumption that sex and sexuality are simple conditioned responses rather

than central, intense and complex expressions of a person's relatedness to others (Scharff, 1982). Although some of the concepts in this theory can be utilised, there has been a move from mechanistic views of human learning to cognitive and affective factors.

TRAUMATIC SEXUALISATION

Finkelhor and Browne (1985) provided a useful four-pronged framework within which to assess the losses of sexually abused children and plan restorative interventions.

First, children are traumatised by sexual abuse, and their development is sidetracked and misshapen through premature sexualisation. They become confused about their identity and worth in relationships as the affection they receive becomes sexualised. Second, children experience betrayal as a parent or other respected and trusted adult violates his/her protective responsibilities and becomes sexually involved with the "child(ren)". Moreover, children sustain another - and often more painful - betrayal when the nonoffending parent fails to recognise and stop the sexual abuse. Third, children experience a loss of power and autonomy as a result of this sexual intrusion into their bodies and their childhoods. Finally, children feel stigmatised by the sexual abuse, and are burdened by a profound sense of shame. Interventions designed to help sexually abused children develop a sense of self-worth, of mastery and control of their own bodies, will likely be reasonably thorough if they address these four areas of loss.

With necessary modifications to address other types of abuse and neglect, Finkelhor and Browne's (1993) conceptualisation provided a useful framework for designing interventions.

Cunningham & MacFarlane (cited in Gil and Johnson, 1993) reflected a conceptual belief that children who molest other children are reacting to their early trauma in abusive, aggressive, and inappropriate sexual ways. The

underlying hypothesis was that most children who molest are themselves victims of sexual abuse. The literature has consistently documented persistent sexual behaviour problems in sexually abused children, including sexually aggressive behaviour (Friedrich, 1993).

Friedrich (1993:254) stated:

By sexually reactive we mean sexualised behaviour that appears to be in direct response to sexual abuse. This would mean masturbation, increased sexual exploration, exhibitionism, and a temporary breakdown in the children's interpersonal boundaries.

He differentiated sexually reactive behaviour by stating

It may or may not have an aggressive component to it but may simply be a heightened sexuality in sexually abused children, either transient or more prolonged in nature. (Friedrich, 1993:246). In addition he states that it is often difficult to assess whether children are "sexually reactive vs. sexually aggressive or child perpetrators."

According to Furniss (1991), physiological arousal, secondary gratification and sexualised attachment contain elements of positive experience in sexual abuse. They contribute to the extremely loyal behaviour of some sexually abused children and adolescents. Physiological arousal of the skin and especially the genital area in sexual abuse can be extremely painful and frightening but arousal is strongly habit forming.

The physiological aspect of arousal in tension relief in sexual abuse and the strong habit-forming element can lead to addictiveness in sexuality acting out behaviour which can be extremely difficult to treat. Secondary gratification through bribes and rewards can have extremely corrupting effects, as the child knows other children who are not abused do not get. It also relates to persuading children that they are nicer, better and more special than other significant people in their lives, such as mothers, other children. A perverted sense of specialness can result in an inflated sense of self, which is phoney

and false and not held by the appreciation of the child's true needs and of the care for the child's true self.

THE COGNITIVE-BEHAVIOURAL MODEL

According to Garland & Dougher (1990), the first main theory of the victim-to-abuser-cycle which is critically examined is the cognitive-behavioural model, in which deviant arousal is conditioned through masturbatory fantasies paired with orgasm. In this model, early sexual experiences (with an adult or another child) supply the material for these masturbatory fantasies and the subsequent learned behaviour. The masturbatory orgasms provide the positive reinforcement, so that in time, the person becomes fixated upon this deviant sexual outlet.

However, since virtually all boys masturbate and many have sexual relations (resulting in orgasm) with peers and sometimes also with adults, some additional factors must be at work. These could be physical or social inadequacies, which prevent the youth entering the normal developmental phase of peer sexual outlets. The masturbatory fantasy means that the adult is now fixated on his ideal first relationship (e.g. a child) or is able to identify with the other person in the relationship (e.g. now fantasises that he is the adult engaging the child sexually). The crucial variable in this model is the supposed social inadequacy, which no researcher has been able to establish as a causal factor in retrospective studies: the effects of being a deviant person or of being discovered and incarcerated could cause the social inadequacies measured in paedophiles undergoing therapy. Long-term, prospective studies following a boy's first orgasmic experience with another person are obviously difficult to undertake.

The theory appears to encompass aspects of the psychodynamic model. The combination of identification with the adult abuser and fixation on (or imprinting of) the fantasised relationships through frequent orgasmic masturbation may provide the level of fixation or imprinting which gives

paedophiles such obsessive and powerful motivation (Finkelhor, 1995). Family dysfunction that led to the boys' emotional isolation and alienation from his own family could also prevent him from learning conventional sex role models (for e.g. in failing to identify with his father's role).

Evidence is reviewed which suggested that 'some children and adolescents participate willingly in sexual behaviour with older individuals (Garland & Dougher, 1990). This willingness may be especially characteristic of emotionally deprived children as well as homosexual adolescent males. However, since paedophiles are usually fixated on children of certain ages, the sudden termination of the loving relationship by the adult partner may be a profound trauma for the boy, which interferes with ego- development and leaves him fantasising forever about the lost, idyllic relationship. Supportive evidence comes from studies of penile response to various stimuli. Paedophiles do show sexual arousal when asked to remember a relationship when, as a child, they were sexually exploited by an adult (Finkelhor, 1995; Bagley and Thurston, 1996b).

Another aspect of this 'bonding' to a particular type of sexual relationship may be the excessive sexualisation, involving the fetishisation of the boy's penis by his adult abuser. The boy is fellated to orgasm by an adult almost daily over a 2 year period may be fixated in his psychosexual development in early adolescence. He suffers what Hauser (following Erickson's theory) terms a 'fixated identity development', in love (in perhaps narcissistic ways) with the image of himself as a boy (Bagley and Thurston, 1996b).

With the majority of adult paedophiles, fixated on male or female children who were not themselves abused in childhood, the social learning theories could account in their idealisation of a sexual relationship with the same – aged peer (male or female) in their own childhood. This could be a more important factor for female-fixated paedophiles.

Many of the above theories excluding the Feminist Model, viewed the victimization experience as essential in contributing to the understanding of offending behaviour. However, victimization does not directly cause offending behaviour, and all victims are thus, not offenders. All the theories have its value and merits and contribute to understanding offending behaviour and are useful in guiding intervention strategies. As indicated, they also have specific limitations.

OTHER STUDIES

It still remains a moot point whether sexually abusive acts are fundamentally different from other deviant acts, other than through orientation to specific opportunities. Some studies have drawn interesting comparisons to other groups of adolescents presenting with deviant behaviour.

DELINQUENCY AND OFFENDING

According to an integrated theory of juvenile delinquency by Ageton (1983), youths who display weak bonds to society and who are committed to a delinquent peer group are predisposed to delinquent acts. Whether the delinquency involves sexual assault may depend on other variables. This model hypothesised that a delinquent orientation and rewards from a peer group is supportive of delinquent behaviour. Control groups were selected from non-offenders, and comparisons were carried out for each year. In 1978, no differences were found in race, social class, age or place of residence. The offenders did experience more family crises than controls. Offenders displayed more commitment and exposure to delinquent peers, as well as less disapproval from peers for delinquent or sexually aggressive behaviour. On all but one delinquency scale (drug use), offenders were significantly more delinquent.

The general applicability of a model based on delinquency theory is demonstrated: the offenders are clearly less integrated into conventional settings, and they are more committed to a delinquent peer group. They are consistently and substantially more delinquent themselves. Their attitudes towards sex roles, sexual assaults and interpersonal violence did not distinguish offenders and non-offenders, suggesting that the motivation to rape resides in many teenagers: this behaviour is more likely to occur when a peer group gives support for these deviant attitudes.

Two years prior to their reported offence, the males were substantially more committed to a delinquent peer group than controls. Controls were also better integrated into their homes, families and schools. Future offenders were more involved in all types of delinquent behaviour.

Ageton (1983) concluded that sexual assault offenders are basically delinquent youths, and that sexually assaultive behaviour is explained fairly well by the integrated delinquency model. Peer group support for sexually assaultive behaviour, attitudes supportive of rape, and other experiences with assault are also relevant to sexual assault.

While the findings show that offenders and non-offenders differ in delinquency, they do not describe differences between offending and non-offending delinquents. Many questions remain to be answered regarding the influence on sexual assault. Information on those factors that distinguish sexually assaultive delinquent youths from their delinquent counterparts who do not engage in such behaviour is lacking.

Blaske, Borduin, Henggeler and Mann (1989) proposed that some sexual offences are part of general delinquent patterns, and can be explained by a combination of strain theory, control theory and social learning theory. Subjects in their study were 60 father-absent boys aged 13-17 years in four equal sizes, demographically matched groups: sex offenders, physically assaultive offenders, non-violent offenders and non-delinquents.

Univariate and multivariate analyses of variance of the measures across the four groups indicate statistically significant patterns: assaultive delinquents' families tended to be marked by rigid interactions, low levels of cohesion and a general pattern of physical fighting with peers, with whom, nevertheless they had strong bonds. The sexually assaultive youths, in contrast, came from abnormally close families, with mothers expressing high rates of neurotic tension in interaction with their sons. Their sons tended to have only weak ties with peers, and inept social relationships with peers of either sex. In contrast with other youths, they also had high levels of anxiety. The hypothesis that sexually assaultive delinquents would be similar to other delinquents was rejected.

Awad (1991) studied 3 samples: 49 adolescent male sexual assaulters (of older women or those close in age), 24 matched adolescents found guilty of non-sexual offences and 45 adolescent child offenders. The adolescents studied were aged 11-16 years.

Some significant differences were identified: assaulters (of older women) came from larger families, were more likely to come from immigrant backgrounds, were somewhat less emotionally disturbed, and had lower tested IQs. The child molesting adolescents had significantly higher IQs and had a greater family history of alcoholism and /or substance abuse than the other 2 groups. Rates of physical and sexual abuse experienced were, surprisingly, similar across the 3 groups. The child molesters were more likely to be socially isolated, while the assaulters more often associated with older peers and usually committed sexual and other crimes in these gang-type situations.

The assaultive youths tended to have multiple patterns of crime and previous records of sexual assault compared with the molesters, who were often first time offenders. Many of the youths (in all 3 groups) came from multi-problem

families in which sexual assaults and open promiscuity between family members and visiting boyfriends or 'johns' occurred.

One intriguing possibility is that IQ level determined the direction the youth would take in their deviant behaviour— lower IQ boys into gang membership and assaultive behaviour, higher IQ boys into social isolation, with assaults on the only available partners, much younger children. The implications of this finding are unclear, but they imply that different treatment strategies should focus not only on the offence type, but also on cognitive capacities and self-perceptions of the adolescents.

It is the contention of the researcher that in view of the emotional and psychological difficulties experienced by the adolescent sex offender that there would be some issues of pathology. The following section focuses on this issue.

PSYCHIATRIC DIAGNOSES IN ADOLESCENT SEX OFFENDERS

The work of Knight (1992) and Breer (1987) suggested that the greater majority of adolescent sex offenders suffer from severe personality disturbance or nascent personality disorder. Breer (1987) stated that adolescent sex offenders seen in his outpatient facility were distributed among the three diagnoses (nascent) antisocial, borderline and narcissistic personality disorders. The authors emphasised that the therapy of these personality disorders requires the reconstruction of personality for long-term behaviour change.

Kavoussi, Kaplan and Becker (cited in Bagley and Thurston, 1996) studied male sex offenders of children and found that they were diagnosed with conduct disorders in 75% of the cases. The authors suggested that sexual offending may become part of a general pattern of antisocial criminal behaviour. Williamson, Borduin and Howe (1991) in their research showed that the sexually abused adolescents had the highest scores on the measure

of psychiatric symptomatology, while the physically abused had the highest levels of externalised conduct disorder.

The researcher is of the opinion that it is imperative that no labels be attached to young offenders as this can be used to justify offending behaviour. Furthermore, in the client-centred climate of therapy it is essential that adolescent offenders do not feel labelled or 'diagnosed'. In addition, the programmes at Childline Family Centre are for an average period of two years for maximum benefit to the adolescent offender.

In the literature discussed, there is much focus on the pleasure or tension reduction benefits of sexual aggression or abuse. Furthermore, it appears to be a cycle of events that the offender gets entrapped in. Is it possible that sexual abuse is addictive? The next section focuses on this particular issue.

CHILD SEXUAL ABUSE AS A PHENOMENON OF ADDICTION

According to Furniss (1991), child sexual abuse as a syndrome of addiction for the abuser is complementary to child sexual abuse as a syndrome of secrecy for the child, the abuser and the family. Although there are specific differences from other forms of addiction the similarities are striking.

- Child sexual abusers know that the abuse is wrong and that it constitutes a crime.
- The sexual abuser knows that the abuse is damaging to the child, nevertheless the abuse takes place.
- Sexual abuse, like other addictions, does not primarily create a pleasurable experience but serves tension relief.
- The process is driven by repetition compulsion.
- Guilt feelings and the knowledge of damaging the child may lead to attempts to stop the abuse.

- The egosyntonic sexual aspect of sexual abuse gives the abuser the 'kick', which constitutes the central addictive element.
- The sexual gratification of the sexual act serves reality avoidance and supports a low frustration tolerance, weak coping mechanisms and weak ego-functions.
- The egosyntonic and sexually arousing aspects of child sexual abuse and the subsequent tension relief create psychological dependence.
- The sexual abuser tends to deny the dependence towards himself and to the outside world independent of legal threats.
- The attempt to stop abusing can lead to withdrawal symptoms such as anxiety, irritability, restlessness and other symptoms.

The important difference between physical and sexual abuse is the egosyntonic aspect of sexual abuse and the 'kick' the abuser gets from it. The knowledge that the abuse is wrong, the damage to the child, the tension relief, guilt feelings and repetition compulsion are common elements in physical and sexual abuse. Child sexual abuse, as a syndrome of addiction, does not mean that sexual abusers do not suffer or may not be in need of help. The difference lies in the sexual nature of sexual abuse. Arousal and subsequent sexual release creates psychological dependence and denial of dependence.

Herman's (1990:184) discussion of sexual addiction as an explanation for sexual offending proposed, "any behaviour which causes intense excitement and pleasure can become compulsive". As such, sexual addiction is seen as not dissimilar to other addictions, such as alcoholism or pathological gambling.

Sexual abuse can still be denied psychologically as expression of reality avoidance under the syndrome of secrecy and addiction even in cases in which the abuser has confessed openly in court. To own up fully to the sexual abuse as a psychological reality can be extremely threatening and

frightening for sexual abusers. The very weakness of ego-strength which has led to sexual abuse, as a means of reality avoidance, makes it very difficult for sexual offenders to face up to their responsibility for the abuse.

EFFECTS OF CHILDHOOD SEXUAL ABUSE

It is crucial to understand the impact of childhood sexual abuse generally and to differentiate particular effects on male victims.

Emotional disturbances in adolescence are heightened by developmental changes in cognitive ability, by physical growth and sexual maturation, particularly the onset of menstruation. In real life, there is no way to separate these effects on emotional development.

According to Brooks (1995), abused children may develop an intrapsychic identification with bad experiences and internalise this burden of guilt. In addition to denial and repression, some children have been coerced into silence. In adolescence, a search for truth regarding the self is tied to the development of self-concept. When an abused adolescent searches for personal identity, the need to maintain one's stability in relation to significant others must necessarily come into conflict or at least into dialogue with the growing sense of self. In the sexually abused child, there is a need for denial on the one hand and a need for revelation on the other. The strength of the denial may inhibit or terminate the adolescent's search for truth and lead to premature closure of identity development. This identity closure can have a negative effect on adult mental health, reducing ability to deal with stress and preventing self-actualisation.

Burgess, Hartman, McCausland and Powers cited in Bagley and Thurston (1996), in their clinical observation of sexually abused children, suggested that their development can be arrested: being prematurely introduced into adult sexuality, the child may have difficulty synchronizing the physical,

emotional and psychological dimensions of this experience. The child may be physiologically aroused, but does not have the emotional capacity to integrate the sexual experience with other developmental tasks, and sexual activity can ultimately become the principal mode of emotional expression. The child may have learned to use sex to acquire recognition, attention and validation, as well as to satisfy non-sexual needs. Finally, the child may learn that sex is something basically improper that needs to be cloaked in secrecy.

Bukowski (1992), argued that the negative effects of abuse relate to 3 factors:

Firstly, it interferes with the socialisation process, so that the way in which the child models adult behaviour and learns appropriate ways of thinking, perceiving and feeling becomes distorted.

Secondly, the essential process of acquiring a healthy self-concept, a guide to weighing and appraising acquired self-characteristics, is also distorted.

Thirdly, in child sexual abuse, the child's sexual development is grossly accelerated, and the child faces the challenge of integrating a mature sexual role within a set of dependent and immature roles.

Finkelhor (1995) has made several attempts to show how victimisation can interfere with stage –specific developmental tasks:

- Interference with attachments, preventing successful and stable bonding – successful bonding is essential in healthy development.
- Chronic dissociation – prolonged, traumatic abuse can lead to dissociation from self, which is very dysfunctional for later adaptation.
- Cognitive – developmental effects – for example, the child's belief system about what happened.

According to Bukowski (1992), different theories – from ethology, social learning and psychodynamics – offer different accounts of key development tasks for the child, but all are in agreement in stressing the harmful effect on

the child. Socialisation, self-concept and psychosexual role development are intertwined, and abnormality in one area is liable to have a negative impact in other areas.

Alexander cited in Bagley and Thurston (1996a) also maintained that it is not the fact of child sexual abuse itself but rather its embeddedness in family pathology, which causes long-term harm. Five other studies cited in Bagley and Thurston (1996) supported this view:

- Friedrich et al. have shown that family variables such as conflict and decreased cohesion among family members account for more of the variance in behaviour problems than abuse-specific events, such as severity of sexual abuse, duration of abuse, and time elapsed since the abuse.
- It was found that a family characteristic (degree of maternal warmth) was a stronger predictor of adult adjustment than duration and number of incidents of sexual abuse.
- Path analysis was used to show that paternal dominance and family isolation made significant, independent contributions to the prediction of maladjustment in child sexual abuse survivors.
- Using hierarchical regression analysis, Alexander (1992) showed that parental conflict, parental dominance and sexual abuse (both within family and extra familial) made independent contributions to mental health adjustment in adulthood. Sexual abuse in itself was not a major contributor.
- Other studies found that the severity of long-term effects of sexual abuse is mediated (and diminished) by support received from the non-abusive parent. Sexual abuse followed by the warmth and acceptance of parents, had fewer sequelae in psychological disturbance.

Finkelhor (1985) found that emotional neglect existed in 70% of the families in which children suffered sexual abuse, with physical abuse in 11% of these cases. Swift cited in Ryan and Lane (1991) noted, the high rate of emotional

neglect may account in part for the predominance in the literature of the theme of cooperation on the part of the child, and the related finding that few children defined as sexually victimised appear to suffer damaging or long-lasting effects from the experience. These findings indicated that the family environments, the child's socialisation and his/her attachments to parent must be properly understood in order to understand the potential impact of child sexual abuse, in order to provide therapies specific to particular types of attachment disorder in survivors. It must be noted that family systems exist within broader systems. External stressors on family must be considered so that the family is not pathologised.

Similarly, various mediators may account for the differential impact of sexual abuse on children. One possible mediator is the emotional climate of the family before and during the abuse. Cole and Putman (1992) provided an essential review in their studies, that all victims suffer in their self- and social functioning. The severity of outcomes is a function of the timing of the interference of self and social development, as well as other contextual factors such as the child's coping ability and individual differences in temperament and the familial context. Maternal and other sources of social support can be conceptualised in terms of their affording the victim an experience of continuity, stability and security that promotes self and social development.

Finkelhor (1995), maintained that in respect of victims of physical and sexual abuse, negative developmental effects are more common under the following conditions: Victimisation is repetitive and ongoing (being beaten up at home for long periods); victimisation changes the nature of the child's relationship with his or her primary support system (e.g. in removal from the home); the victimisation adds to other serious stressors; the victimisation interrupts a crucial phase of development.

Powell cited in Powell and Oates (1991) pointed out that although many children display behavioural and emotional problems as a result of sexual

abuse, only highly sexualised behaviour could be seen as a specific sequel to such assault. Friedrich (1993), in his study of sexually abused and reactive behaviour in children, said that the bulk of the research does point to an increase in sexualised behaviours as a short-term sequel of child sexual abuse. But he noted that sexualised behaviours are not apparent in at least half of sexually abused children. According to Powell cited in Powell and Oates (1991) the heterogeneity of signs and symptoms (or their absence) may reflect the complex interaction of individual temperament and resilience of the child, his or her developmental stage and individual factors in the abuse, parallel family functioning and the aftermath of abuse.

Boys disclose sexual abuse less frequently than girls. From the researcher's experience and the statistics at Childline Family Centre it appears the sexual offending is more commonly a problem experienced by males than females. Statistics reveal the female offenders approximate 1.7%. Although females are also traumatized by sexual abuse, the following section will focus on the sexual abuse of males to determine whether their experience contributed to offending behaviour.

SEXUAL ABUSE ON MALES

Adult recall studies of various populations indicate that the rate of sexual abuse of male children is about half that of female children: but the rate is nevertheless high, with between 10% and 15% of boys experiencing at least one event of unwanted sexual contact by the time they are 16 years; 5% of males will have experienced unwanted sexual contact which continued for longer than a single assault, such contact continuing for weeks to years (Bagley and Thurston, 1996a). Around 90% of those abusing are male. In comparison to studies on female victims there seems to be a dearth of information on male victims of sexual assault.

The majority of boys who have been abused do not grow up to become child molesters; and many molesters were not themselves sexually abused as children. Nevertheless, there is a clearly established victim to abuser cycle for some victims. Research has not produced clear answers to this paradox; possible reasons advanced by Bolton, Moris & MacEachron, (1989) are: traumatic bonding to an abuser in a boy emotionally and /or physically abused in his own family; social learning and internalisation of the abuser's role, and a primitive means of gaining power and mastery over events in which the boy was powerless and humiliated (once bullied he now becomes the bully).

Ryan, Lane, Davis and Isaac (1987), indicated that when a male is victimised, he is more likely to internalise guilt over his weakness and failure to protect himself, and may carry feelings of anger and powerlessness. Another problem for male victims is ambiguity about sexual identity. Although some of these boys may have had an incipient homosexual identity, nevertheless, in many cases, they do not desire the sexual relationship imposed on them by an older person.

Our culture believes that sexual abuse is painful and should be responded to with rage. This belief system makes it difficult to resolve the incongruities created by covert, presexual conditioning and accompanying arousal. Arousal is a particularly poignant issue for males in that, unlike females, their arousal is markedly visible. Perpetrators often remark about the dimensions of the victim's erection and related physiological responses. Additionally the belief system is that arousal equals pleasure and pleasure equals complicity. In same-sex incidents, arousal can translate into questioning of one's sexual identity, which can ultimately spawn internalised homophobia. The myth of complicity translates being abused into an inability to self-protect and, therefore, failure as a male. This can also result in self-identification as a consenting participant (Bagley and Thurston, 1996).

It appears that there is sufficient evidence to suggest that the sexual victimisation of boys has a detrimental effect on behaviour, self-concept, psychological symptomatology, and psychosexual behaviours and functioning. Two clusters of problems stand out for boys

- disturbances of conduct (for example, aggressiveness, delinquency, and acting out) and,
- inappropriate sexual behaviours (for example, confusion about sexual issues, compulsive sexual behaviours, and sexual acting out /offending).

These two areas make abused males distinct from abused females.

Boys use more externalising behaviour as an expression of distress. In contrast, girls have been identified as responding to problems in a more internalising manner (Achenbach and Edelbrock cited in Bagley and Thurston, 1996). It is not valid to say that because girls may respond to distress in more socially appropriate ways (such as crying, seeking warmth and nurturance) than boys (for example, yelling, hitting, or swearing), they have more or fewer problems as a result of abuse. But the manner in which girls express their distress may be more effective in eliciting a positive and supportive response from others. Because of boys difficulty in expressing and communicating affect, stereotypic pressures to avoid being perceived as vulnerable, and the potential for incurring harm as a result of their distress, greater attention may be required to be given to boys and their response to sexual victimisation.

Many males who have been victimised suffer detrimental long-term effects such as depression, anxiety, and self-destructive behaviours (Hunter, 1990). Problems with interpersonal relationships especially trust and maintaining an intimate relationship, also exist. In addition, detrimental effects on sexual behaviours have been reported, backed up by strong support from the clinical literature. Included among these behaviours are problems with sexual adjustment, lowered sexual self-esteem, and sexual identity.

Sexual victimisation of males requires more attention, as males appear less likely to disclose sexual abuse information. Research supporting non-incarcerated sex offenders, indicates that in non-incest cases, child molesters target boys much more frequently than they do girls (Abel, Becker, Cunningham-Rathner, Rouleau and Murphy, 1987). Furthermore, males are generally less likely to seek informal (social support) or formal (therapy) assistance for their abuse-related problems. Thus, these problems may be less likely to be addressed and resolved. They may experience low self-esteem or evaluate themselves as unharmed by their history. They may become confused about their own sexual preference or gender orientation.

According to Finkelhor (1995) boys disclose sexual abuse less frequently than girls, particularly as they approach puberty, perhaps because of the socially derived concepts of the strong, uncomplaining male role. According to Bagley and Thurston (1996a) there are three reasons why boys are less likely to disclose abuse and request for assistance:

Boys are raised with a male ethic of self-reliance and keeping silent about trauma;

The stigma of being labelled homosexual is strong; and

Boys may fear that reports will result in curtailment of their freedom and independence.

Dissociation is a means of psychological escape from chronic, painful or degrading trauma, and is a method by which some young children escape from child sexual abuse – attributing the pain to a separate and rather remote aspect of self.

In conclusion, it is that although females are sexually abused more frequently than males, females appear to portray a lower percentage of sexual offenders, for a variety of reasons, the most significant being poor reporting. Bentovim (cited in Bentovim, Vizard and Hollows, 1991) cited studies, which showed that females are more likely to internalise the experience, leading to symptoms of dissociation, depression and anxiety. Males, on the other hand,

are more likely to externalise the experience and attempt to control and resolve it with behavioural re-enactments or repetitions. In addition, abusive and coercive behaviour from father to mother and a corresponding belief system about male and female roles are internalised vicariously via identification with the same sex parent.

It is evident that identification of potential offenders and intervention with them is an important route to understanding sexual abuse of children and developing prevention programmes. Boys who transition into the role of abuser experience a complex range of negative emotions that need to be responded to. One also needs to examine the abused males with his interactive environments, namely the family.

It has been emphasized that some male victims do become abusers, so what are the characteristics of those males who do not become abusers.

SEXUALLY ABUSED MALES WHO DO NOT ENTER THE VICTIM- TO- ABUSER CYCLE

According to Prendergast (1993), males who survive sexual abuse without sexual imprinting (i.e. powerful identification with the abuser and the offence, which later influences sexual interests) generally have the following characteristics:

- Good self esteem and well-developed ego strength before the abuse began;
- Fairly good sexual knowledge at the outset of the seduction, and any sexual pleasure which resulted was less likely to ensnare the child in downward spiral of guilt;
- The child had other important adults in his/ her life, besides the abuser, including an adult with whom he/she could discuss the abuse; the child had several real friends with whom he/she could discuss anything, including the abuse;

- The child's religious education stressed positive development and forgiveness, rather than sin and damnation;
- The children who survived sexual abuse without great harm were successful in school work, sports or other areas and reflected the pride of their parents;
- The child's parents monitored many of his/her activities, so relationships with the abuser tended to be infrequent and often non-progressive; and
- The child's personality strengths and social situation enabled him/her to have long-term goals, as opposed to the day-to-day living orientation of the abuser.

Gilgun (cited in Ryan and Lane, 1991) found factors that distinguish those who survived abusive relationships in ways that did not involve harming others were three-fold:

- Having a close confidant with whom they could talk about being abused;
- Having a good social support network; and
- Having both the ability and outlets for expressing the emotional pain arising from the abuse in direct ways, communicating that hurt to others.

Conversely those who, as adults, perpetrated or aided abuse had tried to ignore the abusive experience, had poor social networks and were unable to talk to others about the experience. Those who went on to later abuse others initiated deviant sexual acts from adolescence (Gilgun cited in Ryan and Lane, 1991).

In addition, Mrazek & Mrazek cited in Justice and Justice (1990:179) also addressed the issue of resilience. Many factors seem to contribute to resilience in child maltreatment victims. "Resilience," according to these authors, is a more accurate description than "invulnerable" or "invincible" for

children who appear to survive a devastating childhood seemingly unscathed. Whereas invulnerable implies that some children are impervious to all stresses because of some constitutional makeup, the evidence is rather that they are resilient, in that the way they adapt to their maltreatment can change over time and is affected by both genetic and environmental factors. They note that the central question about the resilience of children is not whether it exists but rather what traits contribute to this attribute and what mechanisms facilitate its operation. They state several “protective factors” that appear to foster resilience. They suggest that the following protective factors may ameliorate the consequences of the abusive experience for maltreated children:

- Rapid responsivity to danger.
- Precocious maturity. Becoming “pseudoadults” by assuming a parenting role may both deprive children of needed nurturing and allow them to behave in a manner that lessens the abuse.
- Dissociation of affect. Developing the ability to distance oneself from one’s feelings of helplessness controls the experience of pain and suffering. The disadvantage is that this coping skill also tends to numb victims of abuse from all feelings.
- Information Seeking. By having a desire to learn as much as possible about the dangers in the situation, children have a body of knowledge to draw upon in a crisis, are better able to plan strategies, and sometimes are given insight that enables them to understand that they are not responsible for the abuse.

The central focus of the study is issues within the family that contribute to abuse. This is discussed in the following section.

COMMON CHARACTERISTICS OF FAMILIES

It is appropriate to examine Ryan’s (cited in Ryan and Lane, 1991) conceptualisation of family types. These common characteristics relate to

many of the families throughout the following topological conceptualisation. It is important to note that not every juvenile sex offender's family will fit any discrete category. Every family has its own unique history of strengths and weaknesses that can be discovered over the course of time.

THE EXPLOITIVE FAMILY

In the exploitive family, there is no unconditional love. Parents use their children to meet their own needs and may have very unrealistic expectations for their offspring. The child's experience in the exploitive family is they are cared for only to the extent that they are able to meet the needs of others.

THE RIGID / ENMESHED FAMILY

These families are often the most secretive and isolated. The home is buttressed against intrusion, and there is very little extra-familial social or system contact. Family members collude in reassuring each other that they do not need or want extra familial contacts - that the family is self-sufficient.

THE CHAOTIC / DISENGAGED FAMILY

The multiproblem family has often experienced chronic dysfunction and perpetual crises. The chaotic qualities are often related to extreme immaturity as well as poor life skills. Parents set an example of acting-out behaviours that are reflected in the children's own dysfunctional coping. These families often lack attachments, and family members appear very unconnected.

THE PERFECT FAMILY

The "perfect" family initially looks very functional and appropriately concerned. The juvenile's sex offence appears to be an aberration in an otherwise ideal family. The current marriage, living arrangements, and work

history are stable, with parents in traditional patriarchal roles (Ryan and Lane, 1991). These are career fathers and “apple pie” mothers with good social skills and community involvement. The children are succeeding in school, although learning disabilities and tutoring may be identified. However, no family can be quite so perfect. Over time, assessment reveals the initial appearance to be an image that lacks quality and depth. Underlying the image of bliss and contentment is an intense fear of family breakdown.

THE PREVIOUSLY ADEQUATE FAMILY

Another family system is a blended family where either through marriage or adoption, a previously adequate family has become dysfunctional because of new dynamics. Lankester and Meyer cited in Ryan and Lane (1991) noted the dynamics of blended families wherein “older children perceive themselves losing status (and) jealousy and or anger gets acted out” on the younger children. Perimutter, Engel, and Sager cited in Ryan and Lane (1991) have also considered “loosened sexual boundaries in remarried families,” citing the lack of biological ties as well as the sexual atmosphere during the new couple’s romance as factors that may increase risk of sexual behaviour in the household.

Ryan and Lane (1991) proposed a range of dysfunctional families. The impact of these families on children and adolescents must be considered.

In the *Exploitive* family the parents’ unrealistic expectations of the child and their own neediness result in the infant’s needs not being met. Helfer cited in Bagley and Thurston (1996) commented that where the symbiosis is insufficient or inconsistent, the baby receives little nurturing and care and is left with a hunger for dependency. As these children grow up, they keep seeking the nurturing they lacked in infancy or childhood and keep looking for someone to fill that emotional hunger. They devote so much energy to their need to fuse and attach to someone else that it leaves the adolescent to

remain undifferentiated and lack a defined self of their own. The researcher is of the opinion that in the relationship with the victim the adolescent offender is, in a very distorted way, attempting to meet these unfulfilled needs for love and control.

The same outcomes are linked to the *Enmeshed* family, when the original symbiosis is intense and prolonged rather than insufficient. In such cases, the children grow up knowing no other person or way to function or live than to attach himself or herself to someone else. Although they are dependent on the attachment, their suppressed anger over being "smothered" by the mother or some caretaker increases. They have little differentiation as persons, little sense of self or individuation. From the researcher's experience, this is characteristic of some of the offenders who have been in family systems of this nature, who reflected loss of direction, demotivation, poor self-concept and difficulties from individuating from the family of origin.

Children from chaotic families lack attachment and it is clear from a consideration of the general literature on attachment that the nature of the relationship between a child and his/ her parents are critical to the development of an adult capacity for intimacy (Parkes & Stevenson-Hinde; and Weiss cited in Bagley and Thurston, 1996). Poor childhood attachments contribute to deficiencies in adult intimacy and the consequent experience of emotional loneliness (Hojat & Crandal; Peplau & Perlman; Perlman & Duck cited in Bagley and Thurston, 1996). Unfortunately, such deficiencies not only cause the individual all manner of problems (Perlman & Duck cited in Bagley and Thurston and Thurston 1996), but such individuals are far more prone to violence than are intimately effective persons (Perlman & Malamuth; Perlman & Fehr; Rubin; and Zilboorg, 1938 cited in Bagley and Thurston, 1996).

The above families of the adolescent sex offender as presented by Ryan (1991), encompass complex, dysfunctional dynamics that contribute to predisposing the adolescent to sexual offending behaviour. Furthermore,

these families present with their own individualistic difficulties in therapy for themselves and the adolescent sex offender that can be challenging and complex.

There are issues that are of relevance in contemplating abusive issues within the family and that is consideration of how some children in the family are more prone to abuse than other children in that same family system. It is obvious that all children have individual differences, but what are the characteristics of children that are abused.

CHARACTERISTICS OF ABUSED CHILDREN

The characteristics of the abused child are another element, which seeks to account for abuse. Children who are sickly, unresponsive, aggressive, retarded or otherwise unrewarding to the parent have been more subject to abuse than other children. Green, Gaines and Sandgrund cited in Justice and Justice (1990,146) defined the aetiology of child abuse as “based upon an interaction among 3 factors: the personality traits of the parents that contribute to ‘abuse proneness’; the child’s characteristics that enhance his scapegoating, and the increased demand for child care exerted by the environment”. In the case of child abuse, ‘interaction’ may mean, that the parent under situational stress responds negatively to some identifiable characteristic of the child. Furthermore, a negative cycle of interactions proceeds from these beginnings and results in the physical abuse.

However, the studies do not indicate whether the characteristics of the child were always existent prior to the abuse. Possibly they appeared after the abuse occurred. The inability to determine which comes first, the child’s characteristics or the parents’ responses, implies that parental perceptions and the interactive process may be more important than the characteristics of the child by themselves.

From the researcher's experience, in South Africa, there has been a lack of adequate response to incest within the family. Brother-sister incest, for instance, is rarely reported, much less prosecuted. Collings' (1989) study in the Durban area confirms this picture; in his study, 90% of cases involving offenses in the home are unsuccessfully prosecuted. One may juxtapose such findings with consistent findings that sexual abuse occurs most often in the family home and among people who are related (Finkelhor, 1985). The analysis of the present study in Chapter 6 is evidence of this.

In the following section, the issue of sibling incest is presented.

THE HANSEL-AND-GRETAL SYNDROME AND SEXUAL ABUSE BY OLDER BROTHERS

According to Furniss (1991), abusing brothers and under-age sex offenders mainly come from four backgrounds:

- Many young sexual abusers have been sexually abused themselves.
- Boys in families where siblings have been sexually abused seem at high risk of becoming sexual abusers. Even if these boys have not been abused themselves they often know about the abuse and sometimes have witnessed the sexual interaction. These boys are at high risk of becoming abusers out of identification with the abusing person.
- Adolescent sex offenders are often boys who grew up in a parent-child relationship, which was on the one hand emotionally depriving and at the same time sexualised. These boys then grow up with a very low self-esteem and at the same time with a very low frustration tolerance. In order to gain emotional satisfaction and to release tension these boys resort to sexual abuse of siblings or other children
- Many young sexual abusers have been severely physically abused and have suffered severe emotional deprivation.

In the Hansel-and-Gretel syndrome (Furniss, 1991) it can be unhelpful to use the terms 'abuser' and 'victim'. Sexual abuse by nearly – same aged brothers is usually part of a general syndrome of emotional deprivation in which both children may also have been severely physically or sexually abused by parent figures. The abuse between nearly same aged children is often much more of an equal sexual relationship in which both children try to give and to receive some distorted form of mutual satisfaction, comfort and care. The sexual abuse is a perverted and confused form of emotional care in which the sexual stimulation and arousal is a poor and sad substitute for absent parental emotional care.

In the Hansel-and-Gretel syndrome both children need to be treated as equal victims of emotional deprivation and abuse by adults with the sexual relationship as a secondary attempt to survive. The only important differences which always need to be addressed are the gender-specific differences of male and female sexual experiences and sexual roles within the sexual interaction of the Hansel-and-Gretel.

The Hansel-and-Gretel syndrome of emotionally deprived and lost children may still create a girl who shows symptoms of sexualisation and victim behaviour and a boy who may grow up to become a sex offender and a sexual abuser. Although we find in the Hansel-and Gretel-syndrome a much greater mutual dependency for care and comfort and a greater equality in relating, both children learn in the long term that relating emotionally is identical to relating in sexual ways. This emotio-sexual confusion is translated in girls into sexualised victim behaviour and greater vulnerability for further abuse, and in boys into sexualised abuser-behaviour with a danger of sexual abuse in other relationships. Emotionally deprived and physically abused children often have a very low frustration tolerance and underdeveloped coping mechanism. Direct forms of sexual activities can be the only way of achieving tension relief. Children of the Hansel-and Gretel syndrome are deprived of emotional

care and often have a very low frustration tolerance. They have no other means to feel good and to achieve tension relief other than direct forms of mutual sexual stimulation. In the Hansel-and –Gretel syndrome we come nearest to an understanding of child sexual abuse as a syndrome of addiction for both the child and the abuser.

Children need to take equally the appropriate responsibility for their inappropriate sexual relationship. Girls need to take their share of responsibility in order to be able to deal with any sexualised behaviour resulting from the emotional-sexual confusions. It is also important to avoid inappropriate scapegoating of brothers as solely responsible for the sexual acts even if they have seemed to be more active in the abuse.

It was apparent in all the literature cited that there was a common thread of the impact of contextual issues on the adolescent sex offender, particularly relating to the family and broader issues.

This chapter focused on theories that contributed to sexual offending behaviour. In particular sexual victimization was a recurrent theme, which contributes to offending behaviour. The effects of abuse specifically in males and its impact were focused on and its addictive qualities. However, a balance was also maintained and the literature drew attention to those who have been victimized and have not offended. Particular issues on the family that predispose the adolescent to offending behaviour, issues pertaining to the characteristics of the child and sibling abuse were also considered.

PART THREE

METHODOLOGY

CHAPTER FOUR

RESEARCH DESIGN AND METHODOLOGY

INTRODUCTION

This chapter describes the research methodology. It focuses on the sampling process, the data collection procedures, the methods of data analysis, the reliability and validity of the data and the ethical concerns presented by the research.

Qualitative data is a source of well-grounded, rich descriptions and explanations of processes in identifiable contexts. With qualitative data one can preserve chronological flow, see which events led to which consequences, and derive fruitful explanations. Then too, good qualitative data are more likely to lead to serendipitous findings and to new integrations; they help researchers to get beyond initial conceptions and to generate or revise conceptual frameworks. Finally, the findings from qualitative studies have a quality of 'undeniability' (Miles & Huberman, 1994:93). Words, especially organised into stories, have a concrete, vivid, meaningful flavour that often proves far more convincing to a reader than pages of summarised numbers.

The researcher found the experience of delving into the adolescents' life situations saddening but enlightening of the experiences of youth in extremely conflictual situations. Service providers in this area are sometimes perceived as either lunatics or uncaring about victims because of empathy for offenders, but this can certainly be substantiated. Dilthey's thesis (originally in 1911; revised in 1977) cited in Miles and Huberman (1994:129) suggested that human activity was seen as a 'text' – as a collection of symbols expressing layers of meaning. For him and the phenomenologists, the way to

research was through 'deep understanding' an empathy or indwelling with the subject of one's inquiries.

Yet, there were some challenging issues, including the labour intensiveness (and extensiveness over months/years) of data collection, data overload, the time demands of processing and coding data in addition to learning a new programme, viz. QSR NUD*IST, the concern over the adequacy of sampling as only a few cases could be included, the generalizability of findings, the credibility and quality of conclusions, and the utility of the findings and recommendations.

In the present study the qualitative method of research has helped to account for events, rather than simply to document sequence. It helped a process to provide a causal description of the forces at work. According to Wolcott, cited in Miles and Huberman (1994:67), the researcher's role is to gain a 'holistic' (systematic, encompassing, integrated) overview of the context under study: its logic, its arrangements, its explicit and implicit rules. A main task is to explicate the ways in which people in particular settings come to understand, account for, take action, and otherwise manage their day-to-day situations.

Qualitative research has its strength in emphasising specific cases, a focused and bounded phenomenon embedded in its context. The possibility for understanding latent, underlying, or unobvious issues is strong. Another feature of qualitative data is their richness and holism, with strong potential for revealing complexity; such data provide 'thick descriptions' that are vivid, netted in a real context, and have a ring of truth that has strong impact on the reader (Reissman 1994:167). Qualitative data, with their emphasis on people's 'lived experiences', are fundamentally well suited for locating the meanings people place on the events, processes, and structures of their lives: their perceptions, assumptions, prejudgements, presuppositions and for connecting these meanings to the social world around them (Miles and Huberman, 1994:154).

A qualitative research paradigm was used, which focused intensely on each adolescent sex offender, his family context and his relationships. This contributed to the richness of the study.

RESEARCH DESIGN

According to Silverman (1997), research cannot provide the mirror reflection of the social world, but it may provide access to the meanings people attribute to their experiences and social worlds. Those of us who aim to understand and document others' understandings choose qualitative interviewing because it provides us with a means for exploring the points of view of our research subjects. As Charmaz cited in Silverman (1997:54) explained:

We start with the experiencing person and try to share his or her subjective view. Our task is to be objective in the sense that we try it with depth and detail. In doing so, we try to represent the person's view fairly and to portray it as consistent with his or her meanings.

Each case was seen for its own intrinsic value. In qualitative research it is not statistics or numbers that count. Preston-Whyte cited in Huberman and Miles (1994) contended that it is experience (where we enter the world of feel, texture and quality) and the understanding of the meanings attached to the phenomena and events that are important. According to Mason (1996:187), qualitative research is concerned with *how the social world is interpreted, understood, experienced or produced*. Qualitative research is based on methods, which are flexible and sensitive to the social context in which data are produced.

A collective case study design was used to further the researcher's understanding of the life experiences of the adolescent sex offender, and thus ultimately improve service delivery. The researcher is currently

providing rehabilitative services to adolescent sex offenders at Childline Family Centre. Much time was invested in obtaining very detailed and extensive information about the cases.

SAMPLING

According to Miles and Huberman (1994), qualitative researchers usually work with small samples of people, nested in their context and studied in-depth – unlike quantitative researchers, who aim for larger numbers of context-stripped cases and seek statistical significance. Qualitative samples tend to be purposive, rather than random.

A non-probability sampling procedure was used. Stake cited in Bogdan and Biklen (1992) noted in case study research that the cases are usually hand picked by the researcher on the basis of practical needs and the likelihood of obtaining the most interesting and useful information. The sample of adolescent offenders was obtained through the availability or convenience technique. According to Mason (1996), the logic of purposive sampling is that you select units which will enable you to make meaningful comparisons in relation to your research questions, your theory and the type of explanation you wish to develop.

According to Reissman (1994), one samples until one reaches theory-saturation point, that is until one has a picture of what drives adolescent sexual offenders, and then appropriate explanations are generated. The researcher provided services to 40 adolescent sex offenders. However, attendance was irregular. The research required in-depth information, thus participants who had regularly attended the programme were considered in the study. Furthermore, some adolescents were referred to Childline for assessment only and thus could not be included in the sample because of the limited time period. Participants who were willing to engage in the research were included in the sample. Thus, 25 adolescent sex offenders comprised

the sample. Those adolescents were referred to the programme by psychologists; social workers from the Departments of Welfare, Child Welfare Societies, Crisis Centres and correctional supervision; and prosecutors from Regional courts. Childline Family Centre is a provincial Centre; thus the juveniles included in the study were from various communities in the province of KwaZulu-Natal. The researcher will refer to her experience at this organisation throughout the research.

Childline Family Centre has a prerequisite that adolescents attend a weekly programme for a minimum period of 2 years, which is facilitated by the researcher. The researcher considered adolescents who had been in the programme for a minimum period of 6 months to a period of 2 years. The participants in the study can be described as making up a purposeful sample as they were particularly selected for inclusion in the study. Efforts were made to ensure that racial, cultural and religious diversity was represented in the sample. The adolescents' parents, other family members and referral organisations were interviewed to help in collation of data.

DATA COLLECTION

The primary data source was the adolescent offender. Specific issues were probed: their experiences, accounts, interpretations, memories, opinions, understandings, thoughts, ideas, emotions, feelings, perceptions, morals, behaviours, practices, actions, activities, conversations, interactions, faith, secrets and relationships.

In order to generate in-depth, rich data, which are comparable in key ways, the researcher asked similar questions of the different interviewees. Furthermore, the interviewees were given more freedom in the interview situation than is permitted with structured approaches. Qualitative interviewing is thus more likely to generate a fairer and fuller representation of the interviewees' perspectives.

According to Silverman (1993:176), the language of interviewing fractures the stories being told. The coding, categorisation and typologising of stories result in telling only parts of stories, rather than presenting them in their 'wholeness'. Numerous levels of representation occur from the moment of 'primary experience' to the reading of researchers' textual presentation of findings, including the level of attending to the experience, telling it to the researcher, transcribing and analysing what is told, and the reading.

According to Mason (1996), it is not possible to collect data in a wholly unstructured way through a qualitative interview, because the decisions and judgements the researcher makes gives some form of structure and purpose to the data generation process. According to Alasuutari, Holstein & Staples, cited in Mason (1996), if interviews are interpretively active, meaning-making occasions, interview data are unavoidably collaborative. Therefore, the researcher must consciously and conscientiously attend to the interview process and its product in ways that are more sensitive to the social construction of knowledge. Understanding *how* the meaning-making process unfolds in the interview is as critical as understanding *what* is substantively asked and conveyed.

Data were generated via weekly individual or group interviews with the adolescent sex offender over a minimum period of six months, while some adolescent's intervention continued for a maximum period of 2 years, during which data was progressively collected. There was an average of 8 individual sessions and an average of 30 group work sessions for each adolescent.

The interviewing was in-depth and with a purpose and supported the style of Burgess cited in Bogdan and Biklen (1992) that interviews should be informal, topic-centred and/or narrative.

According to Mason (1996), in looking at the depth, scope and sequence of the interviews, one needs to make quick, but considered and strategic, decisions of what questions to ask while you are interviewing. In each case, these decisions and their consequences need to:

- make sense to, or be meaningful to, the interviewee(s);
- be related to your interviewee's/s' circumstances, experiences and so on, based on what you already know about them;
- be sensitive to the interviewee/s, to their needs and rights, in accordance with your ethical position;
- help the flow of the interview interaction - the 'conversation with a purpose'- rather than impede it; and
- ensure an appropriate focus on issues and topics relevant to your research questions.

An average of 5 contacts was arranged with parents and other caregivers. The number of interviews with the adolescent's parents depended on a range of interacting factors:

the nature of the problems experienced, their willingness to engage with the researcher, the availability of parents and their possible financial constraints.

The case files of clients included in the sample were utilised. This was a secondary source of data. These files were opened by the researcher and consisted of her own notes as well as reports from referral organisations. Collateral information was also obtained from the respective referral source and other service providers for instance, prosecutor, social workers, attorneys, police, schools and this thus constituted a triangulation approach as the offender's was not the only source of information. Victim statements were also used in some instances. The researcher initially arranged joint interviews with the adolescent and his parents for the assessment process.

The assessment process required the collation of information from family members, professional reports (social services, education, psychological),

and reports or information from the criminal justice system. An average of 6 assessment sessions were scheduled for the adolescent offender. The assessment encompassed different levels of predisposing factors. These included:

- individual factors such as personal experience of abuse or other major traumas;
- family factors such as the exposure to a climate of violence in the home and removal of children from their families; and
- social factors such as the effects of sexual socialisation on young people.

Assessment has 4 main purposes:

Assessing risk- what is the likelihood that the young person will repeat his sexually abusive behaviour.

History; identification and understanding of the patterns of thought, feeling and behaviour that led to the sexual act;

Developing a plan for treatment; and

Ascertaining the adolescent's motivation to accept help towards more effective control of his behaviour.

The important areas of assessment were:

- ❖ social competency
- ❖ anger
- ❖ self-esteem
- ❖ intelligence
- ❖ locus of control
- ❖ personality
- ❖ assertiveness
- ❖ coping skills
- ❖ substance abuse
- ❖ familial factors
- ❖ sexual history

The above areas of assessment were not limited to this process only, but were continually evaluated in the subsequent group and individual treatment sessions. A history of the adolescents' sexual behaviour was also probed. Specific issues were details of the abusive sexual behaviour, precipitants of the sexually abusive behaviour and details of the adolescent's sexual development. Assessment scales such as Abel and Becker Cognitions scales, Sexual fantasy Scale, Victim Empathy scales etc. were also administered during the assessment period. The researcher thereafter facilitated the group work sessions, which functioned on a weekly basis. The group was also a context for data collection and provided scope for clarification and observation through consistent and repeated contact.

The clients were informed of the research process and verbal informed consent was obtained for their participation in the research.

Cognitive-behavioural interventions were employed in the group programme. The group programme comprises three stages:

Stage 1: Accepting responsibility and understanding personal pathways into abuse

- group building
- personal history
- family relationships
- definitions of abuse

Stage 2: Intervening in the cycle/patterns of abuse

- Expressing feelings
- Sexual thoughts and arousal
- Victim empathy
- Developing relapse prevention plans
- Evaluation and review

Stage 3: Re-socialisation and re-education

- Sexuality and sex education
- Self-image
- Negotiating relationships
- Reviewing prevention plans of potential offending behaviour
- Evaluation

Individual interviews were conducted with the offender and his parents both individually and jointly. Participants were asked to initially “write their life story” and this was explored during individual sessions. They were guided by relevant topics during the group sessions, pertaining to their life stories.

The above themes were not focused on in any particular sequence but were recurrent themes in the group and thus supplemented each other. The themes were also explored during individual sessions.

The programme and process of the group was tape recorded and transcribed by the researcher.

DATA ANALYSIS

Qualitative research aimed to produce rounded understandings on the basis of rich, contextual, and detailed data. There was more emphasis on “holistic” forms of analysis and explanation in this sense, than on charting surface patterns, trends and correlations. Qualitative research usually does use some form of quantification, but statistical forms of analysis are not seen as central. Miles and Huberman (1994) defined analysis as consisting of three concurrent flows of activity: data reduction, data display, and conclusion drawing/verification. Words are the basic medium, and words involved have been refined from raw notes and tape recordings into a text that is clear to the reader and analyst.

The data were used to compile a detailed profile of each of the offenders. All data were tape recorded and transcribed. For ethical reasons and the sensitive nature of the material, the researcher transcribed the information.

With qualitative research there is no one best or correct way of analysis and data presentation so “the researcher must find the most effective way to tell the story” (Janesick, 1994: 215). Qualitative research analysis uses an inductive approach, involving the development of themes, patterns and categories from the data (Janesick, 1994). “Indigenous categories” and “researcher or analyst constructed categories” were used. The former attempts to see the world from the participants’ point of view and does not involve imposed categories by the researcher. Researcher-constructed categories are derived from patterns that emerge from the data. The categories do not necessarily make sense to the participants but provide a useful overall picture for the researcher (Marlow, 1993). Where possible information was quantified through simple counting.

Descriptive accounts of case studies constitute an important part of the data analysis and presentation. The focus is on understanding contextual inter-relationships among factors and their circular and interdependent natures. While looking for common themes and patterns the qualitative researcher is also concerned with what does not fit the pattern as well (Bogdan and Biklen, 1992).

The Qualitative Solutions and Research NUD*IST software, as a code-and-retrieve program was used (1997). Software of this sort which is developed specifically by qualitative researchers, helped divide the text into segments, attach codes to the chunks, and find and display all instances of coded chunks. Qualitative methods are designed for managing, describing and exploring complex unstructured data whilst also creating new ideas and theories. These methods are used in many different research areas. Data documents that are relatively unstructured and complex are usually messy

and hard to manage. Describing and exploring such data requires management techniques that are flexible as well as thorough. Developing and testing new ideas without losing complexity and context requires ways of storing and modifying categories and their links with data. QSR NUD*IST is designed for managing unstructured data and for creating and exploring new ideas and theories. It does not determine the research approach. Rather, it provides tools to support a range of tasks required by various approaches to qualitative analysis and different sorts of data.

As a project develops, techniques may be expanded and different tools used. QSR NUD*IST was used like a filing cabinet to store coding at categories and to retrieve the references or text coded there very quickly and flexibly. But most qualitative research does not stop at text retrieval. The researcher used the software to assist in shaping understanding of the data, to help create categories out of data, and link and explore them to form and test theories 'grounded' in data. QSR NUD*IST helps this process by 'system closure', central to qualitative analysis. These are processes that put the results of enquiry back into the system as more data to enquire about. Results of searches and analysis in QSR NUD*IST are fed back into the system, ideas and discoveries thus become more data:

- in browsing of documents, the researcher creates categories;
- exploration of meanings, linking them with wider data, rethinking and reflecting on ideas in context at any point, has the effect that the Index System is altered and reshaped;
- memos at documents or nodes store and record the processes of developing understanding of the data;
- as new understandings develop, new material can be appended to a document;
- the option of developing a hierarchical index tree supports concept clarification, exploration and 'dimensionalising' of concepts;
- QSR NUD*IST automatically records times and processes of major changes in the databases; and

- QSR NUD*IST saved the results of text or index searches in the index system, so they become the bases for further questioning.

These processes support the principle of qualitative research that enquiry is interactive, building on the results of previous enquiries and constructing new ideas out of old ones. A central feature of both qualitative methodology and QSR NUD*IST is making the results of an enquiry available for further enquiry, and supporting the construction of new ideas from combinations of old.

All processes in QSR NUD*IST are flexible and can be cumulatively built up and revised. One can browse and change coding, not merely retrieve what was coded, jump back to and rethink the original data, record ideas in memos whilst developing and testing them in text search and index searcher, which was automatically stored for further exploration.

The researcher compiled the transcribed document and prepared it into text units (sentences) marked by hard returns. This document was imported into the programme and thereafter coded it into particular categories as reflected in the analysis. Information that was coded was constantly revised and increased. Thereafter, certain pieces of information under particular codes were exported from the programme, into the main document of the study.

VALIDITY AND RELIABILITY

Validity and reliability are areas of primary concern in quantitative research. All serious qualitative research involves assuring the accuracy of recordings and testing the truthfulness of analytic claims.

The whole notion of validity, which looks at content, construct and criterion validity of research instruments, is not a major issue with qualitative research. However, if validity has to look at the value of a research instrument and the

research process then qualitative research is regarded as superior (Babbie and Wagenaar, 1989). When looking at the validity of data generation, the researcher can conclude that the fluidity and flexibility of methods such as the un-structured interviewing enhances validity, in contrast to the rigidity and standardisation of structured questionnaires that lack sensitivity to validity in favour of an excessive concern with reliability and ease of quantification in analysis. The researcher's methods were valid because there was a triangulation with regards to data collected. Different data sources were used to investigate the phenomenon of sexual offending, for example other professionals and family members. Furthermore, the researcher has attempted to explore the research questions from different angles, in a rounded and multi-faceted way (Mason, 1996). This is also referred to as analytic induction. The data were collaborated and consistency was provided.

The issue of how interviewees respond to us based on who we are – in their lives, as well as the social categories to which we belong, such as age, gender, race – is a practical concern as well as an epistemological or theoretical one. This issue may be exacerbated, for example, when we study groups with whom we do not share membership. Studying adolescents, as done in the research, presents unique concerns along these lines. On the one hand, the meaning systems of adolescents are different from those of adults, and adult researchers must exercise caution in assuming they have an understanding of adolescent cultures because they've 'been there'. On the other hand, adolescents are in a transitional period of life, becoming increasingly oriented to adult worlds, though with 'rough edges' (Silverman, 1993).

When determining how valid the data analysis is, and the interpretation on which it is based, the researcher needs to maintain that she has experience in this particular area of work and has observed adolescent offenders for a long period of time, the analysis has been obtained directly from their

interviews and these discussions have also taken place in a group setting and members have verified certain issues pertaining to members.

The objectivity or truth of interview responses might be assessed in terms of reliability, the extent to which questioning yields the same answers whenever and wherever it is carried out, and validity, that is the extent to which inquiry yields the 'correct' answers (Kirk and Miller, 1986). When the interview is seen as a dynamic, meaning-making occasion, however, different criteria apply. The focus is on how meaning is constructed, the circumstances of construction, and the meaningful linkages that are made for the occasion. While interest in the content of answers persists, it is primarily in how and what the active subject/respondent, in collaboration with an equally active interviewer, produces and conveys about the active subject/respondent's experience under the interpretive circumstances at hand. One cannot simply expect answers on one occasion to replicate those on another because they emerge from different circumstances of production. Similarly, the validity of answers derived not from their correspondence to meanings held within the respondent, but from their ability to convey situated experiential realities in terms that are locally comprehensible (Silverman, 1997).

Kirk and Miller cited in Reissman (1994:145) defined reliability as 'the degree to which the finding is independent of accidental circumstances of the research'. In the context of ethnography, as Silverman (1993) also pointed out, checking their reliability is closely related to assuring the quality of field notes and guaranteeing the public access to the process of their production. In qualitative research, tapes and transcripts are the raw material comparable to ethnographers' field notes. Accordingly the quality of tapes and transcripts has important implications for the reliability of qualitative research. Tape recordings and transcripts based on them can provide for highly detailed and publicly accessible representations of social interaction. Therefore, Kirk and Miller's suggestion (cited in Reissman, 1994:234) that in qualitative research 'issues of reliability have received little attention' does not apply. The key

aspects of reliability involve selection of what is recorded, the technical quality of recordings and adequacy of transcripts.

The data generation and analysis have been not only appropriate to the research questions, but also thorough, careful, honest and accurate. The reliability of qualitative information may be questioned, as there are no statistical checks and figures. In the present research, the researcher is the sole person responsible for the collating of data thus, the *sources of error* is kept in check; the researcher clarified variables and the researcher has, an established relationship with the adolescents.

Qualitative interviewing is more likely to generate a fairer and fuller representation of the interviewees' perspectives. The researcher should be more responsive in the interview interaction than a structured format allows, for example answering questions the interviewee may ask, give information, support. Due to the nature and intensity of the issue, it is important to try to make sure the interviewees enjoy being interviewed, and qualitative interviewing is the best way to achieve this.

The reliability of the data may also be enhanced through proper documentation of the methods of data collection and through reliable recording of data. Reliability, in qualitative research, may also be enhanced by presenting as much of the original data as possible in the research document. As meaning is paramount in qualitative research, the researcher seeks to achieve depth and richness rather than any widely applicable statements.

Basically there are a number of reasons why certain data are stronger or weaker than others – essentially on the issue on the issue of validity – more specifically 'descriptive' and 'interpretative' validity. Firstly, data from some informants are better. Second, the circumstances of the data collection may have strengthened the quality of the data. Third, data quality may be stronger because of a researcher's validation efforts, for instance, in

checking for researcher effects and biases; checking for representativeness; getting feedback from informants; triangulating.

LIMITATIONS AND STEPS TAKEN TO MINIMISE LIMITATIONS

The conclusions drawn from qualitative research are often regarded as suggestive rather than definitive. This is due to certain problems of subjectivity and generalizability and personal, professional and intellectual bias.

According to Mason (1996), theoretical generalisation is more productive in qualitative research. The sample size was very small but entailed a very in-depth study. Qualitative research of this depth involves quality, texture and the intention is not to make generalisations. Data needs to be analysed and understood in context.

The coding, categorisation and typologizing of stories result in telling only parts of stories, rather than presenting them in their 'wholeness' (Charmaz cited in Silverman, 1997:321).

The researcher at the outset was most likely to create social behaviour in the adolescents that would not have occurred ordinarily. It is not possible for the researcher to remain detached and outside, and she may have imposed her own bias. That behaviour, in turn, can lead into biased observations and inferences. There are two possible sources of bias here: the effects of the researcher on the interviewees and the effects of the interviewees on the researcher. The researcher shared membership with the adolescents and had gained their trust and confidence and they have been represented by the researcher in court in criminal proceedings. Furthermore, given the fact that the researcher is a member in their group, a fair amount of the phenomenon under study is known to the researcher, and questions relevant to the study were probed.

Biases can influence analysis both during and after data collection. There could have been a possibility of interviewee bias because the offenders may have portrayed themselves in a positive light, because of their fear of stigmatisation, but this was offset by prolonged and consistent opportunities to support and to constructively confront them either in individual or group work sessions.

Biases by the researcher, stemming from the effects of the group can be avoided by thinking conceptually, and translating sentimental or interpersonal thoughts into theoretical ones. Triangulation occurred by means of several data collection methods; the researcher focused on sessions, observations, collateral information and making sense of the setting.

ETHICAL CONSIDERATIONS

Miles and Huberman (1994:387) reported,

We cannot focus only on the quality of the knowledge we are producing, as if its truth were all that counts. We must also consider the righteousness or wrongness of our actions to the people whose lives we are studying.

There were various ethical issues one can consider at various stages of the study ranging quite early in the research such as the project's worthiness, one's competence, informed consent, anticipated benefits and costs; to those occurring as a project develops such as harm and risk, ones relationship with respondents, privacy/confidentiality/anonymity, and intervention, and the use of results. All have clear implications for analysis and the quality of conclusions (Miles and Hubermann, 1994).

VOLUNTARY PARTICIPATION AND INFORMED CONSENT

Informed consent asks certain questions. Do the people I am studying have full information about what the study will involve? Is their 'consent' to participate freely given – fully voluntary and uncoerced? According to Eisner and Wax cited in Miles and Huberman (1994:101),

Truly informed consent is impossible in qualitative studies because events in the field and the researcher's actions – such as following up new and promising leads – cannot be anticipated.

The adolescents and their families were verbally informed of the purpose of the current study and were willing to participate. They were informed that participation in the research is voluntary and they were assured of confidentiality. Clients who attended therapy on a voluntary capacity as well as those mandated to attend the programme were included in the sample. Those who were mandated by court to attend the programme were aware that regular progress reports on them would be forwarded to the referral person.

NO HARM TO THE PARTICIPANTS

What might this study do to hurt the people involved? How likely is it that such harm will occur? Harm can come to participants in a variety of ways: from blows to self-esteem or 'looking bad' to others, to threats to one's interests and position to being sued. Ways of reducing harm must be considered.

One of the ethical concerns of this research is that it connects parents with shortcomings within their own familial context and hurts them psychologically, but the researcher as a trained therapist would sensitively manage these issues. The questions were of a personal and sensitive nature, but they were also designed to get the juveniles to disclose issues, confront their issues and resolve them. The style of questioning was not to make the adolescents uncomfortable, as the researcher is an expert in this particular area of work.

Interviewees were given more control of their interviewing situation because the interviews were not structured, so they feel more relaxed and at ease.

ANONYMITY AND CONFIDENTIALITY

According to Miles and Huberman (1994), anonymity referred to ways in which the study intrudes, comes closer to people than they really want it to. Confidentiality means that information about individual subjects is kept private. Subjects must be protected from injury that could result from the disclosure of sensitive and personal information obtained in a research study. There are two ways of assuring confidentiality and thus protecting the privacy of individuals who participate in research studies - keeping subjects anonymous and safeguarding information once it is collected. This can be sometimes difficult, given the full, rich and personal nature of the data generated from qualitative interviews.

When privacy has been threatened, new analytic moves (e.g. Triangulation with other sources) may be needed to protect data quality. If privacy has, in fact, been breached, questions of the report's impact when it is fed back to respondents become central. Issues of whether the information involved can be connected with an identifiable person would be discussed.

DECEIVING SUBJECTS

Deception involves misleading or not informing subjects about the purpose or nature of a research study, or not informing subjects that they are part of a study. The researcher is ethically required to be honest and accurate in conducting and presenting research findings.

RESEARCH INTEGRITY AND QUALITY

Is the study being conducted carefully, thoughtfully, and correctly in terms of some reasonable set of standards? Commonly, as noted by Adler cited in

Miles and Huberman (1994:384), is 'poor science', sloppy data recording; insufficient, selective, or misleading reporting of findings; unwillingness to share or retain data; undisclosed conflicts of interest; and inappropriate citation. The goodness of any particular study depends on: its confirmability, dependability, credibility, and potential transferability to other settings.

USE AND MISUSE OF RESULTS

Does the researcher have an obligation to ensure the findings are used correctly? What if they are used harmfully or wrongly? Everhart cited in Miles and Huberman (1994), said that all fieldwork is politically and potentially reformist, being directly reformist by encouraging and supporting the use of qualitative findings is not only technically ambitious, but also ethically demanding. According to Jude et al cited in Miles and Huberman (1994), examples of misuse of study findings are not hard to find. Findings may be misinterpreted (deliberately or not) and used to support wrong policies, or long-range outcomes for different parties may be inequitable.

CHALLENGES FACED BY THE STUDY

Research is heavily consuming of skills, time and effort, both in the planning and conducting of interviews themselves and transcribing, in the analysis of the data. Dealing with ethical issues effectively involves heightened awareness, negotiation, and making trade-offs between ethical dilemma, rather than the application of rules. The adolescents initially experienced difficulties in establishing trusting relationships with the researcher, and disclosing the full extent and nature of the sexual offending. This was probably due to the insecurities of the adolescents' developmental stage, the distrust and suspicion that they feel due to shame and fear of further criminal justice intervention and the stigma attached to their behaviour. The ability to accept the need to work within the frame of a slowly unfolding disclosure of self and behaviour is essential. This is thus; best achieved through active

engagement of the child in a programme of intervention, with a view to helping the child gain control of abusive behaviour. Worling cited in Erooga and Masson (1999) noted that many sex offenders only acknowledge a sexual victimisation history after they have formed a trusting relationship with a therapist.

It was also difficult to involve parents and caregivers attending sessions, either because they had distanced themselves from the adolescent, or had a tenuous bond and commitment, or did not accept that the sexual offence happened. Sometimes the opposite happened and a family member was intrusive and controlling and pressured the researcher to disclose every aspect of the child's participation in therapy. Some families handed the entire responsibility for dealing with the child's behaviour over to the therapist. This was of concern as sometimes the sexual crime was linked in itself to the child's unmet needs for intimacy and closeness.

This chapter focused on the methodology used in conducting the research. The following chapter presents the analysis of the data in this research.

**PART FOUR
ANALYSIS**

**AND
DISCUSSION
OF
RESULTS
RESULTS**

CHAPTER FIVE

PERSONAL PROFILES OF PARTICIPANTS

This chapter is the first of three chapters of the analysis and discussion of the results of the research. This chapter focuses on presentation of the profiles of the adolescent sex offenders, the demographics of the sample of adolescent offenders as well as issues pertaining to victims. An analysis of these as well as a discussion of the results is presented.

PERSONAL PROFILES OF PARTICIPANTS

Twenty-five profiles of the adolescent offenders are presented.

ADOLESCENT 1

Moths was 15 years old when he was referred to the Childline Family Centre by the Department of Welfare for assessment and treatment, two years ago. He had performed digital penetration on his 5-year-old neighbour, on several occasions.

Moths reported that his parents experienced marital conflict, as his father engaged in various extramarital affairs, was work shy and an alcoholic. His parents verified the problems in the home. It was also confirmed that mother was the sole breadwinner and the family experienced poverty.

During the course of intervention it was determined that Moths was sexually abused by his cousin at the age of 7 years and had not disclosed the abuse to anyone. As a preadolescent, Moths had developed an interest in watching pornographic movies and magazines. Moths reported that prior to the sexual

offending he had been rejected by a girlfriend, and felt humiliated and uncomfortable in relationships with the opposite sex since that experience. According to Moths he had developed a special relationship with the child, who he had assaulted and bought sweets for her regularly, felt respected and attracted to her sexually. In understanding his choice of sexual partner, Moths felt that he had seen an opportunity for sex that was not attainable for him in a relationship with a girl his age.

An assessment made over a prolonged period, reflected Moths to be a socially isolated, withdrawn child who had poor self-esteem. He also experienced difficulty in expressing his feelings, felt neglected and unloved by his parents.

Sources of information: Social worker, prosecutor, child protection unit, attorney, parents and adolescent concerned.

Period of therapy: 1,5 years.

ADOLESCENT 2

Nick was 13 years old when he was referred by the prosecutor for an assessment for suitability to participate in a diversion programme at Childline Family Centre. It was reported that Nick had sexually fondled and exposed his 8-year-old male, cousin to oral sex and pornographic material for a period of 2-3 years. It was further alleged that Nick had also sexually abused his cousin's friend, and threatened to kill the boys if they disclosed the abuse.

Nick experienced difficulty taking responsibility for the sexual abuse and constantly lied and contradicted himself. Therapeutic intervention was difficult with Nick because he was unwilling to divulge personal information about himself and his family. The assistance of Father was obtained and this gave Nick the consent he required to disclose more information about himself and his family. During the course of intervention he was able to progressively

disclose the process of grooming his victims into the abusive situation by exposing them to pornographic movies and justifying the acts as part of growing up. He reported that he had become exposed to pornography from the age of 8 years when he discovered an adult movie left in the video machine.

Familial details were obtained from Nick and verified by his father. Nick's mother had married at the tender age of 17 years but was not accepted into the family, by the paternal grandmother. The family thus experienced a conflictual situation until the death of grandmother, five years ago. According to father and Nick, mother was temperamental, rigid in her religious beliefs, distrustful and unsupportive of Nick. Father and mother's values clashed, as father minimized the abuse and other behavioural problems presented by Nick, as well as nudity in the home. Nick rejected mother's values as being unrealistic. Both parents had their own businesses and the older children supervised the care of the younger children. Nick reported that he presented with behavioural problems from an early age, for instance lying, stealing and disruptive behaviour. According to father Nick, had involved his 5-year old brother in serious accidents, viz. reversed into him with a vehicle as a result of which the child had to be resuscitated, banged the door on his brother's hand cutting off the tip of his finger. Nick confirmed these incidents.

According to Nick he felt rejected, unloved and distrusted by his mother. He thus shared a poor relationship with her, and his sister took responsibility for his care when he was younger. During the course of therapy, it became apparent that Nick had a very poor self-concept and used money to make him feel confident and in control. His parents, especially his father, were too involved in their businesses and compensated by overindulging the children with material possessions. Nick was sociable within the group structure but developed superficial relationships with the members. He appeared distrustful, insecure and extremely protective of his father. Father was unwilling to allow mother to contact the Childline offices. Nick's victim was subsequently reported to have sexually abused his younger brother.

Period of therapy: 2 years.

Sources of information: prosecutor, child protection unit, father, Director at Childline and the adolescent concerned.

ADOLESCENT 3

Paul was 13 years old when he was referred to Childline Family Centre for assessment and therapy. It was reported that Paul had sodomised his 4-year-old neighbour. The victim disclosed that Paul abused him on one occasion. However, during the assessment Paul acknowledged that he had sodomised the child for a period of 2 years.

According to Paul, he was emotionally and physically abused by his older sister and mother, from a young age. Mother verified this, but insisted that they had responded to his temperamental and aggressive behaviour. Mother was a single parent and father had abandoned the family when the children were very young. The family lived under impoverished circumstances because mother was casually employed at a factory only during busy periods. Mother experienced difficulty disciplining her children as she complained that they were very aggressive towards her. According to Paul, no one in the family understood, respected or cared about the other but resorted to mocking and assaulting each other. Paul believed that his father has influenced him to become a gangster and to indulge in dagga and alcohol.

During the course of therapy it became evident that the older sister was a parentified and Paul felt threatened and angry towards her position in the family and defiant towards her role in the family. It was evident that Paul had little confidence in his potential at school, in social relationships and was generally demotivated with his life. He subsequently left school in standard 7. He was withdrawn, felt lonely and rejected by his family and developed identification with a gang.

Sources of information: mother, sister, social worker, prosecutor, police and Paul
Period of therapy: 1 year

ADOLESCENT 4

Vikesh was 16 years old when he was referred for treatment because he sexually abused his 14-year-old sister and three of his younger female, cousins, aged 7, 8 and 9 years old. He had commenced with his pattern of sexual abuse when he was 14 years old, with his first victim being his sister. He had engaged his victims in digital penetration, oral sex and raped the younger of the two cousins.

His eldest brother and mother exposed Vikesh to extreme levels of emotional and physical abuse. This was verified by his siblings. They reported father to be alcoholic, work-shy and engaged in several extramarital relationships as a result of which he had 2 other children born out of wedlock. There appeared to be a pattern of abusive behaviour in the immediate and extended family system. All of the members of the maternal family obtained services from Childline and reported being in marriages with abusive husbands. Furthermore, Vikesh's eldest brother received services for sexually abusing five of the cousin victims. The members of the family reported mother to be manipulative, aggressive, possessive, dominating and depressed. The couple had always shared an estranged relationship slept in separate rooms with their children.

During the course of therapeutic intervention, Vikesh disclosed that his father had sexually abused him at the age of (approximately) 6-years. He felt angry, rejected, revengeful and hateful towards his family. He felt the need to escape his family's control over him. He left school at the level of standard six because he could not concentrate at school. He was exposed to

pornographic movies and magazines at an early age by his family and friends. He stole approximately R50 000 from his mother and uncle and felt that they owed him for all the abuse they had inflicted on him.

Period of therapy: 2,5 years.

Sources of information: maternal uncle and 4 maternal aunts, Child Protection Unit, prosecutor, 3 social workers, four victims, parents, siblings.

ADOLESCENT 5

Vicki was 16 years and was referred by the prosecutor for assessment and inclusion in the treatment programme at Childline. Vicki sodomised his 11-year old friend on two occasions. Vicki acknowledged his behaviour and his threats to kill his friend.

Vicki was the youngest child and was unplanned by his parents. According to Vicki and mother, father had always been aggressive towards mother, but Vicki became a scapegoat from the age of 5 years. Mother had been on anti-depressants in order to cope with father's abusive behaviour, but was sometimes unable to attend to the children's' holistic needs. Father was also an alcoholic.

Vicki and his parents indicated that Vicki was sexually abused at the age of 6 years by his paternal cousin. His cousin also encouraged him to steal and this became a pattern of behaviour for Vicki. According to the family, Vicki was a difficult child, was hyperactive, moody, aggressive, negatively influenced by his friends, ran away from home, truanted from school and made sexually abusive telephone calls that generally got him into trouble.

Vicki felt rejected by his family as a result of the physical, verbal and emotional abuse by his father. He admitted to being angry, impulsive,

reckless, felt helplessness and enjoyed control over his younger friends. During the course of intervention, Vicki was observed to relate well to his peers, was insightful compared to most of the other boys, intelligent, expressive in poetry and was motivated to change his life style. Unfortunately, Vicki was influenced by his peers and discontinued attending the programme.

Period of therapy: 1 year.

Sources of information: prosecutor, child protection unit, parents, probation officer and adolescent concerned.

ADOLESCENT 6

Jay was 14 years old when his mother requested therapy for him and his sister because they were sexually abused when they were younger and still appeared to be affected by the trauma.

During the course of intervention with the siblings, the sister Sharon (12 years) disclosed that both the siblings had engaged in sexual activity with each other. She revealed that when they were left alone at home, Jay showed her pornographic movies. He then usually proceeded to ask her to play 'dare and command', and dared her into engaging in oral sex. The incident occurred on several occasions. Jay was initially unwilling to take responsibility for the incidents of sexual abuse but had indicated a willingness to be in an offender programme. Sharon engaged in other sexual relationships and counselling on sexual responsibility and protection was rendered to Sharon.

During intervention with Jay, he confirmed that he had accidentally found his father's pornographic movies at the age of 9 years, and used to fantasize being in them. He reported that he found it difficult to stop watching the movies and felt obsessed with pornography. Viewing pornography made him

feel 'nice and warm'. He became interested in sex after his own sexual abuse at the age of 5 years, by a female, neighbour, who was 9 years at that time. He felt that the abuse has affected his life. He felt remorseful about introducing the movies and game to his sister but believed that she did not mind the sexual activities.

Jay, Sharon and their mother confirmed certain dynamics that existed in the home. The children found their father difficult to relate to because his discipline was inconsistent, rigid, overprotective, immature and he made unreasonable demands on them. Father did not allow the family to engage in any activities outside of the house, but mother denied to him the involvement of the children in activities with their peers outside of the home. Father had been initially physically abusive towards mother and the children but he had subsequently accepted, that his behaviour was inappropriate. Mother described her relationship with her husband as intolerable because he was sexually demanding, emotionally abusive, dominating and an alcoholic.

The family accommodated the paternal grandparents on their premises. According to mother and Jay, paternal grandfather and his sons had similar habits of consuming alcohol, were aggressive, introverted and viewed pornographic material. Paternal grandfather continued to be physically abusive towards Jay's father and Jay's father did not retaliate to protect himself. Paternal grandmother had been receiving treatment for major depression and shared an extremely conflictual relationship with her ex-husband.

Jay had indicated that he had not shared relationships with the opposite sex, as he felt uncomfortable and feared being rejected by them. According to mother and Jay, father had high expectations of Jay and constantly teased him for not engaging in manly activities like rugby but wanting to stay at home with mother. Jay had expressed a dislike for dad because dad made him feel worthless, rejected and controlled. However, although he felt alienated from his father, he would have preferred to have a better relationship with him

According to mother and Sharon, Jay was an awkward child, who was uncommunicative, did not express feelings easily, could not relate easily to his peers, experienced difficulty in social functions, and preferred to spend time alone playing games on the computer. Jay had written an essay at school that contained extremely violent content that alarmed the teacher. He was very sensitive, conscious of his small stature, temperamental, easily hurt and antagonized by his father.

Period of intervention: 1 year

Sources of information: parents, sister and Jay.

ADOLESCENT 7

Fred was 18 years old when he was referred by the prosecutor for assessment and treatment, for attempting to rape a 5-year-old neighbour. His sister Margaret was also referred by the social worker, for therapeutic intervention, because Fred had attempted to rape her.

During the course of intervention with Margaret she revealed that Fred and her second stepbrother had raped her when she was 8 years old. Fred subsequently tried to rape her again when she was 12 years old. When she was 14-years-old he had visited her room in the morning on several occasions on the pretext of greeting her, but the kisses were intimate and wet.

Fred took responsibility for his sexual offending behaviour. According to him when he had sexually abused his sister on the first incident, he was not aware of her identity but that she had been introduced to him by his stepbrother who had told him that she was willing to engage in sexual activities. In respect of his sexual abuse of his neighbour, he felt that they had shared a special relationship and he had cared for her because she

visited him, ate and slept with him frequently. On one occasion while he was exercising, she sat on his clothed private parts and he became aroused. He was also exposed to pornographic material during that period and began fantasizing about some of the scenes in the movies. As she was the only female that seemed available, he felt driven to sexually abuse her. Fred also revealed that he and his gang raped and assaulted a girl in the neighbourhood.

According to Fred's mother, Fred was her eldest child born out of wedlock and he and his stepbrother were placed at a Residential facility for children, because she was unable to adequately care for them due to her financial difficulties. Fred was separated from his mother at the age of 4-years. Fred was placed in foster-care with his maternal grandmother at the age of 7-years but she was too old to adequately discipline and supervise his activities. According to Fred, he spent much of his time with his friends because his foster-mother assaulted him regularly and was verbally abusive. Fred's 7 siblings were born out of wedlock and from different relationships. According to service providers all mother's relationships had been short-term, financially unsupportive, physically and emotionally abusive. All of the children were low functioning, neglected and unstimulated.

According to Fred, he experienced difficulty coping at school, as he could not concentrate and eventually left school at grade 9. Fred joined a gang that engaged in alcoholism, drugs, gang fights and clubbing. He had witnessed much violence and murders in the area in which he lived.

Fred indicated that when he returned to his mother's care at the age of 16 years, he experienced difficulty adjusting to her discipline and the demands made of him. His maternal uncle continued to severely assault him whenever he engaged in stealing, consuming alcohol and when he attempted to rape Margaret. He found a new gang that exerted a strong influence on him. Unfortunately, his mother encouraged him not to plead guilty to his sexual offences and he was imprisoned for 8 months while awaiting trial. At the

hearing, his sister contradicted herself and Fred was acquitted. He returned to his mother's care.

Fred developed a close relationship with the researcher and easily disclosed information about his life. He had a need to be understood and supported and sometimes disclosed sensitive details that were incriminating. However, he showed little remorse for his victims and appeared himself to be a victim of neglect and poor bonding.

Period of therapy: 1 year

Sources of information: Social worker at Child welfare Society, attorney, prosecutor, mother, sister (victim) and Fred.

ADOLESCENT 8

Lenten was 16 years when he was referred by the police for therapy for frequently sexually harassing his teacher telephonically and sending abusive letters to her.

According to Lenten he developed an obsession for his teacher and although reprimanded for his sexually offending behaviour he experienced difficulty discontinuing it. He had developed sexual fantasies about older women and his fantasies included his teacher. He frequently masturbated when he had fantasies of her and when he communicated with her telephonically. In determining the motivation for his behaviour in therapy, Lenten concluded that he had chosen his teacher because he felt understood by her, felt mature, in control and powerful by the attention that she gave him. He had also assumed that because of her seniority she would not object to having a sexual relationship with him. Lenten indicated that he had commenced watching pornographic material prior to the offending behaviour, which also reinforced his sexual fantasies.

Lenten indicated that the worst experience in his life was the divorce of his parents. His parents had remarried and subsequently divorced but Lenten had been defiant towards his stepparents. Lenten felt excluded from the decisions, felt forgotten, resentful and had wanted to run away. There was conflict, distrust and lack of communication between the parents. According to Lenten his mother was an alcoholic, was sexually permissive, physically abused by all her male partners and subsequently engaged in a lesbian relationship. He returned to his father's care because his mother was unable to continue caring for them and he maintained minimum contact with her. According to Lenten he does not miss his mother.

Lenten appeared to be a distrustful, inflexible and introverted person. He was afraid to develop close relationships with members of the group and had few friends outside of the group. It appeared that he was cautious of being rejected and hurt especially in relationships with peers of the opposite sex. He reported being victimized and bullied by his peers and generally responded to them aggressively. He experienced difficulty in expressing feelings, but portrayed the image of a strong, macho person who was independent and did not require the support of caregivers. He felt crying was an inappropriate response and considered his life useless, not worth living, felt betrayed, lonely and unwanted. He was initially defensive and defiant towards the researcher and challenged her on many issues.

Sources of information: Father, school, South African Police and Lenten.

Period of therapy: 1 year.

ADOLESCENT 9

Santosh was 15 years when he was referred by the prosecutor for assessment of his suitability for a diversion programme. According to Santosh, at the age of 12 years he raped an 8-year old girl and exposed her

to oral sex. He disclosed that he was physically forceful towards the child because she resisted him.

During the course of intervention, when reflecting on his own cycle of offending, Santosh tried to determine his motivation for the offending behaviour and concluded that he had sexual feelings from a young age and wondered if his own victimization at 10-years by his uncle contributed to his sexual feelings. He had developed an early curiosity about sex, watched dogs having sex, overheard people talking about sex, saw the movie Basic Instinct, perused YOU magazines to especially see girls with g-strings, was aroused by Pamela Anderson and was exposed to Playboy magazines by his friends. He was curious about sex and enjoyed the sensations experienced during the offence.

According to mother, father was frequently unemployed and the family experienced financial impoverishment, as a result Santosh lived with his paternal grandparents and uncles during his formative years. Father had also been physically abusive towards Santosh. Mother reported problems in the paternal grandparents home of related to poor discipline, the home was unhygienic and unkempt, members were easily provoked, boisterous, vulgar, had no control over their emotions and were aggressive. Paternal grandfather joked about the children's' private parts and openly fondled Santosh's penis and called it a 'jingle-jingle'. The family ignored Santosh's requests for food. The researcher noted that Santosh's issues around food have not been resolved as he always complained about being hungry in the group and had to be given something to eat. He stole money to buy food. According to mother, paternal uncle sexually abused Santosh at the age of 7/8-years; this had been disclosed to her by the abuser's daughter who also alleged that she would 'not trust her father with her children'.

Santosh reported being traumatized by the sexual victimization and had associated feelings of hurt, shame, guilt and fear of revictimisation. He was also embarrassed by his sexualised responses. He appeared to be a

deprived, unstimulated and irresponsible child. He was judgmental, teased others and was unwilling to engage in open discussions in the group, but he was a lively and jovial participant. The school personnel indicated that his school performance was poor because of his arrogant, disruptive nature and lack of ability to concentrate. Santosh also truanted school and failed his grade 7 academic year. Since his participation in the therapy programme, Santosh became more responsible in his relationships with his peers, performing chores and took on part-time employment to assist his mother in their financial commitments.

He reported being a lonely child and experienced difficulty in sharing intimate relationships with people. He felt that his relationship with his parents required improvement because they avoided confronting problems, did not communicate sufficiently, had discouraged him and made him feel incompetent. His parents indicated that Santosh was a difficult child, as he swore, fought with other children, was an angry and demanding child.

Sources of information: Prosecutor, schoolteacher, parents and offender.

Period of therapy: 1,5 years.

ADOLESCENT 10

Suds was 13 years when he was referred by the social worker at the Child Welfare Society for therapy following the sexual abuse of his 9-year-old sister. Mother was unwilling to report the matter to the police.

According to Suds he was sodomised by his friends and labelled a 'moffee'. He was confused about his sexual orientation and sexually molested his sister to determine whether he was homosexual. He had also taken on a dare by his friends to prove that he was sexually attracted to girls, and had grabbed two girls' buttocks and breasts at school and attempted to finger

their vaginas. Suds was of the impression that the girls in the school wanted the sexual attention. He found the sexual experiences to be pleasant and only became aware of the inappropriateness of the sexual acts when he was confronted by the school personnel and social worker. During the course of intervention, Suds revealed that he and his peers were exposed to pornographic material and watched people engage in sexual activities on the beach. He had a particular sexual fantasy before he sexual abused his sister and that was of his own sexual abuse.

According to Suds mother, her daughter (victim) was not traumatized by the sexual abuse because she was asleep when Suds molested her. Mother reported Suds to be an impatient, aggressive child who always wanted to have the last word. According to mother, Suds behaviour deteriorated after her divorce. Father maintained minimum contact with the family and mother felt overwhelmed by the responsibilities and financial burdens.

The victim had informed the therapist that she was awake and was aware of the sexual acts but that she felt embarrassed and protective of her brother and preferred to indicate that she was asleep. But she felt hurt and betrayed by Suds.

Suds had indicated that the family had isolated him since the sexual abuse of his sister. He described himself as being a frustrated, hostile, angry and defensive person. He cracked a peer's head in school and was aggressive towards his brothers. He reported that his brother led a reckless lifestyle and engaged in three intimate relationships concurrently. Suds felt that he could lead the same lifestyle.

Suds experienced difficulty in expressing feelings in the group, avoided sensitive issues but clowned around serious issues. His performance in school was weak. He experienced difficulty maintaining long-term relationships with his peers, as he was distrustful and afraid of further sexual victimization. He had several concerning cognitive distortions about sexual

activity but in summary he believed that a child had the potential to arouse, initiate sexual activity with an adult and sexual abuse would not traumatize the child.

Sources of information: Social worker, mother, victim, school and Suds.

Period of therapy: 6 months.

ADOLESCENT 11

Lager was 14 years old when he was referred for therapy by the Child Welfare Society because he had sexually abused his brother (6) and continued to be a risk to him, because they lived in the same house.

During the course of therapy, Lager accepted responsibility for his offence and disclosed other incidents of sexual offending behaviour. He revealed that he had viewed his uncle's pornographic magazines from the age of 4 years, and assumed that his body would be capable of performing the same activities as in the pictures because they were real people like him. He had initiated sexual activities with his peers from the time he was at a crèche. His uncle caught him in Grade 1, when he tried to simulate sexual activities with a toddler. He engaged in sexual activities with several children from his neighbourhood whilst in primary school. He engaged in frequent sexual activities with his 3-year-old brother at the age of 11 years. He sodomised his 6-year-old cousin on two occasions and attempted to rape another 6-year-old cousin. He informed the researcher that he offered his victims bribes of money to persuade them to engage in sexual activity. He subsequently threatened and manipulated the younger children. He believed that the child victims enjoyed the sexual activities and engaged in the activities to blackmail him or get him into trouble. Lager masturbated daily. His fantasies were of concern to the researcher because he masturbated to fantasies of sex orgies, sex with children and receiving pain during sex.

According to mother, Lager was born out of wedlock and was not financially, emotionally or physically supported by his father. Lager and his mother had initially lived with paternal relatives but were disliked, rejected and eventually driven out of the house by them. According to mother, Lager was subsequently sent to father during holidays but he refused to take responsibility for the child as he engaged in alcoholism, drug abuse and was always unemployed. Mother reported Lager to be an angry, hateful, revengeful child who attempted to kill his younger brother on several occasions by smothering him with a pillow. Mother indicated that Lager was also sexually abused as a toddler but did not recall the incident. Apparently, at the age of 10 years, Lager had indicated to his mother that he intended obtaining a gun to shoot his father. Lager stole excessively and always denied it. Mother insisted that he was beyond her control and he lacked a conscience. Family and neighbours disliked him, because of his problematic behaviour and the constant fights that he engaged in with other children.

According to Lager, he missed his father and his mother did not understand him and treated him unfairly. He felt lonely because no one liked to associate with him, but teased and bullied him. He felt unwanted and unloved. He could not concentrate at school and truanted school.

Lager was withdrawn, conforming, passive and lacked confidence in the group. He was distrustful, cautious, had difficulty bonding and expressing feelings. He did not adhere to rules and discipline at home or at school. He used to set fires and that conveyed the rage he experienced.

Sources of information: Mother, brother, maternal aunt, cousin and Lager.

Period of therapy: 6 months.

ADOLESCENT 12

Nevi was 18 years old when he called in at Childline and requested therapeutic services for his sexual victimization. During the course of intervention, he disclosed that he had sexually assaulted 2 girls of 14 years. During these incidents Nevi had thought about his own sexual abuse and wanted to hurt and exploit the victims. At the age of 13 years he had engaged his 10-year-old cousin, Jane in fellatio. He attempted to have sex with her but indicated that she had been 'too small vaginally'.

Nevi informed the researcher that his own sexual abuse commenced at the age of 3 years, by a 7-year-old neighbour who put his penis into Nevi's mouth and urinated in it. Nevi was scared but the mother of the child had blamed Nevi and chased him away from their home. Thereafter his 8-year old cousin Tim began abusing 3-year-old Nevi. Tim initially played sex games with Nevi but the sexual games progressed to more serious proportions. Tim was vulgar and forced Nevi to stimulate himself and develop an erection or otherwise demeaned him as a man. Nevi was forced into these activities, or risked losing the friendship and affection that Tim offered. Tim exposed Nevi to oral and anal sex to the age of 12 years, but Nevi was not allowed to reciprocate these activities on Tim. Tim normalized the sexual activities as part of growing up. At the age of 5/6 years, Nevi went to a family friend for a holiday and were further exposed to sexual abuse. According to Nevi while they had soaked in the bath, his 12-year-old friend had suggested a game of cars with his penis being the gears. He had also requested fellatio of Nevi. That night the friend had jammed the lounge door with a couch and requested Nevi to undress. Nevi thereafter lost consciousness but recalled the vague smell of chloroform. Nevi was exposed to further sexual abuse and pornographic material by several family members.

According to Nevi his parents rejected him and wanted him out of the house. He shared a conflictual relationship with them and felt misunderstood. Family time was spent facing the television, communication was minimum, discipline and rules in the house were inconsistent. For instance, father's rule was that no aggression was allowed but Nevi's brother always had tantrums and assaulted Nevi. Nevi was exposed to a history of physical abuse. Mother controlled the functioning in the home but portrayed father as the inflexible disciplinarian. Mother was manipulative and father was submissive. Nevi hoped that by responding passively and obediently to his parents they would be more affectionate towards him. He had assisted his father with the construction of houses and motor mechanical work but he was not acknowledged but his brother was. His elder brother had always been introduced to family and friends, because mother regarded him as being presentable, handsome and intelligent. Furthermore he obtained all the holiday jobs arranged by his father. Father spent long hours at work while mother engaged in an extra-marital affair. Nevi felt neglected, because he was always left in the care of others.

Nevi indicated that he made mature, rude jokes to get attention from his teachers and friends and was the class clown. His performance at school was erratic because at times he performed well, scoring A and B symbols, but at other times he barely passed. He had experienced sleep disturbances and went to school tired. He did not want to believe in god. He felt robbed of his childhood. He had always been moody and aggressive. He could not have sex in a caring relationship, because he believed that the relationship needed protection. He felt hopeless and believed that life had no meaning for him. He became a member of a gang and obtained a sense of belonging and acceptance. He obtained animal pets and felt the freedom to touch and show affection towards them as his parents previously criticized his need to have pets.

According to his mother Nevi was a demanding, difficult child. They did not want him to associate with other people because of his moods and he had

always questioned everything they did. He had enuresis until 12 years of age. The maternal relatives had been unknown to the family, but Nevi recently discovered that his maternal grandfather was of the coloured race group and mother had been placed in a Children's Residential facility. Nevi resembled grandfather. Nevi felt that life had lied to him, felt demotivated and worthless in life.

According to Nevi his paternal relatives had chaotic family structures, were unstable displayed inappropriate sexual activity between the generations and had many psychological problems.

Sources of information: mother and Nevi

Period of therapy: 7 months

ADOLESCENT 13

Ferro was 18 years old when he was referred by the prosecutor for an assessment of his suitability for a diversion programme at Childline Family Centre. Ferro informed the therapist that he had lifted the dress of a 12-year-old girl and initiated sexual fondling but immediately recalled a previous case of sexual abuse and left the situation. At the age of 16 years Ferro exposed a 12-year old to fellatio and was reported to the police. The charges were withdrawn because several boys had been implicated and the evidence was not conclusive.

According to Ferro, both his parents had children from their previous marriages and as a result he had 6 older stepsiblings, many of whom resided on his parents property. The family experienced financial difficulties, as mother was the sole provider and father's extramarital affair with the neighbour created a strain on the family system. Father had several extramarital affairs and mother eventually accepted father's relationships. Ferro reported his mother to be meticulous and principled, but she did not

trust him and constantly supervised and 'nagged' him. Ferro's parents also confirmed the existing family dynamics. According to mother she experienced difficulty responding to all her children's needs especially those of Ferro's and his younger sister; she sometimes left the home and received treatment for depression. The family members experienced conflictual relationships and competed for resources of space, food and attention from their parents/grandparents.

According to Ferro and his parents, Ferro led a reckless life with his gang of friends and engaged in substance abuse, clubbing, fighting and permissive sexual relationships. The gang was notorious for its activities. Ferro truanted school frequently and failed his matric academic year. He maintained that the relationship that he shared with his friends was more satisfying and supportive than that shared with his family. He was exposed to pornographic material by his brothers from an early age and started engaging in sexual activities from the age of 12 years. He had several sexual relationships prior to the offence. The discipline introduced to the children was lax and Ferro was beyond his parent's control. Ferro believed that he learnt to survive on his own as his parents neglected him and gave him the responsibility for supervising the care of his younger sister when he was a child himself.

Sources of information: prosecutor, parents and Ferro

Period of therapy: 8 months

ADOLESCENT 14

Bern was 16 years old when he was referred by the prosecutor for an assessment regarding his suitability for therapy in a community-based programme. Bern had sodomised his 8-year-old neighbour, who sustained severe tears in the anal area.

During the course of intervention when reflecting on the motivation for his behaviour, Bern realized that he misjudged the victim, as he believed that the victim would not disclose the abuse because he was intimidated by Bern. He also thought that the victim would not disclose the abuse out of loyalty to their relationship. Furthermore Bern wanted to experience what his friends talked about and what he saw in pornographic movies. Bern found his sexual experience to be enjoyable and unaware of the emotional and physical hurt that he had inflicted on his neighbour. Bern was introduced to pornographic movies by his friends from the age of 12 years. The movies contained sexually explicit scenes of men having sex with men and he had assumed that his activity was acceptable and would also be enjoyed by his neighbour because he was a naughty child and engaged in inappropriate activities.

According to Bern's mother she experienced marital problems because Bern's father led a sexually permissive lifestyle, had sexual relationships with family members and had sodomised a 10-year-old boy and man in the neighbourhood. Bern's father was an alcoholic, aggressive; he destroyed much of their furniture and frequently drove the family out of their home. The family members were estranged, uncommunicative, stifled and perpetually afraid of provoking father. The children attended school infrequently because of the physical assaults and resultant bruises. Mother experienced depression for several years. The family lived in financially impoverished conditions as father was unwilling to work and financially support the family. The couple had been married for 17 years and when mother instituted divorce proceedings, father was reported to be indifferent. Mother intended remarrying and locating to Gauteng. The eldest sibling resided with father and both them and Bern were drug addicts. Father had been unsupportive of Bern's court case and told him that he should 'rot' in prison. Bern confirmed the problems in the family as revealed by his mother and found the most difficult experiences in his life to be the times when they were driven out of the home late at night and had to find accommodation. He was also upset that his father was unsupportive of him in the court case.

According to mother Bern was a very isolated, withdrawn child until he started associating with a gang. The gang was aggressive, dominating, intimidating and notorious. Bern's development was slow (retarded) and he was easily influenced. Mother described Bern to be impulsive, explosive, depressed and defensive at home but with the gang he was passive and timid. Bern had been in the special class at school for 3 years. According to him he was able to cope and adjust in that class, but experienced difficulties with the standard of work and was bullied in the mainstream classes, which made him, lose confidence in himself. He was affected by the problems at home and attempted to runaway on several occasions. His association with the gang made him feel accepted, but the gang members dominated and manipulated him and he had been very submissive to their demands for fear of losing membership. He conformed to the gang's deviant activities viz. fights, consumed alcohol and drugs, and stayed out late with them. He was beyond the control of his mother. Bern was an isolated person who shared very few intimate relationships with anyone. Bern felt disempowered, indecisive as others had different expectations and imposed on him.

Bern did not attend therapy regularly, violated his house arrest conditions and was subsequently imprisoned for 3 months. The implication of imprisonment was that he developed stronger deviant tendencies, and sexually harassed other members of the group and justified his behaviour as resulting from his experience in prison (it appeared that he was sodomised and was exposed to other inappropriate sexual activity). It is evident that imprisonment with no therapy would not benefit vulnerable, low-functioning individuals who are easily influenced and have poor confidence levels.

Period of intervention: 8 months

Sources of information: mother, prosecutor, probation officer and adolescent offender.

ADOLESCENT 15

Khumalo was 18 years old when he was referred by his mother for therapeutic services as he had sexually abused his 15 year old sister.

Khumalo took responsibility for his sexual behaviour and confirmed that he had showed pornographic magazines to his sister when she was 7-years-old. He had normalised the activities in the books as part of growing up. He introduced the sexual activities as part of a game at first and progressively exposed her to different sexual acts. He initiated sex with her when she was 10 years old and enacted sexual positions seen in the pornographic magazines and movies. He had oral, vaginal and anal sex with his sister.

During the course of intervention it was determined that at the age of 7 years, Khumalo witnessed the sexual abuse of his 6-year-old friend by adolescents in the neighbourhood and had subsequently engaged in sexual activities with her. Furthermore between the ages of 8 to 10 years, the maid discussed her sexual relationship with him and engaged him in sexual acts. His interest in sex had developed and at the age of 9/10 years he found his parents pornographic magazines and frequently perused the magazines. His friends had informed him that 'real men' had sex early and he introduced sex to his girlfriends, but the relationships were always short-term and abruptly discontinued by the females with no explanations.

According to Khumalo he had initially been cared for by his maternal grandparents, thereafter his paternal grandparents and subsequently his parents at he age of 7 years when they married. He found the transition to his parents difficult as he missed his grandparents and saw his sister as a rival because she had always shared a house with his parents and not him. His parents shared a conflictual relationship, which impacted on the children and caused an estranged relationship. Khumalo felt excluded, rejected and misunderstood by his parents and perceived his sister as his parent's

favourite as she was intelligent, always given attention and complimented. Khumalo felt that he was held responsible for problems that his sister caused. For instance, he reported that: "Once she took my mother's money to play with, but my mother hit me so badly. When my mother realised that Thandi was responsible for the theft, she did not apologise to me but informed me that I must care for my sister. I felt so angry because she is always spoilt and favoured." Khumalo turned 13 years, when his parents divorced in 1995. He was not given any explanations and attributed blame and responsibility for the divorce to himself.

According to Khumalo he had always felt afraid and anxious with people and stuttered in their presence. He felt that his friends took advantage over him and bullied him but he had allowed it for fear of losing their friendship. He had always experienced problems sleeping, concentrating and was forgetful. He reported that he did not communicate with his sister for 2 years because he felt guilty; furthermore his guilt also affected his subsequent relationships to such an extent that he experienced difficulty achieving an erection or orgasm.

Sources of information: Mother, victim, Khumalo

Period of therapy: 6 months

ADOLESCENT 16

Shaka was 14 years when he was referred by his social worker for therapy for his sexually abusive behaviour. It was alleged that Shaka had engaged 3 younger boys aged 9, 12 and 13 years in sexual activity at the Residential Home at which he was placed.

Shaka was unwilling to take responsibility for his behaviour and insisted that the victims had initiated the sexual activity with him. However, during the course of intervention, Shaka disclosed that although he preferred to

discontinue the sexually abusive behaviour towards the boys, he found it difficult because they all stayed at the same cottage and he found the sexual behaviour pleasurable and it was habit forming. It was revealed by the social worker that Shaka had been sexually abused by his older brother (19) who had been discharged from the institution. Shaka denied these allegations, but later in therapy indicated that his brother had taught him how to have sex with other boys.

Shaka went home for weekends and indicated that his mother and six siblings lived with his maternal aunt under poverty stricken conditions. Shaka indicated that he disliked being in the home as his aunt disciplined them with a sjambok or pipe. The maternal aunt was distrustful about the children's activities and the females had been regularly taken for virginity testing. Shaka indicated that the family members hated each other, were aggressive and jealous towards each other. Shaka lived in a violent community and even the guards at the community church carried whips and assaulted them to instil discipline. Furthermore, Shaka drank muthee so that he could be adequately strong to 'fight a bullet', and protect the family. Father attempted to kill the family with a bushknife on several occasions and Shaka's brother killed a person and urged Shaka to carry a knife for protection whilst in the community. According to Shaka his brother tried to kill him by pushing him in front of a car and subsequently gave him a knife to avenge the action. Shaka maintained that he had to develop his physical prowess, and thoughts of revenge and anger kept him strong. He boasted about his exploits and his ability to intimidate teachers and friends. According to the social worker, Shaka had grabbed a pen to stab his teacher, harassed the principal and lifted him off his feet.

Although Shaka portrayed himself as a tough, aggressive person, there were particular characteristics that were trying to surface, like that of a motivated person wanting to achieve a professional career, discontinue the violence, anger, be supportive and compassionate with others. However, his brother and mother tried to offset these characteristics by reaffirming that he had to

be strong and violent to survive. His brother had a strong influence on him as Shaka felt obligated and intimidated, as his brother had given him self-defense instructions. He found it difficult to trust, participate and relate to peers in the group. He was withdrawn and passive; contrary to the way he described himself. He enjoyed individual sessions because he reported that he developed insight of his needs and could express his aspirations.

According to Shaka he had difficulty sleeping because he constantly thought about the violence he experienced in his life.

Sources of information: Supervising social worker, residential social worker, childcare worker, his friends and Shaka.

Period of therapy: 9 months.

ADOLESCENT 17

Tony was 13 years when he was referred by the social worker for engaging in sexually inappropriate behaviour. Tony initially denied the allegations and after a period of 2 months in therapy, he took responsibility for his behaviour. He confirmed that he introduced sex to new admissions at the Residential facility and had engaged in a sexual relationship with Shaka for a lengthy period. Tony experienced difficulty discussing personal issues and constantly changed the focus of discussion. In therapy it was determined that he was sexually abused at the age of 8 years, for a period of 4 years by adolescents at the Residential setting. Tony initially thought that sex was a normal activity and that he found that he could not stop because it made him feel close to someone. He experienced ambivalent feelings when he realized that it was wrong but it had become a habit that he found difficult controlling.

According to Tony and the social worker, Tony was one of a set of twins, born at a psychiatric hospital of which his mother was an in-patient. She experienced depression and epilepsy. Tony was subsequently hosted by a

volunteer for a period of a year until he was returned to his mother who later died of a stroke when Tony was 4/5 years old. According to the social worker, the family had lived under impoverished, filthy, neglected and unstimulating circumstances. Tony disliked his mother and indicated that he did not miss her because she ill-treated them and threw them on the floor. The host family maintained contact with the twins although they moved to England. Tony felt emotionally drawn to them, but was disappointed in the relationship because of irregular contact with them. Although Tony loved his sister he found that she was uncomfortable with him because she frequently fought with him and chased him away.

Tony was a friendly, jovial, and active participant in group work, but shared superficial relationships with everyone and did not seem to have the ability to develop real attachment with anyone. His responses were inappropriate, irrelevant and generally evoked ridicule from the members. He was hyperactive, (on medication) stole regularly, but always took responsibility for his behaviour. He did not have a girlfriend and reported not feeling aroused by girls. He reported that his friends considered him to be a homosexual and he had confusions about his preference in partners. His performance in school was very weak. He reported sleep disturbances, frequent nightmares, felt different, alienated and wished that he were more like his sister who obtained attention from host families and friends.

He displayed regressed behaviour, poor life skills, self-management and impulse control. He appeared to associate sexual activity with affection and acceptance.

Sources of information: 2 social workers, childcare worker, friends, teacher and Tony.

Period of therapy: 1 year.

ADOLESCENT 18

Sipho was 13 years old when he was referred by his school principal for therapy, as he experienced difficulty coping after he had been reported for the rape of a 3-year old neighbour.

Sipho took responsibility for his behaviour and was remorseful. He confirmed that he was physically forceful and overpowered the victim as she struggled to get away from the situation. He felt driven to commit the sexual act but after it the incident he had 'lost that nice feeling' the sexual act had given him. He initially denied the sexual abuse but was assaulted by the victim's mother and forced to make a confession. He was threatened that he would be killed by the victim's father and had to leave the area with his family.

According to Sipho he had always engaged in sexual games viz. 'wedding', 'my kid and my wife'. He had been punished several times for sexual activities by his extended family. According to Sipho his mother was unmarried and had 2 children from 2 separate relationships. His elder 15-year old brother and he shared an estranged relationship. Mother was frequently stressed as she experienced difficulty coping with her responsibilities of financially supporting several families. Mother hit the children with a belt to discipline them, was always preoccupied with attending to family conflict and the needs of the extended family. Sipho reported his brother to be a withdrawn, distrustful, angry person who was arrogant towards his mother and spent much of his time with his friends.

During the course of therapy it was determined that Sipho was sexually abused by his aunt at the age of 6 years. His mother confirmed the abuse. According to mother Sipho presented with several problems. viz, stealing, swearing, lying and assaulting other children. The school reported him to be withdrawn, fidgety, distracted, uncommunicative, and lacked concentration at school.

Sources of information: school psychologist and principal, mother and Siph.

Period of therapy: 6 months.

ADOLESCENT 19

James was 14 years when he was referred for therapy by the social worker for inappropriate sexual behaviour. James was reluctant to acknowledge and take responsibility for his behaviour.

In therapy he eventually disclosed that he sexually fondled 4 girls while they were sleeping under the pretence of sleepwalking. The ages of the girls were 14 years, 13, 12 and 6 years old. James subsequently attempted to molest two, 6-year old girls on separate occasions. He was reported by the social worker to walk around naked in the cottage. According to James he was attracted to the last 6-year old that he molested as they shared a special relationship and communicated with each other easily. He assumed that she would enjoy sex with him.

According to James he lived with his parents until the age of 4 years and he recalled his father consuming alcohol, assaulting his mother and raping her. According to the social worker the family was impoverished, lived under unhygienic circumstances, mother prostituted and was a pickpocket while father was workshy and a substance abuser. The couple had shared a conflictual relationship, ridden with aggressiveness, sexual problems and vulgarity. Father always had an aggressive nature as he assaulted his own mother so severely that she was hospitalised and subsequently died. He also allegedly killed his wife while assaulting her. James was placed in foster care and separated from his 3 stepsiblings. James had little recollection of them and was unwilling to contact them. James' foster mother died a year after his placement with them he had remained in the care of his foster father and 2

foster sisters. James alleged that his foster father was aggressive as he whipped James, punched, belted and starved him. Furthermore James suspected his foster father of sexually abusing the 2 daughters. The children were not supervised, did not attend school regularly, as they did not have clean clothes and food. Maternal aunt subsequently assumed responsibility for the care of the children but was also aggressive towards James and made him sleep in the dog's kennel. James was subsequently removed and temporarily placed with another family until his placement at a Children's Residential setting.

According to James he was admitted to the Children's Home at the age of 9 years, where he was introduced to the game of 'dare, command and truth'. On the first occasion he was forced to have sex with an older girl. James was progressively engaged in sexual activities in that cottage. During the course of intervention, it was determined that James experienced flashbacks of his father raping his mother and those flashbacks aroused him and contributed to his motivation to initiate sexual activity with the girls in the cottage. Some boys in the cottage alleged that other boys in the cottage also sexually abused James.

The social worker reported James to be an angry, withdrawn person who felt insecure in his relationships with his peers. James responded that he felt more comfortable with peer relationships rather than with family, because his experience with families had taught him that they hurt, reject and abuse one. He was distrustful, arrogant and defiant towards authority figures. During the group sessions he found it difficult to relate to his peers, was self-conscious, had difficulty expressing feelings and communicating. His performance in school was weak but he was committed to sporting activities. During the sessions James also indicated his lack of confidence with females of his age and feared being rejected by them.

Sources of information: 2 social workers, childcare worker, friends and Peter.

Period of intervention: 2 years

ADOLESCENT 20

Vishaan was 13 years old when the Child Welfare Society referred him for services because he had sexually abused his 8-year-old sister, Mary.

Vishaan disclosed that he had sexually abused his sister from the age of 11 years. The children slept with their paternal grandparents and the siblings sometimes slept on the same bed. It was on those occasions that Vishaan had sexual intercourse with his sister but reported that that she used to insist on sleeping with him.

According to Vishaan and Mary, their biological parents shared a conflictual relationship, both consumed alcohol and their father was aggressive towards mother. Their father spent long periods away from home because of his employment and during that time mother engaged in extramarital affairs. According to Vishaan, he watched his mother get assaulted and engage in sexual activities with her boyfriend. In determining the origin of his sexual activities, Vishaan concluded that his mother's sexual activities had aroused an interest in him to experiment with sex. According to Vishaan he had mixed feelings when he sexually abused his sister, viz. anger and excitement. Mary and Vishaan indicated that they were frequently left in the care of their maternal relatives who were violent and alcoholic. Mother had cancer, but died of internal bleeding caused by an assault by her brother. The same maternal uncle also threatened to kill his father and caused him to have a heart attack, which contributed to his death. Mary had also indicated that her maternal uncle and cousin had sexually abused her. There was medical evidence to confirm the sexual abuse.

After mother's death father remarried. According to stepmother, the maternal relatives had threatened to kill her and the children on several occasions. Stepmother indicated that she was unhappy in her marriage because the children presented with extreme behavioural problems, her husband was alcoholic, engaged in extramarital affairs and had assaulted her on numerous occasions. She was unable to cope with Mary's sexualised, manipulative behaviour and her allegations of father sexually abusing her. Stepmother had witnessed Mary masturbating her father on one night, while he slept. Her husband also shared an enmeshed relationship with his mother.

According to Vishaan, his life had been confusing and he felt misdirected. He felt that he had to be self-sufficient, as no one had adequately cared for them. He felt isolated, had few friends and preferred to stay at home. His performance at school was unsatisfactory.

Sources of information: stepmother, social worker, victim and Vishaan.

Period of therapy: 6 months.

ADOLESCENT 21

Dick was 16 years when he was referred for therapy by the Child Welfare Society following the sexual abuse of his two sisters, aged 4 and 10 years.

Dick disclosed that he initially introduced his younger sister to pornographic magazines, justified and normalized the sexual acts before sexually molesting her. He subsequently introduced his 10-year-old sister to sex in the same manner. He engaged his sisters in digital penetration, oral and vaginal sex. He confirmed that he had abused them for a period of one and a half years. According to Dick they slept together and that made access to them easier.

During the course of therapy, Dick indicated that his 18-year-old sister had sexually abused him, at the age of 12 years. Dick described the activity to be

initially arousing, but by the second occasion he felt uncomfortable and was unwilling to engage in the sexual acts but his sister forced him. He had informed his mother and aunt but they were unwilling to believe him. He felt revengeful and decided that 'what happened to him will happen to others.'

Mother reported that her husband was an alcoholic and had physically assaulted her on numerous occasions. She indicated that her children were beyond her control as they were arrogant, demanding, vulgar, aggressive and unwilling to listen to her. According to her and the eldest daughter, Dick was aggressive towards everyone, controlled the household but also appeared withdrawn. According to the eldest daughter, the children were disrespectful, uncontrollable; their parents were passive and gave in to the demands of Dick. According to the social worker arrangements were made to separate Dick from the victims but his parents consented to his return home and he immediately commenced with the sexual abuse of his sisters. The parents had taken no initiative to separate the children and they continued to occupy the same room. Father was especially protective of Dick and indicated that the sexual abuse was a family matter. Father was concerned that their younger daughters would be stigmatised as a result of the sexual abuse and that they should not be separated as the sisters would miss their brother.

During the course of intervention with Dick, he indicated that the sexual abuse of his sisters had been a game and should not be considered as serious. He also believed that the sexual activities were an attempt at fulfilling his loneliness and need for love. He felt that his family had superficial relationships, and that his parents were afraid of communicating, setting rules and confronting their problems. He wished that he were more motivated and enthusiastic in life. He had no close friends and the boys that he associated with, bullied and used him. Dick found it difficult to relate to members of the group, was reserved, uncomfortable, conforming and passive in his interaction.

Sources of information: parents, eldest sister, victims' therapist and Dick.

Period of therapy: 6 months.

ADOLESCENT 22

Simpiwe was 13 years when he was referred by the social worker at the residential facility for sexually abusing a 12-year-old female from the remedial class in his school. According to the social worker, Simpiwe was responsible for arranging the gang rape of the victim, by his friends. Simpiwe confessed to raping the girl on several occasions but denied leading the others and indicated that the victim was a willing participant. According to the victim she was threatened with a knife and physically forced into the sexual acts. The other abusers disclosed that Simpiwe was their leader.

According to Simpiwe he got the idea about raping the victim after viewing pornographic magazines obtained from his friends, he used the magazines to encourage his friends into the sexual activity. Simpiwe was also aware that that the victim had been previously raped and felt that it would not hurt her to engage in sex again. He was not able to accept that the girl was traumatized by the rape incidents.

According to Simpiwe and the social worker, Simpiwe was removed from his home 2.5 years ago because he was beyond his mother's control. He had truanted school, spent long hours away from home, was aggressive and engaged in numerous fights. He also committed theft when he broke into a shop and stole money. Mother experienced difficulty coping as a single parent and had five children born out of wedlock from different relationships. The family experienced impoverishment. The children's needs were not adequately met especially Simpiwe, who was exposed to neglect, physical and emotional abuse. The family did not exchange emotional interaction and lacked a sense of responsibility to each other. Mother refused to resume care

of Simpiwe when she discovered that he was sexually aggressive and insisted that the environment at home was not conducive for Simpiwe's return.

According to the social worker, Simpiwe was undisciplined, defiant and arrogant with authority. Simpiwe was easily influenced, aggressive, bullied the younger boys into negative activities. He smoked cigarettes and there were allegations that he smoked dagga. He had problems conforming to rules and routines and walked out of the Home without seeking permission. Simpiwe had no real insight into his abusive behaviour and expressed little remorse. He believed that it was wrong primarily because she would have been impregnated. He believed that little children cannot have sex but this particular person was at an appropriate age for sex.

Sources of information: social worker, child care worker and Simpiwe
Period of therapy: 6 months

ADOLESCENT 23

Leo was 13 years old when he was referred for therapeutic services by the Child Welfare organisation in his area, following a report from school that he was sexually aggressive.

Leo took responsibility for the rape of his 7-year-old sister, her 7-year-old friend and a 4-year-old neighbour. According to the social worker there had been reports of him also sexually abusing other children in the neighbourhood as well and his schoolmates. Leo took responsibility for sexually abusing his sister and his two neighbours, but he denied further allegations. In trying to determine the sequencing of the sexual behaviour, Leo disclosed that his friend Grant and he were exposed to the sexual relationship of Grant's aunt and uncle. According to Leo, at the age of 11 years, he initiated sexual activities with his sister and her friend. He engaged his sister and her friends in sexual activities for 2 years, and in 2001, he

sexually abused his 4-year-old neighbour. He also engaged in joint sexual ventures with his friend.

The victims described the sexual abuse to be aggressive and painful. According to his sister, Leo and his friend had on one occasion tied up each of the girl's hands and mouths and raped them. Leo threatened to crack their heads if they disclosed the abuse. Leo's sister was medically examined and was found to have severe bruising of the vagina.

According to Leo's mother, Leo's biological father deserted the family when Leo was a toddler. He did not maintain contact or financially support the family. Mother's boyfriends infrequently resided with the family. According to mother, Leo had shown a deterioration in behaviour since the age of 9 years: he regressed behaviourally, his school performance was equivalent to that of a 6 year old child, he was unable to adhere to discipline and limits and became arrogant and defiant. There were allegations that Leo had been sexually abused by his eldest brother at the age of 8 years, and that Leo subsequently sexually abused his younger brother. The social worker reported that the younger brother (4) displayed sexualised behaviour, also interfered with little girls and imitated Leo's sexual activities. Mother appeared protective of her sons and denied the disclosures of sexual especially that of her daughter's victimization. She appeared to share an estranged relationship with her daughter (victim) and expressed her children were to be a burden and menace to her life.

According to the social worker, the family was poverty-stricken; they had no electricity, water, abulition facilities and the children used their neighbour's toilet or the garden. Mother did not regularly supervise the children's care and they were left unattended until they sometimes fell asleep with no food. Leo was left to supervise the care of his younger siblings, his sister and 4-year-old brother. Mother sometimes ate at her friend's home. There was no parental control and discipline. Leo was subsequently removed from the

home because the younger child was at risk of abuse. Mother blamed her daughter for the removal.

It was alleged by the social worker, that mother prostituted and conducted her sexual activities in the home. There were pornographic magazines in the home.

Leo appeared to be a very difficult and defensive child. However, he was able to disclose his sexual offending behaviour to the therapist during the first session. He was protective of his family members and was initially unwilling to expose their patterns of behaviour and especially the sexual abuse by his eldest brother. He confirmed that his performance at school had deteriorated and that he had failed his academic year in the year 2001. He blocked the disclosure of sensitive information and expression of feelings, but subsequently developed more confidence with his peers in the group situation.

Leo reported that he was unhappy child and indifferent about his life. He felt neglected and wanted more attention and support from his mother. He appeared confused and misdirected.

Sources of information: social worker, mother, school principal and Leo.

Period of therapy: 6 months

ADOLESCENT 24

Harry was 17 years old when he was referred for an assessment to determine his suitability for a diversion programme.

Harry was very defensive and unwilling to disclose the sexual offending behaviour. He eventually disclosed that at the age of 13 years, he

commenced his sexual offending behaviour and continued offending for a period of 1.5 years. The victims were his father's girlfriend's daughters. He subsequently disclosed his grooming pattern of behaviour towards the victims viz, played games, such as switched lights off in their bedrooms, left the door open when he undressed, visited their rooms at night whilst they slept. Harry reported that he had requested that 5 years old Anne masturbate him. He then commenced a series of progressive sexual activities with her 9-year-old sister, Charlotte. He reported 8 incidents of oral sex, digital penetration, sexual fondling and attempted rape with Charlotte. Harry initially regarded his activities to be experimental.

According to Harry his mother died when he was 9 years old and he continued to live with his father and younger brother. Harry experienced difficulty coping with his mother's death, as he had shared a close emotional bond with her. He did not have the opportunity to work through his loss and suppressed his emotions. He was angry and revengeful when his father engaged in other relationships and was unwilling to accept anyone replacing his mother. According to father, Harry was withdrawn, arrogant towards his girlfriends and refused to accept their discipline. Harry blamed them for not understanding him and ill-treating him. His brother shared a better relationship with his father's girlfriends. One of father's relationships was perceived more strongly as a threat, because it extended for a longer period and there were 2 potential stepsisters. Harry perceived the discipline and rules by the girlfriend as rigid and unacceptable, he withdrew further and spent most of his time in his room. Father's girlfriend reported that father was alcoholic, aggressive and irrational. Harry denied this allegation. According to Harry, and father's girlfriend father made a minimum contribution to his parenting role because he focused on his relationship with his girlfriends and separated himself from meaningful interaction with his children. The children lived in the upper level of the house and the couple lived in the lower level. The family appeared socially isolated as no relatives or friends visited.

Harry reported that he did not engage in any activities with peers or relationships outside of the home, and thus did not have many significant relationships. According to Harry, friends at school discussed and exposed him to pornographic material from the age of 11-12 years. During the course of intervention it was determined that Harry had been sexually abused at the age of 5 years, by a 13-year-old boy. He was exposed to oral sex and fondling behaviour, but did not consider the incident to have had any impact on his life. His school performance appeared to be poor and erratic. He rejected all potential maternal figures.

According to Harry, he felt loneliness, rejection and confusion in his life. He also reported difficulty in managing his anger and sexual responses. He expressed feeling comforted and special at the time of the sexual offending. He had no girlfriend and felt insecure attempting to establish these relationships. He also preferred to work independently in the group and did not engage with the others.

Sources of information: Prosecutor, attorney, psychologist, social worker, father, victims and Harry.

Period of therapy: 1 year

ADOLESCENT 25

Cash was 13 years old when he was referred by the social worker at which he had been placed, because he was presenting with sexually inappropriate behaviour.

It was reported by the social worker, that Cash initially engaged in oral sex and anal penetration of an 8 and 9-year-old boy at the residential setting. Home. He had subsequently picked up a 4-year-old toddler, and masturbated against her, on the grounds. He also interfered with a set of twins aged 9 years, and involved them in oral sex. His last victim was a boy similar to his

age. The care workers reported him to have inappropriate responses towards the adult female staff as he hugged and made adult sexual compliments.

Cash reported that he was the eldest of 4 siblings, of whom the 2nd child was subsequently adopted, the 3rd brother died at 7 years because his lung collapsed and his 2-year-old sister resided with his mother. According to Cash his parents argued and fought frequently. His father was severely physically abusive towards mother, and Cash tried to protect his mother from father's direct aggressive behaviour. Father was also an alcoholic. According to the social workers, mother was always depressed and neglected the children, as she did not attend to their discipline or physical needs. As a result of neglect, Cash was removed and placed in foster care with his maternal grandparents and thereafter, uncle and aunt. But as a result of his presenting behavioural problems he was rejected, and subsequently placed at a Children's Home. Cash reported that when he resided with his parents, father and his friend use to wake him up and allow him to watch pornographic movies. Cash was also asked to perform some of these acts.

Mother resided infrequently with various boyfriends who abused drugs. Cash assaulted his mother on latter occasions whilst his placement at the Children's Home. But he viewed her with the greatest of affection, and described her as his favourite, gentle but short-tempered mother. Mother was very rejecting of Cash. Paternal grandfather visited Cash regularly at the institution, and requested to take Cash out during weekends. This was refused, because dad also resided with grandfather. According to the social worker, Cash was taught certain behaviours from his father, such as army tactics; self-defence and Cash had adopted an aggressive approach to resolving problems and protecting himself from other children.

During the course of therapy, it was observed that Cash had very poor self-esteem, was low functioning, unable to relate appropriately to peers, fabricated stories and lived in an unrealistic world. He was not sports oriented, was teased for this so he boasted and consequently made up

stories of achievements. He experienced difficulty controlling his anger and sexual behaviour. From his description and understanding of his behaviour he appeared to substituting sex for love for he felt very isolated, because his peers were unwilling to interact with him and found him rowdy, boisterous and aggressive. He showed little empathy and maintained superficial relationships. He found it difficult to adhere to rules, discipline, lost focus in the group and tried to avoid difficult and sensitive issues. Group work was almost impossible with him because he found it threatening and it made him feel vulnerable and exposed.

Sources of information: psychologist, social worker and Cash.

Period of therapy: 6 months

SUMMARY

The adolescents in the cases all appeared lonely and isolated. When they were emotionally drawn to certain people they sexualised their relationships in the form of sexually offensive behaviour. This appeared to relate to disclosures that they were themselves exposed to inappropriate models and were either deprived or denied love and appropriate expressions of feelings. All the adolescents were initially unwilling or reluctant to disclose the sexual offending behaviour or their life stories, as they were cautious and distrustful of the researcher. The adolescents were also very reluctant to reveal issues in their life that had a traumatic affect on them, for example, their own victimization experiences.

They were also initially unable to determine what had motivated the offending behaviour and generally responded, "It just happened". During the course of intervention they reflected on their behaviour and developed self-awareness, especially when focusing on the cycle of offending behaviour and relapse prevention strategies. These strategies were taught to help offenders develop insight of the impact of past experiences, manage and control further offending behaviour. The sessions attempted to probe areas where the

adolescent lacked self-management and equip the adolescents with various life enhancement skills. Many of the adolescents, prior to receiving therapy, were not able to take responsibility and acknowledge their behaviour to their families and other service providers. Furthermore work with offenders requires a non-judgmental, mature, empathic, sensitive approach in order to negotiate a relationship with the offender.

DEMOGRAPHICS OF THE SAMPLE OF ADOLESCENT OFFENDERS

TABLE 4: REPRESENTATION OF THE DIFFERENT RACE GROUPS

RACE	NUMBER	%AGE
Indian	12	48
White	6	24
Coloured	2	8
Black	5	20%
Total	25	100%

The above table is a representation of the adolescent offenders in the various race groups in the present study, however this is not reflective of the total caseload at Childline Family Centre as the overall representation of juvenile offenders from 1999 to April 2002 has been the following:

22% were Indian; 17% were Caucasian; 8% were Coloured and 49% were black adolescent offenders.

There was an unequal representation in the sample as the researcher was English-speaking and the group comprised clients from the researcher's workload. Other factors that created the disproportionate race group representation, related to transport costs, lack of cooperation from the adolescent offender, parental unwillingness to accept the problem and refusals to be included in the program. Many of the adolescents that

participated in the group volunteered to be in therapy requiring them to be motivated and well informed of the programme; others were fulfilling a condition of their sentencing at court. Other factors included the responsiveness of service providers in linking the adolescent to Childline Family Centre. Childline Family Centre provides group therapy for other language groups. Economic status affected the provision of service, some adolescents preferred to go to private psychologists if they were able to afford the fee.

SOURCES OF REFERRAL

Eight of the adolescents were referred by non-governmental and state organizations like Child Welfare Societies and Departments of Welfare.

The prosecutors referred seven of the adolescents from the Regional courts for assessment and treatment. The adolescents were either placed on diversion contracts or therapy was one of the conditions included in the sentencing contract.

Four of the adolescents were referred from residential facilities as they presented with sexually aberrant behaviour and required treatment.

Three of the offenders were referred by their parents for treatment.

One of the adolescents volunteered to be part of the treatment programme.

One adolescent was referred by the school for treatment and support.

One was referred by the local police for treatment.

Fifteen of the above adolescents have been reported to the police for sexually offending behaviour and are awaiting trial or have been sentenced.

TABLE 5: AGE OF THE ADOLESCENT SEX OFFENDERS

AGE OF OFFENDING BEHAVIOUR	NUMBER	PERCENTAGE
13 years	9	36 %
14 years	5	20%
15 years	1	4%
16 years	5	20%
18 years	5	20%
TOTAL	25	100%

The above table reflects the current age of the adolescents presently in the group. More offenders featured in the 13, 14, 16 and 18-year age category.

However the age of the offender at the time of the abuse differed. Common age categories at the time of offending appear to be 13, 14 and 16 years. However, at the time of offending the following ages are significant:

Four of the adolescents commenced their offending behaviour in their prepubescent years; 8 of the adolescents were 13 years; 3 of the adolescents were 14 years; 4 of the adolescents were 15 years and 3 of the adolescents were 16 years. Nineteen of the adolescents committed their first offence at and below the age of 15 years.

Studies of adolescent sex offenders have shown that the majority commits their first sexual offence before 15 years of age (Kahn, Chambers, Richardson cited in Hoghughi, Bhate and Graham, 1997). Factors associated with risk to reoffend are the younger the offender, the greater the likelihood of criminal reoffense (Kahn and Chambers, 1991). An important characteristic of

young aggressors is that they more commonly perpetrated penetrative acts such as genital/ anal contact. This clearly identifies the young age of the aggressor as a significant risk factor for a history of penetrative forms of abuse.

TABLE 6: DEMOGRAPHICS OF THE VICTIMS

AGE	GENDER	RELATIONSHIP	TYPE OF ABUSE
3	Female	Neighbour	Rape
4	Male	Neighbour	Sodomy
4	Male	Brother	Sodomy
4	Female	Sister	Rape, Oral sex & Fondling
4	Female	Neighbour	Rape
4	Female	Residential Setting	Sexual Fondling
5	Female	Neighbour	Digital Penetration
5	Female	Neighbour	Attempted Rape & Fondling
5	Female	Cousin	Sexual Fondling
5	Female	Stepsister	Fondling
6	Male	Neighbour	Sodomy
6	Male	Cousin	Sodomy
6	Female	Children in Residential Settings	Sexual Fondling & Sex Talk

6	Female	Residential Settings	Sexual Fondling & Sex Talk
6	Female	Neighbour	Attempted Rape
7	Female	Cousin	Oral Sex, Fondling & Rape
7	Female	Neighbour	Attempted Rape
7	Female	Neighbour	Rape
7	Female	Sister	Rape
8	Male	Cousin	Oral Sex & Fondling
8	Male	Residential Setting	Oral Sex & Fondling
8	Female	Cousin	Oral Sex, Fondling & Rape
8	Female	Associate	Rape
8	Female	Neighbour	Rape
9	Male	Residential Setting	Sodomy
9	Male	Residential Setting	Oral Sex & Fondling
9	Female	Cousin	Oral Sex, Fondling & Rape
9	Female	Sister	Rape
9	Female	Stepsister	Oral Sex & Digital Penetration & Attempted Rape

10	Female	Sister	Rape, Oral Sex & Fondling
11	Male	Friend	Sodomy
11	Male	Residential Setting	Sodomy
12	Male	Residential Setting	Sodomy
12	Male	Residential Setting	Sodomy
12	Male	Residential Setting	Fondling
12	Female	Sister	Oral Sex, Fondling & Rape
12	Female	Friend	Oral Sex & Fondling
12	Female	Sister	Rape
12	Female	Classmate	Gang Rape – Anally & Vaginally
13	Male	Residential Setting	Sodomy
13	Male	Residential Setting	Sodomy
13	Female	Friend	Fondling & Digital Penetration
13	Female	Friend	Fondling & Digital Penetration
13	Female	Cousin	Rape, Oral Sex
13	Female	Residential Settings	Rape & Sexual Fondling

13	Female	Sister	Oral Sex & Fondling
13	Female	Friend	Digital Penetration & Fondling
13	Female	Friend	Digital Penetration & Sexual Fondling
13	Female	Associate	Oral Sex
13	Female	Associate	Oral Sex
13	Female	Friend	Sexual Fondling
14	Female	Residential Settings	Rape & Sexual Fondling
16	Female	Residential Settings	Rape & Sexual Fondling
20	Female	Associate	Gang Rape
40	Female	Teacher	Sexual Harassment Telephonically & via Letters

The above table reflects the age, sex, relationship of child to the offender as well as the type of sexual abuse committed. There were approximately 55 victims to 25 adolescents offenders. That is, 2.2 victims per offender.

AGES OF VICTIMS

The victims' ages ranged from 3 years to 40 years. A single age category with the highest number of victims was 13 years, depicting 12 victims. Twenty-four of the victims fell in the 8 years and below age category, displaying this as

the most vulnerable group. This is also consistent with statistics from Childline as 50% of all sexual abuse cases reported are of children below the age of 8 years.

Forty of the victims were female: 15 victims were male. This is consistent with statistics indicating that victims of sexual abuse are predominantly female (Finkelhor, 1986).

There were a large number of offences perpetrated against boys but the juvenile offenders did not see themselves as having a homosexual orientation.

According to the adolescent offenders their choice of victim depended on opportunity and accessibility.

RELATIONSHIP OF OFFENDER TO VICTIMS

Most of the victims were known to the adolescent offenders. This is consistent with current international studies that indicate that most victims are known to the offender (Finkelhor, 1985).

Fifteen (27%) of the victims were from institutions, although only five of the adolescent offenders were from institutions.

Ten (18%) of the victims were siblings. However, 9 (36%) of the adolescent offenders in the study were brothers. This forms the highest category of offenders in the study. From experience at Childline, incest constitutes the largest number of sexual offences and many of these sexual offences are not reported to the police. Six (27%) of the juvenile offenders went on to perpetrate sexual crimes outside of their family.

The prevalence of sibling abuse appears to be largely overlooked and regarded as “sex play” that is exploratory, mutually consenting, mutually enjoyable, and benign in its effects on later psychological, social, or sexual development (Bagley and Thurston, 1996b). According to these authors one needs to distinguish between sexual activity that is mutually consenting by near-age siblings, and sexual behaviour that is clearly exploitive in nature (i.e. where there is a significant age difference and imbalanced power). Adult survivors of brother-sister sexual abuse receiving services at Childline were found to experience serious long-term effects.

There was considerable length of the sexual abuse activity among the sibling offenders, which in most cases, extended beyond 3 months. The difference in both the numbers of acts and duration of the abuse among the different offenders can be explained by considering the comparative availability of the victim to the offender. In the sibling incest situation the victim is more available to the offender, hence the opportunity for multiple acts over an extended duration. The data revealed that the sibling incest offenders were more likely to engage in sexual intercourse with their victims. Only one of the eight sibling offenders did not attempt sexual intercourse but performed oral sex and fondling. This finding is perhaps best explained by the victim's availability and the duration of the abuse. Since in the majority of these cases, the incestuous involvement extended 3 months to 1.5 years, and involved numerous sexual contacts, it is more likely that the incest offenders would have progressed to acts of intercourse with their sibling victims than those sex offenders whose victims were less available and involved with them for shorter durations.

The nature of the relationship may be a significant factor preventing disclosure in the sibling incest situation. The consequences of disclosure, retribution by the offender, disbelief and/ or punishment by the parents, removal from the home of either victim and offender or both and family disruptions, may be immediate and salient.

Furthermore, according to Patton (1991), victims of sibling incest are likely to be implicated gradually as co-conspirators by the abusive sibling so that they will share in the responsibility, blame, and punishment for the behaviour if the “secret” is disclosed. Once established, this dynamic makes it difficult for victims to resist offenders’ intrusive sexual demands.

Neighbours: ten (18%) victims were neighbours. Four of the offenders perpetrated crimes against their neighbours and their victims were all children below the age of 8 years.

Eight (14%) of the victims of the offenders were abused by their friends. Three juveniles offenders were friends of the victims.

Eight (14%) of the victims were cousins - abuse affects the extended family system as well.

Five of the victims were friends of the perpetrators, indicating that friendships can be abused and children wanting acceptance from friends may readily comply with sexual demands.

Associates: four (7%) of the victims were not very well known to the offender - but they had met them on a single occasion, one juvenile was asked to babysit the victim and used the opportunity to perpetrate a crime, the other victims were from the community and were targeted.

Fifty (92%) of the victims were well known to the offender. According to MacFarlane and Waterman (1986) there is a general agreement that children are sexually abused by people close to them – relatives, friends, neighbours and authority figures. The perverted stranger is clearly not the offender.

In order to better understand the circumstances within which children are sexually abused by other children/adolescents, it is necessary to consider

opportunity and circumstance. All the victims were known to the perpetrator, were either related or from school and the neighbourhood.

DETAILS OF THE OFFENCE

There was 1 case of primarily non-contact abuse (obscene phone calls and letters) with an adult teacher, but obscene telephone calls were made by six of the other adolescents along with other forms of sexual abuse. According to Fehrenbach and Saunders cited in Hoghughi, Bhate and Graham (1997), non-contact offences (such as obscene phone calls) are primarily directed at female peers and adults.

The sexually abusive behaviour covered a full range of sexual perpetration, from fondling and stimulation of the genitals over clothing, to anal and vaginal penetration with a finger, and rape. Becker, Fehrenbach, Wasserman, Kappel cited in Hoghughi, Bhate and Graham (1997) all reported that the majority of contact offences are against young children. British and American findings with both institutionalised and community-based youngsters would support a younger age of most victims of abuse, penetrative or not (Awad, 1991).

The most common crimes entailed penetrative acts including vaginal and anal penetration:

Eleven boys were sodomised; 20 girls were raped – 2 of whom were gang raped, 8 of them were also exposed to oral sex; 4 girls were exposed to attempted rape.

Six other children were exposed to digital penetration; 7 experienced oral sex and 7 were sexually fondled, exposed to sex talk and/or pornographic material.

Forty-three of the above children were introduced to some seductive, grooming, manipulation or gentle sexual fondling prior to the offending behaviour. Many had also developed some relationship of trust with the victims before initiating sexual offending behaviour. According to Sgroi cited in Singer, Hussey and Strom (1992) the most common methods used to gain victim's trust included being a friend, playing games. According to Elliott, Browne and Kilcoyne (1995) the most frequent form of seduction was through play or 'teaching' activities, with genital touching or kissing as the first move and desensitising the child with sex talk. Children are selected because of their lack of self-esteem, and positive reaction to compliments, seduced through babysitting activities, and parents initially trusted offenders. From the current study the adolescents used other subtle ways of seducing their victims- buying sweets for them, giving them attention, exposing them to pornographic material and justifying sexual activity as normal part of growing up.

Sgroi cited in Singer, Hussey and Strom (1992) indicated a predictable pattern in the dynamic of sexual encounters, consisting of five separate phases: the engagement phase characterized by the development of a relationship with the child; the sexual interaction phase; the secrecy phase; the disclosure phase; and often a suppression phase following disclosure.

The analysis of the data show that the adolescent sex offenders also used verbal threats, physical coercion, inducements/manipulation, abused positions of authority (e.g. elder sibling, cousin, friend) and used verbal persuasion to gain compliance or subdue their victims.

Having provided the profiles of the participants and the background data of the sample, the next chapter deals with the factors that contribute to the development of offending behaviour. The adolescents' personality and family circumstances will also be explored.

CHAPTER SIX

CONTRIBUTORY FACTORS TO ABUSIVE BEHAVIOUR

The second component of the results and discussion entails factors that might be linked to sexual offending behaviour: the adolescents' experience as a victim of abuse; issues of family functioning, such as domestic violence, substance abuse, poor interaction patterns, intergenerational cycle of abuse; characteristics of the offenders, such as social adjustment, school performance; social skills and structural issues within the environment.

ADOLESCENT OFFENDERS EXPERIENCE OF ABUSE

This section presents three forms of abuse experienced by the adolescent sexual offenders in the sample of the current study. Other forms of abuse or neglect are discussed under family circumstances. Their immediate family members more commonly committed the emotional and physical abuse experienced by the adolescents whereas extended family members and people external to the family perpetrated sexual abuse on the adolescents.

Several studies have found a relationship between childhood abuse and neglect in general, and an increase in adult criminal behaviour. For instance, Widom cited in Bagley and Thurston (1996) noted that childhood abuse increased the risk of delinquency, adult criminal behaviour, and violent behaviour. However, these authors are careful to note that the majority of abused and neglected children do not become delinquent, criminal, or violent.

This study explored the various forms of abuse in the adolescents' life and drew conclusions about whether or not these might have been contributory factors in offending behaviour. The different forms of abuse that the adolescent offender experienced ranged from: emotional, verbal, physical,

and sexual abuse. All the adolescents experienced some form of abuse. Most of the adolescents experienced a combination of different forms of abuse. The data obtained from the adolescents were validated through collateral sources.

EMOTIONAL ABUSE

Emotional abuse involves attacks on the child's emotional development and self-worth via criticism, belittling and insulting the child, rejection and withdrawal of love, support and guidance (Kent. & Waller, 1998).

All 25 of the adolescents reported exposure to some form of emotional abuse by their families. The abuse took the form of teasing, blaming, name-calling, labelling, verbal abuse, swearing, threatened, overt rejection and avoidance of the adolescent, distrusting the adolescent, discouragement and display of lack of confidence in the adolescents potential. The following case of Vicki indicated the verbal and emotional abuse he was exposed to by his father.

Vicki

My father makes me feel worthless, that I am never any good. He tells me that I won't amount to much. He returns home and asks me 'how is mad thing', and that is what gets me angry. He tells me that I am the cause of everything that goes wrong. There were times when he should treat me just like a dog, being chained up and forced to eat from a plate on the floor. My father called me: a stupid, bum, criminal, bastard, devil, demon, asshole, bitch, cunt, worthless, piece of shit, black sheep.

Vicki was emotionally abused by his father, to extreme measures. He reported being labelled negatively for problems he was not implicated in. He had difficulty coping with his abuse, as a result Vicki became destructive, demotivated and sought nurturing within a gang of peers.

The impact of emotional abuse on the psychological development of the child can have detrimental consequences for the child as seen in the case of Vicki and in the following case of Nevi.

Nevi

My parents emotionally abused me and told me to get out of their home. My parents' put-downs occupy my mind all the time. My parents have always called me a loser, and I believe firmly that I cannot get anything right in my life. I cannot trust my own feelings and opinions.

Children like Nevi depend on parents for love, security and satisfaction of their own needs for comfort, nurturing and control. When this is not present it leaves children with a sense of helplessness and poor sense of worth.

Fred

My mother always puts me down.

In the above case, Fred felt uneasy in his relationship with his mother because she told others that he was "slow" in his thinking. The lack of confidence in him, by his mother, further estranged them, and contributed to Fred developing poor self-esteem. He was desperate to be understood and nurtured by his mother, but when this did not happen, he sought refuge in a gang.

Both Fred and Nevi felt that they in particular were targeted in their families and were their parent's scapegoats. Both were perceived by their parents as difficult to discipline and requiring special attention.

Parental verbal aggression alone, as separate and distinct from physical punishment, contributes to lowering children's self-esteem and school achievements (Solomon & Serres, 1999). Children who perceive themselves as having frequently been targets of verbal aggression perceive themselves as less competent in their school work, as less comfortable with their own

behaviour, and generally feel less worthy. The adolescents who perceived themselves as the most aggressive also harboured the most doubts about their peers accepting them. Gross and Keller (1992) reported that psychological abuse is a more powerful predictor of depression and low self-esteem than is physical abuse.

The emotional abuse of the adolescents had a detrimental effect on them as it impacted on them doubting their self-worth and abilities. The negative perceptions of themselves affected their interactions with people and on other areas of their lives.

PHYSICAL ABUSE

Physical abuse is regarded as non-accidental injury either inflicted on the child, or sustained by the child through an adult's intentional omission to act to protect the child from physical harm/injury (Briere, Berliner, Bulkley, Jenny, and Reid, 1996).

Seventeen (74%) of the juveniles were exposed to physical abuse by their parents and other caregivers. Physical abuse in most cases was accompanied by emotional abuse and therefore, cannot be seen in isolation. The following case of Nevi is an indication of a combination of the forms of abuse.

Nevi

My father's message is not to hit anyone or to hit back at anyone, but my brother always had tantrums and hit me, and everyone hit me. My teacher assaulted me with a ruler I was bruised for 2 weeks.

Nevi's study reflects the inconsistent messages in his family, but also the ongoing physical victimization that he experienced in his life. Literature

maintains that victims sometimes portray a sense of vulnerability and powerlessness that leaves them exposed to further abuse (Ryan, 1989).

Vikesh

I came from a very violent family. I was hit with belts, knives, spoons, kicked, cut, forced to stay out in the cold and rain, starved, beaten with cords and whips, fisted by my mother, and my big brother hit my head against the wall.

According to Justice and Justice (1990) the child and his behaviour or temperament is considered the agent that may trigger abuse. Abuse results from a system of multiple interactions, but the child, and the parent's perception of the child, is the most immediate source of external stress for the abusing parent. The child's very proximity makes him an easy target for parents whose frustrations spill over into physical aggression. Some babies and children are of a temperament that makes them particularly difficult, aggravating, and hard to handle. Nevi was a 'sickly' toddler according to mother and Vikesh had a heart condition. The adolescents had been described as presenting with hyperactivity, demanding, 'whiny' and 'overly dependent' behaviour. According to Lynch, Fomufod, Sinkford, Lowy and Pasamanick cited in Justice and Justice (1990) children with physical problems and behavioural problems appear to be more subject to abuse. The adolescents could have also presented as difficult children as a way of coping with some trauma like sexual abuse. Nevi, Vicky and Vikesh are typical examples of this. These adolescents were sexually abused and had not initially disclosed the abuse to their parents but acted out symptomatically. But from the researcher's experience not all children who are abused by their parents have been exposed to a prior trauma.

James

My foster father use to whip me, give me punches, starve me, and belt me.

At 7/8 years I remember my foster mother's older sister took care of me- she cut me with a knife on my hands and head, I still have big scars. I was so angry that I wanted to turn around and kill her with the same knife

James had been exposed to severe physical and emotional impoverishment with his parents in his early years of life and he continued to experience abuse in his subsequent placements that was a combination of physical, emotional, verbal and sexual abuse.

The cases of Vikesh, James and Nevi reflect the severity of the physical abuse and neglect in their home circumstances. The literature confirmed that children exposed to high levels of violence by their parents are an at risk population for psychosocial adjustment problems in young adulthood/ adolescence (Kent & Waller, 1998). All of them portrayed some difficulty in their adjustment in their lives and relationships with others.

Ney, Fung and Wickett (1994), posed the question of what types of abuse combination have the most negative outcomes and how they interact with each other in contributing to negative outcomes. In a 3-fold combination of types of abuse, the worst combination in terms of the measure of later adjustment was reflected in his research to be physical abuse plus physical neglect and emotional abuse. If the above is true then most of the adolescents in this study have been exposed to this combination and are prone to those negative effects described. When types of abuse and neglect were combined, the most damaging combination was physical neglect plus physical abuse plus emotional abuse.

Vicki

I was beaten up whenever my father was drunk or when I provoked him. My father must see blood before he stops hitting me. Once, he belted me with his special belt until my back was covered with slash marks and was red with all the blood clots. My back was also bleeding in some areas.

On another occasion, he said he was going to kill me so I ran outside; he followed me and started banging my head on the concrete floor. I started screaming and my mother stopped him. If she had not stopped him I would not have been here today. I was hit with a belt, kitchen utensils, a stick, coat hanger, fisted, kicked, thrown across the room and against a wall, choked, tied up, starved, had my head hit against the floor, had food stuffed down my throat, beaten with cords and whips by my father.

Vicki's father initially assaulted his wife, but his focus of aggression subsequently turned to Vicki, as he blamed Vicki for provoking him, causing him to assault Vicki's mother and for making her depressed. The impact of the physical abuse and emotional abuse on Vicki was extremely detrimental as it filled him with rage, guilt and a sense of worthlessness. He engaged in negative behaviours and sought support and companionship from his friends. His father was authoritative and child rearing was very rudimentary. The father attempted to exert total control in the home in which he was always correct and no questions were to be asked. Total obedience was demanded. If there was not total obedience, his father parent had only physical punishment or negative statements about him on which to rely. According to Helfer and Kempe (1987) the combination of limited parental coping capacity, the care-requiring characteristics of the child, the tenuously balanced relationships between pairs or triads of family members, and situational stress appeared to set the stage for abuse of the child.

These families tend to be isolated and resistant to help, denying the severity of the problem. Child abuse and neglect, and alcohol abuse are associated in complex ways. The characteristics of addicted families and abusive families are similar. Ryan (1989), reported that young adolescent characteristics are so victim-like that everyone can be deflected from the reality of the present victimisation of others, the current behaviour and its impact are thus minimized and denied. These offenders often perceive themselves as persecuted, helpless, and therefore completely responsible for their behaviour or their fate. First the therapist must address the 'poor me'

syndrome, a combination of self-pity, helplessness and non-responsibility. The offence itself was a frantic search for control over past experiences: the adolescent can be taught many ways of obtaining control over past and current events that do not involve sexual assault.

It is apparent that both the emotional and physical abuse was of high proportions and contributed to alienating the adolescents from their families. In addition to emotional and physical abuse, sexual abuse also appeared to be a common form of abuse for the adolescents in this study.

SEXUAL ABUSE

Eighteen (74%) of adolescents were exposed to sexual victimization. The adolescents disclosed their sexual victimization after several sessions of therapy. One adolescent took 1,5 years to disclose abuse by his father, another took 7 months, while others revealed abuse during a shorter period of therapy. Three adolescents had no recollection of abuse, but their parents revealed information about the sexual abuse. Another could not remember details of the first 5 years of his life. Behaviours and characteristics depicted, suggested that he could have been a victim of sexual abuse by his father. This was the opinion of several service providers who assessed and observed the attitude and interactions between father and son, their behaviours, perceptions, as well as the presenting symptoms of the adolescent.

The field of psychology uses the term 'defence mechanisms' to describe the specific forms of thought and action that abused individuals adopt in order to keep the pain of trauma out of conscious awareness and to protect themselves from experiencing the full impact of the abuse. Understanding how defence mechanisms work allows us to come into a fuller appreciation of the consequences of what an individual attempting to heal this abuse is faced with (Caplan, 1998).

According to Putman (1993), victims undergo dissociation, which is a mental mechanism through which a child copes with repeated distressing or painful experiences by 'disassociating' him or herself from such trauma, or refusing to accept the reality of the experience. Although children can do this, the phenomenon is most marked in younger children, when self-concept itself is very fragmented and it is easier to compartmentalise, dismiss and even suppress different parts of the experience. Children can dissociate themselves from repeated events of severe physical abuse and of severe, painful and intrusive sexual abuse. The adolescents who experienced sexual abuse were predominantly below the age of 8 years at the time of the incident/s.

Children can disassociate themselves from repeated events of severe physical abuse and of severe, painful and intrusive sexual abuse. If memories of repeated and severe sexual abuse are often lost, this would obviously lead to an underestimate of the extent of the abuse experienced. According to Putman, Horowitz and Trickett (1995) the disassociation measure on its own, had significant correlations with a number of perpetrators, who experienced abuse.

Nevi

My abuse started at about 3 years, when my neighbour who was 3/4 years older than me, put his penis into my mouth and urinated in it. I was further abused from the age of 5/6 years by my cousin who was 3/4 years older. My cousin Tim always talked to me and swore in a sexual way. He forced me to stimulate myself in front of him, until I was erect; otherwise I was not man enough. I had to prove myself sexually to deserve his love. He used to then ejaculate into my mouth and he later had anal sex with me, but I was not allowed to do that to him. He continued to tell me sexual stories about what boys/men did, and I had to learn these things. Other family members also played these games with me.

A great amount of early victimization is found in the lives of adult victims (Steele in Bolton & Bolton, 1987). Nevi also experienced repeated victimization. This may be the product of inappropriate learning of protective mechanisms or failed judgment. This may have a more psychodynamic origin in which a 'repetitive compulsion' is created, through which the victims cannot accept success in themselves, and they place themselves in situations in which failure is guaranteed. Both these explanations may be at work in the revictimisation of the family violence victim.

Multiple forms of abuse and re-abuse appear to be common in the sample of the adolescents. According to Herrenkohl, Egolf and Secch cited in Bolton & Bolton (1987) this may be due to inappropriate learning, failed interventions, lack of discovery, or as result of an on-going pattern. Some children, for example, are seen as having characteristics and behaviours that promote tension and subsequent explosion. It is much more likely, however, that the child victim's poor self-image and distorted dependencies will lead to repetitive victimisation not only in childhood, but also as an adult. A common source of support for most of the adolescents appeared to be their friends; unfortunately their friends also reinforced negative behaviour patterns of aggression and other acting out behaviour.

According to Bagley et al (1995), adolescents are often labelled as perpetrators and delinquents, instead of possible victims of circumstances themselves. The previous case of Nevi demonstrated a horrendous victimization experience, which also lent itself to dissociation. According to Furniss (1991) child and adolescents sex offenders can be part of kinships of sexual abuse where many family members have been sexually abused and have in turn become abusers, as in the case study of Nevi.

Adolescent sex offenders who have been sexually abused themselves are a separate group who do not fit in either category of victims or abusers. They are both. Child and adolescent sex offenders who are abused themselves may be regarded as irresponsible and having psychological problems. They

need to take full responsibility on the level of their current psychosexual development for the abuse they themselves have committed. The issues of their victimization and empathy for their victims have to be concurrently addressed, as it may otherwise be difficult for the adolescent to develop empathy for their victims if they do not deal with own victimization.

In the case of Nevi it would be so easy to overlook his offending behaviour and attribute it to his repeated victimization experiences and his definite resultant confusions about sex arising from his formative years. But adolescents need to take responsibility for their offending behaviour. The researcher is of the opinion that we also have to be cautious about labelling them as victims, because this can have the contrary effect of them seeking justification for their offending behaviour.

But it was interesting to note that the adolescents were very unwilling to disclose the sexual abuse neither did they use it as a reason or justification for offending. Disclosure of the abuse made them feel vulnerable and exposed. Another explanation for this is that males have a greater difficulty considering themselves as victims (Widom & Morris cited in Erooga and Masson, 1999).

Moths was only enabled to disclose his sexual abuse six months into therapy and was unwilling to let his parents or the group know about the abuse.

Moths

I was sexually abused at the age of 7 years by my cousin, who was 12 years. He played with my penis. I never got over my abuse, but I never told anyone, and I find it difficult to talk about it.

The adolescents developed insight later in therapy, on how their own childhood abuse had damaged their social and sexual development, how and why, they had made the transition from victim to offender. If offenders are damaged emotionally, physically or sexually in their childhood, there is a

tremendous amount of work to be done to create self-awareness and changes to attitudes and behaviour. The juveniles did not initially consider that their offending behaviour might adversely impact on their victims because they failed to understand the impact of their own victimisation experiences.

It must be stated that although a number of adolescents in this study were victims of sexual abuse, a history of sexual abuse does not directly lead to sexual offending. If there were a direct relationship between victimisation and offending, all victims would become offenders and that is clearly not the case; other factors obviously play a role in determining who offends and who does not. For example, as most identified perpetrators are male, an examination of the effects of abuse on male victims may need to be considered. The literature review in Chapter Two included the effects of abuse on the male child. From the researcher's experience at Childline and from reviewing the literature there appeared to be a low reported incidence of female victims of sexual abuse perpetrating sexual crimes. Therefore, males may more commonly have to deal with issues of confusion about their sexual identity and sexual preference, both at the time of their abuse and later in their lives. This is depicted in the following case of Suds.

Suds

I was abused by some boys at school, they said I was gay.

Suds was 12 years at the time of the sexual victimization and questioned his sexual orientation after the labelling by his peers. From the researcher's experience with adolescents they lack information on sexuality issues and can be influenced by their peer group.

The multiplicity of factors that influence patterns of response and the adoption of coping mechanisms demonstrate that boys have greater difficulty than girls in adjusting to many types of stressors (Emery, O'Leary, Murphy and Rutter cited in Bagley and Thurston 1996). He suggested that males are

more or less adversely affected by abuse than females. Differences in sex role socialisation, especially the male tendency to be less disclosing of feelings and pain, may increase the risk that boy victims will become perpetrators. This has been elaborated in Chapter Two.

Many of the adolescents were able to provide vivid accounts of their own abuse in latter sessions in therapy although they initially indicated that they had forgotten the incidents. The disclosures were facilitated only after a supportive and trusting climate had been established within the group.

Khumalo

I remember when I was 8 years to 10 years, our maid use to take care of me and she use to talk to me about her life. She told about things that she did with her boyfriend. She always swore and spoke about sex. She told me that she liked me and I was her favourite. Then one day she took off her clothes and asked me to touch her on her private part. She told what to do all the time and I just followed and listened to her. She also had sex with me. I developed an interest in sex, and wanted to know more about it.

As a result of his sexual abuse, Khumalo became sexualised. In working with sexual abused victims, a common experience is seeing children who have been introduced to seductive, gentle sexual experiences become sexualised. But although they may have developed this physiological response, it conflicts with their psychological perceptions of feeling guilty about enjoying the experience, and thus feeling 'dirty' about their bodies in some instances (Finkelhor and Browne, 1986).

Dick

When I was 12 years my sister who was 13 or 14 years abused me, about 4 times. She made me suck her breast, play and finger her private part. I was excited when it happened the first time but from the second I felt funny and did not want it to happen again. We stopped talking but she called me whenever she wanted me to do those sex things with her.

The abuse experienced was difficult for Dick to cope with and it made him revengeful. He behaved aggressively and became sexually abusive towards his younger sisters. According to his mother he presented with sleep disturbances and appeared withdrawn after that period of abuse. Gilgun in Ryan and Lane (1991) found that the boy victims typically lacked a confidant or anyone with whom they could talk about their victimisation. They tended to become isolated; their social development was sometimes severely arrested.

Sexual victimisation is commonly reported among young sexual offenders (Longo, Ageton, Fehrenbach, Knopp, Risin, Koss, Ryan, Brannon, Larson, Dogget and Bentovim cited in Bagley and Thurston, 1996), but rates vary from 30% to 70% in different studies. Taken with the frequent reports of high rates of sexual victimisation in childhood reported by adult sex offenders such findings have led to assumptions about a causal link between early victimisation and later abusive behaviour.

The following adolescent was initially not able to understand why his victims complained about the abuse, as he assumed that sexual abuse was a normal activity in children's lives because of the frequency of his exposure to sexual abuse in sexual activity in his life.

James

One day while I was watching television before supper, a girl Judy asked me to play dare, command, and truth. A week later, Judy commanded me to have sex with her daily during that week when everyone was sleeping. When I tried to have sex with the girls I was caught and sent to a cottage for boys only, and the boys started having sex with me.

James had been introduced to sex by his parents, his foster-parent as a game, he did not find the experience frightening, probably because an adolescent initiated it and no threats were introduced. He became sexualised and thought that it was normal to initiate sexual relations with his victims

because they would find the experience and encounter pleasurable like he did. He was confused and angry when he was reprimanded for his offending behaviour with two 6-year-old girls.

The literature assumed that the gender of the victimiser impacts on the gender selection of the victim, that is, an adolescent abused by a male would tend to abuse a boy (Gil and Johnson, 1993; Finkelhor, 1995). A psychodynamic explanation is that the offender may be trying to achieve symbolic mastery over his own victimisation experience in identification with the aggressor. The data in the present study indicates that only 23% of the juveniles that were sexually abused by males subsequently chose male victims. This does not necessarily provide strong support for the psychodynamic explanation. Being a victim of sexual abuse certainly appears to play a role in the development of deviant sexual patterns in some boys; it may also be a significant factor in a choice of victims. However, it is only one of many variables. By itself, it is not a sufficient explanation for adolescent male sexual offending in general.

Skuse (cited in Erooga and Masson, 1999) have identified factors which increased the risk of sexually abusive behaviour irrespective of early childhood experience of sexual victimisation: being a victim of physical abuse; witnessing physical violence; discontinuity of care possibly compounded by rejection by their family, all contributing to a lack of experience of forming good enough attachments. Thus, familial factors within the adolescent's home may have contributed to his offending behaviour. These factors are characteristic of families in the present study and would be further explored in other parts of the discussion.

A significant feature that has been discussed thus far is the severity of the abusive incidents experienced by adolescents in this study. Their situations are further compounded by the fact that some have experienced different forms of abuse if not consecutively then simultaneously. The following

section focuses on dynamics within the adolescents' family and highlights the lack of support that exists for the adolescents within their family structures.

FAMILY CIRCUMSTANCES

Some of the common dynamics seen in the families of juvenile sex offenders in the current study were domestic violence, substance abuse, single parenting, parental issues of immaturity and depression, neglect of children, poor parent-child relationships, problems with the extended family and intergenerational patterns of abuse.

According to Ryan and Lane (1991) the juvenile sex offender's role in the family has often been to act as a receptacle for negative feelings in the family, especially shame, guilt, and anxiety; and the sexual offending behaviour was probably a presenting symptom in a long history of acting-out behaviours.

The adolescents' reports indicated their families to have been multiproblematic marked by dysfunctional communication, emotional abuse, neglect and harsh physical punishment and the adolescents were thus more likely to have developed long-term negative impacts. According to Ryan & Lane (1991) psychological outcomes for such children living in multiproblematic families are chronically low self-esteem, vulnerability to depression, helplessness, an unintegrated sense of identity and sexual maladjustment

There were 11 families that consisted of single-parent mothers, 4 from which had their children were subsequently removed and 4 parents were divorced. These parents were far from the fully functioning; independent parents as they struggled in their relationships with their children, mothers' with their boyfriends and they experienced impoverishment and abuse. Thirteen of the 25 cases in the sample experienced poor socio-economic conditions, 5

families were solely supported by mothers who were part-time factory workers and 3 families had no stable income.

Several issues within multiproblematic families are discussed in the following sections. The first issue is that of domestic violence.

DOMESTIC VIOLENCE

Eighteen (78.2 %) of the adolescents were exposed to domestic violence, that is, they witnessed their mothers being assaulted by, predominantly their fathers, but also other male partners. Nine of the families were exposed to domestic violence by father, eight were exposed to domestic violence by mother's boyfriend and one was exposed to assault by her husband and her boyfriend. The families and homes of these children were very unstable. The emotional life of the family was obviously chaotic because of the volatile climate in the home. Relationships between family members were highly stressed, distrustful and unpredictable.

In trying to understand the dynamics of domestic violence, Marshall and Barbaree (1990) stated that society has been permeated with mores in which women and children have been defined as the chattels of men and that men whose socialization has been inadequate will be more likely to use women and children as chattels. Marshall and Barbaree (1990) cited cross-cultural research in support of their view. In societies characterized by patriarchy and the subservience of women and children, high levels of dominance have been recorded than in societies with a more egalitarian social structure. The authors acknowledged that these studies have been conducted in non-industrialised societies and that they do not extrapolate simplistically to mass industrialized or transitional societies. In modern industrial societies world wide, a relatively recent phenomenon is that women have begun to exercise their legitimate power in social, cultural and especially political and economic

spheres. In so doing they have exposed the fragility of myths of male supremacy.

Although numerous studies on witnessing violence in the family of origin were conducted in North America and Western Europe, there is a serious dearth of similar research in African societies. Such research can play an important role in determining whether the effects of domestic violence reported in technologically and politically developed cultures are also found among African children and adolescents. It is especially important to address this question in light of the argument that rates of family violence vary in different cultures, and that children and adolescents from different cultures may be affected differently by witnessing violence in their families of origin (Levinson, Barnett, Miller, Perrin & Perrin, cited in Muhammed, 2001).

There is general consensus among the authors about the negative effects of assault of mothers on children. Extensive research over decades indicated that witnessing interparental violence has devastating implications for the mental health of children and adolescents (Finkelhor, 1995).

Similar to the reactions of children who have been physically abused the reactions of children who chronically witness family violence may include disruptions of normal developmental patterns that result in disturbed patterns of cognitive, emotional, and/or behavioural adjustment (Jaffe, Wolfe and Wilson, 1990). Wolak cited in Finkelhor (1995) concluded that children and adolescents who witness violence between their parents are more likely to have behaviour problems (e.g. aggression, acting out, truancy, delinquency), emotional problems (e.g. anxiety, depression, low self-esteem), cognitive difficulties (e.g. poor academic performance), and physical problems (e.g. impaired development, sleeplessness, motor skills) than their counterparts who have not witnessed interparental violence.

Barnett cited in Muhammed (2001) classified the effects of witnessing interparental violence along three dimensions: internalisation and emotional

effects; impact on scholastic and social competence; externalising behaviour problems. As far as internalisation and emotional effects are concerned, empirical research by several researchers cited in Muhammed (2001) have revealed the following most common effects of witnessing violence between parents: anxiety and temperament; low self-esteem; depression; suicide attempts; withdrawal; trauma and stress reactions; feelings of loss; anger; sadness; worries; confusion; self-blame and psychosomatic problems.

With respect to scholastic and social competence, empirical research has revealed that children and adolescents who witnessed violence between their parents have more problems in school, are less socially competent and have less empathy and poorer problem-solving and conflict resolution skills than their counterparts who do not witness interparental violence (Wilson, Huges, Rossman, Bingham, Cimbora, Dickerson, Dexter, Balog & Mallah, Rosenberg, Hai-Yahia, Dawad- Noursi, Wildin and Williamson cited in Muhammed, 2001). In the researcher's interviews with the adolescents in this study, they reported flashbacks of the incidents of what they experienced in their home which were triggered at various times, e.g. while at school, home, leaving them feeling disoriented, afraid and withdrawn.

As can be seen by the following cases, the offenders told compelling stories of severe inter-parental and other forms of domestic violence.

Bern

I felt really scared when my parents fought, we all ran and hid. The saddest times in my life was when we had to run away from home and go to my mother's mother's house because of my father's behaviour. I use to see my mother hit all the time and I felt bad because I could not help, I was chicken (coward) that my father would hit me too.

As in the above case, in most families where domestic violence exists, children feel powerless and are forced to witness or hear the incidents and thus take in every nuance of the aggression.

Vicki

My mother was also beaten up until my brother and I grew up and started to stand up for her.

The assault on their mothers had a severe impact on the adolescents and left some of them feeling powerless. For adolescents, violence at home becomes a secret or they often deny it. Adolescents may become manipulators of the family system, not allowing mother to leave and disrupt the accustomed routine. Mother's suffering is part of the daily routine, and teens may depersonalize her and blame her for the family problems (Jaffe, Wolfe, Wilson, 1990). Exposure to physical abuse by parents or exposure to interparental violence, and particularly father-initiated violence, may be associated with later increased risks of anxiety, conduct disorder, problems with alcohol, and criminal offending.

Shaka

When I was 3 years I saw my father trying to kill my family. He locked us into the house and said, I will kill everyone starting with my eldest son. My father hit my brother with a stick and he hit my mother and said "watch your children die, I will kill you with a bushknife.

The adolescents like Shaka, James, Vicki and Bern were held captive in a passive role and forced to attend fully to the horror of the act. Children often watch gruesome scenes of violence between people they trust and love. The more personal these acts are the greater is the potential for trauma.

James

I can remember my father getting drunk and always hitting my mother and I could not do anything. My father eventually killed my mother - according to my cousin he killed her with an ironing board.

According to social workers: James' father had an aggressive nature and also assaulted the paternal grandparents, as a result of which the paternal grandmother was hospitalised and subsequently died.

Domestic violence sometimes progressively increases in severity and eventuates in death. James's father appeared to have a history of homicidal tendencies. It is sad to note that in many cases of domestic violence the victims are so vulnerable. Straus and his colleagues cited in Jaffe, Wolfe and Wilson (1990) pointed out that children in violent homes learn several important lessons about conflict resolution. They are taught that violence is an appropriate way of resolving conflict in intimate relationships. These children learn that assaultive behaviour and threats are very effective means to maintain power and control over other people. They will acquire the rationalizations about this violence being an essential strategy whenever there is too much stress or too many problems to address. In any event, according to Jaffe, Wolfe and Wilson (1990) children learn that the victims of the violence have brought this consequence upon themselves by their own behaviour or by the fact that they are devalued by being a woman.

Violence feeds on family isolation for it prevents detection, ignores positive social values and monitoring that might inhibit the violence and keep resources, expertise, and the input of others from the family. All these are natural helping factors that might prevent the violence.

Many of the single mothers had a series of boyfriends who infrequently resided with them. Some were physically abusive, and the children witnessed the abuse. Arguments over sex were likely to be one of the reasons for the beatings, which were often accompanied by negative sexual comments. These beatings paired sex and aggression and were a part of the genesis of the sexually abusive behaviour of these children. Because of disruptions and diversity of social problems in the parents' lives, children were sometimes placed out, for instance as in the following case of Fred.

Fred

All my mother's boyfriends are bad – they always drank alcohol a lot and hit her, one also sexually abused my stepsister, another drugged his daughter and sexually abused her in our house.

The above case also highlights the issues of inappropriate models in the home, physical and sexual aggression, mother's inability to protect herself and her children and prevalence of alcohol and drug abuse in the cases under study. The issue of substance abuse is discussed in the following section.

But it is clear and Marshall, Hudson & Hodkinson (1993) have supported the premise that one of the critical factors in the aetiology of sex offending concerned poor attachments between the potential offender and his parents during childhood. One indication of the disruption of these bonds might be violence in the family of origin. Emotional issues in the home were also a salient feature of disruptive attachment bonds.

SUBSTANCE ABUSE

Another critical issue in the families of the adolescents was the problem of substance abuse by parents.

Bagley and Thurston (1996) advised that alcohol dysfunction and child abuse might occur together in dysfunctional families. In approximately 17 of the current cases under study, the adolescents were affected by alcoholism in their home circumstances.

According to Jaffe, Wolfe and Wilson (1990) alcohol is present in almost half of all incidents of wife assault, although most researchers indicate a correlational rather than a causal relationship. Alcohol abuse by the batterer compounds the family's disorganization and increases the number of crises

that require police intervention. The batterer and his victim usually minimize the violent behaviour and focus on the alcohol as the root cause of any family problem (Jaffe, Wolfe and Wilson, 1990). Continued alcohol abuse leads to serious economic and social consequences for the family, which creates a greater need for the victim to look after the batterer. Whereas the children are left to continue coping with the violence in the context of further economic and social disadvantage.

Few beliefs regarding causal factors are as enduring as the view that alcohol and violence are intimate partners. This is an attractive view for the perpetrator of violence, for the alcohol provides an escape from responsibility (McGaphy cited in Bolton and Bolton, 1987). Alcohol on its own is not a causal factor in violence. Gelles cited in Bolton and Bolton (1987) offers the argument that individuals do not become violent because they are drunk; they get drunk to become violent. The following is a case typical of the interaction between alcohol and violence.

James

I can remember my father getting drunk and always hitting my mother - I could not do anything. But I have forgiven my father for killing my mother, because he was drunk. I feel lonely and hurt in my heart. I missed my mother because we got on well and then I was put into a foster home. My foster father also just drank all the time and swore us and hit us.

In the above case, James had excused his father's behaviour and contributed the problem to alcohol. Alcohol is commonly used as an excuse and even pardoned for acts of aggression. In fact drugs and alcohol are sometimes regarded as mitigating factors in court matters.

Alcohol reduces stress in a way virtually nothing else can. It allows people to engage in deviant behaviours they wish to engage in without holding them responsible for outcomes. Substance abuse also contributed to other problematic behaviour, like evasion of responsibilities, loss of employment,

workshy behaviour and unwillingness to financially support the family, thus leading to impoverishment in most families. Other problems like extramarital problems also emerged in some families, as reflected in the following.

Vikesh

My father drinks alcohol a lot. My father has lots of affairs with women. My father works casually everywhere, and does not keep a job for long.

The following case study highlighted the impact of substance abuse on the family.

Bern

According to mother: My ex-husband drank heavily, and got very dangerous, because he could do anything at that time, like breaking the windows or hitting anyone. My ex-husband and my eldest son take drugs.

These cases also portrayed inappropriate modelling by their fathers, as Bern and his elder brother became substance abusers and were receiving treatment for their addictions to alcohol and drugs. In the following case of Paul, he also developed a dependency on substances and was part of a gang that abused drugs and alcohol and adhered to violent activities.

Paul

My Father taught me to drink, smoke (greens and cigarettes) and be a gangster.

Moths

My Father had so many affairs with other women. My Father drinks alcohol every day.

The use of alcohol appeared to be very prevalent in the above cases by fathers of the adolescents. These cases confirmed alcohol or chemical abuse as a major contributing problem to family dysfunction. . While alcohol

cannot be considered a cause of offending behaviour, it is frequently present and 76 % of the adolescents' fathers and other male role models consumed alcohol and/or were drug abusers.

The problems facing children whose parents are alcohol dependent are legion. The following cases also portrayed the emotional impact on children.

Lenten

My parents use to fight a lot. My mother drank alcohol a lot, but her problem has become worse. My mother's 2nd relationship was bad, because he beat her up. As a result I hang around people who say mean things to me.

Emotional, physical, and sexual abuse has been correlated with alcohol misuse. The child of the alcohol abusing parent has been described as having limited roles open to them: the scapegoat who gets all the blame, the lost child who is ignored or assaulted, and the family pet who is shown to the world as a demonstration of the family's adequacy. These roles develop to hide the scars of living in such a family. Even with the adaptive roles available, children living with such parents incorporate a sense of rejection and react with a pseudo-parental role reversal in which they care not only for their younger siblings, but the parents as well (Matlins, Black and Pagelow cited in Bolton and Bolton, 1987).

According to Dube, Anda, Felitti, Croft, Edwards, & Giles (2001), recent findings from the neurosciences suggested that early life experiences, whether negative or positive, contribute to the neurological development of children. Specifically, child abuse, neglect, and the other stressors that are more common in alcoholic households can adversely affect the developing brain in ways that result in emotional, social, and cognitive impairments, increasing the risk of substance abuse, depression, suicide, and a variety of other problems.

Study findings support assertions about the interactive, complex nature of the relationship between substance abuse, family dynamics, and abuse/neglect (Flanzer cited in Sheridan, 1995). According to Sheridan (1995) substance abusing families tend to be characterized by low levels of cohesion, low frustration tolerance, unrealistic expectations of children, role reversal, and poor parenting skills; traits that also have been linked to abusive family systems. According to several researchers cited in Sheridan (1995) many offspring of substance abusers have been shown to have lower self-esteem, a lower sense of self, higher needs for outside affirmation and nurturance, and higher levels of unmet dependency needs compared to offspring of nonsubstance abusing families. These are characteristics that may increase vulnerability to victimization by others external to the family. Still another explanation lies beyond the family system; namely, the impact of economic and social conditions experienced by a number of substance abusing families. For those families who live and work and go to school in communities that are characterized by a general lack of societal support, exposure to violence and neglect is becoming and increasingly frequent occurrence (Richters & Martinez cited in Sheridan, 1995). The etiological complexities of the problem make substance abuse only one element, which makes it difficult for this family to establish and maintain a relationship.

In addition four mothers consumed alcohol excessively and engaged in permissive sexual behaviours viz. Lenten's mother, Vishaam's mother, Fred's mother, and James' mother. This contributed to the lack of adequate supervision of the children and negatively impacted on their family relationship. The following section focuses on neglect of the adolescents by their parents.

NEGLECT OF CHILDREN

Issues of physical neglect, emotional impoverishment, poor parenting and abuse are considered. In addition, issues pertaining to immaturity of parents,

depression and single parenting might be contributory factors to neglect and are discussed.

It is common for people to define abuse and neglect together rather than provide separate definitions for each. According to Corson and Davidson cited in Briere, Berliner, Bulkley, Jenny and Reid, (1996) it is a moot issue whether children are injured through an act of commission (abuse) or omission (neglect).

Physical neglect is a more widely recognized and commonly identified form of neglect. It includes failure to protect from harm or danger and provide for the child's basic physical needs, including adequate shelter, food or clothing Briere, Berliner, Bulkley, Jenny and Reid (1996).

James

There was no one to care for us after my foster mother died, there was not always food, and clean clothes, and no one wanted to clean the house. Sometimes we did not go to school.

According to his social worker: James ate rabbit food to survive, whilst with his family because there was no food but he was also neglected in his foster placements.

Many of the adolescents as in the case of James, experienced severe neglect as they lived in homes where there was a lack of supervision, or parents were largely absent, there was impoverishment, prostitution, lack of discipline, no communication or meaningful relationships, poor role modelling, substance abuse and physical, emotional and sexual abuse. The conditions in these homes generally led to the intervention of social work services and subsequently removal of the children.

Maltreating parents often are characterized by a lack of understanding of the emotional complexity of human relationships, especially the parent-child relationship. According to Briere, Berliner, Bulkley, Jenny and Reid (1996),

parents have difficulty seeing things from the child's perspective or understanding behaviour in terms of the child's developmental level and the context or situation it is important to note that families are often trapped within socio-political and economic environments that have failed them. External pressures impact on family functioning in profound ways.

Emotional Neglect is more difficult to document or substantiate because of the absence of clear physical evidence and the fact that it goes on quietly in the privacy of the home, often beginning when the child is too young to speak out or even know that they are not receiving appropriate care. It is described as "passive or passive/aggressive inattention to the child's emotional needs, nurturing, or emotional well-being." (American Humane Association cited in Briere, Berliner, Bulkley, Jenny and Reid, 1996:7). In its extreme form, however, emotional neglect can lead to nonorganic failure to thrive. This involves failure to grow – or sometimes even to survive – despite nourishment. The difficulties in the victim present as attention-seeking behaviour, superficial displays of affection, stealing and varied academic problems. Neglected children often fail to develop the confidence, concentration, and social skills that would enable them to succeed in school and in relationships.

This is demonstrated in the case of Fred who was placed in a Residential facility when he was 4 years old and subsequently developed problems in his relationships with his parents, behaviour problems of stealing, academic problems, lack of emotional expression.

Fred

I don't mind stealing or hurting my family, but I would not steal from my friends. Family comes last, they reject you, and they can do anything to ruin your life for you. My granny who cared for me use to chase me, swear me, my mother's brother whipped me, even though I have grown up and working.

Fred experienced no attachment or bonding with his family, when he sexually abused his sister he was not even aware of her identity as his sibling. He has a distorted concept of what a family was and felt hurt and betrayed by them. He only shared an allegiance to his friends. He showed little empathy for others and had learnt to survive without the assistance of family. He did not trust his mother, which was an essential element for bonding. According to Caplan (1998) the consequences of neglect are the failure to bond and the subsequent difficulty in forming intimate relationships in adulthood. Neglected individuals grow up feeling unwanted by the world and often repulsed by touch and affection. They become hardened, may harbour deep feelings of rage and resentment at their parents or the world. They develop an attitude of, 'I don't care about anything or anyone,' in order to disguise a much deeper pain about feeling unloved. (Caplan, 1998:129).

Empirical studies have demonstrated that abused and neglected children have increased developmental risks in two general areas: persistent behaviour problems and academic failure in childhood (Eckenrode, Laird, Doris, Kaufman, Cicchetti, Rogosch, Cicchetti, & Aber cited in Thurston and Bagley, 1996). These developmental issues/risks have also been found to be associated with other features of poor parenting (even in the absence of abuse and neglect) including maternal rejection, separation, and deviant patterns of attention by parents, poor disciplining and child monitoring practices (Farrington, Greenberg, Speltz, Deklyen, & Endriga cited in Erooga and Masson 1999). All of the adolescents have been exposed to some of these practices and have developed particular risks, which will be discussed in Chapter Seven of the study. Fred, Shaka, James, Leo, Vishaam, Simpiwe, Rakesh and Tony experienced severe physical and emotional neglect by their parents.

Neglectful families might be disorganized or the parents are distancing and perhaps depressed.

MOTHERS' IMMATURITY AND DEPRESSION

Eight of the mothers of the adolescents who married during their teenage years had later experienced depression and, thus were not adequately equipped for the parenting of their children.

The mothers appeared to have poor coping skills and were not equipped to manage the demands of child rearing which contributed to the dysfunctional home environments of the adolescents.

Vicki

My mother has always experienced depression - and could not do everything for us. Because of my mother's depression she does not perform her duties of cooking, cleaning, but sleeps a lot, she forgets things, she is sometimes forgetful and confused.

In the case of Vicki his mother was powerless to cope with the aggression of her husband and she felt disempowered and isolated.

It appeared that most of the mothers came from unstable backgrounds and fell prey to their abusive husbands. Vicki's father, for instance, was authoritarian, physically and emotionally abusive, engaged in extramarital affairs and were not supportive of them. As a result the parenting of the children were largely neglected.

Virtually all of the mothers had some history of emotional and sexual abuse and had grown up in highly confused and disrupted environments. Green cited in Kolko, Seleyo and Brown (1999) characterised abusive mothers as relying on their children to gratify their dependency needs, having poor impulse control, feeling worthless, suffering from shifting self-identifications, using projection and externalisation to defend their self-esteem, and projecting their own negative attributes onto their children. There is almost

universal agreement that parents who abuse their children were themselves as children deprived and subject to parental violence. Many of these characteristics are attributed to both parents of the abused child, not only to the overt perpetrator of the abuse (Loar, 1994).

The following case example of Nevi described dynamics of the intergenerational pattern and cycle of neglect and abuse. Nevi's maternal grandmother was a single parent who could not care for her many children born out of wedlock from her different relationships and they, including Nevi's mother were subsequently removed to a Children's' Institution.

Nevi

My mother appeared to have grown up in guilt and depression. She has a loser attitude in life; everything is so hard, like the cooking and cleaning. She has to take tablets to keep her moving in life. I cannot have a close relationship with her. She pushes me away and chases me when I want to go too close to her.

Depression and stress acts upon parental conduct according to Esthier, Lacharite and Couture (1995). Depression may affect parenting by reducing the effort that parents put into interacting with their child as in the above case of Nevi and many other parents in the current study. . Clinically depressed mothers show sadness, speak less often to their young children, enforce obedience unilaterally or withdraw when faced with child resistance, are more irritable and hostile with their families (Esthier, Lacharite, Couture, 1995).

Fergusson and Lynskey (1997) discussed the importance of parenting practices for the infant and young child's abilities to regulate emotions. Emotions form the communicative basis for the parent-infant relationship, especially in the first few years of life. Dysfunctional parenting that may be associated with maternal depression, in particular, has strong effects on the child's early development that might include sadness, depression, and dysregulated behaviours such as uncontrollable tantrums and destructive

behaviours. Depressed mothers respond in less contingent ways to their child's emotions, providing poor feedback and less support for emotion regulation. Dysfunctional parenting practices, which may include less contingent responding to the child and contain less positive affect, may greatly reduce children's ability to cope in this way, and thus increase the likelihood that children will internalise less adaptive behaviour regulatory strategies such as negative attention-seeking behaviours and tantrums.

Inconsistent and punitive discipline practices by parents can contribute to children's under-regulation of anger and aggression (Prendergast, 1993). Under-regulation of behaviour is generally associated with aggressive, impulsive behaviours that can be destructive of property and personal relationships.

In view of the above it is evident that the particular characteristics of the parent can impact on the relationship that they have with their children and this is dependent on whether the interaction was adequate or deprived the child of the necessary ingredients for optimum development. The following section focuses on particular aspects of the parent child relationship.

INTERACTIONAL PATTERNS

The current study revealed a consistently high level of family and parental problems including unstable family backgrounds, parental separations, violence, experience of domestic violence and single parents. These are similar to the findings of Awad, Bagley, Becker, Fehrenbach, Lewis, cited in Hoghughi, Bhate and Graham (1997).

From the discussions on immaturity and depression of mothers it is evident that having an emotionally available and engaged parent to respond appropriately to and reinforce the child's experience of pleasure is one critical element in early caregiving.

The fathers of the adolescents in the study were mainly absent, as most mothers who were unmarried maintained minimum contact with their boyfriends or were uncertain about the whereabouts or identities of the fathers of their children, because of the many relationships they had engaged in. Single parents, divorces, separations, and relationships of convenience in the families under study in the current research existed.

According to Briere, Berliner, Bulkley, Jenny and Reid, (1996) studies showed that abusive families interact less frequently than non-violent controls, are more negative, and often cover hostility with falsely pleasant behaviour. Communication was a real problem in some of the current families under study and the adolescents reported that there was little or no attention given by parents. The following cases are evident of these interactive patterns.

Lager

I want my father to do things with me. I miss my father a lot, but he does not want me, he does not even come to visit me.

Jay

When I was small he was never around, and I missed him so much, now I am older he wants to do baby stuff with me.

Khumalo

They just put me down. They never support me or give me presents for trying or doing well. I could never rely on my parents to do things for me as they never had time. I learnt about most things on my own.

Dick

I don't talk to my parents we just don't get on - most of the time I am not at home, I go to my friends and stay there.

According to parents: Our relationship between parents and children is not good because they don't want to listen to us. My son is like a stranger towards us, there is no parent-child relationship. He is angry and irritable towards the other children and us

In order to understand dysfunction in the family, the communication process operating within the family relationships must be understood, according to Satir, Watzlawick, Beavin, and Jackson cited in Kolko, Seleyo and Brown (1999). It is important to realise that the way a family communicates, member to member and member to the outside world, reflects the way the family perceives itself and how it will function. The way members of a family communicate with each other shapes the view they have of themselves and the others. This in turn influences the way members report themselves to others, including those outside the family. The adolescents in the study felt uncared for, sometimes unloved, distrusted, worthless and unwanted, thus they in turn interacted with minimum confidence in their relationships, were subject to peer influence, acting out behaviour and abusive towards others, including sexually abusive. Studies have found maltreated children to have a high incidence of anxious attachment, as in the following case of Vicki.

Vicki

Through the years of growing up, I never really felt like I belonged to this family. I feel powerless like I cannot do well and people tend to take advantage, of me because I feel frozen to do things for myself.

It is apparent that the adolescents experienced problems of detachment with their families because of the negative messages described and their resultant feelings described above were reinforced. According to Bowlby cited in Thurston and Bagley (1996) on the basis of early experiences with the attachment figures, the infant develops expectations about:

- His/her own role in relationships (worthy and capable of getting others' attention vs. unworthy and incapable of getting needed attention),
- Others' perceived role in relationships (trustworthy, accessible, caring and responsive vs. untrustworthy, inaccessible, uncaring and unresponsive).

The development of this internal working model is so relationship-bound that the child internalises both sides of the experienced attachment relationship and learns care giving while receiving care. The internal working model is both influenced by the types of interpersonal experiences that are encoded into the concept of self and comes to influence them. The above adolescents reported parents as being rejecting, avoiding or dismissing them. This transmits to the child feelings of being unloved and unwanted.

The rejection pattern also characterised the unavailable mother, who is either physically absent or emotionally unavailable (e.g. because of psychiatric illness). The interaction pattern reported by Vicki in his home described his father as an authoritarian and abusive parent who is emotionally distant and who believes that his wife and children are his property.

Researchers have classified adults on the basis of presumed attachment models, based on prior interactions and socialisation. Several types of attachment models have been described, including: secure, avoidant (dismissing), preoccupied (anxious/ambivalent) and fearful (unresolved).

According to Bagley and Thurston (1996), applying attachment theory to the onset and outcome of abuse necessitated examining the interactions of the whole family and its system of communication, relationships and interaction. Abusiveness and rejection (whether sexual, physical or emotional) takes many forms: active rejection, emotional distance and punishment; role-reversal with underlying rejection; unpredictability of family structure and relationships, an ambiguity involving alternating events of acceptance and

emotional rejection (e.g. The parent who tells the child she loves him and delivers a blow). Nick has poor bonding with his mother and feels rejected and unloved by her. His relationship with his mother appeared to be characteristic of emotional distance and punishment.

Nick

Because of my mother I felt hurt and rejected, with no one to believe me.

Now I still feel empty and without a purpose. I felt very guilty, rejected and needy of others. I felt bad because everyone is so happy when I felt so sad.

The above case indicated that the family environment, the child's socialisation and his or her attachments to parents must be properly understood in order to understand the potential impact on him. Attachment theory offers precise predictions as to how different types of insecure attachment are manifest in different types of parent-child interactions in the sexually abusive family.

According to Bowlby's theory (Bagley and Thurston, 1996) Vikesh's family as described in the profile appeared to show a fearful (unresolved) socialisation and attachment, which has a different kind of impact. Attachment is disorganised, reflecting a chaotic family system, where there is irrational love, severe punishment, emotional abuse, favouritism, rejection and broken attachments. The types of attachment surrounding abuse can explain many of the long-term problems. The preoccupied individual will, as an adult, have poor self-esteem, social isolation, distrust and fear of others.

Bowen, Haley and Minuchin cited in Patton (1991) have contributed to the development of the concept of triangulation in family relations, which suggested the formation of a unit of three, as a way of relating as a process common to all emotional systems. The triangle involved three persons (e.g. mother, father, child) or two persons and an issue (e.g. wife, husband, alcohol). The two-person system, according to Bowen, had difficulty maintaining its stability under the pressure of anxiety and tension. When this

system experiences intolerable frustration it triangulates a third person or an issue in the hope of reducing the level of tension. In a triangled situation the third operative - person or issue - becomes the object of attention for at least one of the original two, and sometimes both engage in a struggle for the advantages offered by the third component of the triangle. E.g. with Santosh, both parents survived their relationship by scapegoating him. Another example is that of Nick whereby his father and him have formed an alliance to insist that the mother is rejecting, easily stressed and unable to cope. However, Nick's mother has a caring relationship with the other children.

Family rules are relationship agreements, which influence family behaviour. Some rules are explicit and established along the lines of specific roles and expectations of family members. The most powerful family rules, however, are those that are implicit, having been established over time by repeated family transactions. E.g. Nevi was disliked because he challenged some of the problems and issues to keeping secrets, and was instantly rejected by his family system.

The family myth consists of family members' shared beliefs and expectations of each other and their relationships (Ferreira cited in Patton 1991). It is characterised by unquestioned sharing of beliefs and expectations by all family members, which results in automatic agreement on the myth without further thought by any member, e.g. Vikesh is the ill person in the family and has to always be protected regardless of what crime he has committed because he has a heart condition and is not normal therefore, he cannot work or take any strain. Harry is not intelligent or handsome so he will never amount to anything. The family so completely shares the belief, and do not question that person's position. It is also important to keep in mind that in spite of the irrationality often apparent in the existence of a family myth, family members perceive it as an emotionally indispensable and necessary part of their reality. As such, it not only determined the behaviour of all family members but also revealed something about family relationships. It implied the existence of reciprocal roles in the family, which is to say, if the myth is

around something or someone in the family, it implied that it can be done by someone else in the family.

Nick

My mother is always unwilling to trust me and blames me for everything that goes wrong, has high expectations of me, 'we didn't really bond'.

Nick's mother was reported to have a rigid value system and was unaccepting of Nick's behaviour and as a result he felt that she distrusted and rejected him.

Khumalo

My father has always been very close to my sister and my cousin (16). But my father refuses to spend time with me and always puts me down.

Moths

My parents are too busy, and ignore us. They do not listen to us or pay attention to us.

The abusing family is seen not as a place for mutual support and sustenance but rather as a competition for scarce emotional goods. The competition between the parents for nurturance may be masked by culturally accepted roles.

Nevi

I was always with my father, trying to prove myself, by helping to build houses and do mechanical work, but my brother always got the recognition. I missed out on having parents be with me, because they were always busy. I think my mother was having an affair, and my father was always working. My mother would talk to my brother on her bed but as soon as I go to her room, she would scream at me 'hey, what are you doing here, get down.' Everything came so easy to my brother.

From the above discussion it appeared that the adolescents experienced difficulty in their interactional patterns with their parents, which ultimately impacted how they perceived themselves.

SINGLE PARENTING

There were also 11 families that consisted of single-parent mothers, four of whom had their children subsequently removed.

Fred

My mother always went for tablets to the Clinic because she could not manage with the problems.

Fred's mother had 7 children born out of wedlock, from 7 different relationships. With every relationship she hoped that her partner would be more faithful and committed, but with each pregnancy she was deserted. She had not been maintained by any of the boyfriends and lived in impoverished circumstances, such that the care of her children was constantly threatened. Thus she experienced an intense need for love, acceptance, and self-affirmation, which her parents had not been able to fulfil. Abusing parents, according to Justice & Justice (1990), seek from their children and mate the satisfaction of their own needs for comfort, nurturing, and control. They expect them to meet their needs and to make up for the emotional deprivations and sense of helplessness they suffered in their own childhoods.

Paul

My sister wants to always be in charge of us although she is only 21 years. My sister would make me sleep on the floor and she would hit us. I hit my mother. Everyone gets angry for everything and hit each other and mock and tease each other.

Paul reported on the aggressive nature of his family members, which contributed to him, feeling powerless to protect himself. Mother was unable to manage the control of the family as a single parent and the eldest sister became a parent-child, which evoked further anger in Paul. He has also become an angry and aggressive person who threatened his family with a gang. The anger had far-reaching consequences, as the sexual abuse became its outlet.

The majority of the mothers saw in their children, characteristics of the children's fathers, who they disliked, or other family members who they strongly disliked. These negative projections made it very difficult for the children to please their mothers or get positive support in any way. The mothers also projected their own negative feelings about themselves onto the children. History of maternal neglect was reported.

In some of the above families there appeared to be role confusion, for instance, in some cases they allowed their children to take control over their homes. In conclusion to the section on family circumstances it must be emphasized that certain patterns appear prevalent: role reversals, blurred generation and interpersonal boundaries, lack of supervision and dysfunctional communication styles, and in which other types of abuse (emotional, physical, and chemical) take place. Role confusion contributed significantly to the adolescent's dysfunctional behaviour. The families did not appear emotionally supportive or nourishing: feelings have been denied, suppressed or distorted until family members have few labels attached to emotions. Affective cues were either absent or incongruent, making it difficult to assess accurately how others were feeling.

Emotional impoverishment, lack of appropriate affect, dangerous secrets, distorted attachments, and a history of disruptions in care and function also existed. Parents may have failed to provide adequate care for children for a variety of reasons that may be related to deprivation and loss in their own

childhoods, to adulthood mental disorders such as depression or substance use, or to the experience of severe life stress.

In this section neglect of the adolescents were discussed. As discussed the coping abilities of the parents impact on their relationship with their children. Depression and immaturity does not allow the parent to attend to the holistic needs of the child. The single parent also experienced difficulty in coping with her responsibilities and providing adequately for the adolescents. All of these circumstances ultimately impact on interactional patterns with their children. The following section presents interactional patterns of abusive behaviour.

INTERGENERATIONAL PATTERNS

Two issues that emerged in the cases that were studied were negative impact of the extended family and intergenerational patterns of sexually abusive behaviour. The following problems emerged in some of the cases in the sample that impacted on the immediate families.

Nick

My parent's marriage was not approved of by my paternal grandmother who felt robbed of her son when he was so young. My grandmother never really accepted my mother; she only started being nice to my mother just before she died. My father's mother caused lots of fights between my parents.

Lager

But his father's family was always jealous and hated Lager and did not want him. We were thrown out of their house. Lager has always been an angry child.

The extended families appeared to be chaotic and unsupportive, in some situations adding to the problems of the families. The case of Jay depicts

problems in the extended family, which have been transmitted to the immediate family. Jay's father and brother's emulated the grandfather's behaviour.

Jay

Everyone in my father's family seems to own pornographic material: my father's father, my father and his brother and the two grandsons. All of them are similar, as they are alcoholic, aggressive, unreasonable and watch pornographic material. I feel embarrassed that my grandfather still hits my father and he just accepts it.

According to mother: The paternal grandfather is very aggressive and Jay's father cannot see that he is following in the same footsteps. The paternal grandmother is very disturbed; and depressed, she has a screwed neck, collapsing muscles, is moody, and is like a nervous wreck. The grandparents had divorced and the grandmother was forced by her husband to live in the servant's quarters. Jay's grandfather recently assaulted Jay's father repeatedly, but he was passive and did not respond. All Jay's father's brothers are aggressive, alcoholic, and introverts.

Santosh

When I was little my mother worked and left me with my father's family. My aunt always swore, screamed at us, and was loud. She wanted to hit us all the time, she was always angry. Everyone in the house argued and swore each other, they got angry all the time. When I asked for more food, they laughed and scolded me.

According to mother: No one watched over the children and taught them right from wrong, because there were so many children. No one disciplined the children - there was chaos in that home. The adults were clumsy, crude and behaved like children. Grandfather used to joke about Santosh's private parts and fondle it openly and call it 'jingle, jingle'.

All the patterns of behaviour in the extended family appear to be similar with alcoholism, sexual abuse or exposure to pornographic material, instability, inconsistent discipline, depression, physical and emotional abuse.

As part of the assessment of all sex offenders receiving services at Childline Family Centre, an initial procedure is to probe issues of abuse that could have developed over generations.

In cases of Nevi, Vikesh and Jay, there appeared to be intergenerational patterns of inappropriate sexual behaviour. Jenkins and Lystad cited in Helfer and Kempe (1988) have pointed out that child abuse often occurs generation after generation in the same family, as if a cycle of violence is inherited. As Helfer's (Helfer and Kempe, 1988) World of Abnormal Parenting cycle explains, what is inherited is not a genetic propensity for abuse but a particular kind of emotional and relationship system that requires the family to absorb large amounts of tension. One expression of this tension is violence, and one target of the violence is a child. The term emotional and relationship system is derived from Bowen, a pioneer family therapist, who noted, "the term emotional refers to the force that motivates the system, and the relationship to the ways it is expressed (Helfer and Kempe, 1988: 183).

The kind of emotional and relationship system that characterized the abusing family is one of great intensity, force, and fusion. But in some families, the emotional and even physical stuck-togetherness continues far beyond infancy and sometimes throughout life. These people grow up looking for others with whom they fuse or form a symbiotic relationship. They try to form a common self. Both are "feeling" people - that is, orienting themselves to the world and others strictly on the basis of what feels right. They are not "thinking" people in the sense of rationally planning goals and ways to meet them. Since they are not "whole" people, they do not have a defined self. They exist as part of others and are so busy "seeking love and approval or attacking the other for not providing it, that there is little energy left for self-determined, goal-directed activity (Helfer & Kempe 1988:367).

Undifferentiation, and the immaturity that results, is a multigenerational process in that the stuck-togetherness or fusion of family members that characterises a family in one generation is passed on to the next. Members in each generation fail to learn how to individuate, become whole people, meet their own needs, and overcome the need to fuse with others. Thus, the cycle of dysfunction perpetuates itself.

The analyses of the data in this study reflected that most cases of the adolescent offenders reflect unmet needs. If families are dysfunctional from generation to generation, this may eventuate in sexual offending or some other maladjustment to meet unfulfilled needs unless an individual developed his coping abilities to break the chain. In therapy prosocial exits are sought to look at alternative ways of meeting needs and coping with problems. Relationships form an important component of development, as in the intense emotional and physical bonding between parent and infant, which is necessary for the newborn's survival. That relationship becomes destructive when the mother fails to meet the baby's needs or when the time when the child should begin to establish a separate sense of self does not take place.

Sexual abuse is frequently associated with the intergenerational transmission of insecure attachment, according to Alexander (1992). Insecure attachment style in one or both parents (reflecting their own disordered childhood) often preceded the onset of sexual abuse.

In the following case Nevi described relationships that have been dysfunctional and described problems that have been perpetuated through generations and families.

Nevi

When I think of it there is a lot of sexual activity on my father's side of the family. My father's eldest brother's son that abused me was 7 years older than me. My father's 2nd brother's 10-year-old daughter use to strip in front

of me and show her private parts to me while she lay across a table. My father's eldest sister's daughter use to baby sit me when I was a toddler, I hated her but I cannot recall what she had done. My 2nd paternal cousin also sexually abused me and his two sisters appeared distraught and withdrawn. My father's 3rd sister's son abused Jane and his youngest brother committed suicide. My father's 5th sister's husband abused his 2 daughters sexually and one of the daughters sexually abused my sister when she was 4 years old.

In the following case of Vikesh, both sets of grandparents were exposed to sexual abuse and they abused their children. The maternal grandfather sexually abused all his daughters and these adult survivors had to also experience the abuse of their own daughters. Furthermore these women were vulnerable and chose men with similar patterns of behaviour to their father and in most cases their husbands were physically abusive and engaged in promiscuous behaviour or extramarital affairs. Their children also chose abusive partners. Not much information is known about the paternal family, but the researcher rendered services to all the maternal relatives and their histories are thus known. But it is known that Vikesh's paternal grandfather abused his son who went on to abuse Vikesh and possibly his two brothers. Vikesh and his eldest brother have sexually abused several of the cousins in the maternal family. All the children slept with the father at some time, but it could not be confirmed that they had been abused, but other siblings have alleged their sexual abuse. Vikesh identified the common social problems in his family.

Vikesh

Everyone in my family (extended maternal family) has problems: - alcoholism, depression, physical abuse, verbal abuse, stealing, sexual abuse and depression everyone sees pornographic movies and has books, all my brothers, aunts, uncles and their children.

Faller (1989) speculated that women who experienced sexual abuse in their childhood might move away from one abusive relationship to another

because of patterns learned in childhood. This pattern appears to be very characteristic in the above case of Vikesh. Research suggests that dissociation may be one mechanism that helps to perpetuate the cycle of abuse. Although dissociation promotes psychological survival during children's abuse experiences, it may result in the development of abusive tendencies in later life.

Miller cited in Ryan and Lane (1991) said that without recognition of the abuse received, the child will undoubtedly assimilate the experience into his or her personality and repeat the abuse gestures with the next generation of children - not necessarily to molest but to tolerate molestation as a normal, unfortunate, but not damaging experience, to underestimate its impact, or to blind oneself to the abuse of one's own children. According to Caplan (1998) adults who have experienced childhood sexual abuse sometimes lose their capacity to receive touch, and being so removed from their bodies, lack the sensitivity needed to touch others with love and gentleness. Instead they grow up and repeat the cycle – men who were sexually abused may abuse, and women will find someone to abuse them. That is, they repeat the cycle until they decide to break the cycle. For it is the touch that was once used as a weapon to wound them that can now be turned into the medicine that heals them (Caplan, 1998).

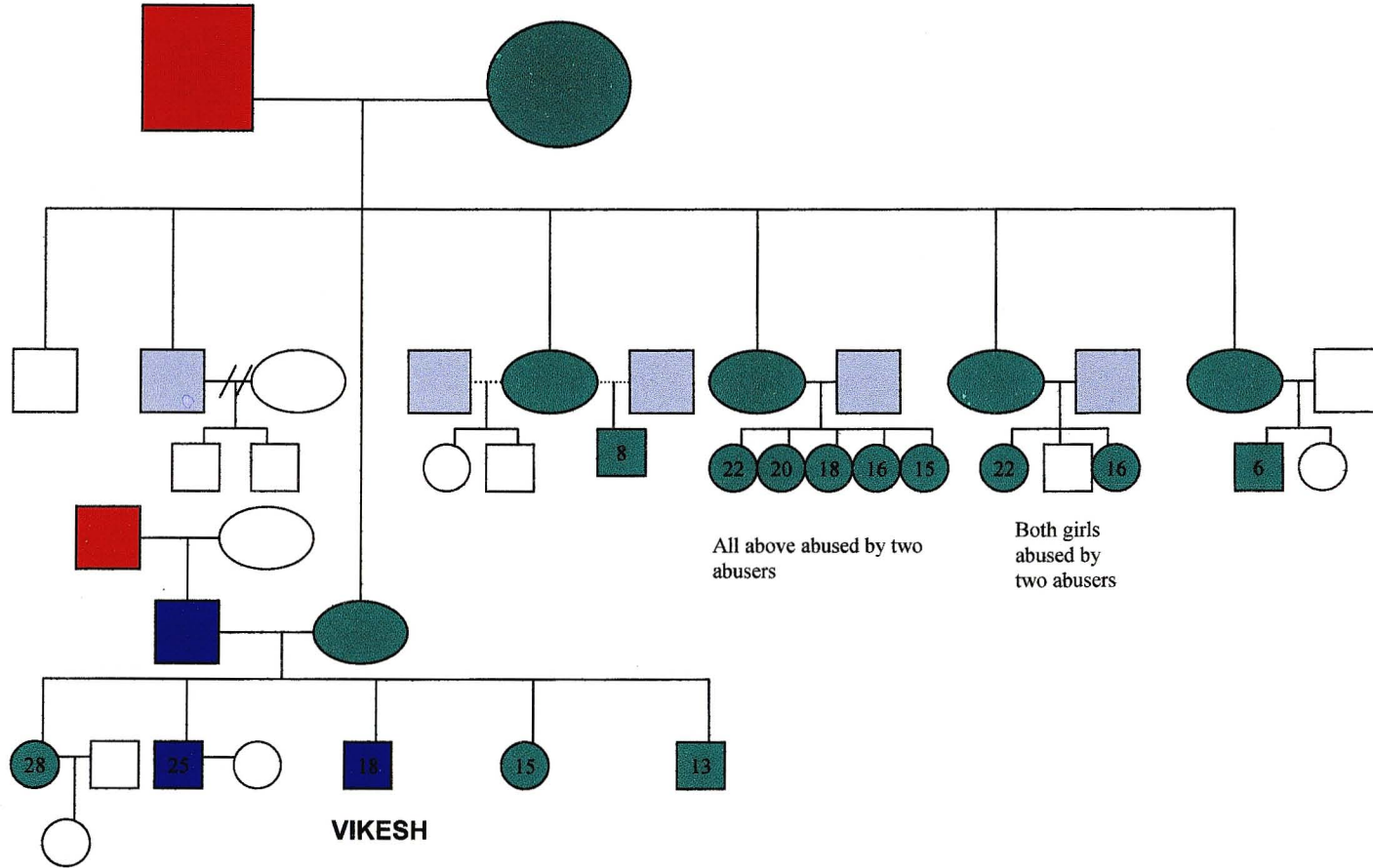
A study by Leifer, Shapiro and Kessem (1993) indicated that intergenerational transmission of incestuous abuse is by no means inevitable in economically poor and disorganised families, there is sufficient evidence of chronic maladaptation in such families to justify much stronger support for poor families to try to prevent the sexual abuse of children.

There is a genogram at the end of this Chapter that depicts the structure of Vikesh's family.

The results indicated a prevalence of abuse experienced by the adolescents in the study- physical, sexual or emotional. In summary all of the families

showed dysfunctional patterns of behaviour. In closing the highlighting issues in this section were *parental breakdown* through absence of a parent, separation or divorce, death of parent, removal of children from their homes; parental non-availability through depression, substance abuse, prostitution of parent and parental neglecting; physical and psychological abuse; and sexual abuse including intergenerational patterns of abuse. Exposure to the sexual abuse generally leads to traumatic responses (as discussed in the literature Review in Chapter4) and is further internalised and remains unresolved if one does not obtain support from the family structure for instance and eventuates in second generation abuse. Family disturbance or incompetence plays an important role in the psychological or social development of the male adolescent that predisposes him to molest children. For instance, family dysfunction might lead to arrested emotional or psychological development, low self-esteem, and social skills deficits, possibly putting these adolescents at greater risk to act out sexually with younger children. This will be discussed in the following section.

INTER-GENERATIONAL PATTERNS OF ABUSE - VIKESH'S FAMILY



VIKESH

All above abused by two abusers

Both girls abused by two abusers

- KEY
- Male Sexual abuser
 - Male Physical abusers
 - Male Victim & abuser (sexual)
 - Female Victim (sexual)
 - Male Victim (sexual)
 - Male Not abused
 - Female Not abused

CHAPTER SEVEN

CHARACTERISTICS AND SELF-CONCEPT OF THE OFFENDER

During adolescence, cognitive advances transform the young person's vision of the self into a more complex, well-organised, and consistent picture. As adolescents' views of themselves include enduring beliefs and plans, they move toward the unity of self, involved in building a mature identity (Berk, 1998:389).

According to Bukowski (1992) when a child is exposed to abuse and neglect the fundamental process of acquiring a healthy self-concept is disrupted. As described in the previous chapter, the sample of adolescents in the present study all experienced abuse in one or more forms. They displayed symptomatology related to dissociation, anxiety and anger. All the adolescents appeared to have poor self-concepts. They indicated that they felt hopeless, empty, worthless, isolated, needy, lonely, and that this affected their behaviour as they became withdrawn, lied, stole, were attention seeking, aggressive, distrustful, and engaged in substance and sexual abuse.

Ney, Fung and Wickett (1994:240), commented:

Having been deprived of the necessary ingredients to their normal development, children never seem to accept the loss of childhood that could have been. They keep searching as adolescents...

Their model is used to explain the cycle of abuse (involving physical and emotional abuse repeated across generations) and may also explain why adolescents feel an emotional gratification in the sexual abuse of their victims. They had no expectation of future happiness, little enjoyment in living, did not expect to achieve being the person they wanted to be, and despaired of having stable and loving relationships.

SELF-ESTEEM

Self-esteem is the evaluative side of self-concept.

Some of the adolescents in the current study internalised the belief that they deserved the victimisation they had experienced and accepted a negative view of themselves.

Vicki

I started to think about all the bad things that I have done in the past and tried to look at the good things, which seem few. The good that I've done does not account for all the bad that I have done. I begin thinking that it is because of me that my mother has this depression problem and I am the cause of all the other problems in our lives. For my father it was hard for him to show affection towards his children.

Although Vicki's father physically assaulted his mother and him, he took on the blame and justified his father's responses. His sense of self was far too weak to accept the irrationality of having a parent who victimized him for no apparent reason; he was demotivated and unwilling to develop his self-confidence and experienced relapses in therapy with the researcher. He saw himself as somehow different from others: not as good and not as deserving. According to Friedrich, Einbender and Bourne cited in Bolton & Bolton (1987) there is a pervasive self-blame and self-hatred that creates later vulnerability, self-mutilation, acting out behaviour and self-induced exclusion from peers. According to these authors, this becomes a circular process that not only confirms this differentness, but also leads him further into isolation and continued self-deprecation. The programme at Childline generally attempts to interrupt this paradoxical pattern and enable the adolescents to evaluate themselves positively and build a more positive self-concept. Abuse diminishes self-esteem (Kilpatrick, Amick, Stone, Tyler, Mead, Tsa and

Wagner cited in Bolton and Bolton, 1987) and this is typically portrayed in the case of Vicki.

The following adolescents received deficit messages from members of their family and felt worthless. Nevi in the following excerpt demonstrates poor self-esteem; he felt unloved, unwanted and demotivated in his life.

Nevi

I feel hopeless; life has no meaning. I am not motivated to do anything - no chores, no job. I have nothing to show for my life, I do not know who I really am. I feel like a fake. I always ask people for their opinion, because I do not know what to think. I always need someone to tell me what to do, otherwise, I become like a couch potato. My parents have always called me a loser, and I believe firmly that I cannot get anything right in my life.

As a result of continuous emotional abuse and the negative attitude of his parents towards Nevi, he had developed a negative self-concept. Bern was reported to be mentally challenged and had poor levels of confidence. His mother was overly protective of him because of his mental capacity and had also attempted to emotionally compensate for her emotionally abusive and aggressive husband, but Bern felt misunderstood and disrespected.

Bern

Everyone thinks I am stupid and that I don't know anything, so they are always telling me what to do. I cannot have a say in anything, its like they cannot hear me, because I am stupid. I talk a lot in group work because everyone listens to me.

Paul also felt inadequate largely in account of the manner in which his family treated him.

Paul

Everytime my mother picks on me and I think what am I doing in this world because my life has no purpose.

Lager reported having felt rejected and unloved by his family and this contributed to his poor self-concept.

Lager

I want my family to start loving me and to want me. My uncles and aunts fuss to my mother that they don't want me in the house. Everyone calls me terrible names and makes fun of me.

All of the above adolescents reflect poor interactional patterns within the family. The victimization experiences of the adolescents had a negative impact on them and also made them feel more sensitive to their family's unresponsiveness to them. According to Bagley and Thurston (1996), the issue of attachment in the individual impacts on examining the interactions of the whole family, and its system of communication, relationships and interaction. The adolescents appeared and reported to be emotionally needy and they acted out and sought attention for themselves in negative ways as in the following cases.

Nevi

I made mature, rude jokes to get attention. I was the class clown, and I just realised that people did not like my jokes because they were hurtful ones. Whenever my girlfriend does not give me attention, I feel unwanted and go out with other girls.

Vicki

I think I did the abuse because I wanted attention seeing as everyone just takes me for granted.

Nick

Because of my mother I felt hurt and rejected, with no one to believe me. I felt very lonely and worthless because of my lies. I always worry about what people are thinking about me. I want to always please people. It did not give me a very positive self-image.

The adolescents having such poor self-concepts in the above cases attempted to protect themselves by lying. This was another form of acting out behaviour, which also extended into stealing.

The adolescents in this study came from divergent backgrounds. They suffered various forms of abuse and almost all of them had received negative messages given by their families. In addition they experienced the usual identity crises of adolescence and felt labelled and stigmatised by the offending behaviour. A combination of these factors could largely account for the negative perception of self by the adolescent offender.

According to Hoghughi, Bhate and Graham (1997) along with the associated fear of negative evaluation, poor self-esteem may contribute to a choice to seek younger children for sexual relationships. It is evident that familial role expectations contribute to determining a child's self-concept and help define the people with whom he/she interacts. If the primary role expectations (protection and nurturing) are not met, as is the case when a child is abused, the child's sense of identity is eroded and rules governing his own behaviour become ambiguous.

INTELLECTUAL AND EDUCATIONAL FEATURES

A significant number of the adolescents presented with poor school performance. There could be several contributory factors for this – the current study provided information on the lack of stimulation in the family context, in addition to lack of supervision, neglect, sexual, physical and

emotional abuse, family instability and demotivation would impact on the adolescent's ability to reach his maximum potential.

Seven of the adolescents in the program required special education and were placed in pre-vocational schools and remedial classes. Ten of them experienced difficulty coping at school and had failed an academic year or persistently failed their subjects during consecutive academic years. Six adolescents performed at a normal academic level, while 2 adolescents were of above average performance ability and had high symbols and trophies for their performance.

Although it is not clear whether it preceded or followed victimisation, the maltreated child demonstrates reduced intellectual ability and impaired cognitive status, according to several studies cited in Bolton and Bolton, 1987. Although these effects could have been related as much to low social status, single parenthood as well as direct effects of abuse, the fact is that learning problems are demonstrated within this population.

Any school setting is not generally a comfortable place for hyperactive and distractible child victims. According to Bolton and Bolton (1987) the poor self-control that grows out of the victimization experience clashes with the control needs of school personnel, and the child is seen as noncompliant. The communication problems that burden this child do little to alter this view. These are difficulties mirrored by victims. Speech and language problems may characterize the physically abused child (Blager, Summit cited in Bolton & Bolton, 1987), while there is a great difficulty in intimacy in social relationships at school. Other problems of the abused child, as was in the case of Nevi, may be lack of concentration, poor attendance, truancy, lateness, scholastic changes, or sudden changes in conduct all of which may affect school performance.

Nevi

I have not been able to do well at school, and have barely passed, but at other times I scored As and Bs. I was always restless at night and never had a good night sleep and would go tired to school."

Nevi was always preoccupied with his problems and the abuse in his life. He reported experiencing flashbacks, bedwetting, nightmares that contributed to the disruption of his performance at school. At various times he displayed the potential to produce excellent results.

The following case of Leo portrays a child who coped fairly well in school regardless of his mother being a single parent and living in impoverished circumstances, but after the alleged sexual victimization by his brother at the age of 8 years, Leo's behaviour and performance in school deteriorated.

Leo

When I was small I could spell my surname, but after 8 years till now I cannot spell my surname.

According to his mother: After we moved from our other house when Leo was 8 years, he changed his behaviour and his schoolwork has become really bad.

Leo appeared affected by the trauma of being sexually abused by his brother.

According to Fehrenbach, Smith, Monastersky and Deisher (1986) academic and behavioural problems in school have been frequently reported, but the temporal relationships between problems in the school and development of sexually abusive behaviour patterns have not been studied in proper detail. According to their study abused and neglected children were significantly poorer in intelligence quotient (IQ) and reading ability than control subjects were.

According to Kahn and Chambers (1991) young male sexual abusers may be doing poorly at school both in terms of behaviour and educational attainment and like adult male sexual offenders relatively high proportions of them (between 25% and 60%, depending on the study cited) reported having been victims of sexual abuse themselves. A number of these studies also suggested that the families of such youngsters might have a number of difficulties in terms of their stability and intra-familial dynamics (Ryan, 1989).

Khumalo

I can never do well enough at anything especially at school for my parents. I feel that I am not good enough so I don't bother to try to do well. I have always felt afraid and anxious and had a speech problem - I stutter and have to speak carefully and slowly. I feel lonely and like no one really wants me. I have to work hard to be liked.

In the above case it appeared that family issues negatively contributed to Khumalo's ability to perform well at school.

Hoghughi, Bhate and Graham (1997) found that as with delinquents, abusive adolescents are unlikely to be intellectually bright and verbally articulate. Fehrenbach et al, Kahn and Chambers cited in Hoghughi, Bhate and Graham (1997) in their studies of adolescent offenders found that they are likely to have significant difficulties at school and to be poor achievers. In addition, they found that almost two-thirds of their sample was chronic truants and presented behaviour problems at school. In the present study, 8 of the adolescents truanted school and 4 were unwilling to complete their schooling.

EXPRESSION OF FEELINGS

Most of the juveniles experienced difficulty in expressing feelings or developed numbed responses or blocked feelings. According to Allard-Dansereau, Haley, Harmane and Bernard-Bonnin (1997) the inability to

function in the realm of feelings and emotions is related to child abuse perpetrators.

Some adolescents masked intense emotions with anger, indifference or bravado. As in the following case of Vicki.

Vicki

I blocked out the world, and often wondered how someone (abuser was his cousin) so close could be so cruel. Now I realize that I felt angry, hurt and betrayed

Some adolescents shut off their feelings so completely that they had no awareness of having emotional responses towards their experiences, and this may be largely on account of dealing with a range of complex, difficult emotions associated with being a victim and a victimizer and it might have been difficult for them to risk being vulnerable. The following adolescents described how they felt about their experiences in life in respect of the expression of their emotions.

Bern

I feel shut-up inside of me.

In the following case of Lager he appeared traumatized by his abusive experiences and being rejected by his father, and reported experiencing difficulty communicating his feelings.

Lager

All my words and feelings are kept inside me I do not like to move my lips and say anything.

According to Finkelhor (1985) silence is not an uncommon reaction to sexual trauma. Fear of reprisal, shame, fear of parental anger, or fear of not being

believed may keep this child silent and withdrawn. He reported that it is common for children to be alienated from their peers, as they own knowledge of the world that their peers do not share and often feel that they are alone in this world in the victimisation they have experienced. To make their withdrawal complete, children may develop a communication problem that allows them to keep their secret or as a response to the frustration of not having words to describe what happened. This explanation by Finkelhor (1985) lent support to the loneliness and lack of expression that the adolescents reported experiencing as in the case of Dick.

Dick

I think I did the abuse because I was lonely and wanted to be with someone. I want to keep to myself. Its safer, but I feel lonely.

Dick's parents reported him to be withdrawn, sad but at times angry. He was unwilling to explain his emotional states to his parents. He reported being bullied by his friends and felt less powerful in his interactions with his peers and other adults. His low self-esteem, a history of rejection, lack of trust and inadequate social skills, probably drove him, like the other adolescent offenders, to younger children to satisfy his needs for intimacy and nurturance. Nevi also described his need for the sexual offending behaviour.

Nevi

I cannot feel emotion, I block out my feelings, and that is exactly what I did when I was being sexually abused. I think blocking out my feelings in good and bad situations has become a bad habit. When I was touched by my girlfriend the feeling was so good that I think I sunk into unconsciousness. So what I did was get involved in sex especially when I was lonely and angry. When I feel low I lust to relieve myself. When I am depressed I feel like having sex. I feel powerful when I use money or give sex, it shows me my worth.

In the above case of Nevi, appropriate feelings and responses have been confused. When a person is sexually abused, his or her physical experience of pleasure often becomes directly linked to emotions of betrayal and badness, thus the body begins to experience loving touch as anxiety-producing, and gestures of affection as warnings of betrayal. The brain and body operate by a system that can be likened to complex wiring, and for the victim of sexual abuse, it is as if somebody twisted the wires that hooked up the normal pain and pleasure responses, thus severely impairing the abused person's organic capacity to give and receive touch and pleasure. These individuals have coped with their childhood sexual abuse by learning, in some way, how not to feel. Unfortunately this defence mechanism becomes stabilized and automatic in the body, and when they reach adulthood, even if they are fortunate enough to find themselves in a completely non-abusive circumstance, the defence system will often still not be able to discern the difference between a healthy and an unhealthy situation, and will continue to operate as though it was still in an abusive situation (Caplan, 1998).

For some of the adolescents the sexual offending behaviour was an outlet for negative feelings and appeared to fulfil an emotional gap that existed in their lives. Nevi also described issues of dissociation in relation to his feelings and experiences.

According to Briere, Berliner, Bulkey, Jenny and Reid (1996), victims of child maltreatment are widely recognised as isolated children. They are withdrawn, emotionally unresponsive and avoidant of peers in situations in which interaction would have been expected. Given the fears, lack of trust, expectation of revictimisation, and low self-esteem already described in the adolescents in the current study, this can hardly be surprising.

Tony had issues of attachment and isolation; his mother died when he was approximately 8 years, he had few friends, minimum contact with his host family who has moved to England and he was not hosted by a family during

holidays. Living in a residential setting made him feel isolated from people and accentuated his difficulties.

Tony

I feel lonely and sad because I have no friends and no family wants me. Sex helps me feel close to someone.

In the following case, Suds avoided discussing sensitive issues in his life, as he reported being afraid of expressing hurt and pain that had been part of his life for a long period.

Suds

I find it very difficult to talk about real things in my life, I like to play fools and make everyone laugh.

Part of the therapeutic intervention at Childline is to enable adolescents to confront, identify, acknowledge and express these feelings appropriately, in order to heal and reduce their risk of re-offending. Among the most significant emotions reported by the adolescents were anger, pain, and helplessness. The adolescent offenders had experienced some deficiency in their attachment or interaction with their families. As they had disruptive childhoods one would expect attachment to be damaged and to produce loneliness and lack of expression of feelings in their present interaction patterns.

Although the adolescents had difficulty expressing their emotions verbally, many emotions manifested themselves in acting out behaviour. Sexual offending was in some cases acting-out behaviour. Anger is also an emotion that the adolescents experienced in response to their difficult experiences and this is discussed in the following section.

ANGER MANAGEMENT

Anger is a negative response to frustration and devaluation. It may also be a response to the helplessness the adolescents felt in relation to their life experiences.

According to Prendergast (1993) inconsistent and punitive discipline practices by parents can contribute to children's under-regulation of anger and aggression. Research by Nasjleti (1986) suggested that children's poor social skills and biased cognitive/emotional schema for understanding relationships are more closely associated with problem behaviours. They apparently consistently interpret the behaviour of others as having hostile intent towards them. One important mechanism through which abused children develop disruptive behavioural patterns is through the acquisition of hostile attribution biases, which disrupt their social relationships with peers as well as adults.

Eighteen (72%) of the adolescents expressed anger and aggression in their lives. Their crimes may be examples of displaced anger. During therapy, the adolescents examined their thoughts, feelings and past experiences and some concluded, that they were angry with themselves for being victimized, being rejected by those closest to themselves, feeling powerless, worthless, and unsuccessful. Paul was exposed to his family's aggressive nature and felt angry and used the sexual abuse as an outlet for his anger.

Paul

I got my short temper from my brother, sister and father. If anyone starts with my brother, he will hit him. I should feel angry because my mother always picks on me no one else. When I call this boy (victim) I feel angry but when I finish sexually abusing him, I feel like my anger is gone.

Aggression, apart from the sexual offending, was also characteristic of most of the adolescents. The anger and aggression experienced by Paul appeared to be contributed to by inappropriate modelling by parents and siblings. In addition, he expressed anger about his circumstances, used the sexual abuse as a way of getting even, to ventilate his anger and instil some power and control in him. Thus for Paul, anger was one of the precipitating factors of the offending behaviour.

Fred was exposed to violence in his community and domestic violence at home. He developed aggressive ways of coping with conflict. For him aggression and violence was a means of survival.

Fred

I felt angry all the time because when growing up I had to face my fears, otherwise I would be sent to my grave.

It is evident from the analysis the juveniles experienced intimacy deficits and were lonely. They were also significantly angry and aggressive youth, largely on account of their own neglect and abusive situations. Lager's insecurities within his family and his feelings of rejection contributed to him being angry and aggressive towards his brother.

Lager

According to his mother: When baby was born Lager put a pillow over his brother's head and tried to suffocate him. Lager has always been an angry child. He tried to kill his little brother so many times. He is so full of hatred, anger and revenge. Lager said on 1 occasion, when he was 10 years - he will get a gun and shoot his father.

According to Lager. I hit the children all the time. I set fires too.

Pyromania is considered a symptom of anger (American Psychiatric Association, 1994).

Nevi reported being angered by his parent's unresponsiveness towards him. Sex also became an outlet for his anger:

Nevi

My relationship with my parents angers me. When I see other families getting on, I get angry and cannot control my anger. I love sex; it makes me want to hurt that girl. Sex is like a violent part of my life, I feel like swearing when I do it.

Nevi felt anger, relief, pain and pleasure in sexual interactions. In most incidents the anger was a hostile reaction to the various forms of abuse that the adolescents were exposed to, as a result they were revengeful and sought targets that they could control. Fourteen of the adolescents expressed revengeful feelings.

Van Ness cited in Hoghughi, Bhate and Graham (1997) found problems in controlling anger to be more than twice as common in a sample of incarcerated adolescent rapists than in a non-sex offender sample. However, adolescent sex offenders are less likely to use physically injurious force than their adult counterparts. Three of the adolescents also expressed their anger by hurting animals.

Santosh

I have not forgotten my abuse and I feel angry when I think about it, it just keeps haunting me. Once I was so angry that I threw the cat down the drain, killing it. At that moment I felt that I was justified. Then my uncle scolded me and I realized that what I did was wrong. I have problems telling people how I feel I just keep it in and keep to myself, it gets all mixed up inside.

According to Marshall cited in Bagley and Thurston (1996) the literature on intimacy and loneliness has established a clear relationship between the presence of these problems and an aggressive disposition. The lack of

feelings, lack of intimacy and loneliness also contributed to the lack of empathizing with victims, which is discussed in the following section.

EMPATHY

One may hypothesise that the absence of empathy in abusive parents toward each other may invoke the absence of empathy in their children which manifests in interpersonal relationships with siblings, peers and which they may carry over into adolescence and adulthood.

Cerezo and Frias (1994) traced the development of caring, which is an empathy related concept, in children from early infancy to adolescence. The factors identified as obstacles to the development of caring included poverty, marital disharmony, parental depression and exposure to violence. Experiencing negative affect in these circumstances invoked a similar affect in children.

Empathy builds on self-awareness; namely, the more open persons are to their own feelings, the more understanding and perceptive they are of others' feelings. However, as previously discussed the victimization and other negative experiences of the adolescents had distorted their ability to understand and feel for themselves, as they could not cope with their own pain. This impacted on their ability to empathise with their victim/s.

Victim empathy describes the emotional connection between the offenders with victim experience. For many offenders a lack of empathy with the experience of their victim/s is an important element in becoming sufficiently disinhibited to abuse and there is, therefore, a significant relationship between lack of victim empathy and cognitive distortions, as it is the latter which contributes to the absence of understanding, cognitively and emotionally, the impact of their abusive behaviour. But one needs to be careful in assessing the adolescent offender to have either a lack of empathy

or whether the adolescent has created cognitive distortions to deny the harm they have caused to their victims. Cognitive distortions may be attributed to the adolescents' guilt and shame, which are generally unpleasant feelings and may thus be avoided by the adolescents. In as much as the offending behaviour itself is a dysfunctional response, minimization and denial is used to avoid emotional discomfort and appears to be a logical response when the abuse is detected. Denial may change at various stages from outright denial to denial of responsibility.

Many of the adolescents experienced difficulty in taking responsibility for their behaviour. They initially denied or minimized the abusive behaviour. According to Steen and Monette (1989), denial, minimization, and relinquishment of responsibility are part of a defence system, which hold the offender together. Throughout the programme the adolescents rationalized or supported their offending behaviour. They generally distorted the role of the victim in the abuse and portrayed them as being in some way responsible for encouraging the abuse. There may at times be ambivalence; 20% of the adolescents were remorseful when they initially attended therapy but during the course of therapy they tried to justify their behaviour. The authenticity of their initially portrayed remorsefulness for the victim is also questionable because this could have been an attempt to obtain the researcher's and family's support or avoid imprisonment/detention.

An important component of the offender programme was victim empathy. This was a difficult aspect of the programme as the adolescents cognitive distortions were a pervading issue that had to be consistently reinforced. Some of the justifications for the abuse were:

She/he kept quiet so they must have enjoyed it.

He/she was too advanced for their age and knew about sex and probably wanted it.

It could not have hurt her/him, it was just a game and I treated her/him nicely.

He/ she was also aroused by the pornographic material, so how can it be wrong.

I was sexually abused and it did not affect me, so how could it affect my victim.

In the case of Vikesh, in the initial stages of intervention, he reflected on the cycle of abuse and disclosed that he did not feel guilty and remorseful about sexually abusing his victims because he thought that they liked and encouraged it. It took him a year to disclose his own sexual abuse. He thought this type of relationship was normal and acceptable.

Vikesh

I was abused when I was young I did not know what was happening. My father sexually abused me; he fondled my penis and had oral sex with me. I was at first confused, and felt no good, but everything sexual used to happen at home, so I thought this was supposed to happen.

Vikesh normalized his sexual victimization as part of growing up and found it difficult to understand the implications of his sexual offending on his victims.

In addition the therapeutic work involved not only their current offending behaviours but also issues, linked to earlier experiences and understanding of trauma and abuse. Most of the adolescents had minimum understanding of the effects of abuse either on others or on themselves, and needed this information before they could even begin to make appropriate choices about their sexuality.

Harsh and abusive treatment by caregivers can inhibit the development of prosocial responses in children. Briere, Berliner, Bulkley, Jenny and Reid

(1996), found that physically abused children did not show responses of concern, sadness, or empathy when a peer was distressed. Also physically abused children were consistently more aggressive in their social interactions, although there was between-child variability. Earlier the discussion on physical abuse reflected that 74% of the adolescents in the present study were physically abused.

In explaining the issue of empathy, Miller cited in Breer (1987) posited that in violent and abusive homes, children have basically 2 choices: to identify with the victim or with the aggressor. Identifying with the victim, and its behavioural correlate, seeking to intervene on the victim's behalf (typically a sibling, or a battered parent) will only put children in greater danger by directly challenging the violent adult. Children seeking to survive in such a home will likely fare better in the short run by identifying with the abuser and waiting the day when they will become big and strong enough to wield such power themselves. To maintain this aspiration, however, children must discount the pain of the victims, leading to a diminished capacity for empathy, and eventually to an inability to perceive the pain of others at all.

According to Salter (1988) by their experience of molestation, children learn how to be sexual with others, and may make sexual approaches to both other children and adults. Some children seem unable to tolerate the role of victim and may attempt to gain mastery over an upsetting experience by playing the role of perpetrator, by engaging in fixated and repetitive sexual play in an effort to discharge anxiety (Gil & Johnson, 1993), or by identifying with and replicating the behaviour of the aggressor. However, not all offenders have been sexually abused as is noted in the present study.

Empathy is an important interactive tool. If one can establish that most adolescent sex offenders lack this ability because of their experience then the lack of empathy would manifest in their relationships. This leads to another important discussion on the adolescent's social development and social interaction.

SOCIAL DEVELOPMENT

According to Burgess cited in Bolton & Bolton, (1987) social development refers to the range of skills required in making and maintaining social relationships. The maltreated victim shows a dearth of social skills. It is believed that these skills were unavailable to the child even before the victimisation, perhaps causing some of the problems in his/her life. It is not difficult to imagine these children as having impoverished communication and poor coping ability because that description also matches the operating style of the family in which they live. These problems may reveal themselves in interactions with adults and peers at every level and school may present the biggest challenge for this under prepared child.

According to Hartman and Burgess (1993:56) the neurobiological basis of the altered alarm/dissociative process during and post trauma impedes the development of information processing essential for the discerning of intentionality, personal responsibility (blame), sense of control over events, and trust in others. Once this imbalance occurs, the child is restricted in developing cognitive schema to deal with interpersonal intimacy. This in turn results in secondary patterns of aggression and/or avoidance. It is as if the child loses the capacity to develop the perceptual and cognitive schema to handle the nuances of interpersonal relationships.

According to several studies cited in Hoghughi, Bhate and Graham (1997) adolescent abusers show particular difficulties in self-presentation, assertiveness, sympathy and sensitivity skills. Awad (1991) found that sexual offenders showed a higher degree of withdrawal and social anxiety than non-sexual offenders. His sample of adolescents reported being bullied at school and having few friends or social contacts and only 50% of the sample group had had girlfriends compared with 81% of other non-sexual delinquents. Another outcome was that two-thirds of the adolescent sexual offenders were

lonely and isolated individuals compared with one-third of the non-sexual sample of delinquents in his study.

A typological study of adult offenders who began sexual offending in adolescence indicated that the majority of rapists and child molesters can be assigned to subtypes exhibiting low social competence, as defined, for example, by instability of relationships and employment (Knight and Prentky cited in Hoghughi, Bhates and Graham, 1997). Low social competence was found to be more widespread in those who began offending in adolescence than as adults. However, it must be noted that social difficulty seems to be associated with persistence of offending. It is possible that maladjusted abusers are most likely to persist. Studies of social functioning in adolescents who commit other types of offences have often suffered from methodological difficulties, and findings have been mixed. Some studies suggested that adolescent sex abusers are more likely than other adolescent offenders to be socially isolated, to experience social anxiety or alienation from same and opposite-sex peers (Blaske, Fagan and Wexler cited in Hoghughi, Bhate and Graham, 1997). In virtually all cases, a history of long-standing parent-child problems existed even before the child acted out.

Most of the adolescents in the current study had little or no satisfying relationships with persons of any age, were isolated and had difficulty in maintaining friendships.

The adolescent's relationships with adults in the family and outside the family were generally stressed and fraught with conflict. Nurturance was clearly lacking in the relationship between the parents and children. In most cases Mother-child relationships were mainly characterised by highly ambivalent and strained feelings. Lack of approval from parents was also common with the families under study. Many of the adolescents obtained support from gangs and relationships outside of the home as in the following case of Dick, where communication had broken down in the home.

Dick

I don't talk to my parents we just don't get on - most of the time I am not at home, I go to my friends and stay there.

Dick's parents appeared to share distant, uncommunicative relationships and there was a lack of understanding of their children.

Deficiencies in social skills to enact effective behaviour seriously restrict the possibility of attaining intimacy and many sex offenders have such deficits. Wolf cited in Wiehe (1997) has shown that for many men "intimacy is synonymous with sexual behaviour". This observation fits with Howard's (cited in Worling and Curwen, 2000) suggestion that aberrant sexual behaviour may serve as an anodyne for loneliness, although why loneliness should produce aberrant, as opposed to normative, sexual behaviour is not made clear by Howard. Perhaps the connection is through the induced mood. No doubt, loneliness produces depressed mood, and depression (and other negative affective states) has been shown to precede sexual offending (Pithers, Beal, Armstrong, & Petty cited in Bagley and Thurston, 1996). There is, therefore, evidence to suggest that sex offenders may have serious problems in establishing intimacy and that, as a consequence, they may suffer from loneliness. Loneliness and isolation were common characteristics of the adolescents in the study. The following two sections detail interpersonal relations with peers and the opposite sex.

PEER RELATIONS

The adolescents had poor peer relations, and few had a best friend. Some of their relationships with other children were generally characterised by antagonism, fear, uncertainty, and disagreements. Social skills were few and these children had very limited ability to control their impulsiveness. Frustration tolerance was very poor, as were their problem-solving and positive coping skills. But some of them obtained support from particular peer groups in their communities. The gangs generally composed of negative

influences and consisted of school dropouts, substance abusers and those with delinquent tendencies. A strong solidarity developed with the group but although there was loyalty, relationships were superficial. A strong code was generally abided by which entailed conforming to the group rules. Thus the individual's ability to make decisions was lost and the adolescents became conformists to negative behaviours inspired by the gang. But the gang appeared to be the only outlet for their loneliness. The following cases of Bern and Fred bring to light some of their dilemmas they experienced within the gang.

Bern

That's why I runaway and join my gang, at least they listen to me. If you do not help your friends or do what they do/ tell you to do they pick on you and tease you and fight with you. I have no one that understands me, so I join my gang. My gang is the most important to me they are like family. But they will not take you for the person that you are, they always find something to make fun of. If they fight or tease someone you have to join in even if you don't like to. I stayed over with my friends a few times. We sit in a gang in a car and drink and smoke. Sex for us is a youngster activity "we are making rude". Friends talk about it so we wanted to experience it. When I was caught I realised that it was wrong. When you are with friends you have to do what they are doing. And everyone is looking at blue movies and magazines. And if you feel low, you want to be part of what's happening. Otherwise you will be all alone.

In the above case, Bern indicated some of the problems existent in the activities of the gang but he nevertheless chose to join the gang rather than be isolated and alone.

Fred

I cannot trust my mother, because she has never been there for me and does not support or trust me. I had no friends. But now I have a gang. I cannot say

no to my friends, I owe them. When I go out with my friends and if they offer me a drink, I cannot refuse. The only way to get away from my friends is to leave the area, otherwise I cannot ignore them. Because if I do not do what they do or say it feels like I am "rejecting" them. My friends help me budget, keep my banking card, I buy them drinks (alcohol). My loyalty is to my friends, because most my life I have been with my friends not my family, and my friends took care of me. My family was there to provide for my food, shelter, but my friends were there emotionally. I never had time to think or be with girlfriends, when I was with my friends. I had one friend in the homes, but she later died of a skin problem. When it comes to decisions I cannot say no to my friends it is a bad thing, because you have to listen to the group. We are called gangsters, because we consume alcohol, get involved in gang fights and go clubbing.

Fred described the obligation to conform to the gang's activities and emphasized the purpose of the gang in his life. All the relationships with each other in the gang appeared superficial but they subscribed to a code that bound them to each other in the group.

Paul

I learnt to hit someone badly because of my gang they should start with every one that they saw. When someone starts with me I will go and hurt him/her very badly and after that I will go and call my friends and they will hit that person too. Sometimes my friends just like to pick a fight for nothing to amuse themselves. If my mother does not stop hitting me I will report her to the gang.

Paul had poor levels of confidence but the support of the gang appeared to give him confidence and also gave credibility to his aggressive activities. Although the adolescents recognized the negatives of the group they did not give up their allegiance. The gang gave them recognition, power and control. Within the gang they had the courage to intimidate people less powerful than

them. Anger, power or control issues seemed to be characteristic of the adolescents' interpersonal relationships.

According to Finkelhor and Browne (1986), effects of abuse and neglect may relate to isolation, gravitation to stigmatised groups of substance abusers or delinquents. Fred, Paul, Nevi, Bern and Ferro were isolated, unsupported and obtained acceptance from the group. Many of the adolescents in the current study were lonely and isolated but some found support in the subculture of gangs.

The above adolescents like Peter had given up on their neglectful, unfulfilling relationships with their families and turned to their peers for support.

Peter

I know I have a stepsister (my mother had a child from another relationship) but I am not interested in getting to know about where she is, or being with family. I want to be on my own, alone. I prefer being with my friends they are kind, friendly. Family wants to punish, hurt or turn their backs on you. With my father I talk about school, with my friends I talk about life. They understand me. My friends have taught me lots of things - how to do karate and take care of myself.

Marshall cited in Ryan and Lane (1991) has suggested that problems of early emotional attachment contribute to a failure to establish intimate relationships in later life and subsequent low self-esteem and emotional loneliness. A high proportion of adolescent sex offenders have been reported as isolated from their peers, with poor relationships with family members (Lewis, Shankok Pincus, Deisher, Wenet, Paperny, Clark, Fehrenbach, Saunders, Levene, Smith, Monastersky, Awad, White, Saunders cited in Vizard, 1997). Not surprisingly this lack of social competence often results in low self-esteem and loneliness. A common assumption about adolescents who commit sex offences is that the sexual acting out represents one feature of their general psychological and social maladjustment.

Four of the adolescents felt safer and more comfortable in relating to children. This could have the purpose of nurturing the “lost child” in them or it could indicate the beginnings of the emotional congruence that paedophiles describe that they have in relating to children. Furthermore feeling in control and minimum demands by the child victim contributes to them feeling competent.

Nevi

I feel drawn to children, but I have not abused them in anyway. Children feel drawn to me, and always snuggle up to me.

In summarising theoretical concepts that attempt to explain why some people molest children, Finkelhor (1986) included social skill deficits under the broad explanatory category of “blockage.” Blockage theories suggest that sex offenders are somehow blocked in their ability to get their sexual and emotional needs met in appropriate peer relationships and therefore choose alternative victimising avenues for need fulfilment. If the blockage theory has any power as an explanation for adolescent sex offenders, one would expect to find these teenagers to be much less sexually experienced than their peers and generally less well socialised.

In terms of their characteristics young male sexual abusers seem to have a number of social skills deficit, often being socially isolated, lacking dating skills and sexual knowledge, and experiencing high levels of social anxiety. Craissati and McClurg (1997) found adolescent sex offenders to have poor self-esteem, and were more likely to have less intimate relationships, fewer friends, and fewer female friends.

ATTITUDE TOWARDS OPPOSITE SEX

Eleven of the juveniles had a poor attitude towards the opposite sex; they viewed women with distorted stereotypes and lack of respect.

Studies of violent men have identified certain attitudes and beliefs associated with both sexual and general violence. Groth's study on rapists cited in Erooga and Masson (1999) emphasized the role of hostility towards women as both a motivator and disinhibitor for rape. Burt (1980), in Erooga and Masson suggested that individuals who endorse "rape myths" and have sexual beliefs and attitudes, which endorse the use of violence against women, are also prone to rape behaviour. While research has not been replicated with adolescents, according to Erooga and Masson (1999) these attitudes are likely to inform rape behaviour in young people.

Some of the adolescents had been exposed to poor role modelling or inadequate role models, in their families. This had impacted on their perception of the opposite sex as in the case of Ferro and Fred.

Ferro

No one has respect for the women in our house or the girlfriends that they have, everyone wants to have a good time with women.

In Ferro's family, a pattern had evolved where the father as well as his brother had several girlfriends or extramarital affairs. Ferro engaged in several sexual relationships, many of which occurred simultaneously.

Fred also appeared more hostile towards women, because of their socialisation and rejection stemming from his experiences in intimate relationships. He had also witnessed his mother being assaulted, rejected and ill-treated by her boyfriends. He had also complained about his mother's passivity and lack of discrimination in the choice of her boyfriends.

Fred

I was with a group of friends and this girl (20) was swearing us, we told her that we would show her (1st Week in February 2001). I raped her, my friend

put buttons (drugs-mandrax) up her vagina, and when she continued to swear my friend slapped her.

In the above case Fred reported that he and his friends were sexually aggressive towards a female who had been verbally abusive towards them. Fred was of the opinion that "she had to be put in her place and taught a lesson."

Graves cited in Bagley and Thurston (1996) found that about three-quarters of his study sample of adolescent offenders reported or were rated as lacking heterosexual (dating) confidence, experience and skills. Problems of heterosexual competence may exist at a number of levels. Adolescents may, for a variety of reasons, be apprehensive about members of the opposite sex. This may be due to a lack of sexual knowledge (Crawford and Howells cited in Bukowski, 1992) feeling unattractive, and having expectations of ridicule or rejection. These problems may exist in addition to general social skills problems, for example in relation to initiating and maintaining conversations with peers they find attractive, and ensuring that sexual relationships are mutual and consenting.

Most of the adolescents in the current study reported problems in their relationships being unsatisfactory, involvements were short term or limited, they were unassertive and misunderstood their girlfriends because of limited communication. Two girls rejected Moths, three years ago. He felt too intimidated to pursue another relationship.

Moths

I feel if I have a wife she must stay at home and always be with me. She does not have to work; I will take care of everything. Whenever she wants to go out I will take her. Why does she have to do anything on her own if she has me? If she loves me she will listen to me. I don't want to have the same problems that my parents are having.

There were implications of issues of power and control in future relationships. In Moths family, his father had numerous extramarital affairs but Moths is distrustful of women and fears being betrayed.

In the following case, Vikesh has been socialized to have little respect for women and to see them as "sex objects". He had little respect for his mother and created conflict between his parents and influenced his father to get rid of his mother.

Vikesh

My father has lots of affairs with women. My father often says to my mother 'your hole is too big I can fit my head through', "who are you keeping yourself for" and calls her a whore. I hate being at home with my mother. I told my father to get rid of my mother, because she chased him from the house.

I now live with my uncle, we go to the Wild Coast every weekend, to gamble and my uncle takes a different girl there everytime because his wife is no longer staying with him.

According to mother: My children irritate me they always grab my breasts although they are all teenage boys.

In the above case there is no/little respect for women and they are regarded in a sexually abusive way. There are also sexual overtures, little respect for each other and poor boundaries.

Perhaps the adolescent offenders chose children to engage in sexual activities largely on account of their poor social skills, which prevented them from developing meaningful involvement with peers. They carried out sexual experimentation with younger children available to them who served as substitutes for more desired peer partners.

The analysis revealed that many of the adolescent sexual abusers had not engaged in prior sexual experiences with peers. These adolescents largely

experienced social deficits and the negative attitudes and values towards the opposite sex were obtained from socialization with peers and family. Thus this formed the basis of their interaction with the opposite sex. But it must be borne in mind that other experiences also shaped the adolescents' sexual values and experiences and contributed to the sexually abusive behaviour.

SEXUAL VALUES/ EXPERIENCES

Although the adolescents committed sexual crimes, their education and knowledge about sexual issues was extremely limited. Furthermore, they had experienced difficulty and discomfort discussing sexual issues. This section encompasses the influence of pornographic material on the adolescent, sexual messages in the family and sexual fantasies.

INFLUENCES OF PORNOGRAPHY

An overwhelming amount of research indicates that not only child pornography, but also adult pornography has a cause-effect relationship with sexual abuse. Van Rensburg cited in Aftab (1997:113) stated:

As our censorship laws are liberalised, we have to confront the debate about the connection between pornography and the sexual abuse of children. It won't help to convince ourselves that drawing the line at child porn and bestiality will keep abuse at bay; adult porn is being used to procure victims for paedophiles.

A significant number of the participants used pornography, but this was just one of the causative factors leading to the precipitation of the offending behaviour. Twenty-two of the juveniles were exposed to pornography, and in most incidents the pornographic material were immediate precipitants for the sexual abuse. This is conveyed in the following cases.

Simpiwe

My friend Nick brought this sex book to school maybe two years ago. A week after that we started abusing this girl.

Bern

I started watching these adult movies from 12 years. In the movie I saw men and women having sex. I watched a movie, which was for adults, at my friend's house and saw men having sex with each other so I thought it would not hurt that child (victim). I thought he would enjoy it, and he did, because he stayed quiet when I did it. I felt good it was the first I did what my friends talk about and what I see in the pictures and movies – it was sex. Sex feels nice.

Vikesh

I watched bad things on television and I saw Hustler magazines that I got from my big brother. I had an 'explosive' feeling inside of me when I watched the Pornographic movies.

Vicki

From television and friends I learnt how to arouse females. I learnt about their genitals, why their nipples pop. From about 11 till 15 years I fantasised about Pamela Anderson and me "sexing" on the beach.

Whilst watching one film, I saw inmates gang raping another inmate. At first I thought it was disgusting and terrible, but after a while I began fantasising about doing it to someone. That's when I started to think about me hurting someone else.

Paul

I learnt to abuse from the film that I watched – 'JAIL' the men were having sex with a man. I also watch movies with SNVL in it.

Fred

I watched a blue movie before I abused the girl and felt something funny inside me; this girl was the only one available to have sex with.

In all of the above cases, it appeared that pornographic material contributed to the precipitation of the sexually offending behaviour. Pornographic material was one of the immediate precipitants in 22 of the cases in this study. Although there is much speculation about the negative effects of pornographic material, there is a dearth of information about the effects of pornographic material in the South African context.

Sexual messages in the media have both immediate and long-term effects. Viewing pornographic material may change a person's immediate state by inducing arousal, leading to disinhibition of impulses or activating thoughts of sex. Immediate effects are the focus of Zillmann's arousal theory (Von Feilitzen, Carlsson, 2000). According to that theory, if television content produces emotional and physiological arousal, some type of behaviour is likely to follow. Whether or not that behaviour is "sexual" depends on both the personality of the viewer and the environmental circumstances. It may also contribute to enduring learned patterns of behaviour, about sexual interactions, attitudes, and beliefs about the real world. Theories based on observational learning and information processing emphasised lasting effects of exposure to media content. Bandura's observational learning theory suggested that children would learn not only the mechanics of sexual behaviour, but the contexts, motives and consequences portrayed. They will attend to and learn from models that are attractive, powerful, rewarded, and similar to them. Children do not usually act immediately on what they learn from television; instead, they store such knowledge to be used when their own circumstances elicit it. In most instances, the adolescent offender molested their victim at opportune moments, when they were alone.

Many of the adolescents were exposed to the pornographic material from their preadolescent years, and being innocent and impressionable, they

developed an interest in viewing it. The following cases shed light on the impact of pornographic material on the development of the child.

Jay

I started using my father's blue movies, from a long time maybe since 9 years or before that. I cannot stop, I just want to watch it all the time, I enjoy it, and it does something to me. I feel warm and nice. I think I like sex a lot. I use to fantasise when I see the porno movies.

In the above case of Jay, it appeared that sex was also comforting and met some of his needs that were not fulfilled by peers and family members. Khumalo reported a similar experience of obsession with pornographic material

Khumalo

At 9 years I found books in my parents room about sex. It showed pictures of people having sex. I use to go and look at it all the time I couldn't stop. I thought about the positions in the magazines and blue movies when I abused my sister.

Lager

I use to watch my uncles blue movies, and look for his blue magazines in his cupboard. I have been watching blue movies for the last 2 years. I have been reading these magazines for a long time. When I was in crèche I saw magazines with sex and I had sex with a girl at the crèche. When I saw the sex magazines – Hustler, I thought that my body could do that because those are people like me.

When children and adolescents are not given appropriate information about sexuality issues they can easily be influenced by what they see as in the case of Lager.

Nick spent most of his time unsupervised and on the Internet. He became sexualised at the age of 7 years or younger possibly because of his own sexual victimization and also exposure to pornographic material at his home. There appears to be a growing concern of children obtaining access to porn on the Internet.

Nick

When I was 8-9 years I switched on a VCR machine, which exposed me to pornographic material. I found it very arousing and found it interesting I had new feelings and thought about sex and masturbation. I also watch pornographic material on the Internet.

According to Livingston (2000:14):

With the Internet, the pornography becomes readily accessible to anyone – it appears instantly. The person can have instant gratification. Child abusers use the Internet to validate their beliefs. By finding others on the net who agree with their values, they reinforce, rationalize and legitimise their belief that they are doing nothing wrong. They encourage others to join their activities, and will seek others out...

Khumalo

When I was 7 years I played with a girl from next door. One day I went to visit her, and when I went into the house I saw her playing rude games with two other boys who were bigger than us. I did not know what to think, I left the house, but I felt funny. Some time later I asked her to play father-mother games with me. She opened her clothes, and played the rude games with me. I think we had sex. I always felt that "real men" had sex early. I cannot enjoy sex anymore I think about my sister, whom I have abused, and feel, so guilty and embarrassed.

Khumalo had inadequate parental supervision and started sex play experimenting at an early age. He did not share a good relationship with his parents, was isolated from his peers, was envious of his sister and these

factors could have contributed to the inappropriate sexual behaviour. This is a characteristic of most of the offenders; the researcher has worked with at Childline. They were exposed to sexual incidents during their development, and experienced a curiosity about sex. However, as these issues were not discussed with a caring adult, the adolescents obtained inappropriate information and acted on that basis. Friends were also a frequent source of inappropriate information and generally encouraged sexual experimentation. This is significant because the adolescents as they approach and pass through this crucial age of transition, are developing their own understandings of sexual behaviour and their own sexual feelings. How these understandings develop depends very much on the adolescent's past and present experiences of sex. These will include whether or not they have access to appropriate sex education; the attitudes of their family to sexual matters; whether they have experienced abuse themselves; or how they have been, or are being, introduced to sex among their peer group.

In some instances, the pornographic material was used to justify and normalize sexual acts and thus initiate the victims into sexual interaction. According to Livingston (2000) a direct relationship may exist between pornographic literature and the sexual molestation of young children. Pornographic material serves as a vehicle for turning a normal conversation with a child into a sexual theme. It is also used to break down a victim's inhibition against acts he or she will be asked to perform.

From the above discussions it is evident that pornographic material does contribute to influencing children and adolescents into committing offending behaviour. The pornographic material did more than just cause offending behaviour; it also created faulty perceptions, aggressive and unempathic behaviour. For young people who have suffered sexual abuse, their views about sex might have been affected by that experience, although the way in which this will manifest itself will vary and has been discussed in the literature review. Sexual development and the effects of sexual abuse have been discussed in the literature review in Chapter Three.

Most people have no understanding of the effects of abuse either on others or on themselves, and need this information to make appropriate choices about sexual issues. Almost all of the adolescents were exposed to sexually abusive experiences, inappropriate sexual information either through personal experience, media – electronic or print during the early developmental years. Young people are exposed from an early age to explicit sexual behaviour through the media. Pornographic material is now more readily accessible and available.

SEXUAL FANTASIES

Sexual fantasies generally preceded the offending behaviour of the adolescents, although they initially insisted that the abuse “just happened.” During the course of therapy adolescents acknowledged masturbating to the pornographic material that they were exposed to and this reinforced some of their fantasies and offending behaviour.

Paul

When I should masturbate I should think about the movie I watched when 2 men were having sex.

Lager

I masturbate to fantasies with someone my age; sex with children below 11 to 4 years. I masturbate to fantasies of sex with someone famous; sex with more than one person; receiving pain during sex.

Vikesh

I should fantasise all the time before I really abused someone. At the time of the abuse I thought of acting out my fantasies, I did not consider how it would affect her.

James

I feel angry and funny inside of me, when I think of that. Whenever I thought of doing sex I was thinking of what my father did and that made me want to do bad things. I thought of the times when my father had sex with my mother.

Suds

I have a sexual fantasy before abusing my victims that is, of my own abuse.

Suds identified with his aggressors and committed the sex offence he was exposed to.

In addition to pornographic material, many of the adolescents were also exposed to overt and covert sexual messages within their family.

SEXUAL MESSAGES IN THE FAMILY

Many of the adolescents in the study experienced emotional and physical intrusion on their sexuality. A covert sexualised atmosphere was found in 40% of the homes. The subtle and not so subtle sexualised relationship between adults and children also contributed to sexualised and offending behaviour.

Bern was exposed from an early age to his father's sexually permissive and aggressive lifestyle.

Bern

According to mother: I heard that my husband also had sex with a 10-year-old boy in the area where we lived. My husband and his friend raped a man. My children have also seen their father with women in his car.

Bern was exposed to his father's sexually permissive and sexually aggressive lifestyle.

Jay

Everyone in my family seems to own pornographic material: my father's father, my father and his brother and the two grandsons. I accidentally found the porno movies and so did my cousin. My father did not have the guts to tell me not to watch the porno.

Jay was exposed to the pornographic material that was easily accessible to him in his immediate family as well as the extended family.

James

I remember one time I was playing outside, and then I came in, my parents were having sex they ignored me and continued to have sex, this happened quite a few times. My foster father use to always take each sister into the room and close the door - sometimes they would come out of the room with bruises, and sometimes it was quiet. It was very funny and I think that my foster father was sexually abusing the children.

According to caregivers: Parents had sexual problems. Mother was a pickpocket and also prostituted intermittently.

James was exposed to his father's as well as his foster-father's physical and sexual aggression. He fantasized about this when he engaged in sexually abusive behaviour.

Dick

I got the idea from my big sister about how to abuse my smaller sisters.

My parents never talked about sex to us. My parents find sexual things embarrassing.

The above cases portrayed inappropriate modelling and conveyed messages of the normality of inappropriate sexual behaviour to the offending adolescents. In addition, four of the mothers of the adolescents also engaged in prostituting behaviour.

For many people, the inconsistencies or misunderstandings created in their own families are sometimes corrected through educative work in school, whenever arranged.

CRITICAL ISSUES IN THE SOCIAL ENVIRONMENT

The analysis of the data depicts that the parents of the adolescents in the current study, were far from the fully functioning, independent parents as they struggled in their relationships with their children, boyfriends and experienced impoverishment and abuse. The abuse and neglect of the adolescents may reflect the extreme of such dysfunction.

The discussions have explored issues with regard to the family and the individual that may have contributed to the adolescent's sexual offending behaviour. But the individual and the family is embedded in a society within which it interacts. Thus society and its structure also impact on the individual and the family and exert its influence.

According to Obholzer and Roberts (40:1994) " A living organism can survive only by exchanging materials with its environment, this requires an external boundary, a membrane or skin which serves to separate what is outside, and across which these exchanges can occur. This boundary must be solid enough to prevent leakage and to protect the organism from disintegrating, but permeable enough to allow the flow of materials in both directions, exchanges with the environment need to be regulated in some way, so that only certain materials enter." This supports the notion that offending behaviour is also located in the relationship that the adolescent has with his environment, in particular his interpersonal relationship and that rehabilitative work depends on consideration of the relationship between the client, the caregiver, and the wider societal systems beyond it.

The experience of child neglect and abuse is often embedded in a larger pattern of dysfunction and, in many cases environmental chaos, making it difficult to separate the impact of neglect from other environmental influences. Particular issues that are considered are poverty, violence, pornographic material, changing value systems and impact of the post apartheid era.

Poverty may exacerbate parents' inability to provide adequate care but should not be thought of as a singular cause. Thirteen families experienced poor socio-economic conditions, in five cases fathers were unwilling to work and mothers had to seek employment. In many cases mothers were single parents and experienced difficulty securing stable employment and received no financial support from reputed fathers.

According to Brody cited in Bolton and Bolton (1987), lower socio-economic status mothers are found to be less stimulating to their children and to put a higher value upon control through punishment. It was found that the higher the family income, the more positive the overall tone of family interactions. But physical and emotional health problems, as well as reduced academic performance of the lower socio-economic status child, negatively influence the parent-child relationship. In an atmosphere of pervasive poverty, it will be difficult for parents to teach their children to function more appropriately than they are functioning themselves. Being poor impinges on every aspect of family life. If families have few resources to cope with stress, even normal emergencies will increase the risk for family dysfunction. Poverty directly affects the strapped wage earner who, already insecure, is constantly faced with an inability to provide sufficiently for a family. This violation of both the wage earner and the family's expectations can generate the potential for a violent response (Deschner, Straus, Gelles, Steinmetz cited in Bolton and Bolton, 1987). Family violence is not exclusively a lower socio-economic status situation. Families that are financially better prepared have more escapes, which may be exercised earlier in the development of the violent pattern.

In some instances material means may discourage violence by allowing relief through the hire of child care services or making the parent feel rewarded with treats or purchases. Such relief is not available to the economically deprived family. Newberger cited in Patton (1991) pointed out that welfare programs offer inadequate help in such stressful circumstances. Nor does such relief always serve to avoid violence, as is evident in more affluent families in which abuse occurs. In other instances a responsive environment in the form of an empathetic circle of friends or caring extended family might be helpful. But where these are not available or helpful, other means of treatment are necessary.

In addition, abusing families are affected by many contextual factors, such as limited intelligence, single parenthood, stress, marital discord, family instability, child rearing attitudes and practices, and philosophy of violence.

Evidence supports the ecological model of child physical maltreatment, which emphasized the complex interplay of child, parent, family, and social system characteristics in the origins of child maltreatment. However, it is necessary to understand further the different ways in which specific characteristics in each system contribute to abusive interactions (Maddock and Larson, 1995). Certain key variables need to be further understood including parental mood state, substance abuse, child-rearing practices, and family level of physical aggression, coercion and stress. Since features of the child's environment are strong correlates of child abuse or its effects, more information is needed regarding primary family relationships that may mediate children's adjustment. It is important to understand abusers' attributions of their own behaviour as well as child misbehaviour, parental distress and environmental stress. According to Williamson, Borduin and Howe (1991), combinations of physical, emotional and sexual abuse are particularly harmful. Abusing parents are particularly likely to have been abused in their own childhoods. Social isolation and lack of community support or sanction also contribute to patterns of abuse and neglect in already dysfunctional families faced with

stressors including poverty, unemployment and children who do not want to accept parental responsibility. Physical abuse is most strongly related to rigid family functioning, while sexual abuse was related to internalised pathologies (including very high levels of anxiety, personal withdrawal from peers, depression) in both family members and the abused child.

Children are exposed to a range of abuse by their parents. In attempting to understand child abuse, the economic and social stresses experienced by the family are seen as contributors to the occurrence of abuse. Gil and Johnson (1993) pointed out that the cultural view of children and prevailing child-rearing practices in some sense sanction violent behaviour toward children. There is general acceptance of violence within the culture as a means of dealing with conflict. Until recently, children have not been seen as needing special protection. The rights of parents to control and discipline children have not been restricted, and physical punishment, has been acceptable. These aspects of the attitudinal orientation of parents also contribute to the occurrence of abuse. In addition to the cultural, economic, and social situation of the family, which impinges on family functioning, stresses that are situational and transient may also contribute to the occurrence of abuse. According to Briere, Berliner, Bulkley, Jenny and Reid (1996) families in which there is physical abuse are in many ways typical of other low-income families. That is, they have relatively young parents, with relatively little education. They also tend to have unstable relationships, with many mothers being unmarried, divorced, or separated. Most abusive parents were abused or neglected in their own childhood. Families with physical child abuse also resemble families with other forms of violence. Often, there is spousal and sibling violence as well as abuse of other children.

The high levels of abuse in the lives of the adolescents in addition to the soaring level of violence in society has involved large numbers of children as direct and indirect victims. Highly publicised examples of violence involving child victims are dramatic. Community violence is becoming a source of chronic trauma for most vulnerable children whose exposure to violence is

too frequently paired with the deprivations of growing up in poverty. What little we know as proved 'facts' about children living in high-crime areas suggests that the experience is not unlike living in a war zone (Monahan, 1993). Fred in the following case described his experience of violence.

Fred

I witnessed my friend being shot. The South African Police assaulted me all the time. My friends were imprisoned for murder. I carried a knife for protection. I fought a lot of people I had no choice but to defend myself. My friend died, he got shot in the head. My cousin got shot in the arm and he was hit until he was unconscious. My uncles got stabbed, to death - he died of internal bleeding. My friends still carry guns and knives.

The incidence of reported sexual assaults on children in South Africa has increased markedly over the past few years. There is a debate as to whether this represents a real increase in child abuse or increased awareness and reporting. According to the director, Joan van Niekerk, (personal interview, 2002) at Childline Family Centre, KwaZulu-Natal, both factors influence the present escalation of reported sexual assaults. South Africa's recent socio-political history has had a vast impact on the emotional and psychosocial development of children and youth. Apartheid and the struggle for freedom and democracy had a massive negative impact on family life and therefore on the socialisation and holistic development of children and young people. Families and communities were disrupted and fractured through apartheid legislation and its implementation, and the struggle for freedom further eroded family and community life.

The present climate in South Africa is an important factor in considering the increase in sexual offending. South Africa is a stressed and transitional community and has certain issues occurring as a result. Our country has been affected by violence during the apartheid era and the transitional period. Many South African adolescents have been exposed to violent experiences and the accompanying emotions can be traumatising. The

literature review in Chapter Three and the analysis has shown that children exposed to violence are likely to perpetrate acts of violence, and sexual offending is a sexual and violent crime. These adolescents have systematically been socialised to perceive violence and sexual control as the only viable means to assert themselves. Propaganda also existed to evoke distrust and insecurity among people and break down values of respect for others. Parents coping with neighbourhood violence may also be less emotionally available to their children because of the stresses of negotiating a violent and hostile environment (Jenkins & Bell).

The Group Areas Act of 1952, Population Registration Act of 1950, Pass Laws and the Labour Legislation, affected families and limited the provision of a healthy and socially conducive environment. These laws restricted blacks from occupying urban areas where employment opportunities existed. As a result men left their families in the rural areas and sought hostel accommodation and employment opportunities in the city. Families became female-headed households. Communities were put together and developed little community togetherness. Values and family systems were also eroded. Legislation that was previously enforced created power struggles and inferiority.

The incidence of poverty is high; a strong culture of attempting to solve issues and needs through aggression and violence exists, contributing to an escalation in the incidence of crime. It is thought that a myth relating to HIV/AIDS being cured by sexual intercourse with a virgin or a child is also contributing to the high incidence of sexual offending. However, this was not a contributing issue in the particular sample under study but is a factor in other cases of offending at Childline.

Sexual offending for various reasons appears to be increasing in the South African context. Thus it is evident that the broader structural issues and challenges facing the family and individual needs to be explored to determine its influence in contributing to sexual offending behaviour. However, the

focus of the current study has been on the issues within the context of the adolescent's family.

Chapters Five, Six and Seven have detailed the analysis of the current study and has discussed demographic issues of the victim and offender, victimization experiences of the adolescents, dynamics of the family and characteristics of the adolescents that have contributed to the offending behaviour. The final chapter that follows presents the major conclusions drawn from the study and the recommendations.

PART FIVE

CONCLUSIONS

AND

RECOMMENDATIONS

CHAPTER EIGHT

CONCLUSIONS TO THE PHENOMENON OF SEXUAL OFFENDING AND THE WAY FORWARD

INTRODUCTION

This was a qualitative study into the life experiences of adolescent sexual offenders, including the factors within the family that contribute to the development of sexually offending behaviours. The theoretical framework for the study was the ecological systems paradigm. The research was based on a collective sample of 25 adolescent sex offenders.

The research objectives, questions and assumptions of the current study were outlined in Chapter One. The research was guided by the following objectives: to explore communication patterns, discipline, parenting styles, impact of stressful events and interpersonal relationships within the family context of the adolescent; to ascertain experiences of abuse and/or neglect experienced by the adolescent sex offender within the family; to explore the adolescent's understanding of sexuality and the role that parents and peers play in sexuality education; to explore sexual experiences that may be linked to offending behaviour/s and the adolescents' perception of the impact of the offending behaviour.

As reflected in the analysis of the data the research objectives have been met. The analysis of the current study also answered the research questions initially posed pertaining to the adolescents' perception and the impact of abuse or other stressful issues within the family context. The quality of the adolescents' interpersonal relationships with peers and family was analysed in the study. The adolescents' sexual knowledge and experiences were analysed especially those aspects that motivated and precipitated the sexual offending behaviour.

The assumptions that guided the study were supported by the analysis as issues of parenting, trauma, abuse and interpersonal skills were adequately discussed in the study.

The researcher explored the life experiences of adolescent sex offenders guided by the essential principles of the person-centred approach of warmth, empathy and genuineness to facilitate maximum disclosure. The profiles have yielded comprehensive information about the difficult life experiences of the adolescent sex offender. The volume of information was overwhelming and although the information was relevant it left the researcher with a challenging task of deciding what should be selected and incorporated. The volume of material obtained reflected the trust developed with the researcher and the adolescents' need to be understood. The researcher constantly referred to the statements made by the adolescent offenders in the analysis to enhance the richness of the study and to bring focus to their interpretations of their situations. The next section presents conclusions determined from the analysis.

MAJOR CONCLUSIONS

There were particular significant issues that emerged from the present research. There were 54 victims that were sexually abused by the 25 adolescent offenders, the most vulnerable age group of the victims being 8 years and younger. Forty of the victims were female and the adolescent offenders knew 92% of the victims. The most common category of offenders was brothers, as there were 9 brothers who committed sexual offences. Many of the sexual offenders (12) committed the sexual offences at the age of 13 years and younger. The most common sexual offences were penetrative acts of sodomy and rape, with 31 victims being exposed to these acts.

The analysis depicted the various forms of abuse that the adolescent offenders have themselves been exposed to:

Seventeen were physically abused; 18 were sexually abused and all 25 were exposed to some form of emotional abuse. Many have been exposed to either one or a combination of sexual, physical or emotional abuse.

The adolescents in the study have been exposed to difficult family dynamics. Eighteen of the adolescents were exposed to domestic violence. Seventeen were exposed to either one or both parents engaging in substance abuse. Many of the adolescents furthermore experienced interaction problems, relationship problems with their parents and issues of parental depression and immaturity had also arisen. Many lived in homes not only with poor role models and stressed single parents but also with fathers being absent. Poor parenting and neglect appeared to be common phenomena in many of the homes of these adolescents. Furthermore it was noted that sexual abuse in some families was a pattern across several generations. These circumstances had a negative impact on the adolescents.

The experiences of the adolescents affected them socially, cognitively, and emotionally. Many of them had poor self-concepts, were unable to display or express their feelings and this impacted on their ability to be empathic towards their victim. They experienced feelings of anger and aggression and problems with developing socially and with achieving satisfactory relationships with those around them. Twenty-two of the adolescents were also exposed to pornographic material and inappropriate sexual messages from peers and family members.

It would appear that, largely on account of the negative environment at home many adolescents sought support from gangs. They perceived the negative events in their lives as unpredictable and uncontrollable, which generated a sense of helplessness. This is especially important, as powerlessness is a contributory factor to offending behaviour, as the offending was perceived to allow for some degree of control. Their feelings of powerlessness, lack of

sexual knowledge, inappropriate exposure to sexually explicit material and their search for emotional support were contributory factors that eventuated in offending behaviour. Seventeen of the adolescents were sexually abused but many of the behaviours found in adolescents who were sexually abused as children were also found in adolescents who were not sexually abused. Such a finding leads to the speculation that sexual abuse brings about psychological injury that may be similar to that brought about by other forms of childhood maltreatments. The adolescents, who experienced abuse, used sexual behaviours for a variety of reasons: as a tension-reducing mechanism, a source of nurturance, to regain feelings of personal power or for pleasure and comfort. All the adolescents were abused and sought ways to cope with their psychological distress.

Perhaps the most salient findings to emerge from the study are the following:

1. All the adolescents experienced either one or more forms of abuse.
2. Psychological harm underlay all forms of maltreatment or abuse.
3. Individuals attempted to cope with the consequent psychological distress, and this coping took sexual forms, regardless of whether the person had been sexually abused.
4. The immediate precursor of sexual abuse appeared to be exposure to pornographic material for many of the adolescents.
5. The offender most frequently knew the victim.
6. Family circumstances and structural factors play a role in contributing to offending behaviour.

It may be argued that many of the apparent associations between childhood abuse and later maladjustment reflect the social and family context within which abuse occurs, rather than the direct traumatic effects of abuse on individual adjustment. This research also highlights the importance of helping maltreated adolescents to talk about, grapple with, and come to terms with their maltreatment. Understanding how members of abusive families initiated and managed relationships is critical both for understanding family functioning and also for organizing treatment.

The study underlies the importance of addressing multiple issues of problematic family relationships, unresolved trauma, and other psychosocial problems, which contribute to successful rehabilitation. Additionally, the current research suggests that neglect of these issues may increase the likelihood of producing adults who repeat their own life experiences.

Child maltreatment takes place in a social as well as a psychological and cultural context. According to Garbarino and Kostelny (1992) prevention, treatment and research should incorporate this contextual orientation. Social momentum is a powerful force, when things are not going well the tendency is for all the social systems to be pulled down together. The family cannot be totally responsible for the problems experienced by the adolescent, the influences of the environment and society at large also impact on the family and individual. Hence, structural issues affecting the individual, for instance social security grant systems, environmental support for the family needs and on the educational system to accommodate the holistic, life skills needs of individuals, need to be considered to make a positive difference to people's lives. As a preventative strategy, social policies should be developed to support and enhance family life and the father's role in early childcare in an economically secure and non-disrupted family. According to O'Brien (1983) family functioning must in addition, be enhanced to have particular characteristics such as commitment to each other's happiness and welfare; appreciation of each other; a moral or religious orientation; good patterns of communication; the ability to handle crises in a positive way, and spending time together. Certainly, building these qualities might contribute to the prevention of sexual exploitation and abuse. However, it must be emphasised that awareness of contributing factors does not result in control of impulse and behaviour.

RECOMMENDATIONS

Several important recommendations can be made based on the analysis of the current study. Prevention needs to be focused on more comprehensive approaches to incorporate aspects of primary, secondary and tertiary intervention. This highlights issues of the importance of offender management, primary protection and preventative programmes for potential victims, and the issue of dealing more appropriately and intervening more actively with the male victim and female offender.

Sexually abusive adolescents grow into young adults, and gain more freedom and access to situations in which they may be at risk of continuing to abuse. Provision of a service for young people who show sexually abusive behaviours is of paramount importance if their behaviour is to be tackled with the prospect of some change, appropriate monitoring and risk reduction. The rationale for such a service is very simple: young people are much more open to changing their behaviour because it has not taken on a fixed pattern. The potential cost of failing to work with adolescents who show abusive behaviour is likely to be extensive, both for their victims and themselves. Hence intervention with adolescent offenders is an activity that should be prioritised as a primary preventative activity.

There is still reluctance by service providers in the area of child protection to provide in programmes for offenders. This approach is clearly shortsighted given that an offender is capable of damaging hundreds of lives. Service providers generally believe that time; effort and person-power should be allocated to services for victims. This research has shown that the most vulnerable children are those who lack information, affection, supportive parents and experience dysfunctional family life. The structure of the therapeutic programme offered by the researcher equipped the young adolescent to develop an awareness of his circumstances by helping the adolescent develop an awareness of the impact on past life experiences on

his current perceptions and circumstances, how to manage impulses and behaviour that result from the difficult circumstances. The threatening environment of prison only strengthens the dynamics of the sexual offence by encouraging the young sex offender to view himself as a victim and not as a perpetrator, and exposes the adolescent offender to further abuse in an unsupportive environment. The reporting of abuse by the victim is a costly matter in view of the relationship with the offender, the lengthy criminal justice procedure, and the vulnerability of the victim during the court process and the exposure being cross-examined. The result is a low conviction rate of offenders. Statistics at Childline Family Centre reflect a 5.5% conviction rate on all reported cases. The introduction of the Child Justice Legislation and the condition that all children be assessed and referred for rehabilitation is a more favourable alternative. Although the programme at Childline has not been empirically evaluated, none of the adolescents in this study were reported, or self reported to be engaged in offending behaviour since entry into the programme. Long-term prognosis may be uncertain but similar programmes to that at Childline Family Centre, KwaZulu-Natal have been evaluated in other parts of the world and there has been consensus that a long-term, intensive programme has significant record of success in rehabilitating the offender. Beckett cited in Bagley and Thurston (1996) noted, "Working with groups of offenders is seen as an effective means of delivering treatment." This belief is echoed by Marshall and Barbaree (1990). Conclusions from some of the earliest research with adolescent sexual offenders stressed that there was little risk of sexual recidivism once sexual offending behaviour is detected and treated (Worling & Curwen, 2000).

Whilst work with young people who show sexually abusive behaviour is specialised, there needs to exist motivation and a willingness in the helping profession to become involved. Training in this field should involve:

- an understanding of and ability to work with adolescents on sexual issues;

- an understanding of the complexity of issues involved in sexual abuse, both by adults and adolescents and recognition of the effects upon the victims; and
- confidence to carry out a work programme with a young person who may be reluctant to engage, at least initially, and a willingness to work on actively promoting willingness to engage.

From the analysis in this study it appears that services provided to abused and neglected adolescents should focus on the essentials of mastery, empathy and growth. The adolescent needs to experience personal mastery and a sense of worth. This new level of functioning and awareness must be broadened to include a concern for others. The child must be encouraged to consider the feelings of others who are affected by his/her behaviour, and helped to care about their responses, that is, to see him/herself in relationship to others as part of his/her sense of identity. Recognition of accomplishment comes in the form of a promotion, a positive, noncondemnatory way for the child to outgrow the dysfunctional behaviour and embrace the future with a new sense of adequacy, connectedness and participation. According to Loar (1994:985):

If the therapist has access to family/ caregivers significant to the child and can include them in the forward-looking plan, a progressive structure can be designed that will encourage the child's continuing development, skill and concern for others.

Even when that is not possible, the therapist can facilitate the child's experience of mastery, empathy and growth, and hope that the multifaceted intervention will lead to generalisation to other settings. At least, the developmental boost has become part of the child's experience, and remains available to the child as a lesson learned in the past that can be drawn on to face future challenges.

Ryan (2000) suggested that perpetration prevention could begin in paediatric advice to parents regarding providing care in response to the infant's cues rather than according to the parents' agenda. Paediatricians, home visitors, and parent educators must be made aware of the profound effects of unempathetic parenting (Steele cited in Ryan, 1989) and encourage parents to model and foster communication, empathy and an internal locus of control throughout early childhood.

Although this research has focused on male offenders the issue of female offenders should not be overlooked and it is an area that requires intervention and research. The psychological and sexual damage caused by female offenders has been ignored in much the same way as it has failed to recognise the risks of sexual abuse to male victims. Victims invariably feel they were more damaged by the psychological aspects of the abuse than by the sex. Marvasti (1986:261) pointed out that adult female offenders are 'usually non-violent and at times quite subtle'. They go undetected because most offences are incestuous and boys are unlikely to report their primary caregivers or older sisters, least of all if they are being abused by other relatives simultaneously. Reports show that cases of mother-son incest are only likely to be disclosed in long-term therapeutic treatment and, even if reported, are seldom taken seriously by child protection authorities (Lawson, 1993).

Given that the male culture tells boys that sexual experiences with older women provide the ultimate educational experiences, how can they tell anyone that they did not like it? Boys are taught that they must be self-sufficient, strong and brave and they know that an admission of victimisation is likely to be associated with character weakness or identification with homosexuality.

Although boys are given considerably more freedom than girls, their sexuality education has been neglected even more than the education of females. This is probably due to the fact that boys do not menstruate or become

pregnant and parents have not yet accepted the importance of teaching male children to respect and take care of their bodies, and develop responsible patterns of sexual behaviour. Current parent education programmes (e.g. Child welfare programmes) also emphasise the importance of ignoring children's sexual curiosity and exploration with peers (to reduce the likelihood of guilt and secrecy) but, as we have seen in this study, exploration increases the vulnerability of boys to offending behaviour.

Boys also need to receive approval and physical affection from their fathers. The lack of a warm, affectionate father figure appears to be a significant factor in making boys vulnerable. When people are uninformed, they often mistake abusive activities for signs of early sexual development. 'They must have seen blue movies at home' is a common explanation for ignoring evidence of early sexualisation. The offences of many an adolescent perpetrator have been dismissed with laughter and the statement that, 'boys will be boys'. Unfortunately, if there is no helpful intervention, there is a high risk that adolescent perpetrators will become adult perpetrators.

Few professionals have any training regarding the development of sexuality-attitudes, beliefs, or learning relevant to the quality of sexual relationships and interactions. The lack of sex education can contribute to offending behaviour as is evident in the analysis of the current study. Clearly, a little knowledge about the birds and the bees and 'where babies come from' will not satisfy children's curiosity about their own bodies. Unless we provide information, which children can understand, they will acquire inappropriate information from other people or sources (as in pornographic material). There is a need for developmentally appropriate sexuality education to be taught side by side with education for child protection. This needs to be written with boys in mind. With no history of involvement, parents (and fathers in particular) will also need practical help on how to provide more effective protection and support.

A significant goal is to increase the awareness and competence of educators and caregivers in understanding and responding to the sexual behaviours of children in order to reduce the risk of children developing sexually abusive patterns of behaviour. The purpose would be to teach adults to respond to what children are saying or doing; to provide a base of knowledge for adults to validate or correct what the child's behaviour indicates he/she is learning about in daily interactions and experiences. This is a routine function of adult caregivers and role models, but because of discomfort and lack of competence, adults have often been unprepared to act in this way regarding sexuality.

Adult discomfort in response to evidence of children's sexuality is not so different now than in the past, but what is different is that children are now exposed to such a wide range and pervasive level of sexual information in the culture that they have a much greater need for validation and correction of what they are learning. In previous generations, prudent parents could limit exposure to sexual information more easily and it was more apparent to children what was deviant because deviant stimuli were separated from the mainstream; for example, pornography was hidden, sexual themes in music and movies and sexual scandals in the news were very covert, and explicit sexual information was guarded.

The value of the study is to also draw from our experience with adolescents to augment our current protection programmes. The researcher believes it is imperative to focus on the problems and gaps of protection programmes to make it more efficient and effective.

The present child protection programmes have the following assumptions (Bagley and Thurston, 1996a):

- That the concepts used successfully with adults would be appropriate for male and female children of all ages;

- That child sexual abuse produces negative or unsafe feelings which children can learn to recognise and act upon;
- That sexual touching is unwanted and unpleasant and can be identified as 'yucky', bad or 'unsafe' touching which must be rejected and reported; and
- That children can be empowered to say 'No' to sexual touching, report it and continue reporting it until adults respond appropriately.

Programmes failed to take account of the fact that children:

- Are sexually curious at an early age and offenders can tap into that curiosity by introducing pornography and conversation about sex before they introduce sexual touching;
- Often find sex exciting,
- Sometimes view genital touching as pleasurable and loving, especially in the early stages of the seduction process when they are the recipients of attention and no demands are made for reciprocation;
- Blame themselves for the abuse, especially if they liked the attention which accompanied it; and
- Have an unequal power base from which to perform protective tasks.

The gains of Child Protection Programmes may be small but can be long lasting, and children can learn bodily integrity and the improper use of authority by adults. But there are some difficult gaps arising out of the evaluation of prevention programmes that were implemented. The following are criticisms with the view to improving child sexual abuse prevention programmes.

- Teachers are often not trained in child protection, for example coping with the needs of a child who reveals abuse.
- Lack of sex education in schools and what constitutes sexual abuse is unclear. There is also a need for clarity between what is appropriate behaviour and inappropriate behaviour.

- Although most programmes stress a child's right to body integrity and saying 'no' to 'bad touches', the idea that an adult has no moral right to involve a child sexually is rarely emphasized. The possible paradox that a sexually ignorant child may receive 'good touches' from a skilled abuser is not addressed. Programmes suggest that sexual abuse is sudden assault that children can understand, but neglects the fact that gentle seduction touching often gives children 'the yes feeling'.
- Programmes are often used inappropriately with younger children, different cultures and children with special cognitive needs. Ideally, each group should have a tailor-made programme. Programmes for children younger than 7 years may be rarely effective in terms of understanding and retention, but require constant reinforcement, because these children are most at risk of sexual abuse.
- Programmes rarely address the gap between attitudes and behaviour.
- Offenders provide useful reflection on their patterns of behaviour, which can be incorporated into prevention programmes. Many paedophiles become family friends in order to gain access to a child. Children with good self-esteem and good communication with stable parent figures are much less likely to be sought out by an offender. Therefore this can be enhanced in a school situation. Empowerment, self-esteem, respect, empathy and the non-exploitation of others can be fostered in the school situation.
- Prevention education efforts must target adolescents, who may be tempted to abuse children and sexually assault peers. 'Date rape' in adolescence is a key problem, which could be addressed by educational programmes on the harmful effects of rape and sexual abuse, and sexual etiquette.

Prevention programmes may be dangerous because they give a false complacency to teachers, parents and children in the belief that problems of sexual abuse can be avoided by exposure to a brief educational programme. By concentrating so much on programmes for children we are making

children responsible for their own prevention. This is neither right nor fair. It assumes that once a child has been exposed to a prevention programme, issues of child sexual abuse can be safely shelved.

The efficacy of child-directed prevention programmes must be put into perspective by clarifying that it is only one of a number of prevention strategies. Rather, prevention should take a wider, community-based perspective.

In the community, public acceptance of sexual stimuli and messages that foster exploitive attitudes and glorify abusive behaviours must be challenged. Social acceptance of violence, sexual objectification, and compensatory sexual behaviours must be questioned. At the same time, the community's response to sexual offenders must maintain a stronghold in treatment programmes in order to continue to learn more about the development and correction of sexual deviance. Only when sexual abuse can ultimately be viewed as a public health problem, which threatens the well being of both victims and perpetrators, will prevention and treatment be provided at adequate levels to begin to stem the tide of abuse (Freeman-Longo, 1986).

It was Oscar Wilde who suggested that a map of the world without Utopia was useless. Despite the many challenges ahead, it is important to remind ourselves that the management of sexual offenders, both nationally and internationally, is still a very young field. By such criteria this field is still in its infancy, and barely into toddlerhood at best! But, like toddlers, those involved in this field will not retreat quietly into the shadows, for we have learnt enough already to know not just that this work is vital, but also that it needs to thrive.

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