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A Victimological analysis of physically disabled children as victims of violence in the
Eastern Cape Province of South Africa

By

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ABSTRACT

This study focused on a victimological analysis of physically disabled children as victims of violence in the Eastern Cape. The researcher proposed four objectives for the purpose of the study as follows: to explore forms of violence these physically disabled children experience in the Eastern Cape; to determine if physically disabled children are the victims of violence due to their disability in the Eastern Cape; to determine the effects of violence these physically disabled children experience in the Eastern Cape; and to explore whether the violence experienced by physically disabled children is reported to the criminal justice system in the Eastern Cape. The total sampling size for the purpose of this study was one-hundred and ten (110) respondents. Broadly, the research sample comprised of 100 physically disabled children from two special need schools (50 from each) based in the Eastern Cape and 10 officials (caregivers) from both special need schools, each contributing 5 respondents. These 100 physically disabled child respondents had to satisfy the following conditions: reside in a special needs school hostel in the Eastern Cape, be between the ages of 12-18 years, and be physically disabled and from any racial and socio-economic group. Caregivers were selected based on years of experience working with disabled children. These respondents were chosen according to their knowledge of the research content and their experience in the context studied. For this study, the researcher made use of two sampling techniques i.e. accidental sampling for selecting physically disabled respondents and purposive sampling for selecting caregivers of the physically disabled children. Accidentally means that any physically disabled child who is willing to meet with the researcher and has any knowledge of the research topic will be included in the sample until saturation is reached. Thus, research participants were selected based on their availability and willingness to take part in the research (Gravetter and Forzano, 2003: 125; Strydom and Venter, 2002:207). Purposive sampling was employed in selecting all caregiver's respondents. The researcher chose this technique of sampling because it helped in choosing the most relevant or knowledgeable respondents with regard to the topic under study. The researcher used triangulation when collecting data. The researcher used a questionnaire and in-depth interviews. The questionnaires were used to source the data from the physically disabled children whilst the in-depth interviews were used to collect data from the caregivers. The collected data from the respondents was analysed by using SPSS Version 22 and thematically where narrative writing was utilised. Findings: the study finds that most

physically disabled children under study experienced various forms of violence/abuse such as rape, sexual assault, physical abuse, emotional abuse, bullying, and neglect. The study finds that, these physically disabled children are victimized due to their disability. Their disability conditions makes them vulnerable to victimization. The study also finds that these physically disabled children succumbed to severe long-term effects because of their victimization. The abuse they experienced have had long-term damaging effects. The study further finds that, most of the abuse/crime committed against these children are not reported to the police. In turn, the perpetrators are not subjected to the criminal justice processes. The study also finds that these children prefer to report the abuse to their teachers than to other individuals. Recommendation: The researcher recommends that future researchers might need to conduct research on victimization of physically disabled children in public transport. The current study protruded that there is somewhat victimization of physically disabled children occurring in public transport. As this was not the focus of the study, other researchers might wish to expand on this phenomenon. Further research is needed to investigate bullying occurring in special needs school, where physically disabled children bully each other. The findings of the study indicated the prevalence of bullying between physically disabled children, however more insight of the phenomenon is needed. Lastly, other researchers might explore the attempt of infanticide of infants with disabilities because of their disabilities. The present study found existing relationships between abuses of physically disabled due to their disabilities; however, there is limited knowledge on infanticide of physically disabled children because of their disability. Researchers can expand on this phenomenon by using a bigger sample size.

Key words: violence, abuse, crime, physical disability, victims, victimization, children, caregivers.

DECLARATION

I, Ephraim Kevin Sibanyoni, student number 214584967, solemnly declare that this study entitled *"A victimological analysis of physically disabled children as victims of violence in the Eastern Cape Province of South Africa"* is the result of my tremendous effort through the professional guidance of my supervisor and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references. I also declare that the figures configured in this study were not adopted but have been created by the researcher using SmartArt.

Researcher: Mr. E.K Sibanyoni

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Signature   Date

Supervisor: Prof S.B Singh

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ACKNOWLEDGEMENTS

DEDICATION OF THE STUDY

This study is dedicated to all the disabled children and women who are the victims of violence in their homes, schools or communities.

ACRONYMS

ACPF   African Child Policy Forum

ACRWC   African Charter on the Rights and Welfare of the Children

ADHD   Attention Deficit Hyperactivity Disorder

CRPD   Convention on the Rights of Persons with Disabilities

CIS   Canadian incidence study

CJS   Criminal Justice System

CSHCN   Children with Special Health Care Needs

CTS   Conflict Tactics Scale

CWD   Children with Disabilities

FCS Unit   Family Violence, Child Protection and Sexual Offences Unit

GBH   Grievous Bodily Harm

ICF   International Classification of Functioning

LD   Learning Disabilities

NGO   None-Governmental Organization

NSCH   National Survey of Children's Health

NSPCC   National Society for the Prevention of Cruelty to Children

OCR   Office for Civil Rights

UNICEF   United Nations International Children's Emergency Fund

UK   United Kingdom

USA   United States of America

SAINDS   South African integrated National Disability Strategy

STIs   Sexual Transmitted Infections

WHO   World Health Organization

WDR   World Disability Report

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CHAPTER 1: GENERAL ORIENTATION

1.1 Introduction

The researcher endeavours to conduct a victimological analysis of physically disabled children who are victims of violence. The rationale that prompted the researcher to embark on a study of this nature is that many physically disabled children become victims of violence and the amount of research available on this population is extremely limited, particularly for disabled children in developing world such as South Africa. Turner (2011) stated that violence against disabled children occurs at annual rates at least 1.7 times greater than their non-disabled peers in developing countries. Turner (2011) is also of the view that children with any form of disability are more than two times likely to be exposed to violence than other children. Moreover, this act of violence according to Turner (2011) is more common in developing countries, where poverty takes the lead and rearing of a disabled child adds much stress to the family.

It is within this context that the researcher endeavours to conduct the study of this nature. The researcher shares the same sentiment with UNICEF (2005) that research for this population (disabled children) should be undertaken both as part of general studies on violence against children and through targeted studies on violence against disabled children. Researchers need to better understand what patterns of violence exist for children with disabilities in general and for children with specific disabilities in particular. The researcher is of the view that research is needed not only to identify where violence occurs but also how disabled children are best able to live and thrive in safety, as well as to identify what policies, programs and practices most help these children, their families and their communities.

By conducting this study, the researcher seeks to provide and/or report on the experiences of disabled children becoming the victims of violence in their respective rural communities in the Eastern Cape. The researcher decided to embark on this study because there is a limited data and/or literature concerning the violence experienced by rural disabled children in the Eastern Cape.

Little attention has been paid to studying the physically disabled children and the challenges they face on a day-to-day basis, more so in rural areas. Most studies conducted focus on adults who are disabled and those that focus on disabled children are conducted in first world countries. Less attention has been paid to children who are disabled and reside in destitute, impoverished rural communities, where there is minimal care and attention afforded to these children. The researcher, by conducting this study seeks to contribute, augment and/or close the gaps in knowledge and in literature about rural physically disabled children becoming victims of violence. The researcher in this introduction will highlight some of the gaps and limitations in research, which this study seeks to address.

According to the WHO (2011), more than one billion people, or 15 per cent of the world's population, have a disability. The World Disability Report (WHO/World Bank, 2011) estimates that there are between 93 and 150 million disabled children aged under 14 years. The prevalence of moderate and severe disability in this age cohort in Africa is 6.4 per cent. Children with disabilities comprise one of the most neglected groups, both socially and economically. The majority of these children and their families face enormous economic, political, and social barriers that have adverse impacts on their physical, social and intellectual development and wellbeing. Consequently, the strengths and abilities of children with disabilities are invisible, their potential is consistently underestimated, and inadequate resources are allocated to social services for meaningful inclusion of children with disabilities. These are some of the reasons the researcher decided to conduct this study; the researcher believes that the recommendations from this study will help to curb and/or address some of the challenges faced by the disabled children, more so in rural areas where there is a little help as alluded by the WHO (2011).

According to UNICEF (2005), children with physical, sensory, intellectual or mental health impairment are at increased risk of becoming victims of violence. While the amount of research available on this population is extremely limited, particularly for disabled children in the developing world, current research indicates that violence against disabled children occurs at annual rates at least 1.7 times greater than their non-disabled peers.

A child born with a disability or a child who becomes disabled may be directly subject to physical violence, or sexual, emotional or verbal abuse in the home, the community, institutional settings or in the workplace. A disabled child is more likely to face violence and abuse at birth and this increased risk for violence reappears throughout their life span. This violence compounds already existing social, educational and economic marginalization that limits the lives and opportunities of these children. For example, disabled children are far less likely than their non-disabled peers to be included in the social, economic and cultural life of their communities; only a small percentage of these children will ever attend school; a third of all street children are disabled children. Disabled children living in remote and rural areas may be at increased risk UNICEF (2005).

The following discussions pertain to the studies conducted around the issue of disabled children as victims of violence. These will be reviewed in order to present the existing body of knowledge and identify areas in the literature, which have been neglected. In turn, this study will aim to close these gaps in the literature.

There has been several studies conducted internationally pointing out to an increased risk of abuse among disabled children. In Norway, Kvam (2004) surveyed 302 deaf adults on the Norwegian Deaf Register and found that 134 (44%) had been exposed to unwanted sexual experiences during childhood. Jemta, Fugl-Meyer and Oberg (2008) who interviewed 69 children who are between the ages of 13-18 year olds with mobility impairments about sexuality and sexual experiences, he found lower figures in Sweden. Five young people (7%) reported having been sexually abused. However, given that other studies have found that disabled children are slow to report abuse, this may be an underestimate.

Reiter, Bryen and Schachar (2007) compared experiences of sexual, physical and emotional abuse among 100 high schools in America. They compared 10 pupils aged 2- 21 with learning disabilities or social and behavioural disorders to those of 100 non-disabled pupils of similar socio-economic backgrounds. The authors found that the former group was more frequently abused than the latter.

In New Zealand, Briggs (2006) looked at 116 students aged 11-17 with learning disabilities (61 female and 55 male). In this sample, 32% of girls reported sexual abuse to the study, while reports from school counsellors suggested that 44% of female students were victims of sexual abuse. (Briggs does not report separate figures or percentages for boys but notes that sexual abuse was 'equally common' among them).

Very few evidence-based studies of the sexual abuse of disabled children have been conducted in African countries (Kvam et al 2008). However, in a study designed to explore incidents of violence and abuse against disabled girls and women in Malawi, Kvam et al (2008) conducted in-depth interviews with 23 disabled women. One reported having been abused as a child; a few gave anecdotal accounts of other disabled children having been abused. It is not possible to draw conclusions about incidence from this small sample.

The ACPF (2011) embarked on a number of studies with the aim to better understand the situation, lives and experiences of children with disabilities in Africa. These studies, which were conducted between 2008 and 2014, examined the scale of disability in Africa, of the relationship between poverty and disability, access to services and the barriers that children with disabilities face.

From the few studies mentioned above, it is evident that this study is necessary. Most studies cited above focuses on disabled children in the 1st world and those conducted in Africa such as Kvam (2008) focused on disabled women and based on a very small sample size.

The studies carried out by the ACPF (2014), has not focused enough attention on the victimisation experienced by the disabled children, so this study seeks to fill these gaps. There is much said about access or lack of access to services by disabled children and the relationship between poverty and disability in studies conducted by ACPF (2014), however less attention was paid to violence experienced by disabled children.

A study conducted by Gregorius (2014) focuses on the transitions to adulthood: the experiences of youth with disabilities in Accra, Ghana. This study does not look at children's experiences, much like the study conducted by Neille (2013). The focus leans more toward disabled youth experiences than disabled children's experiences. The study does not dwells too much on the victimization of youth in Ghana, whereas the current

study focuses on the victimization of disabled children. The study conducted by UNICEF (2005) does focus on the experiences of disabled children as victims of violence, however, they study is conducted in the 1st world class (i.e. America) not in rural areas. Eurocentric studies and results cannot be representative of African populations. In this respect, this study aims to shed new light on this sensitive subject.

A study conducted by Neille (2013) provided a narrative inquiry into the lived experiences of adults with disabilities living in rural areas of Mpumalanga. While the focus was on rural areas, her study did not highlight the children and does not interrogate the victimization disabled children experience. Her study was conducted in the rural areas of Mpumalanga, whereas the current study focuses on the rural areas of Eastern Cape. She focused on the experiences of adults with disabilities living in rural areas, whereas the current study focuses on disabled children who reside in rural areas and their victimization. This current study is necessary to provide insight as to what forms of violence the physically disabled children experience; whether physically disabled children are the victims of violence due to their disability in the Eastern Cape; to determine the effects of violence these physically disabled children experience in the Eastern Cape; and to explore whether the violence experienced by physically disabled children is reported to the criminal justice system in the Eastern Cape. It is the intention of this current study to close the gaps and/or augment the literature on the issue of violence against disabled children.

The following discussion will comprise the statement of the problem, the motivation of the study, the research questions, research objectives, the definition of the concepts, theoretical framework, the research methods used, as well as ethical considerations adhered to by the researcher and lastly, the research outline.

The researcher in this study will use the following terms interchangeably: crime, abuse, crime and violence; abuser, perpetrator, victimizer, and criminal. Following is the discussion of the statement of the problem.

1.2 Statement of the problem

In this section the researcher decided to adopt a holistic perspective of the problem experienced by rural physically disabled children within the African context, thus the study focal point is within the rural community of the Eastern Cape. The researcher decided to contextualise the problem by looking at Africa and zooming in to the specific point where the study is being conducted.

According to the African Child Policy Forum (2014), children with disabilities remain one of the most marginalised and excluded category of people in society. They face multiple physical barriers, discrimination and even deliberate abuse and violence. Many children with disabilities and their families are severely deprived of the basic resources and services that could enable them to develop to their full human potential. They are denied opportunities for education, socialisation and recognition. Most have very limited access to healthcare, clean drinking water, and sanitation, and nutritional deficiencies are widespread among children with disabilities. Only one in every ten children with disabilities gets access to education in Africa. The challenges facing children with disabilities are further complicated by the widespread negative attitudes and the stigma and discrimination they face in their daily lives within their families and communities (ACPF, 2014). It is within some of these reasons the researcher has decided to embark on this study. The problem emphasised above by ACPF is likely to be experienced by the disabled children of the Eastern Cape, which is where the researcher decided to focus on.

According to Alaggia (2011), children with disabilities face extreme forms of violence, stigma and discrimination based on misconceptions about the cause of disability that are rooted in cultural beliefs and traditions. The most frequently stated causes of disability in Africa include witchcraft; a curse or punishment from God; anger of ancestral spirits; bad omens; reincarnation; heredity; incestuous relationships; and the misdemeanours of the mother. These misperceptions not only lead to stigma, but also to a belief that children with disabilities should be demonised. As a result, children may be lashed in attempts to drive out "evil spirits" causing the disability, or children may be neglected or even killed. Negative attitudes about children with disabilities within communities are reinforced at the household level and parents themselves often contribute to these children becoming invisible, virtually

hidden from society. The researcher tends to concur with Alaggia. The researcher through observation and experience, is of the opinion that rural commuters of the Eastern Cape are not well informed about the causes of disability such as those stipulated by biological model perspective, because they still attribute disability as anger of gods or some sort of a punishment.

Children with disabilities are twice as likely to become victims of violence when compared to non-disabled peers. Children with speech impairments were at five times greater risk of neglect and physical abuse than other children, and three times greater risk of sexual abuse. The risk is between five and seven times higher than for those children with behavioural disorders than for children without disabilities (Turner 2011). Akbas et al (2009) arrived at the same sentiment in their study as Turner. Akbas et al documented that most disabled children are the victims of sexual abuse since they are regarded as more vulnerable. This is also found in a study conducted in the Eastern Africa region, which showed that 16 to 20 per cent of children with disabilities are victims of abuse. ACPF (2014) surveys revealed a high prevalence of sexual violence amongst children with disabilities, ranging from 1.9 counts per child per year in Senegal to 3.9 counts per child per year in Cameroon, far higher than for their non-disabled peers.

The factors exacerbating the vulnerability of children with disabilities to violence include their inability to report abuse or describe abusers because of language and communication barriers; their inability to flee or see their assailants approaching; their presence in residential care institutions; and their limited understanding of their rights. As revealed by a study in South Africa, children with intellectual disabilities are three to eight times more likely to be abused than non-disabled children (Hesselink-Louw, Booyens & Neethling, 2003).

Students with disabilities are also frequently physically abused as a means of disciplining them for behaviours that may be related to their disabilities. It is known that many children with disabilities display a variety of "problem" behaviours that are the product of complex interactions of a number of variables such as temperament, cognitive endowment, environmental hardship, learning history and experience of aggression (UNICEF, 2005).

Furthermore, prejudices about the incapacity of children with disabilities, coupled with their physical inaccessibility to courts and the failure to provide appropriate interpretation or other forms of support within the justice system, mean that they are unlikely to seek or gain justice. This leads to impunity for violent offenders. In Africa, children with disabilities will continue to be perceived as a "burden to society" as long as their potential goes unrecognised by families, communities and authorities. Due to factors including negative attitudes, a lack of resources, poverty, and a lack of proper service standards, children with disabilities remain excluded from basic early childhood education, healthcare and rehabilitation services (UNICEF, 2005).

Due to disability-related stigma, discrimination and multiple other barriers, children with disabilities are often forced to work under exploitative and dangerous conditions. In many cases, they are forced to beg on the streets or undertake heavy domestic work. Barriers to the justice system that prevent many from reporting abuse often exacerbate their situation. Children with disabilities face significant challenges, not only in terms of physically accessing police stations and courts, but also in accessing the appropriate information and support, and being taken seriously during the justice process (ACPF, 2014).

In response to the challenges above, many governments in Africa have put in place legislative and policy frameworks and programmes. The Convention on the Rights of Persons with Disabilities (CRPD) is serving as an important catalyst for disability law reform. There is, however, a significant amount of work needed to implement these instruments effectively. In addition to the relevant provisions contained in the African Charter on the Rights and Welfare of the Child (ACRWC), Africa is in the course of developing its own Protocol of the Rights of Older Persons and Persons with Disabilities, which is expected to further contextualise disability in Africa.

A number of precedents of legislation and policy exist regarding children with disabilities throughout the continent. These include Constitutional provisions that protect the right to equality and non-discrimination of children with disabilities; legislative frameworks that facilitate access to the built environment and to information; and laws that entitle children with disabilities to free access to education and healthcare services, and to social assistance.

Countries either have subsumed the issue of children with disabilities under broader child rights legislative and policy frameworks, or developed disability-specific legislation. Countries like Kenya, Zambia, Uganda, Sierra Leone, and Central African Republic have put in place laws that require public and private service providers to ensure access to public infrastructure and free healthcare services, and to allow access to assistive and mobility devices at reduced prices. The researcher is of the opinion that, these policies are well documented, however poorly executed. There is no proper implementation of these policies as a result more marginalised children who are disabled are more disadvantaged. The researcher further postulate these policies that supposed to protect them, are not implemented appropriately. Lack of information dissemination is recognised. Moreover, physically disabled children and their parents are not aware of such policies. The following discussion details the motivation for the study and dwells on the rationale that prompted the researcher to embark on this project.

1.3 Motivation for the study

The researcher endeavoured to conduct a victimological analysis of physically disabled children who are victims of violence in the Eastern Cape of South Africa. The rationale that prompted the researcher to embark on a study of this nature is that firstly, many physically disabled children become victims of violence and secondly; the amount of research available on this population is extremely limited, particularly for disabled children in developing countries such as South Africa.

Much research has focused on the functional restrictions imposed by disability (e.g. Gill et al, 2006; Murphy et al, 2007) cited in Neil (2013), the measurement of co-existing impairments (e.g. Cabrero-Garcia and Lopez-Pina, 2008) cited in Neil (2013), and factors affecting the success of rehabilitation (e.g. Murphy et al, 2009) cited in Neil (2013). Historically, research into the causes, types and incidence of disability has been prioritised, while studies into personal experiences of children living with a disability have been largely neglected in South Africa, particularly in the Eastern Cape. Thus, the researcher decided to embark on this study.

The researcher aims to fill gaps in the literature about the personal experiences of children living with physical disability. These experiences include all forms of violence in their rural communities. The study will determine if physically disabled children are the victims of violence due to their disability in the Eastern Cape and explore forms of violence these physically disabled children experiences in rural areas of the Eastern Cape. Consequently, the study will determine the effects of violence these physical disabled children experience in rural areas of the Eastern Cape and investigate whether the violence experienced by physically disabled children is reported to the criminal justice system. Less attention has been paid to physically disabled children living in rural areas, experiencing violence. This study sheds some light on the rural context of the Eastern Cape.

The majority of disability-related research has relied on quantitative measures, such as surveys (e.g. Jelsma et al, 2002; Norman, Matzopoulos, Groenewald, and Bradshaw, 2007; Connor, Bryer, Meredith, Beukes, Dubb, and Fritz, 2005; Nattrass, 2006; Statistics South Africa, 2012) cited in Neille (2013). While this type of information is important in establishing the incidence and prevalence of disability and consequently the need for policies and services to support people with disabilities, it is unable to describe the unique lived experience of disability children in the rural based context. Therefore, they do not report on the experiences and challenges faced by disabled children in the rural areas.

Studies that have used alternative methodologies to explore the challenges associated with living with a disability have frequently relied on semi-structured interviews and have seldom engaged in cross-linguistic research (e.g. Van Rooy et al, 2012; Hundt, Stuttaford, and Ngoma, 2004; Schneider, Claassens, Kimmie, Morgan, Naiker, and Roberts, 1999; Parr, 2007; Worrall and Holland, 2003) unlike the current research. In addition, numerous studies (e.g. Mattingly, 1994; Hinckley, 2006; Ulatowska, Reyes, Santos and Worle, 2011) cited in Neille (2013) have excluded participants who are poor, marginalised, uneducated, thus the current study focuses on physically disabled children that are from poor family backgrounds who happen to be marginalised and uneducated.

These methodologies, together with the medicalisation of disability, have resulted in a biased view of disability. Significantly, the voices of people living in developing contexts, have been largely excluded from research (Chataika et al, 2012), and consequently policies and practices have remained based on western principles, particularly within the fields of the

development of evidence healthcare and rehabilitation, since many studies have relied on anecdotal evidence in order to describe the experience and effects of disability (e.g. Bakheit, Barret and Wood, 2004; Code, Hemsley and Hermann, 1999; Connor, Bryer, Meredith, Beukes, Dubb and Fritz, 2005; Hundt, Stuttaford and Ngoma, 2004; Kahn, Tollman and Gear, 1999; Kilonzo, 2004; Parr, 2007) cited in Neille (2013). This has resulted in the absence of a theoretical framework for understanding disability and the ways in which contextual and cultural variables influence daily life. However, this study has used mixed methods in which questionnaires and interviews were employed instead of one method, with the intention to report on the personal experiences of physically disabled children, unlike the cited studies. The methods used in this study helped to overcome some aspects of biased views and silent voices of physically disabled children were expressed. The study focused on the poor and marginalised physically disabled children who come from poor, poverty-stricken communities that are marginalised unlike some of the earlier studies. It is evident from the above literature that there are gaps in knowledge concerning the phenomenon under study and that the study of this nature is needed to be conducted to address those gaps and subsequently to augment the insufficient body of knowledge about the phenomena.

The following are the research questions this study has addressed.

1.4 Research questions

The following are the research questions:

- What forms of violence do these physically disabled children experience as victims in the Eastern Cape?
- Are physically disabled children the victims of violence due to their disability in the Eastern Cape?
- What are the effects of violence these physically disabled children experience in the Eastern Cape?
- Is violence experienced by these physically disabled children reported to the criminal justice system?

The following are the objectives of the study.

1.5 Objectives of the study

The objectives of this study are:

- To explore forms of violence these physically disabled children experience in the Eastern Cape.
- To determine if physically disabled children are the victims of violence due to their disability in the Eastern Cape.
- To determine the effects of violence these physically disabled children experience in the Eastern Cape.
- To explore whether the violence experienced by physically disabled children is reported to the criminal justice system in the Eastern Cape.

The following are the definition of conceptual used for the purpose of this study. The researcher has provided two definitions (1) conceptual definitions; (2) operational definitions. They are as following:

1.6   Definition of concepts

1.6.1 Child

The definition of a child as it stands within the statutes of the South African Law, the *Child Care Act 74 of 1983*, defines a child as any person under the age of 18 years, unless national laws recognize the age of maturity earlier (Robertson, 1989:3). For the purpose of this study, the researcher shall define a child as any person under the age of 18 years and still under the care of his/her parents, caregiver and/or guardian.

1.6.2 Disability

Tregaski (2004) is of the opinion that the definition of disability varies from one country to another, depending on the disability model upon which domestic legislation is based. He postulates that some definitions are still embedded in the biomedical model, wherein disability is identified as illness or impairment, with an emphasis placed on curing the disabled individual. This model attributes the causes of disability to medical conditions. Other definitions, especially those contained in most social welfare legislation, reflect the charity and economic dependency models, wherein disability is portrayed as a tragedy and

persons with disabilities are considered as unproductive and burdens on society (Tregaski, 2004).

Tregaski, (2004) is of the view that a more recent definition of disability that is becoming increasingly accepted emerges from the social model of disability. He states that, this model views disability as a social construct, in that most of its effects are inflicted upon people by their social environment – for example, it is not the disability or the wheelchair that disables a person, but rather the stairs leading to a building. Definitions based on this model take the wider view that the ability of people with disabilities to engage in activities is dependent upon the extent of social intervention, and that activity limitations are not caused by impairments, but are rather a consequence of social organisation (Tregaski, 2004).

The social model is an important framework for the following reasons (Barton, 2003) cited in Neille (2013):

- Firstly, it provides a framework and language through which people with disabilities can describe their experiences
- Secondly, it allows naming and challenging discrimination, exclusion and inequality
- Thirdly, it offers a means by which the question of disability can be explained and understood in terms of wider socioeconomic conditions and relations
- Fourthly, it provides a basis for support and collective engagement of people with disabilities.

The social model forms the basis of the definition of disability adopted by the UN Convention on the Rights of Persons with Disabilities (CRPD) (Art.1), which defines persons with disabilities to include:

"…those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

Snell (1987, cited in Sifama, 2004) defines physical disabilities as all kinds of disabilities. This includes, according to him, sensory disabilities but excludes psychiatric disorders. He further postulates that physically disabled people are those who have difficulties in areas such as mobility, self-help, language, social interaction, health, or any combination of these. Moore, Mrojorie and Barker, (1950, cited in Sifama, 2004) define physically disabled people as those who are unable to do their work or perform other duties because of disease or injury, or have a long-term physical condition that allows them to work only occasionally or not at all.

Barker, Schoggen, Schoggen and Barker (1952, cited in Sifama, 2004), define a physically disabled person as one who is generally perceived in his cultural group to have a physique that prevents him from participating in important activities on terms of equality with normal individuals of his own age.

According to Thomas, (1982, cited in Sifama, 2004), disability refers to the impact of impairment upon the performance of activities commonly accepted as the basic elements on everyday living (i.e. walking, getting in and out of bed, feeding, dressing, and being able to carry on a conversation). According to Hesselink-louw, Booyens and Neethling (2003:168), disability refers to any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. For the purpose of this study, disability refers to an inability to carry out every day functions due to physical impairment.

1.6.3   Victim(s)

Underwood (2003:1) is of the opinion that most people have a general image of the concept of a victim. This image is often a perception of an idea based on personal experiences and common social massages. However, when asked to articulate a comprehensive definition or to consider variations of the concept, many people are less than consistent. As a concept, 'victim' is an enigma that is difficult to comprehend and explain (Underwood, 2003: 1).

Underwood (2003: 1) paraphrases Supreme Court Justice Stewart Potter's response about defining the term victim as, "victim may be something that is difficult to define, but you know it when you see it". Victim is a concept that may be considered in a very broad and inclusive context or, to the other extreme; it may be narrowly defined with conditions that limit its applicability.

Karmen (1992:2) is of the view that the term victim in the daily language of the public, has a common meaning as referring to those individuals who suffer from "some form of hardship as a result of more worldly causes" (Kennedy & Sacco, 1998: 4); who "experience injuries, loses, or hardships due to any cause (Karmen, 1992: 2).

Whereas Barkas (1978: 7) as cited in Scott (2006: 26) defines a victim as one who has directly or indirectly suffered because of a specific illegal action, to which Fattah (1992: 58) adds that the violation must be deliberate in nature. Verwey (1994: 19) as cited in Scott (2006: 26) is of the opinion that the term victim applies not only to injured parties, but also to those not injured and who suffer no deprivation. A victim is therefore determined by referring to the offender's viewpoint and is the person whom the offender wishes to damage, thinks he is damaging or actually does damage. Whereas Underwood (2003: 8) states that victim is a sociological concept, a status given to a member of society who has experienced an act or event.

Van der Walt (1997: 34) cited in Scott (2001) distinguishes between two types of victims, namely the active victim who contributed to the victimization and the passive victim who in no way consciously or unconsciously facilitated in the furthering of the crime. Furthermore, he categorises these victims into types, being either directly affected by the crime or indirectly affected by the crime. Viano (2000: 10) cited in Davis and Snyman (2005: 9) distinguishes four stages of becoming a victim. He is of the opinion that it is only when a person has proceeded through all four stages that he or she can actually be regarded as a victim. The four stages include the following:

- Stage 1
  A person is injured or suffers at the hand of another person or institution. The essential point is not why or how a person is harmed, but the fact that the person is injured and needs to gain control over the harmful situation.

- Stage 2

  The injured person perceives the suffering as unjust and undeserved and regards him or her-self as being victimized. Not all people who are harmed at the hands of another person or institution recognize it as harm, and often remain silent about it, or accept it as "the way things are." The moment the person recognizes the harm or injury as unjust and undeserved, facts are reconfigured to take on a new meaning.

- Stage 3

  This person looks outside him-or herself towards significant others, helping organizations or the criminal justice system for recognition of the fact that he or she has become a victim. A person can be reluctant to look towards other people for recognizing the harm or injury that he or she suffered, as it can lead to victim blaming or harming the person's or institution's status in society.

- Stage 4

  It is only when other people recognize and acknowledge the fact that the person has been victimized that the person is actually or can be regarded as a victim. This recognition is, however, dependent on the willingness of other people to identify the harm the person suffered as harmful.

Quinney (1972: 520) however states that a definition and definite criteria for defining a concept can be adapted to suit the interest group defining this, and with this in mind the victim will be viewed primarily from a criminological point of view.

For the purpose of this study, a victim is someone who has been harmed physically, sexually, psychologically as well as emotionally and who is suffering from the consequences of an act inflicted on her/him.

1.6.4   Violence

The term violence is frequently used to convey a message about the infliction of physical harm (Farmer, Nizeye, Stulac and Keshavjee, 2006) cited in Neille (2013), reflecting a narrow understanding of the pervasive nature of violence. According to the WHO (2012), violence may be inflicted in four ways: physically, sexually, psychologically, or by means of deprivation. The term 'violence' thus refers to "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or

community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation" (WHO, 2012).

Bornam, Van Eeden and Wentzel (1998) regard violence as an extreme form of aggression and "a deliberate attempt to do serious physical injury." They further state that physical force is used with the specific intent to abuse another person, to injure or kill another, oneself and to damage or destroy property.

Whereas Stanko, Beirne, and Zaffuto (2002) cited in William (2012:169) are of the view that violence is concerned with applications, or threats, of physical force against a person, which can give rise to criminal or civil liability, whether severe or not and whether with or without a weapon. When more severe such violence may be associated with intimate violations of the person or the potential to cause serious physical pain, injury or death.

Violence according to McKendrick and Hoffmann (1990:3), Involves the use of strong physical force against another person. Destructive harm including not only physical assaults that damage the body but also the many techniques of inflicting harm by mental or emotional means. For the purpose of this study, the researcher shall define violence as a harmful act (offence) that involves the use, attempted use, or threatened use of physical force committed by a perpetrator(s) against persons with disabilities that will lead to physical and/or mental injury or death.

1.6.5 Crime

Crimes against people with disabilities are often classed simply as 'abuse' or 'neglect' rather than naming them 'crimes.' Yet these forms of abuse can include hitting, violating someone's body, torturing and killing a person. Sherry (2000:1) cited in Hesselink-Louw, Booyens and Neethling (2003:170) states that offenders against the general community are criminals while those who victimise people with learning disabilities are referred to as 'abusers.'
The concept of crime is the one aspect that has received the most attention in criminological literature. Literature also indicates that the opinions of criminologist vary greatly regarding the concept, and how it should be defined. Two broad approaches can be distinguished:

1.6.5.1 The juridical approach definition of crime

According to the juridical approach, the concept of crime can be defined as following:

A crime is a violation of the law, for which the state may exact punishment (Gardiner & Lansdown cited in Stevens & Cloete, 2013:2). Donald Taft cited in Stevens and Cloete (2013:2) define crime as "an act forbidden and made punishable by law." According to De Wet and Swanepoel cited in Stevens and Cloete (2013:2), a crime can be defined as an unlawful activity, that is, an act at variance with either a prohibition or an injunction, and which is punishable by the authorities.

In their criminological dictionary, Louw et al cited in Stevens and Cloete (2013:2). Define crime as a human act of which the offender is guilty, and which is punishable by the state. From all definitions, it is clear that certain elements must be present before behaviour can be defined as a crime. There must be an act, the act must be unlawful, guilt must be proven and punishment must be imposed.

1.6.5.2 The criminological approach definition of crime

For many criminologists, however, the juridical definition is regarded as too narrow. According to them, there are other forms of behaviour, not punishable by the state, but deviating from the norms of society. In a criminological sense, they argue that these forms of behaviour should also be considered as criminal. These criminologists thus want a much wider definition of the crime concept in order to include all antisocial and harmful acts (Stevens & Cloete, (2013:2).

In criminological sense, crime can be defined as follows:

Crime is all antisocial conduct that is in conflict with the law, or is injurious or detrimental to the sound normal life and the survival of an individual, his next of kin and the community (Van der Walt cited in Stevens & Cloete, (2013:2). Mannheim cited in Stevens and Cloete, (2013:2) defines crime as antisocial behaviour. From these definitions, it is clear that the criminological definition includes the juridical definitions but is also wide enough to include all types of antisocial and harmful behaviours (Stevens & Cloete, 2013:2).

For the purpose of this study, the researcher will adopt the criminological definition of crime. This definition is appropriate in this study because it caters for certain antisocial behaviours that are detrimental to the sound normal life and the survival of the physically disabled children, but are not regarded as a crime in a juridical approach such as 'teasing' or 'name calling,' emotional abuse or neglect of physical disabled children.

1.6.6 Criminal

A second important aspect studied in criminology is the concept of 'criminal.' A question that is usually asked is: who may be regarded as criminals, and when may they be referred to as criminals? In order to answer these questions, attention should be paid to juridical and criminological concepts of criminal.

1.6.6.1 The juridical approach definition of a criminal

According to Van der Walt cited in Stevens and Cloete (2013:2), a person can be regarded as a criminal when he or she has transgressed the law, his or her guilt has been proved in a court and a penalty has been imposed. According to this definition, a person can only be regarded as a criminal after it has been proved by the state that he or she is guilty if a punishable offence. Not everyone who has transgressed the law can be regarded as a criminal. A person's state of mind and age can play an important role in determining whether he or she is a criminal or not. Persons under the age of 7 years or who have been certified as insane, cannot commit a crime, nor be held accountable for their actions (Stevens & Cloete, 2013:2).

1.6.6.2 The criminological approach definition of criminal

As in the case of the concept of crime, there are criminologists who regard the juridical approach definition of a criminal as being too narrow. They regard a person as a criminal when he or she has transgressed the law, whether or not such a person has been caught, tried, found guilty and punished. The mere fact that people have transgressed determines that they are criminals. This means that those persons, whose acts are harmful and detrimental to an individual or the community, are also regarded as criminals. The norms and values applied by the community to human conduct are used as criteria to label persons as criminals or non-criminals

For the purpose of this study, the researcher wishes to adopt the criminal definition by the criminological approach, as it is more applicable and appropriate for the study. The researcher will therefore use the terms criminal, perpetrator, victimizer and offender interchangeably. Those individuals who victimize the physically disabled children, whether they have been apprehended (arrested) or not, whether they have been through a criminal justice system process or not, shall be regarded as criminals in this study.

1.6.7 Child abuse

As defined by the NSPCC cited in Cawson et al (2000), refers to 'behaviour that causes significant harm to a child. It also includes when someone knowingly fails to prevent serious harm to a child'. The four types of abuse included in this current study are physical, emotional and sexual abuse and neglect. For the purpose of this study, the researcher shall define child abuse as any behaviour that is directed to inflict pain, suffering and intend to harm a defenceless physically disabled child.

1.6.8 Sexual abuse

The World Health Organisation defines sexual abuse as "the involvement of a child in a sexual activity that he or she does not fully comprehend, is unable to give consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society …. [It] may include but is not limited to (i) the inducement or coercion of a child to engage in any unlawful sexual activity; (ii) the exploitative use of a child in prostitution or other unlawful sexual practices; and (iii) the exploitative use of children in pornographic performances and materials.

Schechter and Roberge (1976) cited in Thompson and Kaplan (1999: 454) refer to the sexual abuse of children as "the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, are unable to give informed consent to, and that violate the social taboos of family roles" (Schechter and Roberge, 1976: 127 cited in Thompson and Kaplan, 1999: 454). The term child sexual abuse may mean anything from child pornography to genital manipulations to sexual intercourse between a child and adult. Should we seek definitions that have universal application?

Garbarino, Guttman and Seeley (1986) caution: "Any observation of maltreatment depends heavily upon social and cultural context. Behaviour is considered abuse when it conveys a culture-specific message of rejection or impairs a socially relevant process" (cited in Thompson & Kaplan, 1999: 454).

According to Finkelhor (1994), child sexual abuse has two basic elements:

a) Sexual acts involving a child -which are activities intended for sexual stimulation. The activities may be contact (penetration or non-penetration) or non-contact (such as exhibitionism, voyeurism or child pornography).

b) An abusive condition- where the perpetrator has either a large age gap or the advantage of maturity over the child; or is in a position of authority over the child; or activities are carried out using trickery or force.

The Canadian Incidence Study (CIS) captured data that corresponded to the following categories of sexual abuse: penetration, attempted penetration, oral sex, fondling, sex talk, voyeurism and exhibitionism (Trocmé, MacLaurin, Fallon, 2001). Various authors such as (Miller, 2002; Department of Health, 2005; Dawes et al, 2007 cited in Wogqoyi, 2012) agree that sexual abuse arises when an adult or older child shows a child his or her private parts. It constitutes touching of a child by an adult in a way that provides the adult pleasure but distresses the child.

A child has the right to be in charge of his or her own body; hence, sexual abuse is a violation of this right. Sexual abuse includes any non- contact abuse like flashing and exposure to pornographic materials. There is contact abuse, which can include fondling, finger penetration, masturbation, or oral sex (Dawes 2007) cited in Wogqoyi (2012).

In South Africa, sexual crimes are prosecuted under both Common Law and Statutory Law. Sexual crimes prosecuted under Common Law include rape and incest, while sexual intercourse with a minor is prosecuted in terms of the Sexual Offences Act 23 of 1957 as amended by National Assault Policy of January 2005 (Joyner, 2010) cited in Wogqoyi (2012). Myers (2002) refers to sexual abuse of a child as any contact and non-contact interaction between a child and an older or more knowledgeable child or adult (stranger, sibling or person in position of authority such as parent or caretaker), when the child is being used as an object of sexual gratification by an older child or adult. Such contact or interaction is carried out against the child using force, trickery, bribes, threats or pressure.

(i) Contact: Touching and fondling of the sexual portion of the child's body (genitals and anus) or touching the breasts of pubescent females; or the child touching the sexual portion of a partner's body.

(ii) Non-contact: Sexual kissing: penetration, which include penile, digital and object penetration of the private part, mouth or anus, child-to-adult sexual activity; or pornographic movies and photographs; making lewd comments about the child's body; making obscene phone calls or having children pose, undress or perform in a sexual fashion on film; peeping into a bathroom or bedroom to spy on a child when bathing or dressing.

Sexual abuse according to Sobsey (1994:55) means any sexual interaction between an adult and a child 12 year older or younger, or any sexual interaction involving an individual who is 13-17 years old when there is clear indication of harm, coercion, or the exploitation of a relationship of authority.

Tower (1989) cited in Sobsey (1994:55) caution us that when references are made to the work of other researchers and authors, it will be helpful to note that their definitions may differ. He postulates that sexual abuse can be categorised in several ways. For example, it may be intra-familial or extra-familial; homosexual or heterosexual; single incident, repeated, or chronic; planed or spontaneous; may or may not involve over sadism or violence; and may or may not include various forms of sexual behaviour. For the purpose of this study, the researcher shall adopt the definition of sexual abuse of a child by Myers (2002). This definition is appropriate and applicable in this study.

1.6.9 Sexual Assault

Victoria Legal Aid (2010: 6) describes "sexual assault" as any unwanted sexual behaviour that causes humiliation, pain, fear or intimidation. It includes incest, child abuse, and unwanted kissing and touching. It includes behaviour that does not involve actual touching. For example, forcing someone to watch pornography or masturbation is also sexual assault. Sexual assault according to section 5 of the criminal law (sexual offenses and related matters) amendment Act 32 of 2007 define sexual assault as following:

(1) A person ('A') who unlawfully and intentionally sexually violates a complainant ('B'), without the consent of B, is guilty of the offence of sexual assault.
(2) A person ('A') who unlawfully and intentionally inspires the belief in a complainant ('B') that B will be sexually violated, is guilty of the offence of sexual assault.

For the purpose of this study, the researcher shall define sexual assault as any unwanted sexual gesture that is non-penetration of which causes humiliation, fear, intimidation and inspire a belief that a child will be sexually molested.

1.6.10 Emotional abuse

According to Berkow, Beers and Fletcher, 1997; Miller, 2002; Dawes et al, 2007; Rees, 2010) cited in Wogqoyi (2012), emotional abuse occurs when parents, caregivers or educators humiliate a child by making the child feel unworthy. It is characterized by insulting or withholding love and attention from a child as a form of punishment. This includes saying hurtful things that destroy the self-confidence and self-esteem of a child, for example, "you will never succeed in life.

According to the World Health Organisation (2011), emotional abuse is "… the failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with her or his personal potentials and in the context of the society in which the child dwells. There may also be acts towards the child that cause or have a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development … Acts include restrictions of movement, patterns of belittling, denigrating, scapegoating, threatening, scaring, discriminating, ridiculing or other nonphysical forms of hostile or rejecting treatment." For the purpose of this study, emotional

abuse shall be defined as act that involves insulting, teasing, name calling, lack of affection with the intend of causing degradation of a child self-image

1.6.11 Financial abuse

Presents when somebody uses any source of income meant for the disabled child for his own needs without prioritizing the needs of the child (Berkow et al, 1997) cited in Wogqoyi (2012). For the purpose of the current study, financial abuse means an act that deprives the physically disabled children financial means to obtain basic necessities to survive and/or their social grant is being misused inappropriately not to carter for the children' needs.

1.6.12 Physical abuse

Ambivalence regarding the usefulness and harm of corporal punishment, as well as cultural and social practices cloud the definition of physical abuse (Johnson, 2004). There seems to be consensus that physical abuse results from the behaviour of a caregiver causing injury to the child.

Trocmé, et al (2001) describe physically abusive behaviour as:

• Shaking, pushing, grabbling or throwing a child;

• Hitting a child with the hand;

• Punching, kicking or biting a child;

• Hitting a child with an object, and

• Other (including choking, strangling, stabbing and abusive use of restraint)

Physical abuse occurs when an adult inflicts intentional injury on a child. Such actions take place when there is slapping, pinching, beating, strangulation, burning or fracturing of bones (Selbst, 2007: Dawes, Bray & Van der Merwe, 2007) cited in Wogqoyi (2012). Shaken baby syndrome causes brain or neck injuries. It occurs to infants under six months old (Joyner, 2010; Dawes et al, 2007) cited in Wogqoyi (2012).

Physical abuse can be defined as action "which results in actual or potential physical harm from an interaction or lack of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust (WHO, 2011)". For the purpose of the study, the researcher shall define physical abuse as an action exhibited by

adult and/or other children with the intention to inflict physical harm to another person by slapping, biting, beating, burning, fracturing bones, and/or using objects to inflict pain with the intention of causing GBH.

1.6.13   Neglect

Neglect amounts to maltreatment and is often accompanied by it. Paradoxically, child neglect has been a 'neglected' social issue despite the fact that its prevalence and sequelae are far more serious than child abuse (McSherry, 2007). Neglect is generally experienced over a greater length of time with harm developing insidiously and without obvious and immediate impact (Dubowitz, 2007). As opposed to abuse, where there may be a situation-specific crisis, neglect tends to be a long-term developmental issue with a lower public profile (Dickens, 2007).

Neglect involves a failure to meet the child's basic physical, intellectual, emotional and social needs. It is considered as a possible diagnosis for children who are poorly cared for, not fed properly, improperly clothed, denied basic necessities and proper medical care, or treated with indifference to a degree that appears to cause serious damage or suffering (Dickens, 2007).

From the above definition, issues relating to the paradox of "neglect of neglect" become obvious (Dubowitz, 2007). Firstly, the definition lends itself to ambiguity with regard to what constitutes "basic" needs, "serious" damage or "improper" clothing. In this light, McSherry (2007) explains how the definition of child neglect is tantamount to establishing "minimally adequate levels of care". Whatever constitutes a threshold of care and how this may vary from child to child and from culture to culture is a highly contentious matter. As English, Thompson, Graham, et al. (2005: 192) cited in Kufeldt and Mckenzie (2011) explain: "neglect is the absence of a desired set of conditions or behaviours, as opposed to the presence of an undesirable set of behaviours." Since there is, no legal guideline from which to operationalise "neglect", its diagnosis is often subjective and legal prosecution occurs only when a dramatic event has taken place (Dickens, 2007).

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Secondly, the cultural values associated with minimal levels of care involved in child rearing are not taken into account. For example, in some cultures it is perfectly acceptable to leave children at home alone with an older sibling (Dubowitz, 2007).

A third issue relates to the question of the inherent ability of parents to care for their children financially, whereupon poverty becomes an issue of national neglect. Impoverished parents may not have the means to feed, clothe or house their children (or themselves) adequately. Addressing poverty appears to be the way to ensuring that children's needs are met and thereby addressing neglect. On another level, governments, which fail to provide nourishment for their citizens, are considered to be neglecting them.

The "grey area" of neglect is illustrated by Dubowitz (2007) who contends that, in certain cases, what constitutes neglect may be the lesser of two evils, such as when a child is a caregiver to siblings so that a parent may go to work. It is also difficult to distinguish between neglect that occurs due to circumstances beyond the caregivers' control and that which occurs due to the caregivers' inattention to the child's situation in spite of the capacity to act (Dawes & Ward, 2008) cited in Wogqoyi (2012). For the purpose of this study the researcher wishes to adopt the definition of neglect by Dickens (2007) above. It is applicable and appropriate for this study.

1.6.14   Bullism/Bully

The Council on Scientific Affairs of the American Medical Association defines bullying as "…a negative behaviour involving (a) a pattern of repeated aggression, (b) deliberate intent to harm or disturb a victim despite apparent victim distress, and (c) a real or perceived imbalance of power (e.g., due to age, strength, size), with the more powerful child or group attacking a physically or psychologically vulnerable victim" (Bully B'ware Productions, 2003) cited in Hoover and Stenhjen (2003).

Bullying consists of a series of repeated, intentionally cruel incidents between the same children who are in the same bully and victim roles. Bullying is not limited to but can include:

• Harassing someone because of perceived differences (e.g., a disability, sexual orientation)

• Being physically attacked/assaulted or abused.

The rate at which bullying occurs depends on many factors, including whether or not peers and responsible adults get involved and provide support, how victims respond, and how schools or other organizations either condone and tolerate or prevent its occurrence (CSA, 2002). A general lack of leadership by youth to prevent bullying and teasing of their peers contributes to the problem (Bowman, 2001). According to Merriam (2004), cited in Flynt and Morton (2007) define the term bully as "a blustering browbeating person; especially, one habitually cruel to others who are weaker.

According to Olweus (1993), a noted expert on the topic of bullying, "bullying exists when students are 'exposed repeatedly or over time to a negative action on the part of one or more students". Smith (2000:295) defines a bully as a person who demonstrates repetitive aggressive behaviour that purposefully hurts another person and ultimately results in a "systematic abuse of power." Bullying consists of intentional aggressive behaviour that involves a disparity of power or strength. Bullying occurs when another learner or group of learners repeatedly subjects a learner to negative behaviour (UNICEF, 2011).

For the purpose of the study, 'bully' refers to a repetitive aggressive act that intentionally hurts another fellow child at school or in the community which involves humiliation, punching, taking belonging of another child and making a life of another child a living hell with the aim of roughing them up.

1.6.15   Teasing Definition

Most bullying is subtle and discreet rather than overt (Hoover and Oliver, 1996) cited in Hoover and Stenhjen (2003). This teasing, a form of bullying, includes:

• Spreading rumours or gossip

• Ridicule

• Verbal abuse

• Public shunning or private humiliation and embarrassment.

Peer victimization, in which students are repeatedly harassed, ridiculed, teased, scorned, and excluded, is one of today's most overlooked educational problems (Brendtro, 2001). Students consistently rank verbal behaviour as the primary mode of teasing, and it has been found that long-term verbal harassment is as damaging psychologically as infrequent physical harassment. Students express a great deal of confusion about teasing and how to deal with it, and some argue that social and communication skills are central to dealing with teasing and harassment in any successful anti bullying efforts (Hoover and Oliver, 1996; Hoover and Olson, 2000; Stein, 1995) cited in Hoover and Stenhjen (2003).

For the purpose of this study, Teasing means name-calling of a physically disabled child due to his or her disability condition by any person, which time to time involves ridicule, humiliation, verbal abuse with the intention of degrading the self-confidence of a physically disabled child.

1.6.16 Disability Harassment Definition

Disability harassment is the form of bullying and teasing specifically based on or because of a disability. This treatment creates a hostile environment by denying access to, participation in, or receipt of benefits, services, or opportunities at school (PSEA Interactive, 2003; U.S. Department of Education, 2000) cited in Hoover and Stenhjen (2003). The researcher wishes to adopt the disability harassment definition cited above. Following is the theoretical framework used to frame this study, this frame works will be discussed in details in chapter 3.

1.7 The theoretical framework underpinning the study

Table 1: Exposition of the victimological theories to explain violence against physically disabled children in the Eastern Cape of South Africa

General theory	Specific theory	Exponents of the theory
Victimological theories	The opportunity model	Cohen, Kleugel and Land
	Differential risk model of criminal victimization	Fattah

The researcher for the purpose of this study used the above-mentioned theories to explain the victimization of physically disabled children in the Eastern Cape of South Africa. These theories are the principal theories upon which the research was constructed. The rationale for using these theories is that it is not possible to find a single theory that best explain the occurrence of a particular phenomenon (such as violence experienced by disabled children) the combination of theories therefore helps in filling in the shortcomings left by another theory.

The following discussion pertains to the research methods used to conduct the study. This section, however, it is greatly covered in chapter four. Here the researcher gives an insight on the research methods used for the purpose of this study (*see, chapter four).*

1.8 Research methods

The following are the methods used to construct this project.

1.8.1 Research design

According to Bezuidenhout (2011:48), a research design "is the blueprint, procedure or plan of action," in support to this statement, Mouton (2009: 55), mentioned that a research design is "a plan of how one intends conducting the research, by focusing on the end product – it acts as the framework or guideline for the study". With this in mind, the following is a discussion of a research design underpinning the study.

1.8.1.1 Exploratory descriptive design

The researcher used the exploratory approach since the main goal is the exploration of a phenomenon, (i.e. violence experienced by physically disabled children) as accurately as possible, in contrast to explanation studies, which generally attempt to explain a social phenomenon by specifying why or how it happened (Bailey, 1994: 40). Exploratory research is generally conducted to provide an orientation or familiarization with the topic under study such as this one undertaken by the researcher. It serves to orient research to salient issues and helps focus future research on important variables. Exploratory research is often conducted on newly emerging social issues or recently developed social programs (Bickman & Rog, 2009: 92). Even though violence committed against physically disabled children is not an entirely new social science issue, the researcher seeks to bridge the gaps by bringing

new insights and provide solutions to this problem. Therefore the exploratory nature of the study avails the researcher to gain insight into whether physically disabled children are the victims of violence due to their disability in the Eastern Cape, and what forms of violence these physically disabled children experiences, also the long term effects of violence these physically disabled children experience in the Eastern Cape, the researcher again wished to explore whether the violence experienced by physically disabled children is reported to the criminal justice system in the Eastern Cape.

This design the researcher opted to use is desired to explore and gain a better understanding of the lives and experiences of physically disabled children as being victims of violence in the Eastern Cape. In addition, to attempt to identify new knowledge, new insights, new understandings, and new meanings and to explore factors related to the topic from the physically disabled children and their caregivers (Brink & Wood 1998:312; Brink 1996:11) cited in Neil (2013). The results from this study will not necessarily be generalizable to a larger population but will provide a better understanding of the sample being examined, their experiences and the ordeals they are faced with on a daily basis from their communities and/or school (Burns & Grove 1999: 296) cited in Neil (2013).

However, a purpose of a descriptive design in this study is to identify and/or describe the problems encountered by physically disabled children and provide the views and experiences of them as being the victims of violence, also the events they encountered in their life situations whether at home, in the community or t school.

1.8.1.2 Research method used for the purpose of the study

The researcher used a mixed method of research methodology in this study, which is qualitative and quantitative. Different scholars have used different terms (integrative, combined, blended, mixed methods, multimethod, multi-strategy, etc) to identify studies that attempt such integration. However, the term mixed methods seems to be accepted by most scholars across disciplines (Collins, Onwuegbuzie & Jiao, 2007; Creswell & Plano Clark, 2007; Greene, 2007; Teddlie & Tashkkori, 2006; Johnson & Onwuegbuzie, 2004; Rao & Woolcock, 2004; Greene & Caracelli, 2003). This is why the researcher adopted to use the term mixed method in this study.

Creswell (2009) as quoted by Ivankova, Creswell and Clark (2007:269) gives the definition of mixed methods as a procedure for collecting, analyzing and mixing both qualitative and quantitative data at some stage of the research process within a single study to understand a research problem more completely. Teddlie and Tashkkori (2006: 12) are of the view that mixed methods can be used as the process of integrating the qualitative and quantitative approaches and procedures in a study to answer the research questions. Although the integration may occur at any stage of a research project, they believe that true mixed method designs have clearly articulated mixed research questions, necessitating the integration of qualitative and quantitative methods in all stages of study. Strands of a study might have research questions that are qualitative or quantitative in approach. Flexibility to use both the qualitative and quantitative methods allows the researcher to answer his research questions in the most effective manner (Creswell & Plano Clark, 2007; Greene, 2007; Brewer & Hunter, 2006; Greene & Caracelli, 2003; Teddlie & Tashakkori, 2003). The researcher opted to use a mixed method for this study based on the premise postulated by Teddlie and Taskkori (2006:12).

1.8.2 Sampling and sampling methods

The total sampling size for the purpose of this study was one-hundred and ten (110) respondents. Broadly, the research sample comprised of 100 physically disabled children from two special need schools (50 from each) based in the Eastern Cape and 10 officials (caregivers) from both special need schools, each contributing 5 respondents. These one-hundred (100) physically disabled child respondents had to satisfy the following conditions: reside in special need school hostel in the Eastern Cape, be between the ages of 12-18, be physically disabled, and from any racial and socio-economic group and caregivers were selected based on years of experience working with disabled children. These respondents were chosen according to their knowledge of the research content and their experience in the context studied. The researcher, as far as possible, has attempted to maintain a gender balance in all the samples, that is to say, have equal numbers of males and females for each category. However, the majority of caregivers' respondents were females.

When selecting the research respondents from the population the researcher can make use of either a probability sampling design or a non-probability sampling design. For the purpose of this study, the researcher made use of the non-probability sampling method.

For this study, the researcher made use of two sampling techniques i.e. accidental sampling for selecting physically disabled children and purposive sampling for selecting caregivers of the physically disabled children. 'Accidentally' means that any physically disabled child who is willing to meet with the researcher and has any knowledge of the research topic will be included in the sample until saturation is reached. Thus research participants are selected based on their availability and willingness to take part in the research (Gravetter & Forzano, 2003: 125; Strydom & Venter, 2002:207). It is postulated by Monette, Sullivan and DeJong (2002:149) cited in Booyens (2008) that this sample is appropriate in research where it is difficult or impossible to obtain a complete sampling frame of the population due to two factors, namely that it is too costly or impossible to identify all the elements in the population. Purposive sampling was employed in selecting all caregiver respondents. The researcher chose this technique of sampling because it helped in choosing the most relevant or knowledgeable respondents with regard to the topic under study.

Lincoln and Guba, (1985), Patton (2002), Creswell (2005) and Neuman (2006) describe purposive sampling as a method in which the researcher uses a wide range of methods to locate all possible cases of a highly specific and difficult-to-reach population. Cohen, et al., (2000) contend that purposive sampling is the dominant sampling strategy in qualitative research, because qualitative research, seeks to understand the meaning of phenomena from the perspective of the participants. It is therefore important for the researcher to select a sample from which the most can be learned and that qualitative research focuses on information rich cases, which can be studied in depth. In this way, the researcher will build a sample that is appropriate to his/her needs. The researcher selected the purposive sampling based on some of the arguments according to the above-cited authors (Guba, 1985; Patton, 2002; Cresswell, 2005; Nauman, 2006 and Cohen et al, 2000). The researcher by using the purposive sampling method sought to understand the meaning of the phenomena under study (physically disabled children as victims of violence in the Eastern Cape) from the physically disabled children's care-givers perspective.

The researcher did not collect data from the whole population of physically disabled children and their caregivers but to those who were selected and agreed to take part in the study (a sample). The results from this research do not claim to be representative of the larger population of physically disabled children and their caregivers; neither does it aim to

generalise about the larger population because the sample size do not permit generalisation. Respondents were few, generalisation would not be permissible.

1.8.3 Data collection

The researcher used triangulation when collecting data (*see, chapter 4 in details*). The researcher used a questionnaire and an in-depth interviews as methods of collecting data from the respondents (physically disabled children and caregivers). The questionnaires were used to collect the data from the physically disabled children whilst the in-depth interviews were used to collect data from the caregivers.

In this study, the researcher used a questionnaire as an instrument of gathering data from physically disabled children residing in special need school hostel in the Eastern Cape Province. The researcher decided to use this instrument of gathering data as it enabled him to overcome pitfalls such as disclosure of sensitive personal information and experiences regarding violence committed against them.

The researcher held the questionnaire and asked the respondents questions and wrote down the respondents responses and ticked the appropriate answer selected by the respondents. The rationale for this, was that most of the physically disabled children had a challenge of writing, some of them do not have upper limbs, some of them could not read nor to write accurately, and some of them had trouble understating language even though the translation was made. Hence, the researcher opted to hold the questionnaire and ask them the questions from the questionnaire. The researcher did not alter any answers from the respondent responses; he recorded the answers exactly as the respondents' were answering.

The researcher used semi-structured interviews in this study to collect data from the caregivers of the physically disabled children, to study the meaning or essence of a lived experience among selected physically disabled children. Semi-structured interviews permitted a face-to-face contact with respondents (i.e. caregivers), provided an opportunity to explore topics under discussion in depth, and afforded an ability to experience the affective as well as cognitive aspects of caregivers in the Eastern Cape. This technique allowed the researcher the scope to explain or help clarify questions, thereby increasing the likelihood of useful responses from caregivers.

Semi-structured interviews were suitable for this study because they are more flexible and more likely to yield more information from the respondents (caregivers) about the violence experienced by the physically disabled children. This technique was also suitable for the study because the researcher wanted to understand the respondents' point of view on the phenomena since they work closely with physically disabled children. It is important for researchers to record any useful data thoroughly, accurately and systematically using field notes or any other suitable means (Creswell, 1998).

1.8.4 Data analysis

De Vos, et al (2005:333) expressed that data analysis involves reducing the volume of raw information, sifting significance from trivia, identifying significant patterns and constructing a framework for communicating the essence of what the data reveal. Therefore, the collected data was analysed so that structured, reliable, and valid conclusions could be reached. For the purpose of this study, the quantitative data was analysed by means of SPSS V22 and qualitative data was analysed thematically.

1.9 Ethical consideration (*see, chapter four)*

Field research involves 'directly talking with and observing the people being studied' when preparing and planning how the researcher will conduct the research. The first thing the researcher did was apply to the University of KwaZulu-Natal (UKZN) Ethics Committee and obtain a letter of Ethical Clearance. The ethical clearance/certificate was obtained from the UKZN. The informed consent from the Basic Education Department, and the Principals was obtained as well (*see appendix A, B, C and D*). According to Neuman (2006), gatekeepers are individuals of formal or informal authority to be in charge of entrance to a location. The following discussion is on ethical considerations that the researcher needs to adhere to when conducting a study. Ethical considerations are also discussed in lengthy under chapter four. Permission was obtained (*see Appendix C and D*) for conducting this study. The researcher adhered to all the ethical aspects of the research, all respondents were protected accordingly.

1.9.1 Informed consent

To solicit the informed consent, the researcher wrote a letter to Basic Education Department, and to the Principals of the two special needs schools of the physically disabled children requesting their permission to conduct research using the physically disabled children as well as their caregivers.

The researcher explained the purpose of the research to the Basic Education Department, and to the Principals of the physically disabled children assuring them that the information provided by respondents (i.e. physically disabled children and their caregivers) would be treated confidentially and their names would not be requested anywhere in the questionnaire or during the process of the study.

Since the study entailed the vulnerable children (respondents) the researcher explained to Basic Education Department, and to the Principals of the physically disabled children the purpose of the research, how it would affect the physically disabled children (respondents), the risks and benefits of their participation, and the fact that they had the rights to decline to participate if they choose to do so, the researcher explained further to them that they had a right to privacy, anonymity, confidentiality and the right not to be harmed in any manner (physically, psychologically or emotionally). The researcher had concluded by further more explaining what was required of them in terms of their participation. Then the gatekeepers (*see Appendix C*) granted the informed concern.

During the process of collecting the data, the researcher had explained the purpose of the research to the respondents (both the physical disabled children and their caregivers), how the study will affect them, the risks and benefits of their participation, and the fact that they had the rights to decline to participate if they choose to do so, at any point in time of the research without any fear or favour. The researcher explained further to them that they had a right to privacy, anonymity, confidentiality.

1.9.2 Anonymity

The researcher had guaranteed anonymity to the respondents, Basic Education Department, the Principals and staff where the data was collected; the respondents were not associated with any other identifier showing that the data came from them. The respondents were asked by the researcher not to disclose their names or any other identifier such as the name of the

school, the address of the school, the names of the teachers or principal or supporting staff during data collection. Anonymity is important because it facilitates a trusting relationship between a researcher and the respondents.

1.9.3 Confidentiality

The researcher had protected and treated confidentially the sensitive and personal information provided by the respondents. The researcher has protected the identity of the respondents in such a way that the information provided by them will not be traced or linked back to them therefore the researcher asked the respondents not to disclose any personal details about them.

The data that was collected from the respondents was kept under secure conditions. Throughout the collection of data, the researcher kept the answered questionnaires in an envelope to ensure confidentiality and after the data collection; the questionnaire and interview scheduled were locked in a cupboard. The analyzed data was stored in a laptop with a password, allowing only the researcher to have an access.

1.9.4 Discontinuance

During the process of data collection, the respondents were told that they might discontinue with the study if they wish to do so. They were informed about their rights to decline and discontinue at any point of the study. They were informed that, if the questions are too sensitive and are evoking past painful experience buried deep down to sub-consciousness, they may refrain from continuing with the study if that is want they wish to do so without any prejudice or favor. They were informed that their discontinuance does not mean they will not benefit from the recommendations of the study.

1.9.5 Appropriate referrals

During the data collection, those respondents who demonstrated a need for appropriate referrals were identified and were referred to a professional psychologist and social workers. Unfortunately the special need school where the data was collected does not have a social worker or psychologist, therefore the researcher took it upon himself to make appropriate referrals to social worker and psychologist he knows.

1.10 Research Outline

The following figure illustrates the research outline for this study**.**
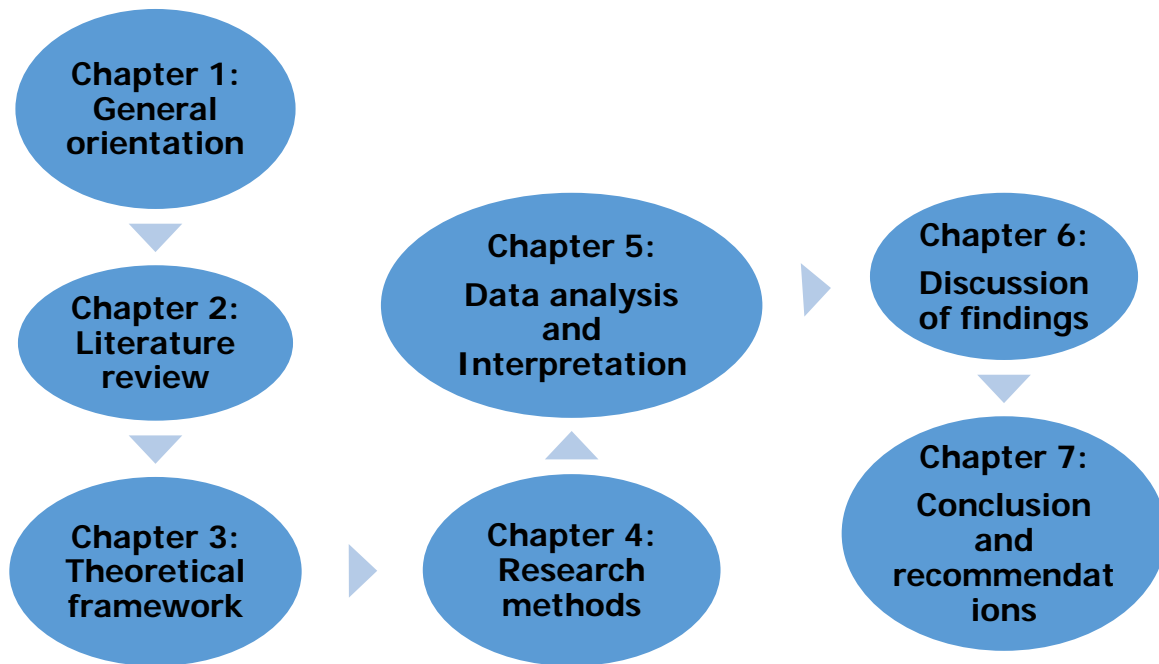
Figure 1: Research Outline

Chapter 1: Orientates the reader about the problem statement, the objectives, research questions and the motivation of the study. This chapter further contains minimal theoretical framework, research methods used and some ethical considerations.

Chapter 2: Comprises of the literature, which was reviewed in order to explain the phenomenon of violence experienced by disabled children.

Chapter 3: Relevant theories underpinning the study will be delineated and a motivation of the relevance of these theories to be used in this study will be provided. The theories will be applied to gain a better insight and an understanding of the phenomenon under study.

Chapter 4: Focuses on the research design used for the purpose of the study, and will also focus on the units of analysis, sample method and sampling procedures used to sample the

respondents. The chapter also looks at the data collection method used, its processes and procedures. The data analysis and processes of analysis data will also be elaborated on.

Chapter 5: Provides a critical evaluation of the collected data, gives a broad analysis and interpretation of the data collected from the respondents.

Chapter 6: This chapter will look at the discussion of findings, the achievement of the research objectives and answering the research questions.

Chapter 7: Is the final chapter, which will highlight the recommendations, and conclusion of the study and identifies possible areas (gaps) for future research.

1.11 Conclusion

Chapter 1 gave an orientation of the phenomenon under study, wherein the statement of the problem was clearly depicted and elaborated. The motivation of the study paved a way and delineated the necessity and rationalisation for the current study to be conducted. The concepts used in the study were clearly defined using both, conceptual and operational definitions. The research questions and research objectives were clearly stipulated and the theoretical framework underpinning the study was highlighted which will be covered in depth in chapter 3. Methodological justification identified the approach that was deemed most appropriate for this study and lastly, chapter outlines revealed the structure of the thesis.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The literature review is the selection of all available documents (both published and unpublished) on the topic to be investigated, which contain information, ideas, data and evidence, written from a particular standpoint to fulfil certain aims or express certain views on the nature of the topic. It also includes how the topic is to be investigated and the effective evaluation of these documents in relation to the research being proposed (Hart, 1998:13).

The purpose of literature review is to review the existing research or available body of knowledge to see how other scholars have investigated the research problem that the researcher is interested in and to identify gaps in knowledge, as well as weaknesses in previous studies (Babbie, 2001: 24).

For the purpose of this study, the researcher wishes to find out from other scholars; how they theorized and conceptualized on the issue of violence committed against disabled children and what they have found empirically on the issue. This literature review section will focus and scrutinize the following topics:

- The causes of disability;
- The causes and risk factors of disabled child abuse
- Incidence and prevalence of abuse of disabled children;
- Forms of crime/abuse committed against disabled children;
- The long term effects of crime/abuse the disabled children experiences;
- Under-reporting of crime/abuse committed against disabled children;
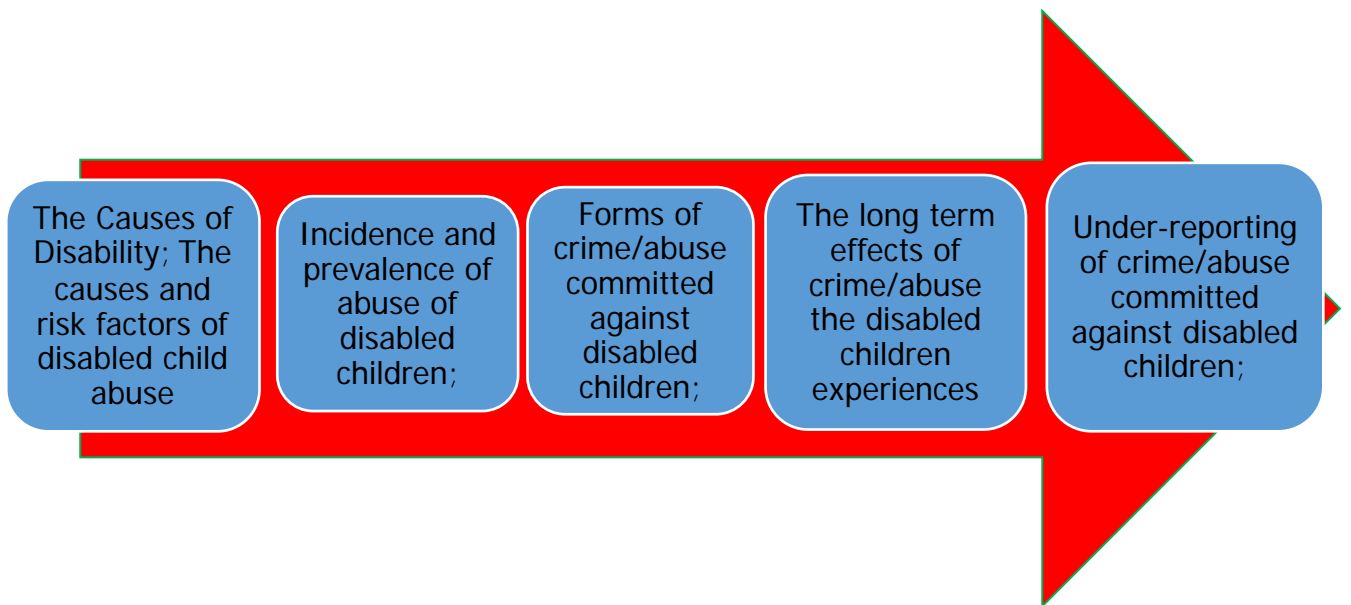
Figure 2: Literature review topics to be discussed

Crimes against people with disabilities are often classed simply as "abuse" or "neglect" rather than naming them "crimes." Yet these forms of abuse can include hitting, violating someone's body, torturing and killing a person. Sherry (2000:1) cited in Hesselink-Louw, Booyens and Neethling (2003:170) states that offenders against the general community are criminals while those who victimise people with learning disabilities are referred to as 'abusers.' With this in mind, the researcher will use crime, abuse, violence interchangeably where necessary. The researcher will refers to violence committed to physically disabled children as abuse or crime.

In order to understand the incidence and prevalence of abuse committed against physically disabled children, it is imperative to understand the causes of disability first, so that, it paints a broader picture to someone deciding to prey on the defenceless physically disabled children. The researcher wishes to commence by discussing the causes of disability in the following discussion.

2.2 The causes of disability

The following discussion maps out the causes of disability from different perspectives. From modern science perspectives to cultural, myths and beliefs. This part of literature is paramount to the study hence it gives a complete picture that leads to the victimization of physically disabled children more so from all occupations but particularly to those within rural communities.

2.2.1 Modern science and biomedical models

An increasing number of people are being exposed to biomedical models and explanations of disability. These are often based on information assimilated through formal education. It is therefore not astonishing that this knowledge is taken into account when people explain the causes of disability. Words that have their origin in physiological studies like 'brain damage' are used to explain such causes. Parents/caregivers who use these kinds of elucidations will consult a formally educated doctor if they conclude the problem belongs in this area of expertise. Usually these doctors use Western types of medicine. The child will then be seen as 'normal' and the disability as 'manageable'. It will not then be necessary to perform any cultural and/or traditional rituals (Clacherty, Matshai and Sait, 2004 & Hanass-Hancock, 2008 cited in Ben-David, 2011:37).

If incorrect terminologies are used, the views of and attitudes towards the description of children with disabilities will never change. Some negative terminology to be avoided includes the following:

• **Afflicted with** – this conveys a tragic or negative view of disability.

• **Suffering from** – this confuses disability with illness and implies that a disability may be a personal burden. Increasingly, people with disabilities view their disability as merely a negative rather than a positive experience.

• **Crippled by** – rather use the phrase 'the person has ...'

• **The disabled** – rather use the term 'children with disabilities'. This is the latest accepted term according to the International Classification of Functioning (ICF)**,** and is used as the noun comes first; consequently, by using the noun first one is not announcing and

labelling the child first, for example he is a *severely disabled child*. It further implies that the child has other characteristics as well (Clacherty, Matshai & Sait (2004) and Hanass-Hancock, 2008) cited in Ben-David, 2011:37).

2.2.2 Community beliefs with regard to causes of disability leading to negative attitudes

The aetiologies of disability in the African communities clearly differ from the causes of disabilities as stated by various Western researchers in the past, such as Louw, Meiji and Warner (in Baloyi, 1997:65) cited in Ben-David (2011:39). A clearer and better perception of the community's myths and beliefs could be directed at the perceived cause of disabilities. The following points elucidate certain myths and beliefs adhered to be the causes of disability in various African (blacks) communities:

- Uncooked liver – marriage between cousins should be purified by eating the liver of a slaughtered cow or goat prepared for the wedding feast.

- Pregnant women are not permitted to look at people with disabilities, as it is believed that they will produce a similar child.

- Laughing at people with disabilities – the belief existed among the black communities that if one laughed at people with disabilities or ridiculed them, one would be the next victim of disability.

- Many black people today (this was confirmed in the researcher's study) still believe in the influence of witchcraft and believe that disabilities are associated with witchcraft.

- Taboos – many black people believe in taboos. If one fails to respect any taboo, the child will have a disability.

- Many boyfriends – according to African tradition if a girl has many boyfriends before she is married, and eventually marries her firstborn will be born with a disability.

- Divorced man – if a man has divorced his first wife and remarries, the new wife is not allowed to use the property of the first wife. If she fails to observe this restriction, there is a possibility of producing a child with a disability.

- Albinism – in the black community there is a belief that albinism is a result of adultery or punishment for the bad deeds of the parents.

- Sexual intercourse with parents – if a girl is molested by her father, there is a strong possibility that her child will have a disability.

- Blaming a mother for the birth of a child with a physical disability because she might have touched someone with a disability during pregnancy (MDDA, 2009:6) cited in Ben-David (2011:39).

The researcher posits that, the points above are being believed to be the causes of disabilities amongst most African communities. Such believes and myths are being passed from one generations to the next.

2.2.3 The external factors that may be responsible for disabilities in black community

According to South Africa's Integrated National Disability Strategy (1997:9) cited in Ben-David (2011:40), many factors are accountable for the rising numbers of people with disabilities and their consequent isolation from the mainstream of society. The following factors by Ben-David (2011:40) are believed to be the causes of disabilities within African (black) communities:

- **Violence and war**

  Disabilities are caused by violence, especially against woman and children, injuries as a result of landmines, and psychological trauma.

- **Poverty**

  Disabilities are caused or exacerbated by overcrowded and unhealthy living conditions. Disability feeds on poverty and poverty feeds on disability.

- **Lack of information**

  People do not have accurate information about disability, its causes, its prevention and its treatment. This is because of a high illiteracy rate and poor knowledge about basic social, health and education services. This is particularly prevalent in the rural areas.

- **Failure of medical services**

  The occurrence of disability is increased by the inadequacy of primary health care and genetic counselling services, weak organisational links between social services and the faulty treatment of the injured when accidents do occur.

- **Unhealthy lifestyle**

  Disability is caused by the misuse and/or abuse of medication as well as the abuse of drugs and other substances. It is also caused by deficiencies in essential foods and vitamins – a huge problem in the rural areas. Disability may also be caused by stress and other psychosocial problems in the changing society in the rural areas.

- **Environmental factors**

  Disabilities are caused by epidemics, accidents and natural disasters; pollution of the physical environment, and poisoning by toxic waste and other hazardous substances. Such conditions are common in rural areas where the community is dependent on water from rivers and to make the matter worse, there is not sanitation in many areas.

- **Social environment**

  The fact that people and children with disabilities are marginalised and discriminated against creates an environment in which prevention and treatment are difficult.

2.2.4 The influence of the rural community's traditions on attitudes and feelings towards children with physical disabilities

Amid the communities in rural areas, "there is little if any room for the concept of chance in the worldview" (Philpott, 1995:20) cited in Ben-David (2011:41). Religion and culture thus provide the construct for the traditional approach to disability. These beliefs give the framework for ongoing research and a cause for understanding the reasons for the occurrence of disability in rural communities.

Many authors have written about the ethno medicine and causality concepts within traditional belief systems (Philpott, 1995:20; Baloyi, 1997:66; Ashforth, 2005:292; Hanass-Hancock, 2008) cited in Ben-David (2011:40). The researcher investigated these beliefs and found that they have not changed since Philpott did her research in 1995. Masasa, Irwin-Carruthers and Faure (2005:41) cited in Ben-David (2011:40), had similar findings. In many African cultures, disability is frequently seen as punishment or the result of ancestral anger or retribution by divine forces. These may be the result of:

- Neglect of simple customs or requests of the ancestors, indicating a lack of respect for their needs and wishes.

- Omission of a particular custom (such as the ceremony performed for the deceased head of a household to bring him back to the home of an ancestor).

- Unethical behaviour of the family.

- Jealousy of neighbours who have resorted to the use of witchcraft (Philpott, 1995:20) cited in Ben-David (2011:40).

The researcher is of the opinion that above beliefs are still prevalent in Moden African communities despite the medical/westerns explanation of the causes of disabilities. Africans still cling on the ancestral beliefs as the causes of disabilities if not obeyed and worshiped accordingly. The following discussion pertains to the causes and risk factors of disabled child abuse.

2.3 The causes and risk factors of disabled child abuse

The causes and risk factors for child abuse and abuse of children with disabilities are intricate and closely related to socio-economic factors as well as alcoholism, according to (Seedat et al, 2009; Cavalcante & Goldson 2009) cited in Wogqoyi (2012:30). The effects of poverty, unemployment, inequality, migration, urbanisation and drug abuse are likely to be connected with abuse of all children (Seedat et al, 2009). In South Africa widespread poverty, inequality, unemployment, patriarchal notions combined with a masculinity that values toughness, risk-taking behaviour and defence of honour, as well as poor parenting, alcohol abuse and limited law enforcement all add to high levels of child abuse (Brown, 1997). This is exacerbated by the myth of virgin cleansing (intercourse with a virgin is a cure for HIV/AIDS) (Rohleder 2010) cited in Wogqoyi (2012:30). The researcher shares some of the sentiments expressed by the authors above. The researcher is of the view that physically disabled children are at risk of being abused due to various factors such as alcohol abuse by the abusers, vulnerability due to their physical make up, neglect, frustration experienced by the parent(s) with the physically disabled child and lack of care, empathy and compassionate to take care of a disabled child.

The researcher posits that various physically disabled children because of their physical makeup, they fall prey to people who hold a myth that having a sexual intercourse with a virgin cure HIV. Most of the physically disabled children remains virgins and for that, they are being attacked and subjected to sexual violation. Poverty also plays a major role according to these authors (Cavalcante and Goldson, 2009) cited in Wogqoyi (2012:30). They posit that poverty might cause an abusive situation at home where it impairs the health and well-being of children with disabilities, resulting in families displacing their anger on to their children leading to abuse (Cavalcante and Goldson, 2009).

Since parents are unable to fulfil their responsibilities of feeding and nurturing children, they resort to abuse of their children (Cluver & Gardner 2006; Hershkowitz et al, 2007). Poverty leads to the lack of knowledge and power and hampers parents" efforts to protect the child against perpetrators from outside which limits disclosure (Cluver & Gardner 2006; Cavalcante & Goldson 2009).

Extreme use of substances such as alcohol and drugs by a parent has been connected with family violence, poor parent child communication and a lack of family cohesion (Pierce & Bozalek 2004, Collings, 2005) cited in Wogqoyi (2012:30). In a South African study by Jewkes et al (2006), rape was connected to heavy alcohol consumption and drug use (Jewkes et al 2006). Alcoholism is one of the reasons of child abuse, given that rape and abuse of children might transpire when people are under the influence of liquor (Seedat et al, 2009). Alcohol consumption is one of the principal forms of recreation and those who are unemployed spend their time in taverns. Interventions aimed at preventing alcohol abuse have not succeeded. Non-implementation of government policy concerning the control of the alcohol industry contributes to the abuse of children with disabilities (Cavalcante and Goldson 2009).

The reasons of abuse of disabled children are the same as for able-bodied children, but the risk is amplified by the fact that the child's needs often increase the emotional, financial and physical burden on the family and by the fact that society disregards the rights of children with disabilities (Hibbard and Desch, 2007; Handicap International, 2011) cited in Wogqoyi (2012:30).

The following is the discussion of the incidence and prevalence of abuse of disabled children. The following discussion depicts the prevalence of abuse committed against disabled children from other countries and in South Africa.

2.4 Incidence and prevalence of abuse of disabled children

Abuse of disabled children covers the entire spectrum of abuse from neglect, bullying, verbal and emotional attack, to physical and sexual abuse and "mercy killings" (Handicap International, 2011) cited in Wogqoyi (2011:30). Neglect is the most common form of abuse among children with disabilities (Sullivan, 2009). With regard to gender, physical abuse is again more common amongst boys while sexual abuse is more common among girls (Sullivan, 2009; Glanz and Spiegel, 1996) cited in Wogqoyi (2012:30).

The study conducted by Herschkowitz et al (2007) cited in Wogqoyi (2011:30) in Israeli found that 58.4% of sexual abuse victims were females and 68.7% of physical abuse victims were males Children younger than five years old were more often physically abused while children from the age of seven upwards were more often sexually abused in USA (Berkow, 1977) cited in Wogqoyi (2012:30).

The abuse can happen in any setting: at home and in the community, institutions of childcare, schools and places used by juvenile justice systems (Handicap International, 2011) cited in Wogqoyi (2012:30). Children with disabilities who are orphaned or live away from home are at particular risk. Disabled children not living at home are particularly vulnerable to abuse because there are no parents to defend their rights and these abusive acts often happen at school (Miller 2002) cited in Wogqoyi (2012:30).

The researcher shares the same estimate as Miller (2002) however, some disabled children residing in special need schools are sometimes protected by the teachers. Teacher sometimes take an initiative of reporting the incidences of abuse committed to these children, however certain parents then withdraw the cases for various reasons.

In the United Kingdom, a study conducted at two schools providing special education for children with intellectual disabilities, found that 83% of the children suffered from various forms of abuse including bullying, vulgar language, scorn, intimidation, physical abuse, violating their rights, and sexual molestation (Reiter et al 2007) cited in Wogqoyi (2012:30). Figures from Kenya point to an estimated 15 – 20% of children with disabilities suffering from serious physical and sexual abuse. Intellectually impaired girls were found to be the most vulnerable group. In addition, the majority of disabled children were experiencing neglect in the form of starvation, insanitary living conditions and desertion (Handicap International, 2011) cited in Wogqoyi (2012:30). Figures from South Africa indicate a three to four times higher incidence rate in abuse of children with physical disabilities and a three to eight times higher incidence rate in abuse of children with intellectual disabilities than their able-bodied counterparts (Handicap International, 2011) cited in Wogqoyi (2012:30).

There is no available literature on the general abuse of disabled children in the Eastern Cape where the causes of abuse include the practise of ukuthwala (forced marriages) that have resulted in 353 cases of abuse in 2006 and 338 in 2007. According to the practise of ukuthwala in the Eastern Cape, the disabled children were pressurised to engage in sex without the permission of their husbands. They were told that negotiations with their parents had been completed. The children involved in ukuthwala were those with minor physical disabilities in Eastern Cape. There were 372 kidnapping offences in 2006 and 397 in 2007 (Thompson, 2009) cited in Wogqoyi (2012:30).

Impairments that effect in disabilities might upsurge the risk of abuse in various ways. Children with disabilities are frequently isolated in their home environment, since the impairments coupled with inaccessible environments and attitudinal barriers make it very problematic for them to leave their houses. This isolation increases vulnerability to perpetrators who know them and in addition leave them with less contact with people that they might confide in (Handicap International, 2011) cited in Wogqoyi (2012:30).

The impairments might lead to certain facets of the child's behaviour that the caretaker finds challenging, embarrassing or frustrating (Hibbard and Desch 2007; Cavalcante and Goldson, 2007) cited in Wogqoyi (2012:30). It might make it dreadful for the child to meet the parent or guardian's expectations – a situation that can create tension, frustration and anger.

The physical care of a child with disabilities might be strenuous, time consuming, unremitting and costly for the parents or caregivers. This leads to fatigue, frustration and emotional stress, which leads to various forms of abuse by the parents (Cavalcante and Goldson, 2007) cited in Wogqoyi (2012:30). The disability might impair their ability to resist the perpetrator (Miller, 2002) cited in Wogqoyi (2012:30). Communication problems might increase parental frustrations and lead to physical abuse (Sebald, 2008). In this regard, communication problems and intellectual disability might limit their ability to avoid victimisation, might prevent or hamper disclosure and might cause those in authority not to take the child seriously (Sebald, 2008; Handicap International, 2012) cited in Wogqoyi (2012:30).

Disabled children are seen as easy targets of abuse for various reasons. They are more dependent, need more help and support more frequently but usually lack control over their own lives, which leads to an inclination on their part to be compliant and seek approval (Reiter et al, 2007). They might also not have someone to disclose their experiences to, especially if the perpetrator is also the guardian (Miller, 2002). The child might have limited access to education on personal safety and sexual counselling since parents might feel they do not need it since the disability will prevent them from encountering risky situations (Miller 2002; Hibbard and Desch 2007; Herschkowitz et al 2007) cited in Wogqoyi (2012:30).

Having other people nurture to their physical needs might make them accustomed to having their bodies touched in intimate ways which are inappropriate (Hibbard and Desch, 2007) cited in Wogqoyi (2012:30). They might be used to painful medical interventions that might make it challenging them to distinguish between acceptable touching and abuse as well as between "good" and "bad" pain (Miller, 2002) cited in Wogqoyi (2012:30). When disabled children do lodge complaints of abuse, the management of the complaint is often perfunctory with incomplete police investigations. Prosecution happens rarely because persons with intellectual disability are viewed as unreliable witnesses, characterised by poor memory, vulnerability to suggestion, limited descriptive abilities and poor communication skills (Hershkowitz et al, 2007) cited in Wogqoyi (2012:30).

A parent may abuse the child physically because she or he develops hatred and inward anger for no apparent reason. In other cases, the parent or guardian may have psychiatric problems such as a personality disorder or low self-esteem (Berkow, 1977; Uys, 1997) cited in Wogqoyi (2012:30). Parents who experience emotional health problems such as depression, loneliness, a lack of competency in various life areas, substance abuse, limited intellectual abilities, passive aggression and hostility might be at risk to abuse their children who are disabled. Similarly, in families where little nurturing occurs and where bonding between parents and children is poor, children are at risk of abuse. In instances where parents deny the disability, they might not use support services and resources (Cavalcante and Goldson 2009) cited in Wogqoyi (2011:30). In these instances, neglect can be caused by a failure to provide for the health care and educational needs of the child (Dawson and Algozinne 2006) cited in Wogqoyi (2012:30). Parents may thus experience guilt and feelings of inadequacy.

2.5 Forms of crime/abuse committed against disabled children

The following discussion pertains to the crime and/or abuse committed against children with disability.

2.5.1 Sexual abuse (rape)

Various studies documented the sexual abuse of children with disabilities. The researcher will briefly discuss and relate those studies. Children with disabilities who are sexually abused typically experience severe and chronic forms of abuse. Sullivan, Brook-hauser, Scanlan, Knutson, and Schutle (1991) record sexual abuse and combined sexual and physical abuse as the most frequently occurring categories of abuse reported in their sample of children with disabilities. They point that this differs from the population of individuals without disabilities, in which physical and emotional abuse are reported more often than sexual abuse. Westcott (1993) cited in Sobsey (1994:71) reports consistent findings among her 17 interviewees with disabilities. Sexual abuse was the most prevalent form of abuse, while emotional and physical abuse were slightly less common.

Ryan (1994) also reports that sexual abuse was the most frequent form of trauma among her sample of people with developmental disabilities and post-traumatic stress disorder, but physical abuse and life-threatening neglect were also typical findings. Although Ammerman et al (1989) cited in Sobsey (1994:71) found that both physical abuse and neglect were common in their sample of children with multiple disabilities who were admitted to a psychiatric hospital, they also found histories of frequent sexual abuse to be present among these children. The researcher opines that, from the literature above, it is evident that children who are disabled suffer more than one form of abuse. Their sexual abuse tendencies seem to be integrated with physical abuse, either to force the child to succumb or to exert control over the disabled child. Turk and Brown (1992) found that noncontact forms of sexual abuse (e.g., exposure to pornography, indecent exposure, sexual harassment) occurred in 23% of the cases. Sullivan et al (1991) reported noncontact sexual abuse in only 6.7% of cases involving physical and sexual abuse and 7.3% of cases involving sexual abuse only.

Turk and Brown (1992) in their study found that contact sexual abuse occurred in 87% of cases (10% involved both contact and noncontact forms). Vaginal or anal penetration occurred or was attempted in 67% of cases. This is reasonably consistent with Sobsey and Doe (1991) who reported penetration in 53% of reports involving disabled child victims.

Sullivan et al (1991) found that penetration had occurred in 50% of the cases of children with disabilities who were referred for sexual (but not physical) abuse and that penetration had occurred in 44% of the cases of children referred for combined sexual and physical abuse.

The researcher asserts that, the number of disabled children experiencing sexual abuse is multiplying over time and it is increasing by day by looking at the presented statistics above. Even though the researcher above highlights the percentile of the problem, that statistic is outdated, which means that, the number could have increased significantly.

In a sample of 482 consecutively referred maltreated children with disabilities in a hospital setting, Sullivan et al. (1991) found that sexual abuse or a combination of sexual and physical abuse perpetrated by family members were the most common forms of maltreatment endured by the referred children. Similar results were obtained in a 5-year retrospective study of 4,340 child patients in a paediatric hospital wherein the majority (68%) were victims of sexual abuse and 32% were victims of physical abuse perpetrated by family members (Willging et al. 1992). In Norway, questionnaires were sent to 26 paediatric hospitals requesting information on the proportion of disabled children receiving medical attention for suspected sexual abuse as well as the demographic characteristics of those children including disability type, age, gender, and the determination of the abuse allegations (Kvam 2000). There were 1,293 children ranging in age from infancy to 16 years seen in these hospitals because of suspected sexual assault between 1994 and 1996. Data obtained through medical record reviews identified 54 girls and 29 boys with disabilities accounting for 6.4% of the total sample. Identified disabilities included mental retardation, cerebral palsy/physical disabilities, and deafness. As measured by a researcher-constructed method to discern the 'probability of assault,' the children with disabilities were at increased risk for sexual abuse and this risk increased with the severity of the disability. Children with behaviour disorders, mental retardation, and physical disabilities were the most susceptible to sexual abuse and boys seemed to be more susceptible than girls were. These results support earlier findings that sexual abuse is a major form of maltreatment found among disabled children accessing health care services. According to a study conducted in USA by Egemo-Helm, Miltenberger, Knudson, Finstrom, Jostad and Johnson (2007) cited in Myaka (2011), sexual abuse of individuals with disabilities is widespread, and they documented that in the general population, between 5 and 10% of boys and at least 20% of girls have been sexually abused. Individuals with mental retardation are at high risk of being sexually victimized. Another study conducted in Australia by Davis (2005), of individuals with intellectual disabilities, found the group to be sexually victimized more often than their non-disabled counterparts, while females faced increased risks of sexual assault (Keilty and Connelly, 2001) cited in Myaka (2011). On the same note, Reiter, Bryen and Shachar (2007) cited in Myaka (2011) documented that girls with intellectual disabilities were the most frequently sexually abused and many intellectually disabled people were forced by non-disabled people to touch them in a sexual way. Similarly, Egemo-Helm, Miltenberger,

Knudson, Finstrom, Jostad and Johnson (2007) cited in Myaka (2011) documented that between 15 000 and 19 000 cases of people with developmental disabilities being raped were recorded each year in the USA, while children with mental retardation were assaulted, raped and abused at a rate twice as great than children without disabilities. They estimated that between 50 and 99% of people with disability experience sexual exploitation by the time they reach adulthood. They also documented that children with disabilities are assaulted, raped and abused at a rate twice as high as those without disability, while Davis (2005) reported that 25% of girls and women with intellectual disability who were referred for birth control had a history of sexual abuse. Furthermore, a compilation of national prevalence studies suggests that from 39 to 68% of children with disabilities will be sexually abused before they reach the age of eighteen (Owen and Griffiths, 2009 cited in Myaka, 2011).

Kaufman (2008) cited in Myaka (2011) indicates that children and adolescents with disabilities are at significantly increased risk of sexual assault, at 1.5 to 2 times higher than the general population. Those who have milder cognitive disabilities are at a higher risk. However, in some instances the prevalence is difficult to be determined because no statistics are maintained on such incidents (Grieveo, McLaren and Lindsay, 2006) cited in Myaka (2011). In another study conducted in the UK by Balogh, Bretherton, Berney, Graham, Richold and Worsley (2001), the estimates are subject to a lack of disclosure and under-reporting. The study reported that for people with disabilities these difficulties are even greater since less is known about them, due to a greater the under-reporting. According to Davis (2005), 97 to 99% of abusers are known and trusted by the victim with disability, while in 32% of cases, abusers are family members, and 44% have had a relationship with the victim.

People whom they know perform the majority of violent acts against children and often those they know well such as parents, family, friends and teachers (Waterhouse and Stevenson 1993) cited in Wogqoyi (2012). Often they are a member of the family or community on who the child depends for care and support (Handicap International, 2011) cited in Wogqoyi (2012). Generally, the most common abuser is male, although there was a significant percentage of approximately ten to thirty eight per cent of abusers who were female (Waterhouse and Stevenson 1993) cited in Wogqoyi (2012).

The majority of the male perpetrators are living in the same home as the victims, some were visitors and others were known to the victim. Perpetrators create opportunities which allow them easy access to children such as at functions at schools and at sports events or by living in locations near playgrounds (Waterhouse and Stevenson 1993) cited in Wogqoyi (2012).

Waterhouse and Stevenson (1993) cited in Wogqoyi (2012) shares the same sentiment as Hershkowitz et al (2007) that all types of abuse it was discovered that in 78% of cases one or both parents could be the abuser while other relatives, foster parents and parent's partners amounted to another 10%, which left only 12% being strangers (Waterhouse and Stevenson, 1993) cited in Wogqoyi (2012). One study reported that the parent was the perpetrator in 87.2% of cases of physical abuse (Hershkowitz et al, 2007).

Waterhouse and Stevenson (1993) cited in Wogqoyi (2012) in their Scottish study, gathered data retrospectively from 501 case files, they found that with regard to sexual abuse of all children, males were the perpetrators in 99% of cases (Waterhouse and Stevenson, 1993 cited in Wogqoyi, 2012). A study conducted by Cawson et al (2000:16), recording sexual activity of the victims with relatives against their wishes were very small: they record that only 3% reported touching or fondling and the same proportion had witnessed relatives exposing themselves. The other categories of oral/penetrative acts or attempts, and voyeurism/pornography were reported by 1%. Much larger numbers had experienced sexual acts by non-relatives, predominantly by people known to them and by age peers: boy or girlfriends, friends of brothers or sisters, fellow pupils or students formed most of those involved. Among older people, neighbours and parents' friends were the most common. Very few said that the person involved was a professional. The findings of these authors contradicts those of popular studies on sexual abuse of children.

The only category, which was experienced largely from strangers, was indecent exposure: of the 7% of the sample who experienced this, just over a third said that the person concerned was a stranger (Cawson et al, 2000:16). Ryan (1994) found that severe sexual abuse involving multiple perpetrators and beginning early in childhood was a frequent finding, and Ammerman et al (1989) cited in Sobsey (1994:72) found that numerous perpetrators sexually abused 40% of children with multiple disabilities in their sample.

2.5.2 Physical abuse

Sobsey (1994:17-18) stated that physical abuse is probably the most obvious forms of maltreatment. Children are beaten, shaken, thrown, burned, poisoned, smothered, and subjected to an almost infinite list of other torture. Physical maltreatment often takes the form of excessive punishment, blind rage, or systematic torture (Sobsey, 1994:17-18).

He further stated that, the line between socially accepted punishment and social un-accepted abuse has never been clearly marked, but evidence of permanent physical damage and long-standing psychological harm leave little doubt that the line is often crossed. The effects of chronic or severe abuse are frequently devastating, and in many cases, severe abuse can be causally linked to various forms of disabilities (Sobsey, 1994:18).

A review of the research literature on the prevalence of physical abuse showed a range of different results reflecting the varied methods, samples and definitions used. Many studies use the Conflict Tactics Scale (Cawson, Wattan, Broker and Kelly (2000:7), developed for use with parents. This measures the levels of violence towards children in a context, which examines various physical and non-physical ways of managing conflict between parents and children. In a study conducted by Cawson, Wattan, Broker and Kelly (2000:7), respondents' experience of certain kinds of violent treatment was examined, including being hit with implements such as sticks, punched, kicked, knocked down, shaken, deliberately burned or scalded, throttled or threatened with a knife or gun. A distinction was made between this more serious treatment, designated 'violent' treatment, and the 'physical treatment/discipline' of slaps, smacks and pinches. Results showed that although few had experienced the individual violent treatments, a quarter of the sample had experienced at least one of them (Cawson, Wattan, Broker and Kelly, 2000:8).

Cawson, Wattan, Broker and Kelly (2000:8) found that most of the violent treatment (78%) had occurred at home, was most often by the mother (49%) or father (40%). More than a fifth of those reporting this violent treatment had experienced it regularly, with young women slightly more likely to report this than young men. More than one in ten of those receiving either this violent treatment or the less serious physical treatment/discipline said that they had as a result frequently suffered effects such as pain, soreness or marks lasting until next day or longer.

A fifth of the whole sample reported that they had experienced injury on at least one occasion because of the treatment they received. This was most often bruising, but small proportions reported other injuries including head injuries, broken bones and burns.

An estimation was made of the prevalence of physical abuse by parents, including stepparents or other quasi-parental carers. Responses were combined into a comprehensive measure of physical abuse, which was assessed on three levels. Serious abuse was where there had been violent treatment regularly over the years, or violence, which caused physical injury, or frequently led to physical effects lasting at least until next day. Intermediate abuse was either where violent treatment occurred irregularly and with less frequent lasting physical effects, or where other physical treatment/ discipline such as slaps, smacks and pinches occurred regularly and caused injury or regularly had lasting physical effects. The third level reflected, "Cause for concern" where less serious physical treatment/discipline occurred regularly, or where irregular physical discipline often had lasting effects. Occasional slaps, smacks or pinches that rarely or never had lasting effect were excluded from the assessment of abuse (Cawson, Wattan, Broker and Kelly, 2000:9). Using these definitions, 7% of the sample were assessed as seriously abused by parents or carers, 14% as experiencing intermediate abuse, and 3% as having "cause for concern". The gender picture was variable, with more girls experiencing serious abuse and more boys experiencing intermediate abuse.

As found in many previous studies, researchers were more likely to assess respondents as abused than the respondents were to consider themselves abused. Although 17% of respondents who had experienced physical discipline or violent treatment said that their treatment was too strict and harsh for a child, only 7% said that they now considered the treatment they had at home to have been abuse. This represented 5% of the whole sample. There was a high level of agreement between researcher assessed and self-assessed abuse at the extremes of' 'serious abuse' and 'no abuse' and most of the disagreement was at the intermediate level (Cawson, Wattan, Broker and Kelly, 2000:9).

2.5.3 Psychological/emotional Abuse

Psychological abuse is the most complex form of abuse to objectively define or detect. It is also difficult to isolate from other forms of abuse because sexual abuse, neglect and even physical abuse all produce psychological harm, which can be the most devastating of all consequences. Even though psychological abuse frequently accompanies these other forms of abuse, it also occurs independently. Parents, teachers, health care providers, and a variety of other people who exercise authority can commit psychological abuse. Although psychological abuse does not constitute a criminal offense, is nevertheless an important issue (Sobsey, 1994:34).

The terms 'emotional' abuse and neglect, with their focus on the parent-child relationship, are more common in the UK. In the USA, where the focus is more strongly on behaviour towards the child and its effect on personal development, the terms 'psychological' abuse and neglect are more commonly used. Previous studies also have no consistency over when something should be classified as abuse and when as neglect, and the distinction is often difficult to draw, for example when discussing the effects of parental rejection, or violence between carers. Hence, the term 'emotional maltreatment' is used to cover both. Relatively few definitions deal with the possibility of active hostility or sadism towards the child, but research on the relationship between childhood maltreatment and adult mental health shows this to be an important issue Cawson et al (2000: 12).

A number of difficulties beset attempts to measure the prevalence of emotional maltreatment. The primary ones are:

- the very wide range of behaviour which can be emotionally damaging to children, including those which could also be classified as physical or sexual abuse or neglect;
- the problem that vulnerability is more linked with age than for other forms of maltreatment, with constantly moving goalposts as the child grows older;
- the difficulty of drawing boundaries between unpleasant experiences which all or most of us have at times due to the thoughtlessness or insensitivity of others, and seriously abusive treatment.

Research from the USA suggested that adult accounts of psychological abuse in childhood are more volatile than those for physical or sexual abuse and more likely to be different on different occasions (Friedrich et al 1997) cited in Cawson et al (2000: 12). This work by Friedrich et al (1997) suggested that a dichotomous approach to measurement of psychological abuse was not appropriate and that it should be assessed along a continuum, to take into account the range of abusive treatment experienced. Qualitative research suggests that emotional maltreatment rarely operates in just one area of a child's life and is a lasting phenomenon, featuring for prolonged periods of childhood or for the whole of it (Cawson et al, 2000: 12).

Parallels can be drawn between emotional abuse of children and partner abuse, in the accumulating evidence that a central feature is the desire for domination and control of another person, which may be manifested in physical, sexual or emotional abuse, and which often deliberately isolates the victim from relationships that could offer alternative sources of support and comfort. As emotional maltreatment is particularly likely to attack the child's self-esteem, victims are especially vulnerable to being made to feel that they deserved or were in some way responsible for the maltreatment they received (Cawson et al, 2000: 13).

Cawson et al, (2000: 13) grouped and analysed data along seven dimensions, drawing on the work of Garbarino (1986), Brassard Hart and Hardy (1993) and Bifulco and Moran (1998), but incorporating some additional conceptualisation of physical domination or proxy attacks aimed at causing emotional rather than physical distress (Cawson et al, 2000: 13). These were:

- Psychological control and domination, including attempts to control the child's thinking, and isolation from other sources of support and development.
- Psycho/physical control and domination - physical acts that exert control and domination but cause distress rather than pain or injury (such as locking the child up or washing out the mouth with soap).
- Humiliation/degradation - psychological attacks on the child's worth or self-esteem, which could be verbal or non-verbal.

- Withdrawal - withholding of affection and care, exclusion from the family (including showing preference for siblings, and excluding the child from benefits given to other children in the family).

- Antipathy - showing marked dislike of the child by word and deed.

- Terrorizing - threats to harm the child or someone, something the child loves, threatening with fear figures, threats to have the child sent away, making the child do something that frightens them.

- Proxy attacks by harming someone or something the child loves or values.

- This could include deliberate attacks on the child's possessions or pets, and includes violence between careers.

In their study Cawson et al (2000: 14) found that, almost one in five respondents reported some psychophysical control (17%) or humiliation and psychological attack (18%) and approximately one in ten had some experience of the other dimensions. Questions on the 'psychophysical control' dimension concerned treatment which would be prohibited as punishment for children in public care, yet which are still used by small minorities of parents: for example approximately one in ten had their mouths washed out with soap, the same proportion were made to miss a meal, while 8% had been locked in a room or cupboard. On 'humiliation and psychological attack', more than one in ten said that they had been sworn at by parents regularly over the years, while 8% were told that one or both parents wished they were dead or had never been born. On 'withdrawal', just 1% could not name any way in which they were shown affection as a child, but 3% said that they had been given too little affection. On 'antipathy' one in ten named a parent or step-parent as a person who 'really seemed to dislike them' or 'have it in for them' and 8% said that a parent or step-parent 'seemed to want to hurt or upset them on purpose'

2.5.4 Neglect

According to Cawson et al (2000: 10), there is an absence of agreed definitions of neglect and of general population surveys of its prevalence. According to them, neglect appeared to be a compendium of different situations rather than a unitary phenomenon, and outside a small common core, there was little consensus on what should be included in its assessment.

There was evidence that neglect might be particularly damaging in its long-term effects, and that it was part of a complex interrelationship with physical, social and psychological wellbeing. There was also a complex relationship between neglect and poverty which is not fully understood but for which structural changes in the family or health problems could be catalysts.

Neglect is perhaps the most insidious form of abuse; in extreme form, it may be one of the most damaging. Physical neglect occurs when nutritional, medical, or other physical needs are deliberately ignored or withheld. Emotional or developmental neglect occurs when an individual is deprived of the basic human interactions required for the development of normal behaviour. The failure to provide appropriate or required medical care is a form of medical neglect, and educational neglect refers to the failure to provide appropriate educational services. Often these forms of neglect occur simultaneously, although sometimes there may be only one type of neglect taking place. Neglect often occurs along with physical abuse, but either may occur without the other (Sobsey, 1994:34).

Neglect is represented by parental failure to satisfy a child's nutritional, emotional and physical needs. It occurs when the child is not offered basic necessities such as food, warmth and clothing although there may be no problem in accessing the resources. It is often evident in families with multiple challenges, where chronic medical conditions or substance abuse might lead to financial problems and lack of attention to the basic needs of a child (Berkow et al, 1997; Dawson and Algozinne, 2006; Dawes et al, 2007) cited in Wogqoyi (2012). There is often a delay in seeking health care where the child may have unexplained injuries or be exposed to smoke and use of guns. The failure of adults to ensure that their children use car seatbelts may reflect inadequate protection from environmental hazards (Dawson and Algozinne, 2006) cited in Wogqoyi (2012).

In a study conducted by Cawson et al (2000: 11), serious absence of care was assessed as including children frequently going hungry, frequently having to go to school in dirty clothes, not being taken to the doctor when ill, regularly having to look after themselves because parents went away or had problems such as with drugs or alcohol, being abandoned or deserted, and living in a home with dangerous physical conditions. Based on these criteria, 6% of the sample were assessed by researchers as suffering serious absence of care.

Intermediate absence of care was where the above conditions applied but with less frequency, with an additional item that children under 12 always or often had to do their own laundry.

Intermediate absence of care applied to a further 9%. The 'cause for concern' group, 2% of respondents, were those who said that their home was unclean, they sometimes had no clean clothes for school, and they rarely or never had dental check-ups. Serious absence of supervision-included children allowed to stay at home overnight without adult supervision under the age of 10, or allowed out overnight without parents knowing their whereabouts, aged under 14. This category included 5% of the sample. Intermediate absence of supervision, 12% of respondents, included those: left unsupervised overnight aged 10 -11; allowed out overnight, whereabouts unknown, at the age of 14 - 15, and under 12s frequently left in charge of younger siblings while parents were out. The 'cause for concern group', 3% of the sample, were those left without adult supervision in the evening, or going to the town centre shops without an adult or much older child, when they were under 10 years old. A fourth level of 'other absence of supervision' were those left unsupervised in the evenings or going unsupervised to the town centre shops at the age of 10 or 11, and under 12s sometimes left in charge of younger siblings while parents were out. This level was more common with 17% of the sample saying this had been their situation. In total it brings to 37%, almost 4 in 10 of the sample, the proportion whose supervision could be regarded as problematic by the criteria applied in child protection and other professional contexts. This raises questions as to the nature of public and professional norms concerning the supervision of children, particularly in the 10-11 age range (Cawson et al, 2000: 11).

There were relatively few distinctions by socio-economic grade - less than might have been expected, given the known association between neglect and poverty. However, respondents were more often assessed as experiencing serious absence of care, and in some respects had less supervision, most notably in more often being allowed out overnight without their whereabouts being known to parents. It was pointed out that this is their present social grade, not necessarily the one in which they lived as a child, and that this finding will partly reflect the depressant effect of adverse childhoods on educational achievement and employment prospects (Cawson et al, 2000: 11).

In a study conducted by Wogqoyi (2012:88) in the rural areas of the Eastern Cape, she found that the incidences of serious neglect, which might have been caused by parental non-acceptance of the disabled child, were also mentioned. Some of the parents have relocated to Johannesburg and Cape Town and left the disabled child with a grandmother. Other mothers expressed the desire that a disabled child should die and therefore did not provide the necessary nurturing and care to the child. These feelings and behaviour from parents might be related to the value or rather lack of value that the community in particular and society in general puts on disabled children (Handicap International, 2011). They are often seen as a burden without the ability to add anything of value to their families and communities. In the study community concerned, children with disabilities are stigmatised or viewed as those who are punished by God or as a source of shame. They are seen as people who do not deserve the same rights as others (Wogqoyi, 2012:88).

These communities are relatively closed and community members have knowledge of each other's movements. Thus, perpetrators might be well orientated about the movements of the parent or guardian and the whereabouts of the child, creating opportunities for him or her to perform mischief. This closeness of communities also had an effect on participants' behaviour once abuse had occurred. In some instances, they decided to ignore the abuse in order to maintain peaceful social cohesion (Wogqoyi, 2012:88).

In a study conducted by UNICEF (2005) on violence against disabled children, they provide the following literature on neglect experienced by disabled children.

- **Neglect as a precursor to violence:** According to UNICEF (2005), parents may retort to the stress of caring for a disabled child with neglect rather than active violence, however when this neglect involves denial of food, medicine and other life sustaining services, it must be considered a form of violence. For example:

- **Neglect in providing basic/life sustaining care**: The disabled child in a household may receive less food, medical care or other services. This can be subtle, for example, parents or caretakers may wait a few additional days before spending scarce money for medicine or the child may receive less food or less nutritious food than his or her sibling. The response can also be direct: refusal to continue to feed, house or cloth a

child after he or she has been disabled. Such neglect can lead to further impairments in a vicious feedback feedback cycle in which the disabled child continually loses ground developmentally (UNICEF, 2005).

- **Neglect to provide disability-specific care**: Disability-specific health concerns are exacerbated through neglect. For example, bed sores go unattended resulting in a systemic infection or a disabled child who needs assistance eating will become malnourished because no one takes enough time to adequately feed him or her (Sobsey and Doe, 1991).

- **Refusal to intervene**: Family, neighbours, health care professionals or social service experts may be aware that a disabled child is being abused by parents or caretakers in the home, but are unwilling to intervene, rationalizing such violence by citing stress on parents or lack of alternative care arrangements. While deciding when to intervene to stop violence against children in the home is an issue in many societies, the neglect highlighted here is when a community does not stop violence against a disabled child that would be considered intolerable if perpetrated against a nondisabled child (UNICEF, 2005).

- **Gender specific neglect**: Such neglect may be further exacerbated by gender – for example, in a study from Nepal, the survival rate for boy children several years after they have had polio is twice that for girl children, despite the fact that polio itself affects equal numbers of males and females. Neglect, in the form of the lack of adequate medical care, less nutritious food or lack of access to related resources, is the apparent cause of these deaths (UNICEF, 2005).

The above points delineate various forms of neglect by UNICEF. The researcher shares most of the sentiments expressed by UNICEF in a study they conducted in 2005. Physically disabled children are more vulnerable to neglect because they anguish, despair, destitute, and defenceless. Some parents deliberately chose not to provide the necessities for these children and in a process take their grant money to use it for them-salve or to their abled children.

2.5.5 Bullying

School bullying involving children with disabilities has been extensively studied in the United Kingdom and Scandinavian countries (Dawkins 1996; Olweus 1991; Roland and Munthe 1989) cited in Sullivan (2009:207). Bullying is defined as a relationship of unbalanced power between youth who are involved in repeated abusive or threatening behaviours toward other youth (Besag 1989; Olweus et al. 1999; Smith and Brain 2000) cited in Sullivan (2009:207). Children with disabilities are the frequent targets of physical and/or psychological teasing, name-calling, hitting, pushing, social exclusion, threats, extortion, and theft in schools (Dawkins and Hill 1995) cited in Sullivan (2009:207). Children enrolled in special education programs associated with visible disabilities (i.e., cerebral palsy, blindness, deafness, etc.) are twice as likely to be bullied than children with disabilities not associated with visible physical conditions (i.e., learning disabilities and behaviour disorders) and some one-third of these children are regularly bullied at school with boys being bullied more often than girls (Dawkins 1996). These data are consistent with other research that has found children with special education needs twice as likely to be bullied as those in regular class placements (Olweus 1991, 1993; Whitney et al. 1992) cited in Sullivan (2009:207).

A study conducted in the United States, using data from the National Survey of Children's Health (NSCH), found children with special health care needs 1.5 to 2 times more likely to be victims of bullying than their nondisabled peers (Van Cleave and Davis 2006) cited in Sullivan (2009:207). This study also determined that children with special health care needs (CSHCN) were most often victims rather than perpetrators of bullying. CSHCN with an emotional, behavioural, or developmental disability were more likely to be a bully or a bully/victim. An Australian study by Piek et al. (2005) cited in Sullivan (2009:207) examined the relationship between bullying and children with a visible disability (i.e., Development Coordination Disorder). Children with or without motor coordination problems reported the same amounts of victimization. However, verbal victimization profoundly influenced the self-worth of girls with motor coordination problems (Piek et al. 2005) cited in Sullivan (2009:207).

A British study of children with intellectual disabilities in two special education schools found 83% of the participants experienced some type of bullying including verbal vulgar epithets, ridicule, threats, physical beatings, being forced to do things against their will, and being sexually touched without their consent (Reiter and Lapidot-Lefler 2007) cited in Sullivan (2009:207). Furthermore, among children with intellectual disabilities, such victimization was related to the children's emotional and interpersonal problems as well as anxiety, depression, and peer rejection (Reiter and Lapidot-Lefler 2007) cited in Sullivan (2009:207). Interestingly, bullies and children who were both victims and bullies exhibited challenging behaviour in the classroom including temper tantrums, unruly behaviour, lying, and stealing. Being a bully was related to both aggressive behaviour and hyperactivity (Reiter and LapidotLefler 2007) cited in Sullivan (2009:207).

Identified risk factors for bullying victimization include shyness and seeking help (Mishna 2003), as well as low self-esteem, poor social skills, and physical and mental impairments (Flynta and Morton 2004) cited in Sullivan (2009:207). Children with learning disabilities (LD) are at an increased risk of victimization but there is little research available on the relationship between children with LD and bullying (Mishna 2003) cited in Sullivan (2009:207). It is hypothesized that children with LD tend to have low social status and poor peer relationships (Boivin et al. 1995) cited in Sullivan (2009:207) and rejection by peers renders the LD child susceptible to bullying victimization (Boulton 1995, Egan and Perry 1998, Hodges and Perry 1999) cited in Sullivan (2009:207). Children with Attention Deficit Hyperactivity Disorder (ADHD), a common neurobehavioral childhood disorder that often is comorbid with LD, have a higher risk for both bullying others and being a victim of bullies (Unnever and Cornell 2003). Interestingly, children taking medication for their ADHD were more likely to be bullies and this was attributed to the medication-induced lowered self-control (Unnever and Cornell 2003) cited in Sullivan (2009:207).

Bullying among deaf children has been studied in school settings (Weiner and Miller 2006) cited in Sullivan (2009:208). Deaf and hard-of hearing children can be targets by their deaf and hearing peers. It is important to study bullying in differing deaf school settings attended by deaf and hard-of-hearing students. Researchers also need to examine the following factors unique to deaf children: children who are deaf and developmentally disabled, deaf children

of hearing parents, deaf children of deaf parents, deaf children in residential or day programs, and deaf children in mainstreamed or self-contained classrooms (Weiner and Miller 2006) cited in Sullivan (2009:208). A pilot study of deaf youth in a residential school examined 13 boys and 6 girls between 13 and 17 years of age for bullying, victimization, and any emotional or behavioural manifestations the students attributed to the bullying (Sullivan 2006). There was no indication of more bullying behaviour toward other students compared to the hearing normative sample of the Reynolds Bully Victimization Scales for Schools (Reynolds 2003) cited in Sullivan (2009:208). However, there were more victims of bullying with higher severity levels compared to the hearing norms. There was no association between gender and age of the deaf youth and bullying perpetration or victimization. Symptoms were reported by the majority of deaf students in self-reports in addition to being a victim of bullying at school. There was an association between being a victim of school bullying and having feelings of anger, irritability, and aggressive behaviours among deaf youth. These pilot data apply only to children in residential schools and needs to be replicated in other school settings serving deaf children. School bullying is a contributing factor to feelings of unhappiness, sadness, and anger among children with disabilities, and it affects their ability to benefit from special education services (Sullivan 2003a, 2006).

In a study conducted by Cawson, Wattan, Broker and Kelly (2000:6) on child maltreatment in United Kingdom, respondents were asked a series of questions concerning bullying and discrimination by other children and young people and by adults. Results showed that bullying by other children and young people was a feature of the childhood experience of almost a third of the sample, and that respondents also reported experiencing discrimination and being made to feel different from other young people. In their study, they found that only 14-15% of respondents had been physically bullied, but large minorities had experienced threats of violence, having their belongings damaged or money or property taken from them. The most common behaviour was verbal insults or lies told about them, or ignoring and excluding them.

The most usual reason given was 'size' (height or weight), closely followed by 'class' and intelligence. Race was identified as a reason by 8% of the whole sample, but by more than two thirds (68%) of the young people from minority ethnic groups compared to just 3% of

white respondents. A fifth of respondents who had experienced bullying and discrimination said that it had occurred 'regularly over the years' and a quarter said it had long term harmful effects on them. This amounted to one in ten of all respondents.

Bullying and discrimination, whether by other children and young people or by adults, was most likely to have occurred at school: 71% of bullying by adults and 94% of bullying by children and young people. Although other locations were identified, only very small numbers named each. This possibly reflects the extent to which the term 'bullying' is seen as intrinsic to the school setting rather than as a description of particular behaviours in themselves Cawson, Wattan, Broker and Kelly (2000:6)

The results confirm previous studies suggesting that bullying and discrimination, especially at school, is one of the most common forms of harmful aggression experienced by children and young people in the UK, and that there are particular issues in the relationships of aggression and hostility between young people. Although relatively little of the bullying took physical form, this in no way means that it was less serious or harmful for the children on the receiving end, particularly if the nonphysical forms constituted a prolonged attack on the child's self-esteem and self-confidence. It is notable that most of the issues about which respondents said they were bullied - their size, intelligence, social background and race - were fundamental aspects of their identity over which they had no control, so that bullying would represent a major psychological attack (Cawson et al, 2000:6).

Bullying, harassment, and teasing within schools are not only practiced by many students, but have historically been allowed, ignored, and even modelled by adults. Bullying and teasing have been accepted by many as rites of passage for youth—a normal part of the childhood and adolescent experience. In fact, some researchers have recently wondered whether bullying may serve some purpose for society, resulting in ambivalence toward anti-violence programs (Hoover and Salk, 2003) cited in Hoover and Stenhjen (2003). However, the fact that youth who have been bullied, teased, and ostracized continue to use violence as a means of fighting back indicates otherwise.

Bullying and teasing have become critical issues nationwide (Bowman, 2001). This is particularly true as it applies to youth with disabilities. In July 2005, the U.S. Department of Education issued an official statement on behalf of the Office for Civil Rights (OCR) and the Office of Special Education and Rehabilitative Services (OSERS) regarding disability harassment in school. The number of complaints and consultation calls to OCR and OSERS demonstrates steadily increasing allegations and proven situations of disability harassment (U.S. Department of Education, 2005).

Bullies tend to focus on peers who seem vulnerable, such as those who are passive, anxious, quiet, sensitive, or unusual in some way (e.g., being short or having an identifiable disability) (Lingren, 1997; Bully B'ware Productions, 2003) cited in Sullivan (2009:209). Khosropour and Walsh (2001) cited in Sullivan (2009:209) additionally reported the personality characteristics of victims as shy, quiet, sad, weak, or helpless. However, some controversy exists about the relationship between victim status and risk of bullying. Research by Olweus (1993) argued that while bullies may seize upon a victim characteristic as an excuse for bullying or teasing, only physical weakness has appeared consistently as a predictor of victimization.

2.5.5.1 Profile of bullying victims

In an attempt to understand why some children become the target of bullying, researchers Finkerlhor (1997:100) cited in Davies and Snyman (2005:69) have noted that these children who often have avoidance-insecure attachment relationships with primary caregivers, lack trust, have low self-confidence, expect hostility from others and socially isolated.

According to Macneil (2002:250) cited in David and Snyman (2005:69), victims also tend to be physically weak and either over or underweight. They tend to have difficulty in relating to peers in general and their social skills are poor or ineffective. They are frequently less popular than others are and this commonly leads to their isolation. Victims tend to have poor hand-eye coordination, which contributes to their vulnerability, as it is easier for bullies to distract then by aiming to hit them in the face but punch the body instead. They are also typically smaller and weaker their peers and have lower energy levels and lower pain tolerance.

2.6 The effects of violence/abuse the disabled children experiences

According to Brown (2000) mental health problems have been increasingly acknowledged as one of the most common consequences of child sexual abuse so that children and young people who suffer sustained assaults, particularly from someone in a position of trust, often go on to exhibit symptoms of post-traumatic stress disorder, borderline personality disorder and /or dissociative identity disorders. Short-term impact of sexual abuse may include withdrawal from school, difficulties in communication and academic delay. This can sometimes lead to confusion about whether a presentation that is defined as a mild intellectual disability or a mental health problem signals a pre-existing condition or a consequence of abuse. Long-term effects of child abuse include fear, anxiety, depression, anger, hostility, inappropriate sexual behaviour, poor self-esteem, a tendency toward substance abuse and difficulty with close relationships.

These conditions are helpfully thought about as specialised presentations of cumulative post-traumatic stress disorder, since they demonstrate ways of coping with unbearable and terrifying experiences, and of blanking off from traumatic memories, typified by episodes of dissociation and rapid changes of mood and mental states. Studies that are more recent have explored the impact of sexual abuse specifically on children with severe intellectual disabilities, confirming that they share some of these long-term impacts of abuse in childhood (O'Callaghan, Murphy & Clare, 2007).

This fall out from childhood sexual abuse leads many survivors to seek help from mental health services in adolescence or adulthood and, depending on the nature and extent of their suffering, their personal resilience and social supports, they may become more "disabled" because of this abuse. This should require all mental health services for young people to take both abuse and disability into account. They should ensure that their provision is accessible to people with mobility or sensory impairments, is equipped to offer services to people using different modes of communication and be very clear about which elements of their service are offered in mainstream mental health provision and which in specific disability services. Services for children and young people with intellectual disabilities should not propose a second class, or watered down service to survivors of sexual abuse, but one that is informed by best practice with other survivors.

Disabled children and young people who develop mental health problems or challenging behaviours as a result of abuse are rendered vulnerable to further stigmatisation, and their experiences may be lost behind medicalised diagnoses that fail to acknowledge the events that caused them such distress (Rose, Peabody and Stratigeas, 1991). Plans should be in place to ensure that all staff are proactive in asking about abuse during clinical assessments and that mental health services are explicit about their remit in providing services for survivors (NHS Confederation, 2008).

Little is known about the long-term effects of the abuse of disabled children but there has been some research into the effects of sexual abuse particularly. Both Mansell et al. (1998) in the US and Akbas et al. (2009) in Turkey found that among victims of sexual abuse, children with developmental disabilities exhibited a similar pattern of clinical findings to non-disabled children. Sequeira and Hollins (2003) who reviewed research into the impact of abuse on children and adults with learning disabilities reinforce this finding.

In addition, Sequeira et al. (2003) studied a sample of adults with learning disabilities who had experienced abuse between the ages of 4 and 39 (median age 15), and found that this experience was associated with increased rates of mental ill-health, behavioural problems and posttraumatic stress symptoms. However, the same study noted that on top of these psychological effects (which were similar between disabled and non-disabled populations), adults with learning disabilities who had been sexually abused also showed an increase in 'stereotypical behaviour' which the authors define as 'repetitive rocking and odd or bizarre behaviours'. They reference studies that have shown similar effects in people with learning disabilities who have been bereaved (e.g. Hollins & Esterhuyzen, 1997), suggesting that this effect is not particular to sexual abuse. According to Monahan and Lurie (2003), issues of dependency, abandonment and vulnerability take on heightened emphasis for disabled people who have been abused.

Different authors present diverse views and opinions on the effects of child sexual abuse on the child victim. Some authors believe that not all abused children develop significant psychopathology, and that the effects of their victimization become apparent and profound only when they reach adulthood (Udwin, 1993; Hazzard, Celano, Gould, Lawry and Webb,

1995; Sandler and Sepel, 1990; Ligezinska et al.1996; Conte and Schuerman, 1987; Freeman and Morris, 2001; Dawes and Tredoux, 1989). On the contrary, Tsai et al. (1987) cited in Sandler and Sepel (1990) argue that the abuse of a child by an older person is markedly damaging and negative, and affects the child's adjustment and his/her ability to form interpersonal relationships. Grosz et al. (2000); Sandler and Sepel (1990) and Udwin (1993) cited in Sullivan (2009) argue that the effects suffered by the child victim is closely related to the severity of abuse, the degree of intrusion, the relationship of the victim with the offender, the length of time the abuse had occurred before its disclosure, the force or threats employed by the perpetrator to obtain the child's coercion or silence, the child's own strengths and personality, and the response from family members.

Janoff-Bulman and Frieze (1983) cited in Wogqoyi (2012), indicate that the distress often experienced by abused victims is largely due to the shattering of the basic assumptions they have held about themselves and their world. These assumptions include a perception that they are living in a safe and meaningful world (Van Scoyk et al. 1988) cited in Wogqoyi (2012), an illusion that they are invulnerable, and have a positive view of themselves (Janoff-Bulman & Friez, 1983) cited in Wogqoyi (2012).

Current evidence indicates that children who have experienced extra-familial abuse suffer short and long-term effects. The short-term effects that are commonly evident in sexually abused children include withdrawal symptoms, hallucinations, sex-related complaints, running away, school problems, oppositional behaviour, psychosomatic problems, physical problems and gynaecological disturbances (Emm & McKenry, 1988; Ullman, 1997; Grosz et al. 2000; Black, Dubowitz and Harrington, 1994; Lovette, 1995).

A consensus among different researchers also reveals that abused victims may experience post- traumatic stress reactions similar to those experienced by adults, and that these may persist for months or years. The long-lasting symptoms commonly displayed by the child victim include sleep disturbance; concentration difficulties; memory impairment; persistent, intrusive thoughts and images of the traumatic event; anxiety; depressed mood; loss of interest in previously enjoyed activities; increased irritability; low self-esteem and self-worth; feelings of isolation; guilt; outburst of anger and aggressive behaviour (Cahill,

Llewelyn and Pearson, 1991; Freeman and Morris, 2001; Adams-Tucker, 1982; Lovette, 1995; Hooper, 1992). These symptoms appear to affect the whole family system, especially the parents, who may not know how to deal with the symptoms presented by the child victim. The following are some of the short and long-term effects of abuse experienced by disabled children.

2.6.1 Short term effects of abuse
The short-term effect of abuse includes:

- Social withdrawal, poor peer relationships and rejection by peers (Cluver and Gardner, 2007) cited in Wogqoyi (2012);

- Diminished emotional problems such as sadness and distress;

- Aggressive behaviour (MacDonald, Lambie and Simmonds, 1995; Govindshenoy and Spencer, 2006) cited in Wogqoyi (2012).

- Depression;

- Anxiety and withdrawn nonverbal communication;

- A sudden drop in school performance due to poor concentration;

- The child is bored and unhappy (Waterhouse and Stevenson 1993) cited in Wogqoyi (2012);

- Dissociative disorders like hear voices commanding him to harm him or others can occur and are very dangerous.

- Limited resources and poor quality of care lead to poor utilisation of health care services by children who have been sexually molested (Christofides, Muirhead, Jewkes, Penn- Kekana and Conco 2005) cited in Wogqoyi (2012).

The following pertains to the long term effects of abuse suffered by the physically disabled children.

2.6.2 Long term effects of abuse

Later in life, abused children could suffer from a variety of physical, emotional, psychological and social problems such as a negative self-image, anxiety, depression, post-traumatic stress disorder, eating disorders and learning problems (Medline Plus, 2008) cited in Wogqoyi (2012). Some children may react by displaying regression like bedwetting and crying. Other children may reveal apathetic silences and withdrawal due to fear and flashbacks or a "freeze" look when responding to certain stimuli. Parents and educators may view this reaction as an act of defiance (Weiner & Dulcan, 2004) cited in Wogqoyi (2012).

The stress experienced as the result of abuse can influence negatively on brain function and development. The brain stem, cortex, limbic system and midbrain are affected and various forms of traumatic memories are generated (Medline Plus, 2008) cited in Wogqoyi (2012). Anxiety disorders in disabled children include observed sleeping disturbances, nightmares and psychosomatic complaints (Weiner & Dulcan, 2004) cited in Wogqoyi (2012). Altered cortical homeostasis result in cognitive and narrative memory and altered limbic homeostasis lead in emotional memory (Weiner & Dulcan, 2004) cited in Wogqoyi (2012). Nightmares and ambivalent feelings are the result of the latter. The former cause's persistent fear accompanied by hypersensitivity and reactivity (Weiner & Dulcan, 2004) cited in Wogqoyi (2012).

Kvam (2000:1081) professes that disabled children will display the following non-verbal signals when abused loss of appetite, sleeping problems, crying, nightmares, rage, or introverted behaviour and apathy. When such behaviour arise, the caretakers of disabled children generally link these symptoms to bullying, failures, wrong medication a fear of future hospitalisation. In many cases of abuse the closest family/guardian knew what was going on, but neglected to acknowledge the sexual abuse if the child had a disability (Kvam 2000:1081). The following discussion pertains to the commons signs sexual abuse physically disabled children experiences.

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2.6.3 Common signs of sexual abuse experienced by physically disabled children

The following are some of the impact physically disabled children experiences. The researcher will discuss the physical signs and behavioural signs of sexual abuse, physical abuse, and neglected disabled children. The following discussion pertains to the effects of sexual abuse experienced by physically disabled children.

The below figure illustrates the common signs of sexual abuse according to Sobsey (1994:57).

Physical signs
- Bruises in the genital area
- Genital discomfort
- Sexual transmitted disease (STDs)
- Signs of physical abuse
- Torn or missing clothing
- unexplained genital abnormalities
- Unexplained pregnancy

Behavioural signs
- Atypical attachment
- Avoids specific adults
- Avoids specific setting
- Depression
- disclosure
- Eating disorder
- Learning difficulties
- Poor self-esteem
- Regression
- Sleep disturbances
- withdrawal

Curcustantial signs
- Alcohol or drug abuse by caregiver
- Devaluing attaitides
- Isolatiom unit
- Pronography usage
- Previous history of abuse
- Seeks isolated contact with children
- strong preference for children

Figure 3: Common signs of sexual abuse according to Sobsey (1994:57).

The following is the discussion of each common signs of sexual abuse

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- **Physical harm:** STIs, pregnancy, physical injuries and even death occur because of child sexual abuse. Most sexual abuse cases are associated with physical violence, which may be used by the offender to force sexual compliance, to prevent disclosure, or to achieve sexual satisfaction. Bruising, lacerations and other physical damage can occur because of the abuse. Sexual abuse is often associated with other forms of physical and emotional abuse that compound the potential harm. For example, in a study of convicted child sexual molesters, 58% admitted that they had used more force with children they abused than the amount necessary to achieve sexual compliance (Marshall and Barrett, 1990 in Sobsey, 1994:58). Some manifestations of sexual abuse appear to be physical, but are typically considered psychosomatic in origin. These include stomachaches, headache, sleep disorders, seizure, difficulty with bladder and bowel control and variety of other physical complaints (Lusk and Waterman, 1986) cited in Sobsey (1994:58).

  The child can have unusual or excessive itching in the tubules (Berkow 1977, cited in Wogqoyi, 2012). Sexually transmitted infections and vaginitis can occur. It is also possible that a child under 16 years of age will become pregnant. Injuries to the vaginal or anal areas, for example bruises and swelling may occur. Torn, stained or bloody underwear may be observed if the child requires bathroom assistance (Berkow 1977; Sullivan, 2009) cited in Wogqoyi (2012). Genital injuries accompanied by bites were found amongst sexually molested children (Abrahams et al, 2008) cited in Wogqoyi (2012).

- **Psychological and behavioural harm:** fortunately, many victims of child sexual abuse escape physical harm, although almost all suffer long-lasting behavioural, emotional and social consequences. Sexual abuse that is chronic, violent and sadistic or committed by a parent or individual in a close relationship to the child, and begins at an early age, is likely to cause more severe damage than sexual abuse that is less frequent, nonviolent or committed by an adult that who does not have a close relationship with the child, and begins at a later stage (Tower, 1989 cited in Sobsey, 1994:59). Children who have been sexually abused may exhibit a wide variety of symptoms. Some of the more common ones include loss of self-esteem, guilt and self-blame, rational and irrational fear, depression, repressed or open anger,

generalised loss of trust, role confusion, and problems with self-control and feelings of personal and social devaluation (Porter, Blick, & Sgroi, 1982) cited in Sobsey (1994: 59). Post-traumatic stress disorder and multiple personality disorder are severe psychological problems that also can result from child sexual abuse.

There are children who demonstrate visible signs of distress after sexual assault but there are also those who respond to trauma with numbness. In a case of sexual abuse the child might show sexual knowledge, promiscuity and seductive behaviour (Dawes et al, 2007) cited in Wogqoyi (2012). The child is more advanced in terms of knowledge about sex than the rest of his/her peer group and may choose sexual themes in drawings, poems and stories. They also may engage in promiscuous behaviour and be reluctant to go home after playing with her or his peer group if the problem is at home (Miller, 2002) cited in Wogqoyi (2012). Observers may notice behaviour expected of younger children such as thumb sucking, nightmares and wetting during the day or night. Changes in eating patterns might occur. The child becomes isolated and introverted developing personality changes such as clinging. Sometimes, the child tries to satisfy adults and overreacts to criticism. There might be distrust or fear of someone the child knows well for instance a babysitter (Miller 2002; Dawes et al, 2007; Sullivan, 2009) cited in Wogqoyi (2012).

The following are some of the signs/impact of physical abuse experienced by physically disabled children.

2.6.4   Common Signs of physical Abuse

In instances where severe force is, used abuse can cause cuts, bleeding and even death. Parents should be suspicious of unaccountable bruises, burns, open wounds and bite marks. There are important factors when dealing with physical injuries such as detailed history as well as where and when an injury had occurred. Professionals should observe injuries to make sure that they are consistent with the history given and note any delay in seeking medical assistance (Medline Plus 2008; Joyner, 2010) cited in Wogqoyi (2012). The child will have new scars and bruises that are not consistent with the explanation offered for example extensive bruises in one area. Numerous injuries in different stages of healing might also be present. The child might wear clothes that are inappropriate for the weather or

situation in order to cover signs of injuries (Sullivan, 2009). Ear injuries and twisting of the lobe of the ear is also a physical sign (Miller 2002) cited in Wogqoyi (2012). Common anatomical sites of injuries caused by physical abuse are the head, face, neck, pelvis and buttocks (Abrahams, Martin, Jewkes, Mathews, Vetten & Lombard, 2008) cited in Wogqoyi (2012).

Sobsey (1994:28) concur with the above authors, he assert that physical signs often provide compelling evidence of abuse. He provides the following signs of physical abuse committed against disabled children:

Table 2: Some common signs of physical abuse

Physical signs	Behavioural sings	Circumstantial signs
Abrasions	Aggression	Aggressive behaviour in caregivers
Bites	Atypical attachment	Alcohol or drug use
Bruises	Disclosure	Devaluing attitudes
Burns and scalds	Fearfulness	Isolation of social unit
Coma	Learning disabilities	Other forms of abuse
Dental injuries	Noncompliance	Other violence in setting
Ear injuries	Regression	Previous history of abuse
Eye injuries	Sleeping disturbances	
Fractures	Withdrawal	
Lacerations		
Ligature marks		
Welts		

*Note: The researcher will only focus and discuss the physical signs and behavioural signs which are more applicable to this study. Their discussion is as following:

- **Abrasion:** frequent, repetitive, unexplained, or inadequately explained scrapes, particularly in atypical locations (i.e. other than on the palms of hands or the tops of knees), may be signs of abuse. It is important to remember that minor abrasions (and many of the other injuries described below) will commonly occur due to accidental causes.

- **Bites:** bites inflicted by adults can typically be easily distinguished from those inflicted by animals or other children by their size and shape. Occasionally, bites are explained as self-inflicted, but the location and position of the bite will prove to be inconsistent with this explanation.

- **Bruises:** frequent, unexplained, or inadequately explained bruises can be found in many cases of abuse. Bruises that are patterned (e.g., hand print, belt buckle) in specific locations (e.g., infants sometimes show oval fingerprints on chest or back from shaking episodes; bruises to both sides of the body are rare from accidental cause) or temporally dispersed (i.e., bruises change color over time, a series of bruises of different colours is consistent with a single "accident" explanation) are often intimations of abuse (Langlois and Gresham, 1991 cited in Sobsey, 1994: 28). Bruises typically appear pink or red at first, turn blue in about 6-12 hours, turn dark purple in 12-24 hours, take on a green tint in 4-6 days, and finally turn pale green to yellow in 5-10 days (Mead and Westgate, 1992 cited in Sobsey, 1994: 28). While the range and overlap of these changes makes exact dating difficult, it provides a good indicator of the approximate age of bruises. Bruising of the face or blackened eyes are particularly worrisome because head injuries can occur from this kind of violence, and abusive caregivers who are concerned about long-term outcomes usually avoid hitting the child's head. Bruises are among the most common injuries noted in abused children and adults, but it is important to remember that occasional bruising is also common in people who are not abused, and some people with disabilities may be prone to bruising for other reasons. Mongolian spots are greyish or bluish marks on the upper buttocks or lower back that are found on some infants and young children with or without disabilities (Mead and Westgate, 1992 cited in Sobsey, 1994:28). These may be easily mistaken for bruises, but are not normally tender to the touch and not change colour with time the wat bruises do. They usually fade gradually and disappear within the first couple of years of life.

- **Burns and scalds:** repeated, unexplained, or inadequately explained burns or scalds (e.g., caregiver suggests that burn occurred when child leaned against radiator, but burn pattern suggests hot liquid) may indicate abuse. Patterned (e.g., round cigarette burns) or burns in specific locations (e.g., several burns on different parts of the body or on particularly sensitive locations) may also indicate abuse. Scalds caused by

pouring hot liquid are usually more severe on the thighs of the legs than on the calves, and accidental scalds usually have a characteristic upper limit consistent with the explanation (Sobsey, 1994:29). Sometimes skin appears to be burned, but is actually infected (Mead and Westgate, 1992 cited in Sobsey, 1994:29). This skin usually appears red, is tender to the touch, and may be slightly swollen.

- **Dislocations and joint injuries:** repeated dislocations of joints in the absence of known disease process may indicate abuse, often in the form of shaking, twisting, or pulling. Frequent or multiple dislocations (e.g., in both arms or an arm and a leg) in the absence of a clear explanation are often sign of abuse (Sobsey, 1994:29).

- **Eye injuries:** detached retina and intraocular haemorrhage are among the eye injuries that can be signs of physical abuse (Riffenburgh and Sathyavagiswaran, 1991 cited in Sobsey, 1994:30), particularly when they are unexplained or inadequately explained. Careful diagnostic work is required to rule out disease processes that may cause these conditions and to assess if other signs of trauma are present. Eye injuries can be caused by direct impact to the eye, but abnormal findings in the eyes (e.g., bleeding from the optic nerve) also indicate damage to the brain (Mead and Westgate, 1992 cited in Sobsey, 1994:30).

- **Welts:** welts unrelated to disease or clearly explained injury may be a result of whipping. Often these follow clearly defined stroke patterns, especially if the was immobile during whipping (Sobsey, 1994:30).

2.6.4.1 Behavioural signs of physical abuse

According to Sobsey (1994:30), in many cases, physical signs of abuse are not present or not yet, discovered, and behavioural signs are the first indicator of abuse. Typically, it I a combination of physical and behavioural abnormalities that can be detected in abused physically disabled children. The following are behavioural signs according to Sobsey (1994:30) that disabled children may exhibit as a sign of physical abuse:

- **Atypical attachment:** insecure or atypical attachment has commonly been seen in abused children. These children often appear insecure with strangers and compulsively seek the presence and attention caregiver.

- **Aggression:** aggressive behaviour is widespread among victims of abuse. In most cases, it mimic the aggression committed against the child (e.g., a child who is whipped may whip smaller children), but also may generalize to other forms of aggression. Aggression may also be exhibited through excessively violent drawing, stories or play.

- **Disclosure:** direct disclosures provide powerful evidence if abuse, even when some details are incorrect. All disclosures of abuse should be given attention and referred to the appropriate individuals (e.g., police, child welfare and adult protection workers) for full evaluation.

- **Fearfulness:** abused children often appear fearful of others. Fear can be specific to the abuser, but may generalize to other people as well. In some cases, fear may be age and gender specific, and this sometimes helps to identify the source of the fear. For example, some children turn away and raise their arms as if to deflect a blow whenever and adult who is nearby makes a sudden move.

- **Regression:** many abused children exhibit behaviour more typical of children younger than themselves. This may reflect an inability to move through normal stages of development in the face of intense anxiety or it could reflect a mechanism of escape. Regression can be limited to affective and interpersonal behaviour, but sometimes extends to developmental skills. For example, a child who has previously been toilet trained may begin to wet or soil themselves after experiencing abuse.

- **Sleep disturbances:** sleeping disturbances such as nightmare or difficulty in getting to sleep are characteristic of abused children.

- **Withdrawal:** children who are abused will often withdraw from the interaction with others and spend much of their time alone. Sometimes withdrawal is associated with other aspects of depression. Occasionally withdrawal and aggression will alternate in the same child. Aggression may occur as a way of discouraging interaction with others. For example, an abused child may keep to herself and avoid other children, but if unable to avoid interaction may become aggressive in order to end it.

The above points by Sobsey provide the elucidation of the physical and behaviour signs that physically disabled children protrude when being physically abused. He well documents signs that one needs to be taken to considerations when dealing with physically disabled children.

Doerner and Lab (2002:227) cited in Davis and Snyman (2005:70) identifying the following share characteristics of abused and neglected children:

- They seem to be afraid of their parents.
- They have untreated bruises, welts, sores or other skin injuries.
- They reveal extremes in their behaviour. They may cry often or very little and show no real expectation if being comforted; they show signs of excessive fear or conversely seem fearless of adult authority; they unusually aggressive, or extremely passive and withdrawn.
- They experience sudden changes in their behaviour, exhibit regressive behaviour, such as wetting their pants or bed, thumb sucking and whining; or become uncommonly shy or passive.
- They are wary of physical contact, mainly with adults. They find it difficult to relate to children and adults although they may be hungry for affection. Based on their experiences, they feel they cannot take the risk of getting close to others.
- They may not dressed appropriately for the weather. Children who wear long sleeves on hot day may be dressed to hide bruises or burns or other marks of abuse, or they be dressed inadequately and suffer frostbite or illness from exposure to the weather.

The following discussion provides an insight of the common signs of neglect, which must be protruded by physically disabled children when being neglected.

2.6.5 Common signs of neglect

Neglect in children may be manifested in their excessive quietness. There is extreme risk-taking behaviour, which may reveal a lack of nurturance, affection and supervision. The child lacks proper warm clothing that may result in having flu occasionally. The child may experience constant hunger and poor personal hygiene (Dawson and Algozinne, 2006; Dawes et al 2007) cited in Wogqoyi (2012).

The following discussion dwells on the under-reporting of crime/abuse committed against children with disabilities. The discussion orientates the reader on the silent issues surrounding the under-reporting of abuse by disabled children and provides the reasons for under-reporting.

2.7 Reasons for under-reporting of abuse committed against disabled children

The researcher is of the opinion that reporting of abuse by physically disabled children possess vast challenges. Significant number of disabled children and their significant others create a "dark figure" by not reporting the incidence of abuse to anyone and/or to the authorities. Of course, their silence is precipitated by certain factors such as knowing the perpetrator or the perpetrator is a breadwinner or feel she/he will not be believed etc. Many authors within literature have documented the barrier of under-reporting of abuse by disabled children. Such authors like Fouche (2006:211) are of the opinion that many sexually abused children never disclose because of aspects such as threats, blame and bribery whilst Mudaly and Goddard (2006), report various thoughts and concerns children faced when disclosing abuse, all of which have the potential to contribute to their delaying disclosure. Children reported feelings of hesitancy and ambivalence concerning disclosure to their parents. There was also the experience of receiving less support with detail of the abuse, of feeling embarrassed, and of people not believing the child's story (Mudaly & Goddard, 2006). Ullman (2007) share the sentiment with Mudaly and Goddard (2006), in her study she found, amongst a sample of college students, that disbelief of their stories was more likely in cases where the perpetrators were relatives compared to when they were acquaintances or strangers, particularly when their disclosure occurred during childhood (Ullman, 2007). However it is not only the assurance that they will be believed by others that encourages children to disclose. Staller and Nelson-Gardell (2005) also found that the girls in their study found it more important that they believed in themselves in order to accommodate for any potential disbelief from adults.

Fouche (2006:211) point out that children have been found to be sensitive to the reactions of those to whom they disclose, and to have doubts concerning misinterpretation of their stories Fouche (2006:211). Spies (2006:48) encourages that people toward whom the sexual abuse and rape allegations are disclosed have the responsibility to believe the child. The researcher is of the opinion that if the children are not believed, this will create frustration and strain on the child. The researcher further postulates that children tend to blame themselves for the abuse committed to them, so this needs to be communicated as being untrue by the person whom the child will disclose the abuse to. Some authors such as Killian and Brakarsh (2004) suggest, self-blame is intensified and some of the child's worst fears may become a reality

whilst Ullman's (2007) study depicts self-blame was more likely in cases where the perpetrator was a relative of the child. Herman (1997) explains how the child begins looking for their own faults in an attempt to understand the bad thing (the abuse) that happened to them. While children are unable to change the abuse in real life, they are able to change it in their minds, as they would rather hold onto the belief that the abuse did not occur.

This is done by voluntary suppression of the abuse, by denial of abuse, or through dissociative states. If this cannot be done, the child may go the route of, while personally acknowledging the abuse, seeing it as the result of his or her own "badness" (Mudaly & Goddard, 2006). Some children feel it must be their fault and believe that by not having said no to the abuse, they indirectly suggested that it is what they wanted. The biological sensations may also have been experienced as pleasurable, which further complicates feelings of self-blame (Staller and Nelson-Gardell, 2005). These authors also found that children might situate their feelings of guilt or blame within the positive feelings they have towards the perpetrator. In other words, they may feel that out of their desire to be liked, they led the perpetrator on, and thus the abuse is their fault. Sauzier (1989) cited in Bottoms, Kovera and McAuliff (2002) suggests that the child's sense of guilt, played on by the perpetrator, can often be reinforced by adult helpers when the children are asked the seemingly judgmental question of why they did not disclose of their abuse sooner.

There is also a fear of the emotional impact which disclosure may have on the child, difficulty in understanding the reasons for the abuse, and anger and fear towards the abuser (Mudaly & Goddard, 2006). In cases where a parent is the perpetrator, the child may feel complete abandonment. Not only does he or she live in danger of abuse by the offending parent, but also in so many cases, he or she has to deal with the lack of action to protect the child by the non-offending parent (Mudaly & Goddard, 2006).

According to Sauzier (1989) cited in Bottoms, Kovera and McAuliff (2002) children often experience fearful fantasies of what would happen if they disclosed their abuse. It has been found that children who did not disclose their abuse themselves experienced the lowest levels of hostility and anxieties, pointing to the experience of much anxiety within children who do choose to self-disclose (Sauzier, 1989) cited in Bottoms, Kovera and McAuliff (2002).

In her critical review of literature regarding child sexual abuse disclosure, Ullman (2003) found that abuse is less likely to be disclosed in cases where it is more severe, of longer duration, and where the child knows the perpetrator. This author also found that although the relationship between children's disclosure and psychological outcome is uncertain, it appears to depend largely upon contextual factors, including the reactions of those to whom the disclosure is made.

As Killian and Brakarsh (2004) note, it may in some situations be better for children not to disclose in order to protect themselves from merely being processed as another statistic. The negative comments made by children in Berliner and Conte's (1995) study were often focused around their feelings of being treated as just another case of child abuse. A retrospective study of adults, who had been physically, emotionally, or sexually abused by family members as children, revealed that the abuse usually did not end subsequent to disclosure, and that not much was done to keep the perpetrator under control (Palmer, Brown, Rae-Grant and Laughlin, 1999, cited in Mudaly and Goddard, 2006). Results from the study by Berliner and Conte (1995) reveal children's experiences of continued suffering in the aftermath of disclosure. A child participant in Jensen et al.'s (2005) study explained how life after disclosure was not any better for her. It seemed that losing her family because of disclosure was just as bad as having been abused. However all CSA survivors do not universally express the negative feelings towards disclosure. Staller and Nelson-Gardell (2005) found that many of the girls in their study sample experienced a great sense of relief after disclosure. In a study by Berliner and Conte (1995), children reported primarily positive and helpful experiences regarding the services received in the aftermath of their disclosure.

The researcher assert that, sometime physically disabled children tend not to disclose due to perpetrators being the reason. This is being documented by authors such as Mudaly and Goddard (2006) who report threats made by perpetrators in which the child felt compelled to keep the abuse secret for fear of what may happen if they told. Such threats may take various forms such as predicting negative outcomes for the child or the child's family (Paine and Hansen, 2002). Mudaly and Goddard (2006) further state that there can also be the fear of what disclosure may mean for the perpetrator, and sadness concerning a broken relationship where the perpetrator is a significant person in the child's life (Mudaly and

Goddard, 2006). More specifically, results reveal that children often feel confused in cases where the perpetrator is a family member. Collings (2005) state that that children are more hesitant to report abuse by a family member, and in such cases, their abuse is less likely to be detected by an eyewitness. Children abused by a family member may have to deal not only with the effects of the abuse, but also with a sense of grief and loss in cases where the perpetrator is removed from the child's life (Staller and Nelson- Gardell, 2005). Children may also delay disclosure of abuse as a means of protecting their mothers and of ensuring that a breakup does not occur in the family. They also do not wish to place additional burdens on their mothers by telling of their abuse (Jensen et al., 2005).

In a study by Sauzier (1989) cited in Bottoms, Kovera and McAuliff (2002) it was found that children abused by a parent were far more likely to keep the abuse secretive, and were less likely to disclose in a purposeful manner. This study found that although 62% of child abuse cases were incestuous, with the perpetrators in the majority of remaining cases being known to the child, mixed feelings towards disclosure were exceptionally widespread. Thus, children who feel less loyalty to the perpetrator are more likely to disclose their abuse sooner. Smith et al. (2000) found that younger children who had been raped by someone they know, on more than one occasion, were more likely to delay the disclosure of their rape. According to these authors, any kind of relationship between the perpetrator and the child (i.e., not only a father-daughter relationship) has the potential for the child to delay disclosure of their rape. Indeed the relationship of the child to the perpetrator and the characteristics of the abuse are just two of the contributing factors to children delaying disclosure (Hershkowitz, 2006). The role played by the gender and age of the child in disclosure appears to be debatable. While Hershkowitz (2006) found gender and age to be a contributing factor in delaying disclosure, Sauzier (1989) cited in Bottoms, Kovera and McAuliff (2002) found that age and gender did not affect the likelihood of disclosure.

The results of a study by Alaggia (2001) acknowledge the role of culture and religion in influencing the meanings mothers attach to their child's sexual abuse, and the actions they take thereafter. It was found that mothers from cultures with strict patriarchal norms had difficulties with issues of loyalty towards the child as a victim, and the partner as the perpetrator.

There was also fear and anxiety of being alienated from the family and community in which she lives (Alaggia, 2011). Thus, the concerns around the child's disclosure of abuse go beyond their own personal fears and anxieties. Social, religious, and cultural norms and values impact upon how the child's abuse is acknowledged and dealt with and this can negatively affect the way the child experiences life after disclosure.

Results of an American study, looking at the relationship between disclosure and mental health in adolescents appears to reveal better mental health outcomes in cases of disclosure. Adolescents were found to have lower risk for delinquency and major depressive disorder when disclosure occurred within one month of the assault (Alaggia, 2011).

Similarly, in their retrospective study Ruggiero et al. (2004) found the prevalence of Post-Traumatic Stress Disorder and major depressive episodes to be significantly higher in cases where the women had waited more than a month before disclosing their rape. Such results point to the important role played by those to whom the child discloses. The way they respond to the abused child can have long-term impacts upon the child's social and mental health. With disclosure, children are often faced with not only involvement of family members or those, to whom the initial disclosure is made, but also involvement by medical professionals, the police, child protection services, and various counsellors. As Berliner and Conte (1995) explain, once professionals become aware of abuse, they are required to report it to law enforcement or child protection authorities. At the same time, children are commonly referred for both medical and mental health assessments in the aftermath of their disclosure.

Mudaly and Goddard (2006) found that while some children had positive experiences of various interventions, some experienced professionals as unhelpful and prone to siding with adults, rather than listening to the child's side of the story. Child protection or child welfare services may unintentionally disrupt the abused child's living circumstances and alter arrangements involved with the child's schooling in cases where the child is removed and placed in foster care (Staller & Nelson-Gardell, 2005).

Looking at rates of disclosure, an American study revealed that 24% of children disclosed their abuse within a week of it occurring, 21% within a year, 17% disclosed after more than a year, and 39% did not disclose at all (Sauzier, 1989, cited in Bottoms, Kovera and McAuliff, 2002). This study also revealed that the majority of children disclosing their abuse immediately were more likely to have experienced abuse in the form of exhibitionism or attempted abuse rather than penetrative intercourse. More recently Smith et al. (2000) found, in their retrospective study of child rape survivors, 28% of the sample disclosed their rape for the first time during the research interview, and nearly half (47%) reported not having disclosed for over five years after they had been raped.

This same study revealed that 4 out of 5 (80%) child rape survivors did not report their rape within 24 hours of it occurring, and only 1 out of 4 (25%) reported the rape within one month. In a local study, Collings et al. (2005) report that 47% of CSA cases were reported within three days of the abuse, 31% within three days to one month of the abuse, and 22% of the cases were reported more than a month after the abuse occurred. Delays in disclosure of CSA are thus common, and cases in which children immediately disclose their rape are atypical rather than the norm (Smith et al. 2000; Staller & Nelson-Gardell, 2005).

In a later study (Kvam 2004), indications of underreporting were reinforced with 50 (49%) of 102 deaf adults who had been abused as children reporting they had not told anyone about their experience at the time. Furthermore, 11 individuals (10.8%) had told someone but were not believed. Similarly, Hershkowitz et al. (2007) in a study of 40 430 alleged victims aged 3–14 in Israel, reported that disabled children failed to disclose abuse much more often than their non-disabled peers Among those who did disclose abuse, disabled children were more likely to delay disclosure for at least a month after the incident. Suggested reasons for disabled children not reporting abuse include 'difficulty communicating, feelings of guilt, perceived threat or abandonment, potential separation from family and tolerance of abuse in order to be accepted or receive rewards or affection' (Akbas et al., 2009: 210). One of the unfortunate realities of abuse is that it is often goes undetected. Physically disabled children may not disclose abuse for variety of reasons. They may be struggling with confusing emotions regarding their abuse and may be inhibited by rational or irrational fears (Sobsey, 1994:56).

Sobsey (1994:57) asserts that sometimes-preliminary attempts to talk about the abuse are blocked by responses of disbelief or anger. He provided the example in his study that, one child indicated that she had started to tell, but here father had responded, "if he ever touches you, I will kill him" later she indicated that she was afraid to discuss the abuse because she feared that her father would kill the neighbour who abused her and be sent to jail.

Like all people who have experienced violence and abuse, people with disabilities may feel shame in reporting, and may fear that if abuse is made known to outside parties there will be violent repercussions and other consequences, such as family breakdown. There may also be other obstacles to reporting experienced by people with disabilities, such as a fear that support services will cease, and reliance on abusers for transport or communication assistance that impedes access to support services and police (Carlson 1997; Sobsey and Doe 1991; Martin et al. 2006, 824). In addition, non-disclosure may be attributable to a lack of awareness or education about what constitutes abuse or violence, one outcome of which may be an absence of appropriate language to describe what has occurred (Jennings 2003: 13; Carlson 1997). The failure of disability support agencies to collect data on violence, and the failure of family violence support agencies to collect data on disability, has further limited the potential for understanding the issues around violence against people with disabilities and its prevalence (Sobsey and Doe 1991).

The following discussion dwells on the under-reporting of crime/abuse committed against children with disabilities to the police. The discussion orientate the reader on the silent issues surrounding the under-reporting of abuse by disabled children to the police.

2.7.1 Under-reporting of abuse/crime to the police (criminal justice system) by disabled children

The extent of under-reporting of abuse in the disabled population is not known. Culturally, there may be shame associated with being either disabled or abused. On a social level, there may be fear of institutionalisation of the child (and the potential of subsequent abuse) or under-reporting may be due to disenchantment and suspicion of the legal system. On an infrastructural level, raw data regarding disability are often not collected routinely due to financial, educational and time constraints. The lack of systematic gathering of information

on disability status creates an obstacle to research, leading to a further disservice to an already vulnerable, marginalised group. The researcher opines that, there is a considerable amount of dark figures amongst the disability group, where a crime/abuse committed against them does not come into the legal books. There is a reluctance of reporting the abuse/crime to the police; as a result, perpetrators do not face the criminal justice processes to convictions. Even though the extent of under-reporting is unknown, certain authors details rationale for disabled children and their significant others not to report the crime/abuse to the police.

The researcher is of the opinion that amongst other reasons why cases remain unreported to the police is that physically disabled children have other authority figures (e.g., parents, teachers, guardians, or chiefs in a case of rural areas) who provide an often less threatening means of dealing with the child's victimization. Finkelhor et al (2001) share the researcher's sentiment, they are of the view that young children are not able to access police services directly but have to go through adults who become the deciding agents as to whether the crime is to be reported. Adolescents are often encouraged, by their subculture, not to report crimes. Contributing factors on the emotional and attitudinal level include feelings of embarrassment, fears of secondary victimization, and the desire to leave the event in the past, fears of losing a significant relationship in cases where the child's perpetrator is a family member, and fears of perpetrator retaliation. All such factors contribute to low levels of reporting crimes committed against children.

Finkelhor et al (2001) further state that there are other identified number of barriers to reporting and recording, particularly in relation to the police. These physical, procedural and attitudinal barriers can discourage disabled people and children from reporting. The cumulative impact of these barriers may lead disabled people to feel that they are not being taken seriously or, worse, being treated as if they are in the wrong.

Disabled children may be unable to communicate verbally what has happened, or may not be believed because of their impairment (Westcott & Jones 1999:501). Most of them experience communication problems and are less able to refer the circumstances of what transpired, they are often less able to defend themselves, have less knowledge about their own bodies and what may be considered as normal sexuality, and they may be dependent

upon the abuser (Kvam 2000:1080; Westcott and Jones 1999:501). These are circumstances that an adult may misuse, and thus the severely disabled children constitute the real risk group. Sherry (2000:2) professes that it would be fair to say that silent acceptance of violence and abuse of disabled people is more common than activism against it. According to Carmody (1991:233), children with a disability are often reluctant to report crimes to police due to previous bad experiences or repercussions, which had followed such reports. Constant experiences throughout their lives of being powerless in the face of authority also played a role. Some children with a disability may be unaware that they are victims of crime or that they are entitled to seek police assistance (Carmody 1991:233).

If a child has an intellectual disability, they may have more than usual difficulty in communicating in a stressful situation. Threats against the victim made by the offender may also hinder disclosure of details. Language used by the police and a lack of knowledge of the appropriate words to express the nature of the sexual assault may hinder clear statement taking. Police have no guidelines for alternative forms of interviewing and are trained to follow a set procedure of official language and structuring of questions (Carmody 1991:233).

According to Kvam (2000:1081-1082) the lack of disclosure may occur for the following reasons:
• Difficulties in understanding the child's verbal communication.
• Victimisation against a disabled child may be regarded as less severe for the child and therefore ignored.
• Schools for disabled children fear of acquiring a negative reputation, leading them not to report possible results. Research (Kvam 2000:1082) indicates that several institutions have tried to act on their own where the abuser was asked to resign.
• A lack of disclosure may be the parents or caretakers' lack of faith in the existing judicial system. If victimisation is suspected, they choose not to trouble the handicapped child with a medical examination, believing that a trial would probably not lead to conviction.
In South Africa, the detectives employed by the Family Violence, Child Protection and Sex Offences unit, are trained to, and capable of interviewing disabled children.
If disabled children cannot communicate, then experts dealing with children with communication problems refer them for forensic assessment. However, even this process

has proved (in some instances - as discussed in the case studies), to be unsuccessful (Neethling, personal opinion 25 April 2003) cited Hesselink-louw, Booyens and Neethling (2003). According to Neethling, too much emphasis is placed on the criminal justice outcome (convictions) rather than on the actual management of the abuse. The best interest of disabled children is more important than the criminal justice system's achievement (convictions). Neethling (personal opinion 25 April 2003) Hesselink-louw, Booyens and Neethling (2003) further postulates that in all the analysed cases discussed in this article, the abuse stopped - not because of a conviction of a perpetrator, but because these cases were well monitored, investigated and managed by the FCS unit. Neethling heralds that the South African Police Service (including the FCS unit), is still perceived as "big bullies from the Apartheid era". This perception might influence possible victims of abuse not to report their victimisation to the police. Thus, most often children (including disabled children) and parents are discouraged from disclosing abuse to the police.

In a study conducted by Mudaly and Goddard (2006) concerning children's experience of the police services, Mudaly and Goddard (2006) found varying outcomes. Some experienced it as reassuring and felt pleased with their contact with the police. Other children felt the police were incompetent and found talking to them frightening and uncomfortable, or that they were pushed into giving details they were not ready to give. Staller and Nelson-Gardell (2005) also found varying experiences of the legal system. While some felt the police were supportive and sympathetic, others found the thought of testifying in court scary as they felt they had less power over the whole situation. Thus, children have been shown to have varying degrees of both helpful and harmful experiences in the aftermath of disclosure (Mudaly & Goddard, 2006; Staller & Nelson-Gardell, 2005; Berliner & Conte, 1995).

Few schools have mechanisms in place that allow students, parents or caregivers to complain about violence or victimization. This is all the more serious because in many communities there are only a handful of schools or educational programs that are available for disabled children. Parents/caregivers or children may hesitate to complain about violent or abusive behaviour in the school, fearing that they will be dismissed from a program when no alternative exists. Of equal concern, few schools have systems in place to allow school staff to report abuse they have observed on the job (UNICEF, 2005).

Reporting mechanisms for such violence is limited or non-existent for most children. Children in residential schools often have little or no regular contact with the parents – (and in some cases, such as with deaf children, may have parents who are unable to speak sign language or otherwise effectively communicate with them). Often there is also no adult caretaker or teacher in the school to whom the child can report abuse.

Disclosure of abuse is required before interventions can be applied to stop the abuse, see to its immediate effects, and reduce the likelihood of harmful outcomes. Thus, the responsibility of initiating intervention and ending the abuse often falls upon the child (Paine and Hansen, 2002). However, disclosure of abuse for children is a complex process often involving high levels of anxiety. Overburdened and unmotivated professionals can create secondary victimization for children by being uncaring and dismissing their concerns, or by being overly preoccupied with following certain protocols at the expense of meeting the needs of the child or the family (Killian & Brakarsh, 2004). There has been speculation that interventions following the child's disclosure of abuse may be experienced as more traumatic than the actual abuse or may at least contribute to the child's overall traumatic experience (Berliner & Conte, 1995).

The researcher is of the opinion that there is severe under-reporting of incidents by physically disabled children. The predominant criminal justice focus of the wider evidence base has led to the overlooking of other agencies' role in the monitoring of, and acting upon, targeted violence and hostility against physically disabled children. Physically disabled children have a tendency to report incidents to a third party (i.e. parents, teachers, guardians, friends etc) rather than to the police. Yet these third parties are under-studied. The researcher further postulate that even though under-reporting is sometimes due to the barriers within the criminal justice system, the relationship between the victim and the perpetrator can also heave up significant challenges to a disabled child's willingness to report the abuse, either to the police or to anyone. Another challenge could be that physically disabled children may also blame themselves for what had happened to them, or may simply come to accept that these incidents are part of their everyday life.

Other challenges faced by physically disabled children more so in rural communities, is that, reporting has to take place at the headman's *(a headman is a rural chief also known as a traditional leader)* place first before going to the police. In rural areas, the chief preside over all types of crime that are committed in his rural area. Most of the cases of physically disabled children do to see the criminal justice due to this fact. They are forced to report to the chief before going to the police.

2.8 Conclusion

In conclusion, the researcher has searched for literature that directly addresses the objectives of the study. The literature review was structured according to the objectives of the study, so that the researcher might approve, disapprove or augment the existing literature by the findings of the current study. To review literature has provided the researcher with deeper insight and idea of what has been covered as far as the phenomenon is concerned as what yet needs to be covered. The literature also provided the researcher with latest developments of phenomenon and current definitions used. It also provided the research gaps that the current study is trying to bridge. In this chapter, the discussion centred on the causes of disability, the incidence and prevalence of abuse against disabled children. It looked at the different forms of abuse/crime committed against disabled children, also provided a deeper insight into the effects of abuse/crime suffered as a result of the abuse. The researcher also discussed reasons for under-reporting the crime/abuse committed against physically disabled children.

CHAPTER 3: THEORETICAL FRAMEWORK

3.1 Introduction

This chapter delineates the theoretical backdrop underpinning the study. This current research employed the victimological theories, which are drawn on to explain the victimization of physically disabled children in the Eastern Cape of South Africa. The victimological theories are the principal theories upon which this research was constructed. The rationale for using these theories was based on the notion that it is not possible to find a single theory that best explains the occurrence of a particular phenomenon (such as violence experienced by physically disabled children). The combination of theories therefore helps in supplementing the shortcomings of a single theory. The researcher in this chapter will first provide the theoretical limitation (existing gaps in African theories) background that attempts to explain criminal victimization within an African perspective, followed by the theory formulation discussion and the discussion of the theories used in the study and their relevance to this study and lastly, the researcher will discuss his proposed theory that will attempt to explain the victimization of physically disabled children.

3.2 Existing gaps in African theories

According to Ovens and Prinsloo (2009), criminologists in the field of criminological assessment and profiling are relying far too much on European or American paradigms to form the basis of their findings and conclusions. While with merit and often with creative manipulation of existing theory, they still find it difficult to explain the causes of crime from an African perspective. African criminological theories are largely based upon a Western perspective and explain the phenomenon of crime and criminality from a Western, first-world perspective. Little attention has been paid to the development of African theories and the lack of African based criminological perspectives is a serious drawback. This has a limiting effect on criminological research in South Africa. If it can be acknowledged that culture may largely control the way in which we think or function, it is important to study the effect of culture and tradition on behaviour (Willis, Evans and LaGrange, 1999: 227). Despite the increase over the last decade in research, information from an African criminological perspective still remains scarce (Bischoff, 1995:15) cited in Oven and Prinsloo (2009).

Oven and Prinsloo (2009) maintain that when developing African criminological theories, academics need to consider and avoid mistakes of generalisation and attempts to explain and examine a phenomenon from a western perspective or "looking glass." An understanding of African epistemology should form the foundation for the interpretation of criminality in African societies. Oven and Prinsloo (2009) also state that this African paradigm should provide for flexibility, allowing for development, and a flux of change influenced by time and the cultural setting within society. Accepted paradigms should be explored and built upon by social scientists. However, issues such as ethnicity and plurality of cultures complicate the development of criminological explanations of crime. Cultural orientation, which further influences social dynamics, should also be taken into consideration. (Ovens & Prinsloo, 2009). When the researcher reviewed literature for the purpose of this study, he encountered the same shortcomings and limitations in finding an appropriate criminological and/or victimological theory that can best explain violence against children with disability using Afrocentric perspective. The existing criminological theories are not applicable to this study, thus the researcher has opted for victimological theories to try to explain the victimization of these disabled children experiences through means of violence within their societies.

When analysing research done on abuse against children in South Africa, it becomes clear that mainly disciplines such as psychology, medicine and social work are the ones that have had a major input (Cole, 1994: 2). Due to the need for criminological research and the dark figures surrounding violence against disabled children, a study such as this one undertaken here is a necessity. Curiosity has always formed part of society's humanness and through research; humans can develop upon this need for further knowledge (Grobbelaar, 1994: 80). The researcher has decided to commence by the theory formulation before actually discussing the theories used. So that there is a better understanding of the origins of theory.

3.3 Theory formation

In the past, research implied the studying of facts through observation. This method was simple and all attained knowledge led to greater challenges. The subject worthy of research was identified and the research possessed full reign on how to detect the "truth" behind the

problem. Theory in turn, aids formulate the research into a human activity, aimed at consciously and purposely understanding a specific phenomenon (Grobbelaar, 1994: 82). When research focuses on the experiences of a human being and the impact of these experiences, a phenomenological approach is evident (Grobbelaar, 1994: 83). The causes of these experiences range from being biological in nature to external environmental influences (Williams and McShane, 1994: 61). However, it is the theories, which explain the effects of the experiences in question that are of significance. Personality theories such as Freud's psychoanalytical theory as well as social theories are often used as one explanation of the effects of trauma in sexual abuse. However, there is no generally accepted theory explaining negative adult-child interaction, where the adult is the cause of the negative experience and the child, the recipient and enactment of the effects. This limitation of theory constitutes a void in the explanation and understanding of the child's subsequent response to the abuse (Meyer, Moore and Viljoen, 1993:12 as cited in Scott, 2006:13). Hence, the researcher aims to use the combination of theories to try to understand the physically disabled children response to abuse, since there is limited theory that constitutes a void in the explanation and understanding of children's response to violence.

After reviewing literature in books and journals, the researcher came to the same conclusion regarding the lack of theory that explaining violence against children with physical disability. The researcher will use victimological theories (i.e. opportunity model and differential risk model), in addressing the problem based on children's perspective with the intension of eliminating this limitation of theory constituting a void in the explanation and understanding of the child's subsequent response to the abuse. The following is a theoretical overview of the two theories used in this study (i.e. opportunity model and differential risk model).

3.4 Theoretical overview of disabled children victimization
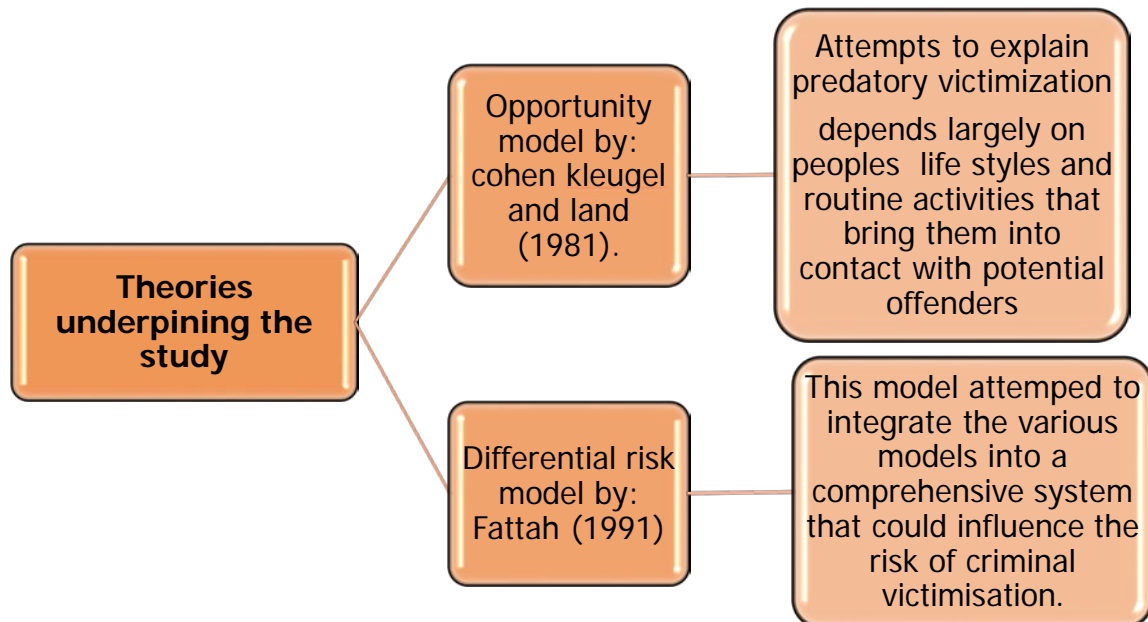
Figure 4: Theoretical framework

The researcher used the above-mentioned theories to explain the victimization of physically disabled children in the Eastern Cape of South Africa. These theories are the principal theories upon which the research was constructed. The rationale for using these theories is that it is not possible to find a single theory that best explain the occurrence of a particular phenomenon (such as violence experienced by disabled children) the combination of theories therefore helps in filling in the shortcomings of another theory. Following is a discussion of each theory underpinning the study and their relevance to the study.

3.4.1 Opportunity model developed by Cohen, Kleugel and Land

Opportunity model developed by Cohen, Kleugel and Land (1981) cited in Peacock 2014 combines elements of both the lifestyle and routine activities approaches. According to these theorists, there are five factors that may increase a person's victimization risk, namely: exposure, proximity, guardianship, target attractiveness and properties of specific offences (Burke, 2005:47; Davis, 2005:42) cited in Booynes (2008). Although not all of these

elements can be applied to sexual assault and rape in a correctional setting, some are of value to this study.

• **Exposure**

This element is the physical visibility and accessibility of persons and property to become victims. The risk of victimization increases if the motivated offender comes into regular contact with the potential victim (Cohen, Kleugel and Land, 1981).

The physically disabled children are physically visible as vulnerable victims to victimize due to their nature of their disability. In addition, they are easily accessible because they often stay with the victimizers and/or become in contact with them on a regular basis. The current study reveals that, the perpetrators are people staying and/or know the victims. The current study also reveals that the children are victimized in towns and schools of which is evident that they are easily accessible. The perpetrators against physically disabled children are in contact with them in every day basis. These people are family members, neighbours, extend family member and community members. Disabled children become victims because of their physical exposure to their abusers.

• **Proximity**

This refers to the physical distance between potential victims and offenders. The closer the residential area of the potential victim to that of the motivated offender, the higher the risk of victimization (Cohen, Kleugel and Land, 1981).

There is often no physical distance between physically disabled children and their offenders. They usually stay with them at school hostels, home or in the community. The offenders are confined in the space of the disabled children. Offenders who are community members, other disabled children from school, family members, extended family members and/or neighbors are in close proximity to the physically disabled children. As a result, the disabled children experience violence. Some of them are unwanted and neglected because they are regarded as a taboo or bringing misfortune or shame to the family or community.

Sobsey (1994) hypothesised that this additional risk was less a feature of a child's impairment than of the settings in which they were placed, and which would expose them to multiple carers, thereby increasing the statistical risk of encountering a paedophile. A social

model of vulnerability (Brown, 2002) analyses these issues in terms of the ways in which disabled children are placed at more risk than other children in settings that have not attended to safety (for example in the design of buildings or the recruitment of staff). They are then further disadvantaged because they are not heard or believed when they report their experiences and their experiences are not afforded the same significance as those of other children, leaving disabled children with a shortage of therapeutic and supportive services to aid recovery.

• **Guardianship**

Guardianship refers to the presence of people or monitoring equipment (close-circuit television [CCTV] cameras) to prevent the occurrence of crime (Cohen, Kleugel and Land, 1981).

There is minimal guardianship to these physically disabled children. Their parents, caregivers from school hostels and guardians, are neglecting most of them and thus, they fall prey to ruthless offenders. They tend to suffer the violence at the hands of their guardians. The researcher is of the view that in many South African special need schools, more especially those in the Eastern Cape, there are no cameras that are actually monitoring the violence being inflicted on these physically disabled children. Some of the schools in the Eastern Cape do not even have security guards.

• **Target attractiveness**

This element includes two dimensions, namely the desirability of people and objects as well as the perceived ability of potential victims to offer resistance. This means that the greater the attractiveness of the target, the greater the risk of victimization. If the motivated offender identifies a victim as a desirable target, due to age or physical characteristics, he or she will approach this victim (Cohen, Kleugel and Land, 1981).

The physically disabled children are often viewed as attractive targets due to their physical condition and/or lack of guardianship. These children are not resistant to violence because they cannot defend themselves and the violence inflictors are of the view that these children will not be believed due to their conditions such as being unable to speak nor identify their

abusers. The physically disabled children have a greater target attractiveness due to their physical appearance or make up hence, they have a greater victimization.

• **Properties of specific offences**

This refers to the ease with which a crime can be committed. Thus the more difficult it is for the offender to commit a crime; the less likely it is for the crime to occur (Cohen, Kleugel and Land, 1981).

There is a high level of violence against physically disabled children. It is not difficult for people to violate these children; hence, their violation is at an alarming rate. It is easy for violence to be inflicted on these children because of their physical status, their genetic makeup and their wellness status.

Following is a discussion of another theory aiming at explaining the personal victimization/violence experienced by the physically disabled children.

3.4.2 The differential risk model of criminal victimization

The differential risk model of criminal victimization presented by Ezzat Fattah (1991) cited in Peacock (2014), combined 40 propositions of criminal victimisation under ten broad categories (Davis, 2005:43-44; Walklate, 2003:126):

• **Opportunities**

According to Fattah (1991), criminals seek opportunities to commit crime. Opportunities encompass two factors, namely; characteristics of targets as well as the activities and behavior of individuals. For Fattah, the absence of a guardian is an important opportunity factor. The opportunity of violating physically disabled children is always present and evident. The opportunity presents itself mainly due to their physical characteristics as they are viewed as suitable targets by their victimizers.

• **Risk factors**

The following are identified as risk factors for victimization: Attractiveness, vulnerability, socio-demographic characteristics (age and gender), residence, absence of guardianship and alcohol abuse.

Children with physical disabilities explicitly experience the above-mentioned risk factors. They are often at risk of being victimized; their physical conditions render them attractive and vulnerable to offenders. Often, offenders regard them as vulnerable because they form part of the 'forgotten members of the society' (Hessenlink-Louw et al, 2003). Most physically disabled children who are females living in a high-risk crime community, combined with the absence of guardianship due to neglect become victims of any sort of violence. This present study reveals that young children who are physically disabled, who are staying with a single guardian such as grandmothers are the victims of violence.

• **Motivated offender**

Fattah (1991) postulates that victimization is dependent on the number of motivated offenders in a specific area. Physical visibility, proximity, availability and accessibility are important criteria in target selection. Targets that are visible, available and accessible, as well as targets residing close to the offender have a greater chance of being victimized than others.

There is little existing research on perpetrator motivations in committing targeted violence and hostility against physically disabled children. The factors motivating such acts against physically disabled children identified in this research vary significantly. Perceptions of vulnerability (especially in relation to those with visible impairments or with learning disabilities) and perceptions of threat (particularly so for those with mental health conditions and those with learning disabilities) can motivate acts of targeted violence and hostility against disabled children, depending on the situation and the children in question. Perpetrators may also perceive disabled children as being 'lesser' people and may think that they can get away with their actions.

• **Exposure**

The risk of victimization increases when a person encounters a potential offender, and/or high-risk environments. Exposure to potential offenders and to high-risk situations and environments increases the risk of criminal victimization. The higher the exposure, the greater the risk of criminal victimization and the lower the exposure, the lower the risk of victimization. The level and degree of exposure to potential offenders and to high-risk

environments vary according to socio-demographic properties such as age, gender, marital status, occupation and income. Such variation in exposure contributes to the differential risk of criminal victimization (Fattah, 1991).

Children and young people with disabilities are at risk in ordinary ways because they are children first and because they live in ordinary families, attend mainstream schools, attend local churches or faith groups, and engage in leisure pursuits in mainstream settings. However, they are also at additional risk because of the increased likelihood that they will be separated from their families, accommodated in congregate settings such as special needs schools where they encounter multiple caregivers, and are targeted on account of their visible "difference" or "vulnerability".

• **Associations**

Association refers to personal, social or professional contact with potential offenders. The homogeneity of victim and offender populations indicates that differentia association is an important factor in criminal victimization. Individuals who come into close personal, social or professional contact with potential offenders run a greater risk of being victimized than others (Fattah, 1991).

The physically disabled children are exposed to their offenders almost on a daily basis. Physically disabled children who are abused and/or violated at home have a close personal association with the offender whether being an uncle, brother or father. Some children are violated in special school hostels where they encounter their victimizer whom they have a close association with, either a teacher, caregiver or bullies.

• **Dangerous times and places**

Activity patterns may influence the risk of victimization. Violent crimes are more likely to take place at night and in the early morning hours, over weekends on the street or secluded spots near public places. Most physically disabled children experience violence in their special needs schools, which are secluded areas near public places, on streets, in public transport, homes as well as in their communities. They become prey to ruthless individuals who abuse alcohol then break into their home during the night or early hours of the morning to rape them. The respondents have reported this in this study.

• Structural/cultural proneness

According to Fattah (1991), there is a relationship between powerlessness, deprivation and the frequency of criminal victimization. Accordingly, minority groups or members of powerless groups are more likely to be victimized since members of dominant or conventional groups view them as "legitimate" victims. Since physically disabled children form part of vulnerable group that is powerless, they are likely to be victimized because members of conventional groups who regard them as easy targets to victimize view them as legitimate victims. The limitation of this theory is that it differentiates the victim from others by either personal or behavioral characteristics. Thus, the blame for victimization is solely placed on the victim (Walklate, 2003:126) cited in Booyens (2008:99).

3.5 Theoretical contribution

The researcher proposes the integrated model of physically disabled children victimization as a contributing model to the existing theories. This model stems from the combination of rational choice theory, opportunity theory and differential risk model. This proposed model augments the existing theories with the intention to bring about a significant contribution to the victimization of physically disabled children. The researcher has drawn certain principles from the three theories (rational choice theory, opportunity theory and differential risk model) to construct the integrated model of physically disabled children victimization.

The point of departure of this model is that the convergence of the four factors (i.e. rationalisation, opportunity, risk factors and absence of guardianship) precipitate the victimization of the physically disabled children. It is based on the assumption that offenders rationalises the victimization of the physically disabled children, (*they calculate the punishment and risks involved in victimizing the physically disabled child with the inability of that child to report the incidence of victimization*), due to risks factors that produce an opportunity for the offender to rationalise their victimization of the physically disabled child in an absence of guardianship (i.e. family members of the physically disabled child, criminal justice system).

The researcher is of the opinion that these four factors are integrated and interrelated. They all contribute to the victimization of the physically disabled children. Offenders rationalise victimization due to risk factors that promote an opportunity in an absence of guardianship.
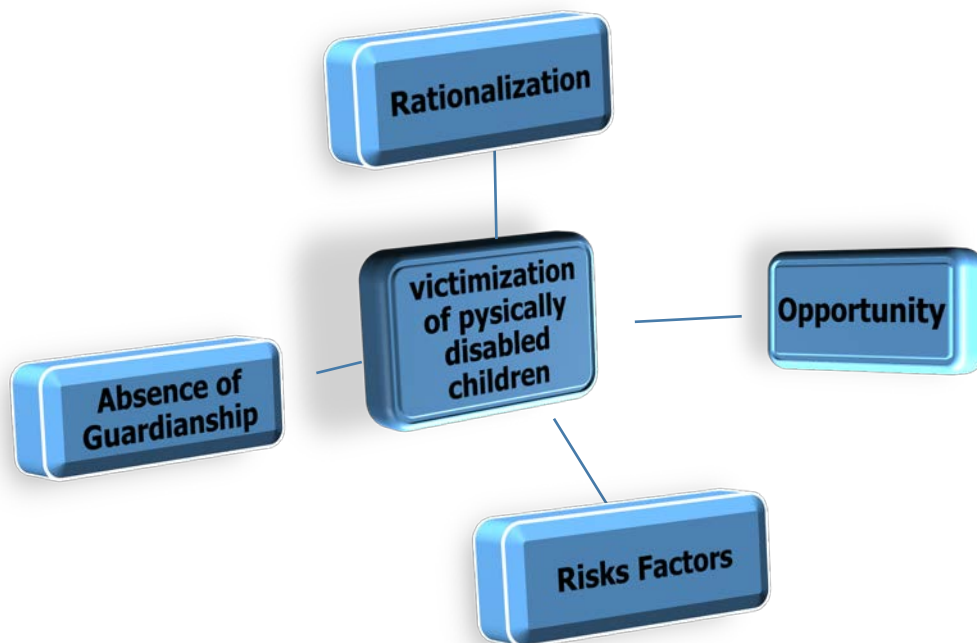
Figure 5: Integrated model of physically disabled children

The proposed model looks at three things: rationalization of the offender when victimizing physically disabled children; the opportunity that presents itself for the physically disabled children to be victimized and the risk situations that exposes the physically disabled children to be victims in the absence of capable guardianship.

3.5.1 Rationalization

The offenders rationalize their victimization of the physically disabled children because the opportunity presents itself. Due to risk factors, children are exposed to being the victims. The offenders outweigh the victimization vs the lack of reporting by physically disabled children and the punishment they will receive upon victimizing these children. Since victimization against physically disabled children is not often reported and taken to consideration, it opens opportunities for the physically disabled children to be victimized.

When victimizing the physically disabled children offenders rationalize between the chances of physically disabled children divulging the incidence, the chances of reporting and the chances of being apprehended. Their rationalization is reinforced by the fact that disabled children are often the forgotten members of the community who are neglected and not taken to consideration.

3.5.2 Opportunistic factors

The researcher is of the opinion that opportunity is created by the risk factors in association with rationalization of the offenders to victimize the physically disabled children due to absence of capable guardianship. The opportunity presents itself mainly due to their physical enabled characteristics as they are viewed as suitable targets to be victimized by the offenders. Opportunity presents itself due to capable guardianship to protect these children. Parents/guardians neglect these children, most of the time they are left alone and unattended to; that creates an opportunity for the offenders to rationalize their actions. In school hostels, they are left alone unattended by the caregivers who are supposed to protect them.

3.5.3 Risk factors

Socio-demographic characteristics (age and gender), vulnerability, residence, absence of guardianship and alcohol abuse. Every physically disabled child is a victim irrespective of the gender. Physically disabled children experience different forms of victimization. Female children mainly experience sexual molestation, sexual harassment, name calling, physical, neglect whilst male children often experience sexual harassment, name calling, physical, and neglect etc.

Vulnerability to victimization of children is exacerbated by their physical inability. Their physical conditions make them vulnerable to their victimization, it creates the opportunity for offenders to rationalize their victimization of them because they can't defend themselves due to their physical conditions. The rural environment is another risk factor because houses are isolated and often-family members migrate to cities to seek job prospects and leave the physically disabled children with their old grandparent(s) who cannot protect them or neglect them because themselves they need care. Such households are often the victims of crime by the offenders. Most of the offenders target such houses with the intent of not being caught. Most of the time the offenders are under the influence of alcohol.

3.5.4 Absence of guardianship

Absence of guardianship refers to any person(s) and/or structures who are supposed to protect the physically disabled children. This refers to parent(s), immediate family member(s), external family member(s), community member, school teacher(s), school hotel

caregiver(s), department of basic education and criminal justice system. People who are supposed to protect these children sometimes are the perpetrators of crime against these physically disabled children. Parents leave for cities from rural areas to find employment and leave behind their physically disabled children with family members who are incapable for taking care of them, they often neglect them, leave them alone unattended to and pay no attention whatsoever. This is when the opportunity is created for the offenders to victimize these children.

The criminal justice system does not protect these children as well. According to chapter 4 of criminal law (sexual offenses and related matters) Act 32 of 2007, Section 23-26 protects only the mentally disabled children against any form of sexual molestation; what of the physically disabled children? They are not mentioned anywhere (in Section 23-24), and this gives power to the offenders since there is no specific law and sanctions that deals specifically with physically disabled children.

3.6 Conclusion

The researcher has discussed the theories underpinning this study, starting the chapter with the argument from Ovens and Prinsloo (2009) stating that we need to be Afrocentric and try developing our own theories using the African/South African perspective. Explaining the African and/or South African crime with the western content is unacceptable and it is key to decolonize our system of theoretical frameworks. In saying this, the chapter also looked at the formulation of the theory and how the researcher managed to use the theories underpinning the study to explain the personal victimization of physically disabled children.

The researcher has proposed the integrated model of physically disabled children victimization as a contribution to the theoretical framework. The proposed model is based on the assumption that offenders rationalise their victimization of the physically disabled children, (*they calculate the punishment and risks involved in victimizing the physically disabled child with the inability of that child to report the incidence of victimization*). This is due to risks factors that produce an opportunity for the offender and an absence of guardianship (i.e. family members of the physically disabled child, criminal justice system.) These concepts are useful for this study, and will be taken forward.

CHAPTER 4: RESEARCH METHODS

4.1 Introduction

This chapter provides an exposition of the research design, methodological procedures and techniques used in this research. It also gives the description of procedures used when collecting respondent's data. In addition, it highlights the techniques used for the analysis of the data. The following discussion pertains to the design the researcher used for the purpose of this study.

4.2 Research Design

According to Bezuidenhout (2011:48), a research design "is the blueprint, procedure or plan of action." In support of this statement, Mouton (2009:55), mentioned that a research design is "a plan of how one intends conducting the research, by focusing on the end product – it acts as the framework or guideline for the study". A research design sets out the path along which an investigation should proceed and lays down the steps to be taken to become familiar with the research material and to gather facts. As a result of past experiences in research, different research designs have developed fixed formats. Furthermore, the literature indicates that a research method is a special form of procedure, through which certain processes are carried out. Thus, Leedy (2005:90-91) explained that it is important to recognise the fact that data and methodology are inextricably interdependent. Methodology is merely an operational framework, within which the facts are placed, so that the meaning may be seen more clearly. With this in mind the following is a discussion of a research design underpinning the study.

4.2.1 Exploratory descriptive design

In criminological sciences, there are three typical studies that are most useful namely: exploratory, descriptive, and explanatory research, depending on whether the principal goal is to explore, describe, or explain a certain phenomenon (Mounton and Marais, 1996: 42). The researcher used the exploratory approach since the main goal is the exploration of a phenomenon, (i.e. violence experienced by physically disabled children) as accurately as possible, in contrast to explanation studies, which generally attempt to explain a social phenomenon by specifying why or how it happened (Bailey, 1994: 40).

Exploratory research is generally conducted to provide an orientation or familiarization with the topic under study such as this one undertaken by the researcher. It serves to orient research to salient issues and helps focus future research on important variables. Exploratory research is often conducted on newly emerging social issues or recently developed social programs (Bickman & Rog, 2009: 92). Even though violence committed against physically disabled children is not an entirely new social science issue, the researcher seeks to bridge the gaps by bringing new insights and provide solutions to this problem. Therefore the exploratory nature of the study avails the researcher to gain insight into four elements within the topic: whether physically disabled children are the victims of violence due to their disability in the Eastern Cape; what forms of violence these disabled children experience; also the long term effects of violence these disabled children experiences in the Eastern Cape; and whether the violence experienced by disabled children is reported to the criminal justice system in the Eastern Cape.

This design the researcher opted to use is intended to explore and gain a better understanding of the lives and experiences of physically disabled children as being victims of violence in the Eastern Cape. Its' purpose is to attempt to identify new knowledge, new insights, new understandings, and new meanings and to explore factors related to the topic from the physically disabled children and their caregivers (Brink & Wood 1998:312; Brink 1996:11) cited in Neil (2013). The results from this study will not necessarily be generalizable to a larger population but will provide a better understanding of the sample being examined, their experiences and the ordeals they are faced with on a daily basis from their communities and/or school (Burns & Grove 1999:296).

Exploratory research examines the relevant factors in detail to arrive at an appropriate description of the reality of the existing situation (Brink and Wood 1998:283-286). The researcher also used descriptive design, which provides an accurate account of characteristics of a particular individual, event or group in real-life situations (Polit & Hungler 1999:189). On the other hand, a descriptive design according to Waltz and Bausell (1981:7), may be used for the purpose of developing theory, identifying problems with current practice, justifying current practice, making judgements, or determining what others in similar situations are doing (Waltz & Bausell 1981:7).

However, the purpose of a descriptive design in this study is to identify and/or describe the problems encountered by physically disabled children and provide the views and experiences of them as being the victims of violence, and the events they encountered in their life situations whether at home, in the community or t school. The researcher wishes to highlights the below characteristics of an exploratory descriptive research design.

4.2.2 Characteristics of an exploratory descriptive research design

According to Uys and Basson (1991:38), an exploratory descriptive research design has the following characteristics:

• It is a flexible research design that provides an opportunity to examine all aspects of the problem being studied.

• It strives to develop new knowledge.

• The data may lead to suggestions of hypotheses for future studies.

• It is usually a field study in a natural setting.

The researcher adopted the mixed method (quantitative and qualitative) approach in this study; therefore, the following discussion delineates the appropriateness of the method for the purpose of this study.

4.3 Research method used for the purpose of the study

The researcher used a mixed method of research methodology in this study, which is qualitative and quantitative. Different scholars have used different terms (integrative, combined, blended, mixed methods, multimethod, multi-strategy, etc.) to identify studies that attempt such integration. However, the term 'mixed methods' seems to be accepted by most scholars across disciplines (Collins, Onwuegbuzie and Jiao, 2007; Creswell and Plano Clark, 2007; Greene, 2007; Teddlie and Tashkkori, 2006; Johnson and Onwuegbuzie, 2004; Rao and Woolcock, 2004; Greene and Caracelli, 2003); that is why the researcher adopted to use the term 'mixed method' in this study.

Creswell (2009) as quoted by Ivankova, Creswell and Clark (2007:269) gives the definition of mixed methods as a procedure for collecting, analyzing and mixing both qualitative and quantitative data at some stage of the research process within a single study to understand a research problem more completely.

Teddlie and Tashkkori (2006: 12) are of the view that mixed methods can be used as the process of integrating the qualitative and quantitative approaches and procedures in a study to answer the research questions. Although the integration may occur at any stage of a research project, they believe that true mixed method designs have clearly articulated mixed research questions, necessitating the integration of qualitative and quantitative methods in all stages of study. Strands of a study might have research questions that are qualitative or quantitative in approach. Flexibility to use both the qualitative and quantitative methods allows the researcher to answer his or her research questions in the most effective manner (Creswell and Plano Clark, 2007; Greene, 2007; Brewer and Hunter, 2006; Greene and Caracelli, 2003; Teddlie and Tashakkori, 2003). The researcher share the sentiments with the authors above, the mixed method is deem necessary and appropriate for this study since it will supplements the limitation of one method. The flexibility of using mixed method allowed the researcher to answer his research questions effectively.

4.3.1. Structure of quantitative and qualitative research methods

Mouton (2009:35) expressed that the dimension of methodology refers to the knowledge of how, or the total set of means employed, to reach one's goal of valid knowledge. The methodology paradigms available with which research can be conducted are qualitative, quantitative and participatory action paradigms. As a result of the nature of the present research topic, the research is conducted within the mixed-methods paradigms. The research procedures by means of which the researcher investigated the stated problem are well founded, and are based on the specific research approach and methodology adopted for the study.

The researcher wishes to securitize these two methods (qualitative and quantitative methods) deeper to provide an insightful perspective for their adoption in the study. The research will commence by expatiating and dwelling on the qualitative method followed by the quantitative method discussion. The researcher will elucidate their characteristics, their

similarities and their differences also their advantages and disadvantages to be used in the study of this nature. Following is the qualitative method discussion.

4.3.1.1 Qualitative method

According to Burns (2000), qualitative research is an enquiry approach useful for exploring and understanding a central phenomenon such as physically disabled children being the victims of violence in the Eastern Cape. Creswell (2003) contends that qualitative research is a field of study that crosscuts through disciplines and subject maters. It is naturalistic, in that its goal is to understand behaviour in a natural setting. Cohen et al, (2000) state that the qualitative research approach uses concepts and clarifications so as to attempt to interpret human behaviours in a way that reflects not only the analyst's view, but also the views of the people whose behaviour is being described.

The qualitative approach was utilised for the purpose of this study. The researcher wanted to understand, experiences, the behaviour and views of physically disabled children in their natural setting (i.e. in their special need schools, where they reside). The researcher used this approach to attempt to interpret experiences of the physically disabled children in a way that reflects not only the analyst's view, but also the views of them since it is their experience that is being described. Qualitative research is a type of scientific research. In general terms, scientific research consists of an investigation that:

- Seeks answers to a question;
- Systematically uses a predefined set of procedures to answer the question;
- Collects evidence;
- Produces findings that were not determined in advance, and;
- Produces findings that are applicable beyond the immediate boundaries of the study

Qualitative research shares these characteristics. Additionally, it seeks to understand a given research problem or topic from the perspectives of the local population it involves. Qualitative research is especially effective in obtaining culturally specific information about the values, opinions, behaviours, and social contexts of particular populations, suggested Muijs (2010:1). Since the researcher used interviews with the caregivers, he wanted to cater for qualitative side of this study by soliciting in details a specific qualitative data about the opinions, experiences and behaviour of physically disabled children who experiences

violence. The following is a brief discussion of the data collection methods qualitative approach uses.

4.3.1.1.1 Qualitative data collection methods

The three most common qualitative methods, explained in detail in their respective modules, are participant observation, in-depth interviews, and focus groups. Each method is particularly suited for obtaining a specific type of data:

- Participant observation is appropriate for collecting data on naturally occurring behaviors in their usual contexts;
- In-depth interviews are optimal for collecting data on individuals' personal histories, perspectives, and experiences, particularly when sensitive topics are being explored, and;
- Focus groups are effective in eliciting data on the cultural norms of a group and in generating broad overviews of issues of concern to the cultural groups or subgroups represented.

The types of data these three methods generate are field notes, audio (and sometimes video) recordings, and transcripts Muijs (2010:1-2). The following table depicts a summary of the qualitative research approach according to Muijs (2010).

Table 3: Summary of qualitative research approach by Muijs (2010:1-2).

HEADINGS	DESCRIPTION
Theory testing versus theory generation	Formulate a theory that will explain data. Hypothesis emerge from patterns of recurring events.
Deductive versus inductive inference	Operate inductively by beginning with particular observations preceding towards formal hypothesis or theory. Deduction involved to verify the hypothesis.
Fixed versus emergent designs	Continually adjust data collection strategies to benefit from information they become

	aware of during the research process – emergent design.
Orientation	Subjective.
Focus	Multiple realities: Focus is complex and broad; focused on discovery, description, understanding and shared interpretations.
Research report	Characterised by rich narrative, individual interpretations, basic element of analysis of ideas.
Outsider versus insider	Researcher is seen as part of the process.
Context	Depends on context.
Research design	Phenomenological, grounded theory, ethnographic, historical, philosophical, case studies.

Following is a detailed quantitative method discussion

4.3.2 Quantitative method

When one think of quantitative methods, the said individual will probably have specific things in his or her mind. He or she will probably be thinking of statistics, numbers, and many others may be feeling somewhat apprehensive because they think quantitative methods are difficult. Apart from the last one, all these thoughts capture some of the essence of quantitative methods.

The following definition, taken from Aliaga and Gunderson (2000) (in Crossman, 2010:1), describes what we mean by quantitative research methods very well:

Quantitative research is 'Explaining phenomena by collecting numerical data that are analysed using mathematically based methods (in particular statistics)'.

This definition relates to the following systematic method. The first element is *explaining phenomena*. This is a key element of all research, be it quantitative or qualitative. When researchers set out to do some research, they are always looking to explain something just like the violence experienced by physically disabled children. This gives rise to the

formulation of vast research questions. Furthermore, it should be emphasised that the specificity of quantitative research lies in the next part of the definition. In quantitative research, researchers collect *numerical data*. This is closely connected to the final part of the definition: *analysis using mathematically* based methods. In order to be able to use mathematically based methods, data collected have to be in numerical form. This is not the case for qualitative research. Qualitative data are not necessarily or usually numerical, and therefore cannot be analysed by using statistics. Therefore, quantitative research is essentially about collecting numerical data to explain a particular phenomenon, particular questions seem immediately suited to being answered using quantitative methods.

The last part of the definition refers to the use of *mathematically based methods*, in particular statistics, to analyse the data. This is what people usually think about when they think of quantitative research, and is often seen as the most important part of quantitative studies. This is a bit of a misconception, as, while using the right data analysis tools obviously matters a great deal, using the right research design and data collection instruments is actually more crucial. The use of statistics to analyse the data is, however, the element that puts many people off doing quantitative research, as the mathematics underlying the methods seems complicated and frightening. Most researchers do not really have to be particularly expert in the mathematics underlying the methods, as computer software allows us to do the analyses quickly and (relatively) easily, concluded Crossman (2014:2-3).

In connection to the outlined definitions above quantitative research is further defined as a process that systematically and objective in its ways of using numerical data from only a selected subgroup of a universe to generalize the findings to the universe that is being studied, stated Marre and Pietersen (2007:145). In support to this statement, Welman, Kruger and Mitchell (2006:8), went on to say that the purpose of quantitative research is to evaluate objective data consisting of numbers. Both the statements show an agreement that quantitative data is rather presented in "numbers" than "language."

Quantitative research is research that uses numerical analysis. In essence, this approach reduces the data into numbers. The researcher knows in advance, what he/she is looking for and all aspects of the study are carefully designed before the data is collected. The objective of quantitative research is to develop and employ mathematical models, theories and/or hypotheses pertaining to phenomena. Hence this study used both approaches by means of

mixed method approach, because each method compliments the other. The researcher collected a quantitative data by using a questionnaire with the physically disabled children and collected qualitative data by using interviews from the caregivers. By doing this, the researcher covered both aspects of mix methods.

Quantitative research is generally done using scientific methods, which includes the following steps:

- Developing models, theories, and hypotheses of what the researcher expects to find;
- Developing instruments and methods for measuring the data;
- Experimental control and manipulation of variables;
- Collecting the data;
- Modeling and analyzing the data, and;
- Evaluating the results.

4.3.2.1 Quantitative data collection methods

- Surveys or questionnaires with closed-ended questions;
- Using secondary data (data that someone else has collected);
- Experiments (with a control group and an experimental group).

4.3.2.2 Strengths of Quantitative Research

The greatest strength of quantitative research is that it produces quantifiable, reliable data that are usually generalizable to some larger population. Quantitative analysis also allows researchers to test specific hypotheses, in contrast to qualitative research, which is more exploratory. The greatest weakness of the quantitative approach is that it decontextualizes human behaviour in a way that removes the event from its real world setting and ignores the effects of variables that have not been included in the model. It also lacks a depth and richness of data that is present with qualitative research. Because there are so many participants using quantitative methods, it is impossible to know the details about everyone.

4.4 Comparing Quantitative and Qualitative Research

What are the basic differences between quantitative and qualitative research methods? Quantitative and qualitative research methods differ primarily in:

- Their analytical objectives;
- The types of questions they pose;
- The types of data collection instruments they use;
- The forms of data they produce, and;
- The degree of flexibility built into study design.

Table 4 below; briefly outlines these major differences of quantitative and qualitative research approaches Liamputtong (2013).

Table 4: Comparison of quantitative and qualitative research approaches by Liamputtong (2013).

HEADINGS	QUANTITATIVE	QUALITATIVE
General framework	Seek to confirm hypotheses about phenomena Instruments use more rigid style of eliciting and categorizing responses to questions Use highly structured methods such as questionnaires, surveys, and structured observation	Seek to explore phenomena Instruments use more flexible, iterative style of eliciting and categorizing responses to questions Use semi-structured methods such as in-depth interviews, focus groups, and participant observation
Analytical objectives	To quantify variation To predict causal relationships	To describe variation To describe and explain relationships

	To describe characteristics of a Population	To describe individual experiences To describe group norms
Question format	Closed-ended	Open-ended
Data format	Numerical (obtained by assigning numerical values to responses)	Textual (obtained from audiotapes, videotapes, and field notes)
Flexibility in study design	Study design is stable from beginning to end Participant responses do not influence or determine how and which questions researchers ask next Study design is subject to statistical assumptions and conditions	Some aspects of the study are flexible (for example, the addition, exclusion, or wording of particular interview questions) Participant responses affect how and which questions researchers ask next Study design is iterative, that is, data collection and research questions are adjusted according to what is learned

4.5 The important difference between quantitative and qualitative methods

The key difference between quantitative and qualitative methods is their flexibility. Generally, quantitative methods are fairly inflexible. With quantitative methods such as surveys and questionnaires, for example, researchers asks all participants identical questions

in the same order. The responses are categorised from which participants may choose are "closed-ended" or fixed. The advantage of this inflexibility is that it allows for meaningful comparison of responses across participants and study sites. However, it requires a thorough understanding of the important questions to ask, the best way to ask them, and the range of possible responses, highlighted by Liamputtong (2013).

Qualitative methods are typically more flexible – that is, they allow greater spontaneity and adaptation of the interaction between the researcher and the study participant. For example, qualitative methods ask mostly "open-ended" questions that are not necessarily worded in exactly the same way with each participant. With open-ended questions, participants are free to respond in their own words, and these responses tend to be more complex than simply "yes" or "no." In addition, with qualitative methods, the relationship between the researcher and the participant is often less formal than in quantitative research.

Participants have the opportunity to respond more elaborately and in detail than is typically the case with quantitative methods. In turn, researchers have the opportunity to respond immediately to what participants say by tailoring subsequent questions to information the participant has provided. It is important to note, however, that there is a range of flexibility among methods used in both quantitative and qualitative research and that flexibility is not an indication of how scientifically rigorous a method is. Rather, the degree of flexibility reflects the kind of understanding of the problem that is being pursued using the method, goes on Liamputtong (2013:2).

4.6 Quantitative experience applicable to qualitative research

According to De Vos, Strydom, Fouche and Delport (2011:442), the concept of triangulation mixed methods is a one-phase design in which the researcher uses both quantitative and qualitative methods during the same period and with equal weight to best understand the phenomenon of interest. It generally involves the concurrent, but separate, collection and analysis of quantitative and qualitative data in order to compare and contrast the different findings to see the extent to which they do or do not agree with each other. Thus, a combination of qualitative and quantitative approaches was adopted in this research report by using data triangulation using a variety of sources.

Triangulation involves the use of different research methods to study the same phenomenon (Martin, 2000:225). The rationale for combining the two research methodologies is that both can be used to explore, describe and explain violence committed against physically disabled children.

With quantification, it is easier to aggregate, compare and summarise data, and data can be statistically analysed. The strategies associated with quantitative research are experiments and surveys and in this study, the data was collected by means of cross-sectional survey research. The disadvantage of quantitative survey research is the possible "loss of richness" of information (Creswell, 2003:13-14; Maxfield & Babbie, 2001:23) cited in Booynes (2008). Qualitative research can be classified as descriptions of participants' behaviour or the content of their answers to interview questions (Whitley, 2002:32) cited in Booyens (2008).

Strategies associated with qualitative research include ethnography, grounded theory, case studies, phenomenology and narrative research (Creswell, 2003:14-15). The qualitative component of this study is phenomenological whereby the researcher aims to describe the experiences of the research participants (Rubin & Babbie, 2001:389).

4.7 Mixed methodology: Creswell's dominant-less-dominant model

Creswell's dominant-less-dominant model of combination (De Vos, 2002:366) cited in Booyens (2008) was used to guide this study. The dominant model being the qualitative methodology and the less dominant model the quantitative methodology. In this study, which focuses on the nature and extent of physically disabled children as victims of violence in the Eastern Cape, the dominant qualitative methodology is used to describe participants' experiences of violence in their communities or school and the less-dominant model gives numerical value to the research.

4.8 Spatial delimitation of the study

Figure 6: Map of the Eastern Cape (Google maps, 2017).

The study was conducted in the community of the Eastern Cape Province. The Eastern Cape *(Xhosa:iMpuma-Koloni; Afrikaans: Oos-Kap)* is a province of South Africa. Its capital is Bisho but its two largest cities are Port Elizabeth and East London. It was formed in 1994 out of the Xhosa homelands of Transkei and Ciskei, together with the eastern portion of the Cape Province.

The study was confided in two rural special needs schools situated in the Eastern Cape *(special needs school A and B)*. These schools were chosen because they are the only rural schools that have an FET phase unlike other schools, which are primary and/or pre-school in rural Eastern Cape. The researcher chose these schools because he knew he would find suitable respondents and because he could not go to primary schools due to the nature of the study, as learners were too young.

Primary schools comprise of young children of which are considered not to be fit to take part in the study due to ethical issues such as unable to give an informed consent.

Special needs school A, comprised of a total number of two hundred (200) physically disabled children with 29 staff members. Special needs school B; comprised of one hundred and twenty physically disabled children and 21 staff members (*the researcher refers to schools as A and B due to ethical considerations, for maintaining the anonymity of the schools. The researcher refrain from providing the exact location of study/schools due to ethical issues, since this is a sensitive study).*

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4.9 Population

According to Bickman and Rog (2009: 77), the study population for a research project can be individuals or other units, such as cities, hospitals, or defined geographical areas such as census tracts. They maintain that when individuals are the focus of a study, they can be members of a general population, which are defined by age and place of residence at a specific time, or members of a special population. The population of the study comprised of physically disabled children and their caregivers residing in the Eastern Cape Province who are in the special needs schools, and from different socio-economic background, race, gender, and between the ages of 12 years to 18 years.

Table 5: Study population

Interviews	Questionnaires usage
10 care-givers were interviwed.	100 questionnaire were used to collect data from physically disabled children
Total: 110	

On identifying these role-players, information was obtained from the variety of them. The data collected considered the importance of human rights of the participants and respondents. Questionnaires were drawn up to highlight the problems experienced by physically disabled children as well as interviews from the caregiver's perspectives. The said interviews and questionnaires were designed to solicit rich data concerning the violence against the physically disabled children. Overall, one-hundred and ten (110) respondents were selected for the study.

4.10 Sampling and sampling methods

The sample and the sampling strategies in research have to be appropriate. Before the researcher determined the sampling strategies, the researcher considered the four key factors in sampling, namely the sample size, the representativeness and parameters of the sample,

the access to the sample and the sampling strategy to be used (Cohen et al., 2000; Struwig & Stead, 2001). The researcher did not collect data from the whole population of physically disabled children and their caregivers but to those who were selected and agreed to take part in the study. The results from this research do not claim to be representative of the larger population of physically disabled children and their caregivers; neither does it aim to generalise about the larger population because the sample size does not permit generalisation.

The total sampling size for the purpose of this study was one-hundred and ten (110) respondents. Broadly, the research sample comprised of 100 physically disabled children from two special need schools (50 from each) based in the Eastern Cape and 10 officials (caregivers) from both special need schools, each contributing 5 respondents.

These 100 physically disabled child respondents had to satisfy the following conditions: reside in special need schools hostel in the Eastern Cape, be between the ages of 12-18, be physically disabled, and from any racial and socio-economic group. Caregivers were selected based on years of experience working with disabled children. These respondents were chosen according to their knowledge of the research content and their experience in the context studied. The researcher, as far as possible, has attempted to maintain a gender balance in all the samples, that is to say, have equal numbers of males and females for each category. However, the majority of caregivers' respondents were females.

When selecting the research respondents from the population the researcher can make use of either a probability sampling design or a non-probability sampling design. For the purpose of this study, the researcher made use of the non-probability sampling technique. Kumar (2005:177-178), Maxfield and Babbie (2001:238) and Whitley (2002:391) cited in Booyens (2008), are of the opinion that non-probability sampling is effective when the number of participants in a population is either unknown or cannot be individually identified. According to Kemper, Stringfield and Teddlie (2003:280) cited in Booyens (2008) non-probability sampling can be used in either quantitative or qualitative studies and is common in mixed methodology studies.

There are various non-probability sampling techniques, such as accidental (convenient, availability or haphazard) sampling; purposive or judgemental sampling; quota sampling; snowball sampling; target sampling; spatial sampling and dimensional sampling. For this study, the researcher made use of two sampling techniques i.e. accidental sampling for selecting physically disabled and purposive sampling for selecting caregivers of the physically disabled children. Accidentally means that any physically disabled child who is willing to meet with the researcher and has any knowledge of the research topic will be included in the sample until saturation is reached. Thus research participants are selected based on their availability and willingness to take part in the research (Strydom & Venter, 2002:207). It is postulated by Monette, Sullivan and De Jong (2002:149) cited in Booyens (2008) that this sample is appropriate in research where it is difficult or impossible to obtain a complete sampling frame of the population due to two factors, namely that it is too costly or impossible to identify all the elements in the population. Purposive sampling was employed in selecting all caregiver respondents. The researcher chose this technique of sampling because it helped in choosing the most relevant or knowledgeable respondents with regard to the topic under study.

Lincoln and Guba, (1985), Patton (2002), Creswell (2005) and Neuman (2006) describe purposive sampling as a method in which the researcher uses a wide range of methods to locate all possible cases of a highly specific and difficult-to-reach population. Cohen, et al., (2000) contend that purposive sampling is the dominant sampling strategy in qualitative research, because qualitative research, seeks to understand the meaning of phenomena from the perspective of the participants. It is therefore important for the researcher to select a sample from which the most can be learned and that qualitative research focuses on information-rich cases, which can be studied in depth. In this way, the researcher will build a sample that is appropriate to his/her needs. The researcher selected the purposive sampling based on some of the arguments according to the above-cited authors (Guba, 1985; Patton, 2002; Cresswell, 2005; Nauman, 2006 & Cohen et al, 2000).

The researcher used purposive sampling to understand the meaning of the phenomena under study (physically disabled children as victims of violence in the Eastern Cape) from the physically disabled children's caregivers' perspective.

The researcher has decided to include within this study the advantages of sampling, as compared to the collection of data on the whole population, these advantages are as follows:

- Gathering data on a sample is less time consuming because the data is not gathered of the entire population but of few specific samples.

- Gathering data on a sample is less costly since the costs of research are proportional to the number of hours spent on data collection. Moreover, a large population may be spread over a large geographical area, involving high travel expenses, such expenses are likely to be reduced by reducing the number of respondents to be studied. Other expenses such as the cost of reproducing data collection instruments like questionnaires are also reduced.

- Sampling is a practical way of collecting data when the population is infinite or extremely large, thus making a study of all its elements impossible.

4.11 Data collection

Bless, Higson-Smith and Kagee (2007: 114) state that when researchers collect their own data for the purpose of a particular study, the data is called primary data. Data collected in this way is most appropriate to the aims of the research, since the data gathering is directed towards answering precisely the questions raised by the researcher. The most frequently used method of gathering information is by directly asking respondents to express their views.

The researcher used triangulation when collecting data. The researcher used a questionnaire and in-depth interviews. The questionnaires were used to source out the data from the disabled children whilst the in-depth interviews were used to collect data from the caregivers.

4.11.1 Questionnaire

Bickman and Rog (2009: 559) state that a questionnaire is a series of questions asked to individuals to obtain statistically useful information about a given topic. They opine that when a questionnaire is properly constructed and responsibly administered, they become a vital instrument by which statements can be made about specific groups or people. In this study, the researcher used a questionnaire, as an instrument of gathering data from physically disabled children residing in special needs school hostel in Eastern Cape Province. The researcher decided to use this instrument of gathering data as it enabled him to overcome

pitfalls such as disclosure of sensitive personal information and experiences regarding violence committed against them.

The researcher held the questionnaire and asked the respondents questions and wrote down the respondents responses, ticking an appropriate answer selected by the respondents. The rationale for this, was that most of the physically disabled children had difficulty writing as some of them do not have upper limbs; some of them cannot read nor to write accurately, or understand language even though the translation was made. Hence, the researcher opted to hold the questionnaire and ask them the questions from the questionnaire. The researcher did not alter any answers from the respondent responses; he recorded the answers exactly as the respondents' were answering. The questionnaire for this study is designed in accordance with McMurtry's (Delport, 2002:179) cited in Booyens (2008) notion that an ideal questionnaire should consist of close-ended questions for statistical analysis by a computer, but also open-ended questions to be processed manually by the researcher.

Bickman and Rog (2009: 296) who state that questionnaires are capable of generating both qualitative and quantitative data in a mixed methods study also expressed this idea. They are of the view that the questions from the questionnaire may be open-ended (generating qualitative data) and close ended (generating quantitative data). They go further to say that open-ended questions generate in-depth information, which may lead to conceptualization of the issue under study.

A mixed methods question incorporates two sub-questions (qualitative and quantitative). The distinction between the qualitative and quantitative types of questions is arbitrary, since all research questions are on a continuum between these two (Teddie, Tashakkori, & Johnson, 2008: 389).

Structured (closed-ended) and non-structured (open-ended) questions were used in questionnaires for this study. The reason for this combination was that the structured (closed-ended) questions covered the quantitative part of the study and non-structured (open-ended) questions covered the qualitative section. The structured (closed-ended) questions method is based on an established set of questions with fixed wording and sequence of presentation, as well as more or less precise indications of how to answer each question.

Non-structured questions (open-ended) according to Bless et al (2007: 116) consists of asking the respondents to comment on broadly defined issues. The respondents are free to expand on the topic as they see fit, to focus on particular aspects, to relate their own experiences and so on.

Johnson and Turner (2003: 299) maintain that using structured (quantitative) questionnaires together with open-ended (qualitative) items is a popular technique in the literature. This combination allows for the strengths of each strategy to be combined in a complementary manner with the strengths of the other. Both strategies are good for measuring attitudes and other constructs of interest. Quantitative questionnaires can be used to inexpensively generate large numbers of responses that produce information across a broad range of topics. Data gathered using the qualitative research methods, generates in-depth information.

Questionnaires provide the least expensive way of eliciting attitudes, perceptions, beliefs, and reports of behaviour from many people. Questionnaires can be administered in person, by mail, by telephone, or over the internet (Miller & Salkind, 2002:332; Stanton & Rogelberg, 2001: 200). Before the data collection was conducted the researcher solicited permission from the Basic Education Managers, school principal, school governing body, parents, school management team. The researcher explained the purpose of the research and that the information provided by respondents would be treated confidentially and their names would not be requested anywhere during the course of the study.

Since the study involved the vulnerable children (respondents) and caregivers the researcher explained to them the purpose of the interviewing them, how the interviews would affect them, the risks and benefits of their participation in this study, and the fact that they had the right to decline to participate if they choose to do so, the researcher ensured the respondents a right to privacy, anonymity, confidentiality and the right not to be harmed in any manner (physically, psychologically or emotionally). The researcher had further explained what was required of them in terms of their participation.

Before the commencement of the interviews, the researcher solicited a private and a very quiet room to conduct the interviews by using a questionnaire. During the data collection processes the researcher encouraged the respondents to talk freely about their experiences and then probed into topics that arose. The researcher asked respondents open-ended and close-ended questions from the questionnaire, which allowed them to give different

responses. It took a considerable three months to collect the entire data set. It took disabled child respondents an hour to complete the interview and this was due to their different types of impairments, which somehow made it difficult to interview them, hence the use of a questionnaire.

The researcher completed the questionnaires on behalf of the respondents anonymously and detailed instructions were given beforehand. The respondents were not forced to take part. They did so out of their own free will while being granted permission to participate by the Basic education department, school principal, school governing body (SBG) and school management team (SMT). It was also stressed that there were no right or wrong answers to any of the questions. The questionnaires were completed over a period of four weeks.

4.11.1.1 The questionnaire structure

According to Delport (2005:172) cited in Booyens (2008), the researcher can divide a questionnaire into different sections or areas to simplify the processing of the data. It is for this reason that an appropriate literature review was conducted for aiding with the formulation of the questions. The theoretical overview also guided the formulation of the questions in the different sections or areas of the questionnaire. The questionnaires designed to determine violence committed against disabled children in the Eastern Cape is divided into four sections: The questionnaires for this study are divided into four sections; each section addresses each aim of the study:

Section (A) consists of the demographical information of the respondents; while

Section (B) consists of questions concerning whether physically disabled children are the victims of violence due to their disability in the Eastern Cape; therefore

 Section (C) looks at the forms of violence these disabled children experiences, also the long term effects of violence these disabled children experiences in the Eastern Cape; lastly

Section (D) explores whether the violence experienced by disabled children is reported to the criminal justice system in the Eastern Cape.

Once the fieldwork had been completed and before the researcher conducted the analysis and interpretation, there was need to prepare the data for the following steps:
Step 1: Organising and coding of data on the questionnaires

Step 2: Capturing the data

Step 3: Cleaning the data (correct errors in the coding and capturing of the data).

This above is explained below in details:

Step 1: The questionnaires were organised by first checking whether the respondents correctly completed each. In total, 100 questionnaires were used in the study. Secondly, each questionnaire was given a unique number in the space provided under the 'Questionnaire number' on the 'For official use' side of the questionnaire. Thirdly, the coding was done by transferring the number or numerical value of the response to each question in the block provided on the questionnaire for data entry (for capturing of the data).

Step 2: Data capturing. The researcher captured the data into the SPSS Version 22

Step 3: Cleaning the data. Mistakes in data coding and entry (capturing) are common so the researcher needed to check these carefully. The researcher had to examine those questionnaires where there was missing data.

This data collection technique has assisted the researcher in achieving his research aims because this technique contained questions addressing the aims of the study and for this regard; the aims of the study were fulfilled.

During the data collection, the researcher encouraged respondents to talk freely. However, the researcher faced some challenges when collecting data using a questionnaire with physically disabled children. The following discussion pertains to the advantages as well as the disadvantages of using the questionnaires for this study. The researcher highlights how the questionnaire enabled him to gather the data from the respondents.

4.11.1.2 The advantages of using questionnaires in this study with physically disabled children:

- Using a questionnaire helped the researcher to collect data from children who were physically disabled from two schools in the Eastern Cape in a short period of time and in a cost effective way
- The results of the questionnaires were quickly and easily to analyse using SPSS version 22

- Children were more open and free in sharing their lives and experiences as children through answering the questionnaire.

- The questionnaire really assisted the researcher to some of the respondents who did not have upper limbs or hands. Some the respondents had deformed hands that renders them unable to hold a pen.

4.11.1.3   Disadvantages of the using the questionnaire with physically disabled children:

- Some disabled children were not comfortable about answering questions in a face-to-face situation.

- Some disabled children discontinued with the interview because of their different impairments made it difficult to concentrate and answer accurately.

- Some of them due to their impairments the researcher had to repeat the questions many time before answering.

- Language barrier was another challenge even though the questionnaire was translated to their mother tongue IsiXhosa.

- Some respondents distorted information through recall error, due to their impairments.

- Amongst other disadvantages the researcher has perceived was that, there was no way to tell how truthful children were being in answering the questionnaire or they were just picking any answer without even understanding the questions.

- Some of the children were reluctant and skeptical in answering some of the questions.

- Some of the children wanted to decline the participation in answering the questions because the questionnaire consisted of some sensitive personal matters.

The following is a discussion of another form of data collecting method the researcher used to collect data for this study. The researcher used questionnaires to collect data (quantitative data) from the disabled children then used interviews to collect data (qualitative data) from the caregivers. This study consisted of two forms of respondents (i.e. physically disabled children and caregivers), therefore this following discuss will dwell on caregivers as respondents and how interviews were used to collect the data from them.

4.11.2 Interviews

Data collection techniques in qualitative research include observations, interviews, documents and audio-visual materials and objects (Leedy & Ormrod, 2005; Patton, 2002, Creswell, 2005). It must, however, be pointed out that the nature of the data and the phenomena to be researched dictate the research method (Burns, 2000). In this research, the data collection techniques used, was semi-structured, one-on-one interviews with the caregivers. Semi-structured interviews were suitable for the exploration of the perceptions and opinions of caregivers on physically disabled children regarding complex and sometimes sensitive issues and enable probing for more information and clarification of answers.

According to Burns (2000) and Creswell (2005), interviewing is as popular as observation in qualitative research. Interviews yield a great deal of useful information and are a good way of accessing peoples' perceptions, meanings, definitions of situations, and constructions of reality (Creswell, 1998; Wellington, 2000; Leedy & Ormrod, 2005). There are three types of qualitative interviews, namely structured interviews, unstructured interviews, and semi-structured interviews (Lincoln & Guba, 1985; Bogdam & Biklen, 2007). An interview is a verbal face-to-face interchange in which an interviewer/researcher tries to elicit information from another person/participant or interviewee (Burns, 2000). It is a two-person conversation initiated by the interviewer for the specific purpose of obtaining relevant information and a focus on the side of the researcher on content specified by research objectives of systematic description, prediction or explanation (Cohen et al., 2000).

The researcher used semi-structured interviews in this study to collect data from the caregivers of the physically disabled children, to study the meaning or essence of a lived experience among selected physically disabled children. Semi-structured interviews permitted a face-to-face contact with respondents (i.e. caregivers), provided an opportunity to explore topics under discussion in depth, and afforded an ability to experience the affective as well as cognitive aspects of caregivers in the Eastern Cape. This technique allowed the researcher much scope to explain or help clarify questions, thereby increasing the likelihood of useful responses from caregivers.

Semi-structured interviews were suitable for this study because they are more flexible and more likely to yield more information from the respondents (caregivers) about the violence experienced by the physically disabled children. Interviews therefore allowed for more

flexibility and freedom (Lofland & Lofland, 1995), because there were no strict one- answer questions. After their initial response to the interviewer's questions, interviewees can ask for clarification, follow-up, probe or change the direction the interview is taking, as demanded by the situation (Creswell, 1998; Bogdam & Biklen, 2007; Babbie & Mouton, 2001).

This technique was also suitable for the study because the researcher wanted to understand the respondents' point of view on the phenomena since they work closely with physically disabled children. It is important for researchers to record any useful data thoroughly, accurately and systematically using field notes or any other suitable means (Creswell, 1998).

Kvale (1996) and Leedy and Ormrold (2005) state that an interview should be in the form of a conversation, not in a question and answer form and this what happened in this study, the interviews conducted to caregivers were in the form of conversations about the phenomenon under study. This allowed the caregiver to divulge and relate to the best of their knowledge about the phenomenon under study. In order to overcome the above problems, the researcher advised the respondents of the aim of the interview and told them the exact time the interview would last. The researcher recorded the useful data thoroughly, accurate and systematically by taking down notes as the respondents were responding and by means of audio recording.

4.11.2.1 Interviewing process with the caregivers

Silverman (2003) and Creswell (2005), have formulated some guidelines for conducting a productive interview. According to these authors, the researcher must make sure that the interviewees are representative of the group. This means that the researcher should choose participants that he/she expects would give him/her typical perceptions and perspectives.

The researcher must first obtain written permission to conduct the interview, spend a few minutes establishing rapport with the interviewees, find a relevant and suitable place to conduct the interview, and focus on the actual rather than the abstract.

The researcher should not put words in the interviewees' mouths, but must record responses verbatim and keep his/her reactions to him-/herself.

Before the interviews were conducted with the caregivers, the researcher solicited permission from the Basic Education Managers, school principal, school governing body, parents, school management team just like the case of the children. The researcher explained the purpose of the research and that the information provided by respondents would be

treated confidentially and their names would not be requested anywhere during the course of the study. Since the study entailed the vulnerable children, the researcher explained to the caregivers the purpose of the interviews concerning the physically disabled children in their care, how the interviews would affect them, the risks and benefits of their participation in this study, and the fact that they had the rights to decline to participate if they choose to do so.

The researcher ensured the respondents a right to privacy, anonymity, confidentiality and the right not to be harmed in any manner (physically, psychologically or emotionally). The researcher had further explained what was required of them in terms of their participation. Before the commencement of the interviews, the researcher solicited a private and a very quiet room to conduct the interviews by using an audio recorder. The rationale for this was based on the notion to curb out the background sounds (noise) because if not filtered out on a recording, poor recordings can make transcription extremely difficult (Bless, Higson-Smith & Sithole, 2013).

During the interviews processes the researcher encouraged the respondents to talk freely about their experiences and then probed into topics that arose. The researcher asks respondents open-ended and close-ended questions, which allow them to give different responses. It took each caregiver respondent an hour to complete the interview.

❖ **Advantages of using an interviews with the caregivers**
- The interviews allowed the caregivers to offer their own response without being influenced by set responses
- They (caregivers) had offered a detailed rich data based on their personal experiences since they deal with physically disabled children
- Interviews allowed the caregivers to be open and honest about the topics under discussion
- Caregiver were not restricted, the researcher allowed them to dwell much on the topic of interest under discussion.

❖ **Disadvantages of using an interviews with caregivers**

- Since caregivers had a liberty to dwell on any issue of their interest, they gave unnecessary information which was not related to the study

- Interviews were longer than the allocated time to some respondents

- The space was not conducive to hold the interviews because students would enter at any time and that caused disruptions.

4.11.2.2 Recording data

According to Lincoln and Guba, (1985) and Patton (2002) data recording is a process that involves the recording of some information using an interview guide or an interview schedule, which is a list of questions. The researcher may rely on written notes or a tape recorder for recording interview data. In this research, the researcher used field notes and a tape recorder to record interview data from the respondents.

4.11.2.3 Field notes

Field notes are the researcher's or observer's detailed description of what has been observed. They are a record of the research experience, which includes observations, a reconstruction of dialogue, personal reflections, a physical description of the setting and decisions made that alter or direct the research process (Creswell, 1998; Anderson & Arsenault, 2004) cited in Neile (2013).

These notes are written on a small note pad, carried by the researcher. The notes must be written after every event because, according to Anderson and Arsenault (2004) cited in Neile (2013), it is appropriate to take notes in certain settings. In this research, the researcher personally collected data and was responsible for recording field notes. The researcher meticulously took notes during the interview session with the intention of recording the valid points for probing and generation of new knowledge.

4.12 Data analysis

De Vos, et al (2005:333) expressed that data analysis involves reducing the volume of raw information, sifting significance from trivia, identifying significant patterns and constructing a framework for communicating the essence of what the data reveals. Therefore, the collected data was analysed so that structured, reliable, and valid conclusions could be reached. For the purpose of this study, the quantitative data was analysed by means of SPSS V22 and qualitative data was analysed thematically. The discussion of both analysis is as following:

4.12.1 Quantitative data analysis

The data in this study was analyzed by using SPSS Version 22 system, tables and graphs. The researcher chose to use the Statistical Package for Social Sciences Version 22 (SPSS) because of its accuracy and reliability as it uses numbers, which is also a comprehensive system for analyzing data.

SPSS Version 22 helped the researcher to generate trends, descriptive statistics and tabulated reports, chats, and plots of distribution.

After the fieldwork had been completed and before the researcher conducted the analysis and interpretation, there was need to prepare the data for the following steps:

Step 1: Organising and coding of data on the questionnaires

Step 2: Capturing the data

Step 3: Cleaning the data (correct errors in the coding and capturing of the data).

Step 1: The questionnaires were organised by first checking whether the respondents correctly completed each. In total, 100 questionnaires were used in the study. Secondly, each questionnaire was given a unique number in the space provided under the 'Questionnaire number' on the 'For official use' side of the questionnaire. Thirdly, the coding was done by transferring the number or numerical value of the response to each question in the block provided on the questionnaire for data entry (for capturing of the data).

Step 2: Data capturing. The researcher captured the data into the SPSS Version 22

Step 3: Cleaning the data. Mistakes in data coding and entry (capturing) are common so the researcher needed to check these carefully. The researcher had to examine those questionnaires where there was missing data.

4.12.2 Qualitative data analysis

According to Creswell (1998), there are three steps in analysing qualitative data, namely data reduction, constructing data displays, and drawing conclusions. Data reduction entails categorising and coding, theory development, intention, and negative case analysis. Categorisation is the process of coding and labelling sections of the transcripts or images into themes. The categories can be integrated into a theory through the iterative analysis of the data. Data displays entail displaying picture findings or figures so that data can be more easily digested and communicated. After a vigorous iterative process, the researcher can draw conclusions and verify his/her findings. During data verification and conclusion, the researcher establishes the credibility of his/her data analysis. In this research, the researcher recorded and transcribed interviews and research field notes in order to analyse them to gain an understanding of the perceptions and experiences of the respondents. Thematically analysis was used to analyse the collected data.

4.12.2.1 Transcription of interviews

The data collected through interviews has to be transcribed. Transcribing data means transforming the oral interview into a written structure for analysis purposes (Creswell, 2005). Certain steps must be followed when transcribing interviews. For example, the data collected has to be transcribed verbatim. Before the researcher transcribes the interviews, they have to be tape-recorded; the tape has to be audible. This step is important, as field notes are a written account of what the researcher hears, sees, experiences and thinks in a data collection session (Kvale, 1996; Groenewald, 2004) cited in Neile (2013).

Field notes are used to back up recordings, and they are an important part of the analysis process. At this stage, it is important for the researcher to see to it that he/she does not prematurely categorise data (Groenewald, 2004) cited in Neile (2013). Before the researcher transcribed the interviews data, the researcher studied the field notes to verify the recorded information. The researcher did not alter respondents' responses when transcribing the interviews data. There were some challenges of language barrier when transcribing the

interview data and this was addressed by proper translation without tampering and/or altering the content of the respondents' responses.

4.13 Validity and reliability for quantitative approach

Data is an important aspect of research and empirical research cannot be complete if data is not collected. When conducting research, it is therefore necessary to give utmost attention to the validity and reliability of data. Validity and reliability imply information on the way in which objectivity of the data or information is sought and maintained (Mouton and Marais, 1996: 193-194). Whilst validity is concerned with the effectiveness of the measuring instrument (in this case a questionnaire) and seeks to establish whether the researcher is measuring what in fact he intends to be measured, reliability deals with its accuracy (Leedy, 1989: 26-28).

The researcher took careful steps to ensure that the research instrument used met the validity and reliability required. A study of the existing literature on the subject was conducted and questionnaires on physically disabled children as victims of violence analysed. Furthermore, to be as accurate as possible in the content of the questionnaire, the researcher conducted a pilot study during which the questionnaire was tested for clarity and relevance and for questions that could have been misleading and difficult to the respondents. The piloting of the questionnaire helped the researcher to change some of the questions, which would have been difficult for the physically disabled children to answer and understand.

4.14 Methods to ensure trustworthiness by Kumar (2011)
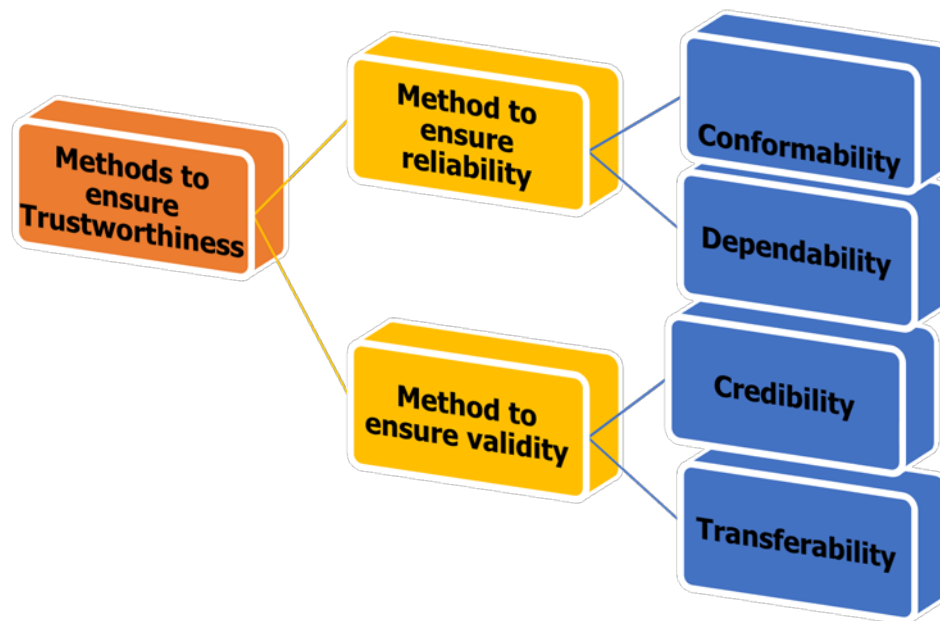
Figure 7: Methods to ensure trustworthiness

Shenton (2004) states that the trustworthiness of qualitative research generally is often questioned by positivists, perhaps because their concepts of validity and reliability cannot be addressed in the same way in naturalistic work. According to Kumar (2011:184), one of the areas of difference between qualitative research and quantitative research is the use of and the importance given to the concepts of validity and reliability. There are some attempts to define and establish validity and reliability in qualitative research. These are 'trustworthiness' and 'authenticity'. According to Guba and Lincoln (cited in Kumar 20111:184) trustworthiness in qualitative study is determined by four indicators - a) credibility (in preference to internal validity); b) transferability (in preference to external validity/generalizability); c) dependability (in preference to reliability); d) confirmability (in preference to objectivity), and these four indicators reflect validity and reliability in qualitative research.

Schurink, Fouche and De Vos (in De Vos et al., 2011:419) explain that two prominent qualitative researchers, Lincoln and Guba, propose the following alternative constructs, to which credibility or authenticity, transferability and dependability to be addressed in a qualitative study, as they are believed to reflect the assumptions of the qualitative paradigm

more accurately. Silverman (2005:223) and Leedy and Ormrod (2013:104) highlight that several social researchers has invalidated the concern for reliability and validity as it 'arises only within the qualitative research tradition'. In reaction to this sentiment, Silverman (2005:223) argues that there is no point in concluding a research dissertation unless researchers can demonstrate the procedures used to ensure the reliability of their methods and the validity of their conclusions.

Leedy and Ormrod (2013: 104) highlight under the heading "Validity in Qualitative Research" that regardless of the kind of study you decide to conduct the researcher must address validity of the study to prevent the study to be insignificant. Flick (2011:207) informs, that it is suggested that the classical criteria in social research (reliability, validity and objectivity) can be applied in qualitative research while Wagner, Kawulich and Garner (2012:243) are of the view that trustworthiness may be used in qualitative research.

Creswell (2014:201) submits that, validity is seen as strength in qualitative research and it is used to suggest determining whether the findings are accurate from the standpoint of the researcher, the participant, or the readers of account. Further, Creswell (2014:201) and Leedy and Ormrod (2013:105), terms such as 'dependability', 'conformability', 'verification', 'transferability', 'trustworthiness', 'authenticity', and 'credibility' are used to describe the idea of validity. In response to this, Lichtman (2014:194) argues that these terms originate from Lincoln and Guba's work and seems to be outdated. For Botes (2003:180) and Gray (2014:186) credibility in qualitative research is the concept equivalent to internal 'validity' in qualitative research. To increase validity (credibility) of the research the strategies that is outlined by Flick (2011:209) Creswell (2014:201) and the researcher to support the validity of findings used Leedy and Ormrod (2013:105).

Vithal and Jansen (2010:32) states that the validity is an attempt to check out whether the meaning and interpretation of an event is sound or whether a particular measure is an accurate reflection of what you intend to find out. Data and information obtained from literature and interviews was used to establish patterns and trends to ensure validity of data. In order to ensure validity, the researcher piloted the interview schedule with the intension to see how it will crystalize and yield the true reflection of what a researcher is intending to achieve.

4.14.1 Methods to ensure reliability
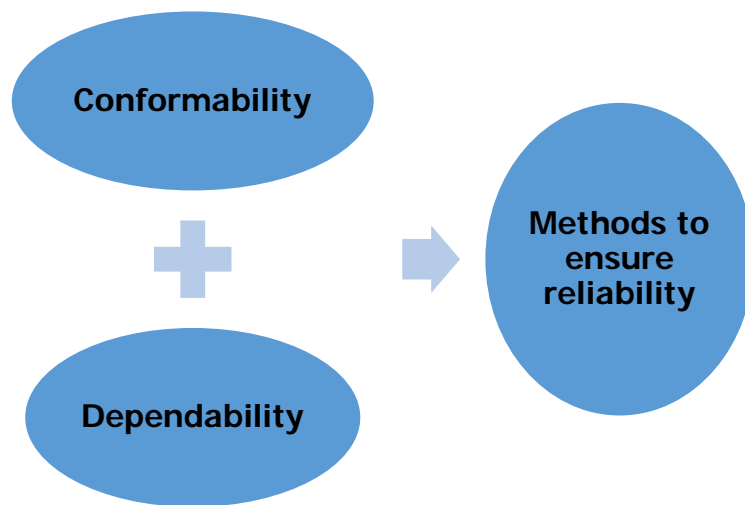
Figure 8: Methods to ensure reliability

According to Singleton and Straits (2010:114) and Gray (2014:184), reliability is concerned with questions of stability and consistency. It should do with the question of whether repeated applications of the definition under similar conditions yield the same results. 'Dependability' is the concept used in qualitative research in relation to reliability (Kumar, 2011). Ritchie, Lewis, Nichollis and Ormston (2004:354-355) are of the view that reliability remains relevant for qualitative research if the researcher can show the audience as much as possible of the procedures that have led to a particular set of conclusions which the researcher intends to do in his research. The data was rigorously and consistently interpreted so that the raw data and the meanings that the respondents attached to it are dependable and consistent. Gray (2014:184) is of the view that for most qualitative research approached reliability is improved if not guaranteed by triangulation, for example using multiple sources of data gathering, just like in this study, the researcher employed triangulation of data collection i.e. a questionnaire and interviews.

❖ **Conformability**

Conformability refers to the degree to which the results could be confirmed or corroborated by others (Trochim and Donnelley, cited in Kumar, 2011:185). Conformability is also similar to reliability in quantitative research. It is only possible if both researchers follow, the process in an identical manner for the results to be compared (Kumar, 2011:185). The

results of the study met the conformability in a sense that the researcher found similar result that share the same sentiments as other researchers. The researcher arrived to some conclusion as found by other researchers.

❖ **Dependability**

Dependability is very similar to the concept of reliability in quantitative research. Trochim and Donnelley (cited in Kumar, 2011:185) argues that it is concerned with whether one would obtain the same results if one observes the same thing twice. Schurink, Fouche and De Vos (cited in De Vos et al., 2011:420) explain that the researcher must ask whether the research process is presented logically and is well documented. Dependability is noted as the alternative to reliability, whereby the researcher attempts to account for changing conditions in the phenomenon chosen for research to be conducted on. Dependability was achieved by means of piloting; the actual study yielded the similar result to those of a pilot study. Since this is not a new phenomenon to be researched on, the researcher put himself into other researchers' perspectives and observed the phenomenon in a more or less way then achieved the similar results.

4.12.2 Methods to ensure validity by Kumar (2011)
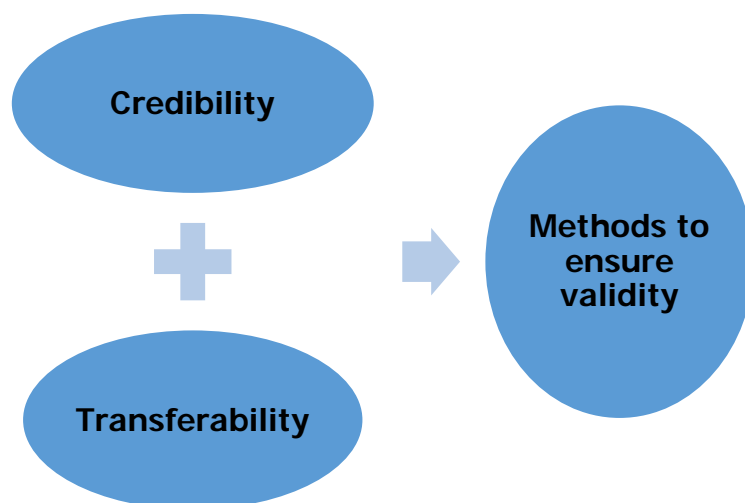
Figure 9: Method to ensure validity

The following is a detailed discussion on methods to ensure validity

❖ **Credibility**

According to Trochim and Donnelley (cited in Kumar, 2011:185) credibility involves establishing that the results of qualitative research are credible or believable from the perspective of the participant in the research. Since qualitative research studies explore perceptions, experiences, feelings and beliefs of the people, it is believed that the respondents are the best judge to determine whether or not the research findings have been able to reflect their opinions and feelings correctly.

Schurink, Fouche and De Vos (cited in De Vos et. al., 2011:419) explain that credibility is the alternative to internal validity and with credibility; the goal is to demonstrate that the research was conducted in such a manner to ensure that the participants had been accurately identified and described. The credibility of qualitative research can be increased through prolonged engagement and persistent observation in the field, triangulation of different methods, making use of formalized qualitative methods and member checks.

Since this study explores the perceptions, experiences and feelings of the caregivers on the violent committed against the physically disable children, caregivers as respondents can attest by looking at the findings of the study as the true reflection of their opinions on the phenomenon. Thus, the researcher selected accurately the respondents (caregivers) who have an experience and expertise under the subject of physically disabled children as being victims.

❖ **Transferability**

Transferability refers to the degree, which the results of qualitative research can be generalized or transferred to other contexts or settings (Trochim and Donnelley (cited in Kumar, 2011:185). Correspondence Sandelowski (cited in Liamputtong, 2013:26) transferability conveys that the theoretical knowledge obtained from qualitative research can be applied to other similar individuals, groups, or situations. Schurink, Fouche and De Vos (cited in De Vos et. al., 2011:420) explain that the researcher must question whether the findings that the research produced can be transferred from a specific situation to another. This is viewed as an alternative to external validity or generalizability.

Since this study comprised of diminutive sampling size and was mixed method in nature, generalization to a wider population will not be permissible. However, some insight could be generalized to similar individuals, groups or situations of physically disabled children. In this research study, it should be possible to use the same research methods to investigate the same topic, but in another setting, with different demographics of physically disabled children.

The following is a discussion of the ethical considerations and their implication to the respondents by the researcher. Within the discussion of these ethical consideration the researcher has detailed how he obtained the inform consent, for conducting his research and from whom the informed consent was required from. In addition, the researcher further stipulates how he guaranteed the anonymity to the respondents, Basic Education manager, school principal, parents, SGB and SMT and how he promised the confidentiality of the respondents.

4.15 Ethical Considerations
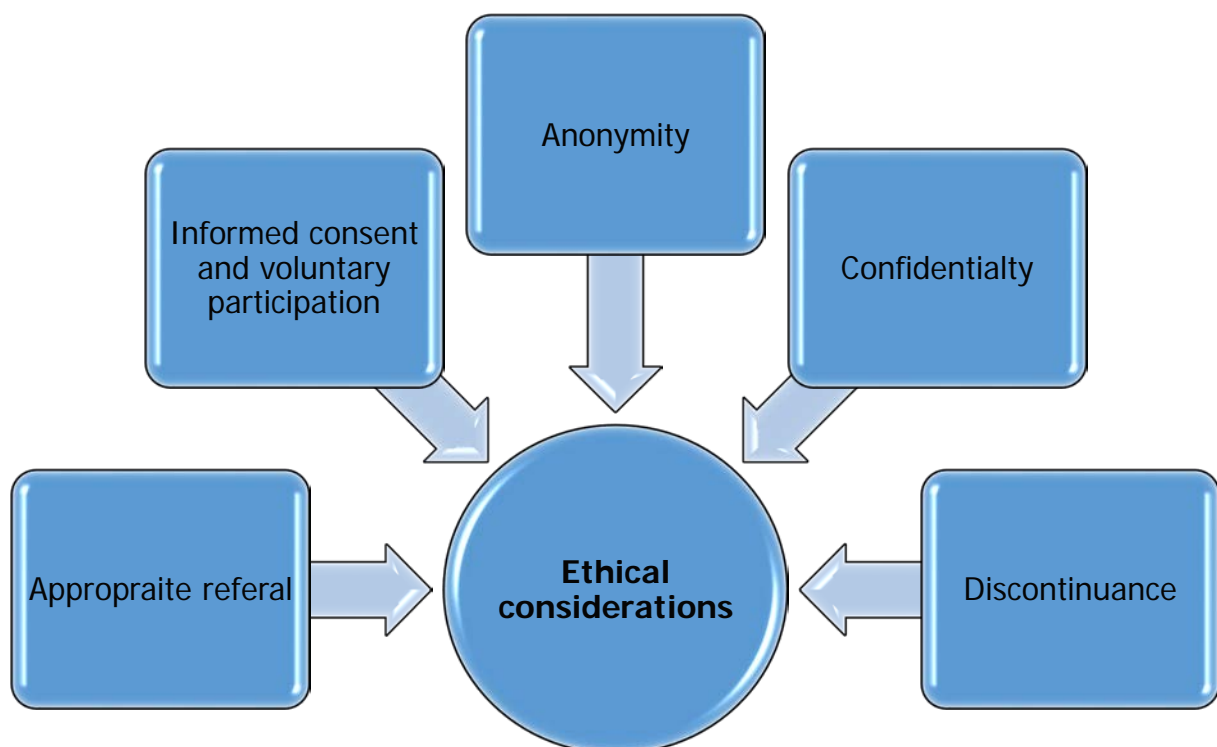
Figure 10: Ethical considerations

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The most basic principle of research is that respondents should not be harmed by participating in the research project. It is important to note that harm may occur intentionally and non-intentionally during the course of the research study, and thus the researcher must be aware of the various possible adverse events that are likely to occur through the duration of the project (Bless and Higson-Smith 2006: 11).

Most high-priority social research is concerned with the vulnerable populations - such as addicts, abusers, runaways, prostitutes, persons with AIDS, victims of violence, the mentally ill. The members of many stigmatized and fearful populations are unwilling to be honest with researchers who are interested primarily in discovering scientific truth, rather than helping the individuals being studied. Contrary to the usual scientific directive to be objective, the researcher who investigates the lives of such people as runaways, prostitutes, or victims of domestic violence or spousal rape must be an advocate for those studied to gain their trust and corporation (Renzetti and Lee, 1993: 136 as cited in Bickman and Rog, 2009: 136).

Since this study involves stigmatized vulnerable children, who were not willing to be honest about themselves and give an accurate data, therefore the researcher has assured them that the information that they would provide would be treated confidentially and they shall remain anonymous.

The following are the ethical considerations the researcher had adhere to:

4.15.1 Informed consent

To solicit the informed consent, the researcher wrote a letter to the Basic Education Department, and to the Principals of the two special needs schools of the physically disabled children requesting their permission to conduct research using the physically disabled children as well as their caregivers. The researcher explained the purpose of the research to the Basic Education Department, and to the Principals of the physically disabled children assuring them that the information provided by respondents (i.e. physically disabled children and their caregivers) would be treated confidentially and their names would not be requested anywhere in the questionnaire or during the process of the study.

Since the study entailed the vulnerable children (respondents) the researcher explained to the Basic Education Department, and the Principals of the physically disabled children the

purpose of the research, how it would affect the physically disabled children (respondents), the risks and benefits of their participation, and the fact that they had the rights to decline to participate if they choose to do so, the researcher explained further to them that they had a right to privacy, anonymity, confidentiality and the right not to be harmed in any manner (physically, psychologically or emotionally). The researcher had concluded by further explaining what was required of them in terms of their participation.

During the process of collecting the data, the researcher had explained the purpose of the research to the respondents (both the physical disabled children and their caregivers), how the study will affect them, the risks and benefits of their participation, and the fact that they had the rights to decline to participate if they choose to do so, at any point in time of the research without any fear or favour. The researcher explained further to them that they had a right to privacy, anonymity, confidentiality.

4.15.2 Anonymity

The researcher had guaranteed anonymity to the respondents, the Basic Education Department, and the Principals of the physically disabled children as well as staff where the data was gathered; the respondents were not associated with any other identifier showing that the data came from them. The respondents were asked by the researcher not to disclose their names or any other identifier such as the name of the school, the address of the school, the names of the teachers or principal or supporting staff during data collection. Anonymity is important because it facilitates trust between a researcher and the respondents.

4.15.3 Confidentiality

The researcher had protected and treated confidentially the sensitive and personal information provided by the respondents. The researcher has protected the identity of the respondents in such a way that the information provided by them will not be traced or linked back to them therefore the researcher asked the respondents not to disclose any personal details about them.

The data that was collected from the respondents was kept under secure conditions. Throughout the collection of data, the researcher kept the answered questionnaires in an envelope to ensure great confidentiality and after the data collection; the questionnaire and

interview scheduled were locked in a cupboard. The analyzed data was stored in a laptop with a password, allowing only the researcher to have an access.

4.15.4 Discontinuance

During the process of data collection, the respondents were told that they may discontinue with the study if they wish to do so. They were informed about their rights to decline and discontinue at any point of the study. They were further informed that, if the questions are too sensitive and are evoking past painful experience buried deep down to sub consciousness, they may refrain from continuing with the study if that is want they wish to do so without any prejudice or favour. They were informed that their discontinuance does not mean they will not benefit from the recommendations of the study.

4.15.5 Appropriate referrals

During the data collection, those respondents who demonstrated a need for appropriate referrals were identified and were referred to a professional psychologist and social workers. Unfortunately, the special need school where the data was collected does not have social worker or psychologist, therefore the researcher took it upon himself to make appropriate referrals to social worker and psychologist he knows.

4.16 Limitations of the study

- Respondents at first were reluctant to answer the questions and to participate in the study hence it is a sensitive study which evokes previous emotional trauma in them.
- It was difficult to gain access to these special need schools; the department of Basic education was reluctant to grant permission due to researchers taking advantage of these vulnerable children.
- There were limited resources to carry out this study such as finances for travelling to the respondents since the researcher was residing in another province.
- After granting informed consent, it was difficult to collect data. Often, on the agreed date for collecting data, the principal would turn down the researcher, we would reschedule again, only to find out on the rescheduled period, we would reschedule again. Therefore, the researcher went back and forth between provinces.

- Some child respondents, due to their disability, it took more time than usual to finish the questionnaire.

4.17 Ways to deal with limitations

- The researcher had ensured the ethical considerations to the respondents and the Basic education department, and stated how the recommendations of the study will help the respondents and other physically disabled children who are not part of the sample. The researcher explained that the study was voluntary and they had a right not to take part in the study, but in doing so, the researcher explained that the study was being conducted to help them. Thus, the permission was granted and the respondents were free to express themselves.
- The researcher used his own finances for travelling to reach the respondents. The researcher received no research grant.
- The researcher was patient enough to reschedule for the next meeting as was often suggested. The researcher understood the logistics and was keen to carry out this study.
- The researcher was patient with those children; he allowed and encouraged them to take their time to respondent.

The above points summarises ways in which the researcher has overcome the challenges experienced during the process of the study.

4.18 Conclusion

The following funnel figure represents the conclusion of the research methods used for the purpose of conducting this study.
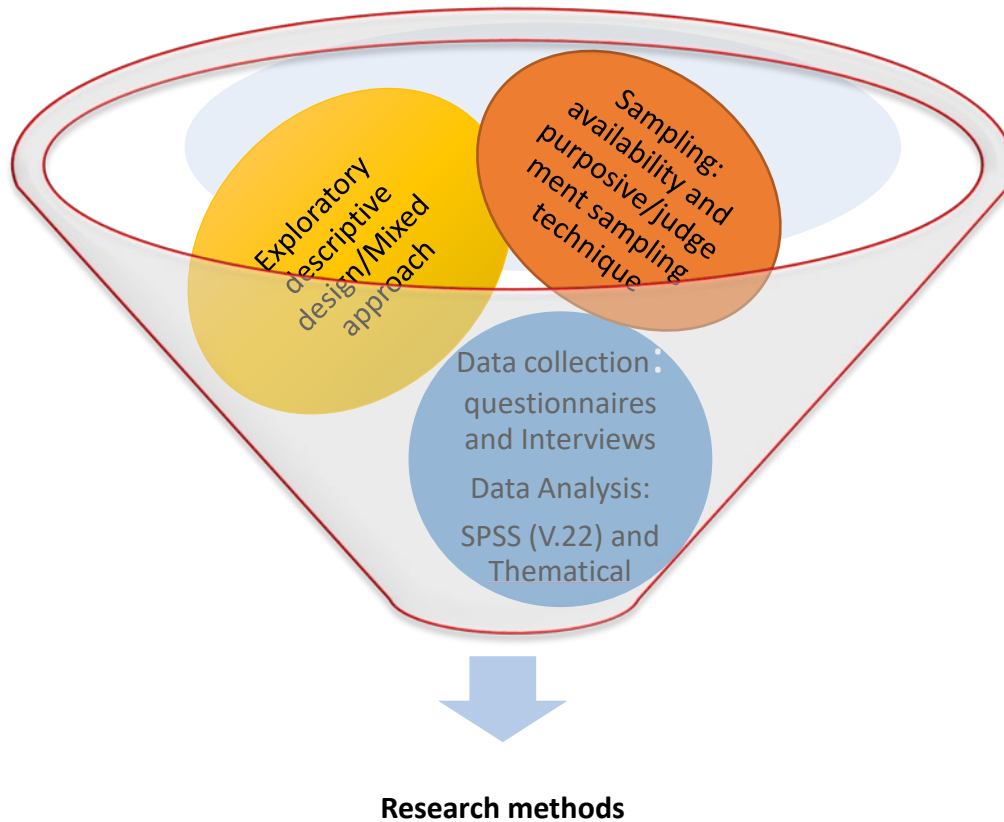
Research methods

Figure 11: Research methods

The researcher in this chapter has expatiated the research design and research methods used for the purpose of conducting the study. The researcher further highlighted the events and duration of data collection and how the collected data was analysed. The researcher also elaborated on the unfolded processes when collecting data, the millstone's encountered and means of addressing them.

CHAPTER 5: DATA ANALYSIS AND INTERPRETATION OF THE RESULTS

5.1 Introduction

This chapter discusses the data analysis and interpretation of the results from physically disabled children as victims of crime in the Eastern Cape. According to De Vos et al (2003: 218), the aim of data interpretation is to learn more about the population from which the sample is drawn. The researcher used triangulation in terms of collecting data. A questionnaire and interviews were used. The questionnaire was used to source the data from the physically disabled children and the interviews were used to collect data from the physically disabled children's' caregivers.

Data was collected from 110 (100 physically disabled children and 10 caregivers) respondents' from 2 special needs schools in the Eastern Cape. A questionnaire was used to collect the data from the physically disabled children, contained both closed and open-ended questions. Some of the closed ended questions were used to elicit background information and analysis about gender, age, race, home language, and duration of living in, level of education, parent's education, and income status etc. Open-ended questions in the questionnaire were used to allow the respondents to express themselves freely and share their experiences and feeling of being victims of violence. On the other hand, in-depth interviews, which were unstructured, containing open-ended questions, were used to collect data from the caregivers. Open-ended questions were used to allow the respondents to express themselves freely and to give long answers, which were classified according to themes. The questionnaire used by the researcher in collecting the data from the physically disabled children in special schools consisted of four sections, namely:

- **Section A:** questions about respondents demographical background;
- **Section B:** forms of violence these physically disabled children experience and whether physically disabled children are the victims of violence due to their disability in the Eastern Cape; therefore
- **Section C:** the long term effects of violence these disabled children experiences in the Eastern Cape; lastly
- **Section D:** explored whether the violence experienced by disabled children is reported to the criminal justice system in the Eastern Cape.

The researcher when collecting the data, hold on to the questionnaire when asking the respondents, then tick the appropriate answers and record their appropriate answers when comes to an open ended-questions because he was not allowed to do an audio recording of the children, so he had to write down the respondents responses on the questionnaire. The rationale for holding a questionnaire and interview the respondents, stem from the fact that most children due to the nature of their disability (such as not having upper limbs, crippled hand or fingers) could not write. When writing down the respondents responses, the researcher did not alter any wording or respondents responses. The researcher captured the responses exactly how the respondents responded.

After obtaining permission from the basic education department in the Eastern Cape, and the school principals, respondents based on their availability due to have knowledge of the phenomenon were conveniently selected. All the respondents participated voluntarily and were free to withdraw from the study at any time if they so wished. The quantitative data in this study was analysed by using SPSS Version 22 system, tables and graphs and a qualitative data was analysed thematically. The researcher chose to use the Statistical Package for Social Sciences (SPSS) Version 22 because of its accuracy and reliability as it uses numbers, which is also a comprehensive system for analysing data.

SPSS Version 22 helped the researcher to generate trends, descriptive statistics and tabulated reports, chats, and plots of distribution. After the fieldwork had been completed and before the researcher conducted the analysis and interpretation using SPSS, there was need to prepare the data for the following steps:

Step 1: Organising and coding of data on the questionnaires
Step 2: Capturing the data
Step 3: Cleaning the data (correct errors in the coding and capturing of the data).

The above steps are discussed below in details:
Step 1: The questionnaires were organised by first checking whether the respondents correctly completed each. In total, 100 questionnaires were used in the study to physically disabled children. Secondly, each questionnaire was given a unique number in the space provided under the 'Questionnaire number' on the 'For official use' side of the questionnaire.

Thirdly, the coding was done by transferring the number or numerical value of the response to each question in the block provided on the questionnaire for data entry (for capturing of the data).

Step 2: Data capturing. The researcher captured the data into the SPSS Version.22
Step 3: Cleaning the data. Mistakes in data coding and entry (capturing) are common so the researcher needed to check these carefully. The researcher had to examine those questionnaires where there was missing data.

This data collection technique has assisted the researcher in achieving his research aims because this technique contained questions addressing the aims of the study.

On qualitative data collection, McMillan and Schumacher (2001:462) are of the opinion that qualitative data analysis is seen as a relatively systematic process where information is selected, categorized, compared, synthesized and interpreted in order to provide explanations of the phenomenon of interest. Johnson and Christensen (2012:93) contribute by affirming that qualitative data analysis requires coding and searching for relationships and patterns until a holistic picture can emerge (Goodwin and Goodwin 1996:143). Furthermore, coding requires the researcher to organise the information, such as words, phrases, behaviours observed and events recorded, into meaningful categories (Goodwin and Goodwin 1996:144).

An inductive approach was used during the data analysis. The semi-structured interviews (transcribed) were the primary source of data and reflective notes such as field notes and other relevant documents were the supportive sources of data. Inductive thinking was used when the content was analysed, since the research process involved open-ended responses in the interviewing process. The content was analysed and organised according to themes or patterns and categories that emerge from the collected data. This chapter will be discussed in two parts. Part 1 will be the quantitative data analyses and interpret then part 2 will provide qualitative data analysis. The following is quantitative data analysis and interpretation of the results.

NB: Note that the researcher in this chapter or study will use violent abuse and crime terms interchangeably to express the victimization suffered by the physically disabled children.

The researcher will again use interchangeably the following terms: offender; perpetrator; victimizer.

Part 1: Data analysis and interpretation from physically disabled children as respondents.

5.2 Section A: Demographical background data of the respondents (physically disabled children)

Table 6: A cross-tabulation of respondents age and gender

		What is your gender?		Total
		Male	Female	
What is your age?	13-15	8	14	22
	16-18	42	36	78
Total		50	50	100

Table 6 above represent the age and gender of the respondents. The study comprised of (n=8) males who are between the ages of 13-15 years and (n=14) females who are between the ages of 13-15 years. The study also comprised of (n=42) males who are between the ages of 16-18 years and (n=36) females who are between the ages of 16-18 years. The total sample size for the purpose of this study is 100 physically disabled children respondents. In which 50 were males and 50 were females.

Table 7: A cross-tabulation of respondents racial group and home language

		What is your language?		
		IsiXhosa	IsiZulu	Total
What is your racial group?	African	86	13	99
	Coloured	0	1	1
Total		86	14	100

Table 7 above depict the respondents' race and their home language. Out of 100 respondents in the sample, 86% (n=86) of the respondents are Africans whose home language (1st language) is IsiXhosa and 13% (n=13) of the respondents are also Africans whose home language is IsiZulu. The study comprised of only 1 African respondent that is coloured and speaks Afrikaans.

Table 8: A cross-tabulation of respondents age and their level of education

		What is your level of education?		
		Grade 6-9	Grade 10-12	Total
What is your age?	13-15	1	21	22
	16-18	2	76	78
Total		3	97	100

Table 8 above represent the age and level of education of the respondents. The majority 76% (n=76) of respondents are between the ages of 16-18 years are in grade 10-12, followed by 21% (n=21) those that are between the ages of 13-15 who are also in grade 10-12. Therefore 2% (n=2) respondents that are between the ages of 16-18 years are in grade 6-9 and only 1 respondent who is in grade 6-9 is between the ages of 13-15 years.

Table 9: Duration of respondents in the hostel

How long have you been living in school hostel?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-3 Years	9	9.0	9.0	9.0
	4-7 Years	40	40.0	40.0	49.0
	8-10 Years	51	51.0	51.0	100.0
	Total	100	100.0	100.0	

Table 9 above indicates the duration of respondent spent in the special needs schools' boarding hostel. The majority 51% (n=51) of the respondents have 8-10 years staying in boarding school hostel, followed by 40% (n=40) of the respondents that are having 4-7 years staying in the boarding hostel. Then 9% (n=9) reported to have 1-3 years staying in the boarding hostel of their special needs school.

Before coming to boarding school hostel whom were you staying with at home?

- Family
- Adopted Family
- Foster family
- Guardian(s)
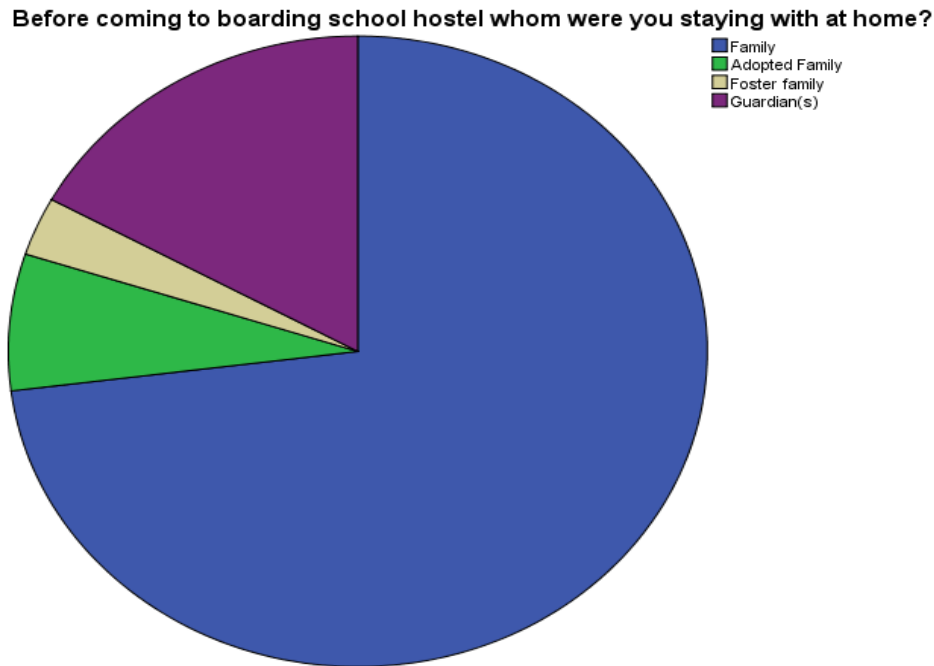
Figure 12: Respondents' family situation

Figure 12 above illustrates the respondents living situation. The majority 73% (n=73) of the respondents were staying with their family before being brought to the boarding school. This was followed by 17% who were staying with guardian(s) (i.e. grandmother, sister, and stepparent). Then, 7% of the respondents were staying with adopted families and only 3 reported to have come from foster families. The majority of the respondents were staying with their immediate family member who decided to place them in a boarding school for one reason or the other. Amongst other reasons reported were abuse, neglect and lack of knowledge in taking care of a physically disabled child, these guardians viewed special need school hostels as dumping grounds.
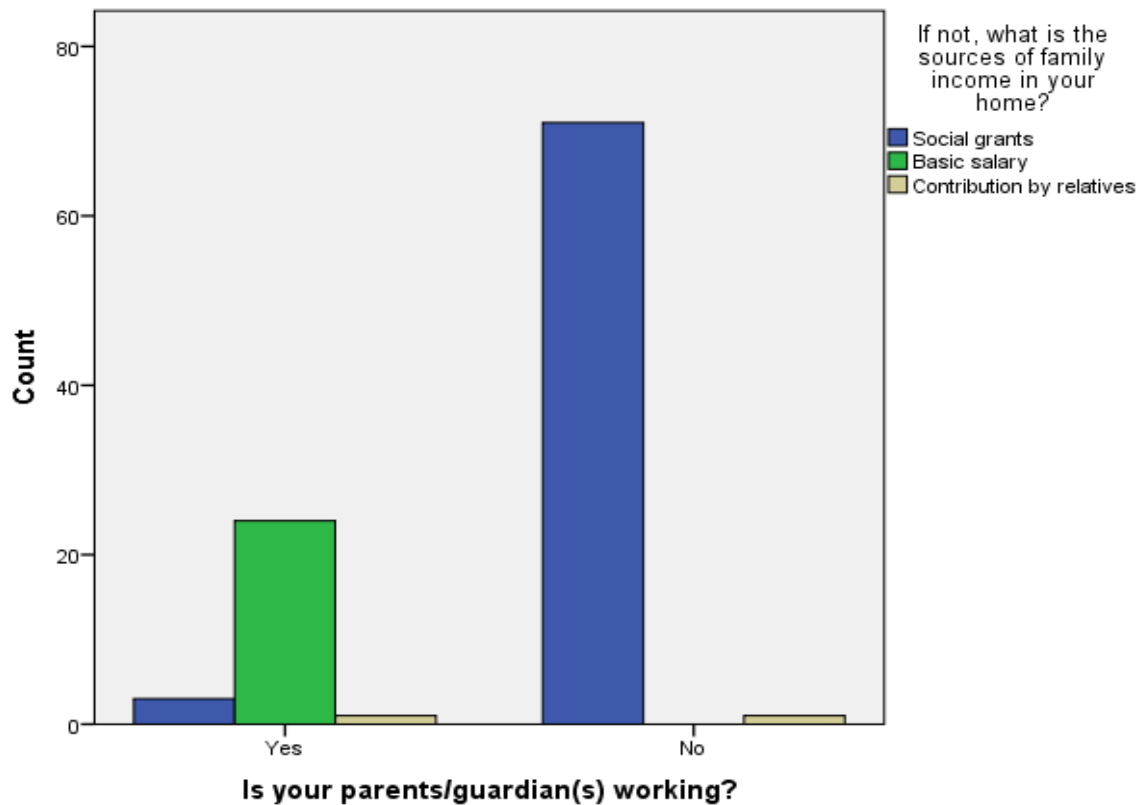
Figure 13: Respondents family's employment status and sources of income

Figure 13 above illustrates the respondents' family employment status and sources of income. The majority 72% of the respondents have reported that their parents/guardian(s) are not working, they are unemployed, and their main sources of income is social grant from the government and only 1% reported that their sources of income emanate from contribution made by relatives. The total of 28% of the respondents stated that their parents are working, out of the 28%, only 24% reported that their sources of income comes from their parents salary then 3% reported that even though their parents were working they relied on social grants as well. Only 1% reported that their parents are working however, they rely on the financial contribution of the relatives.
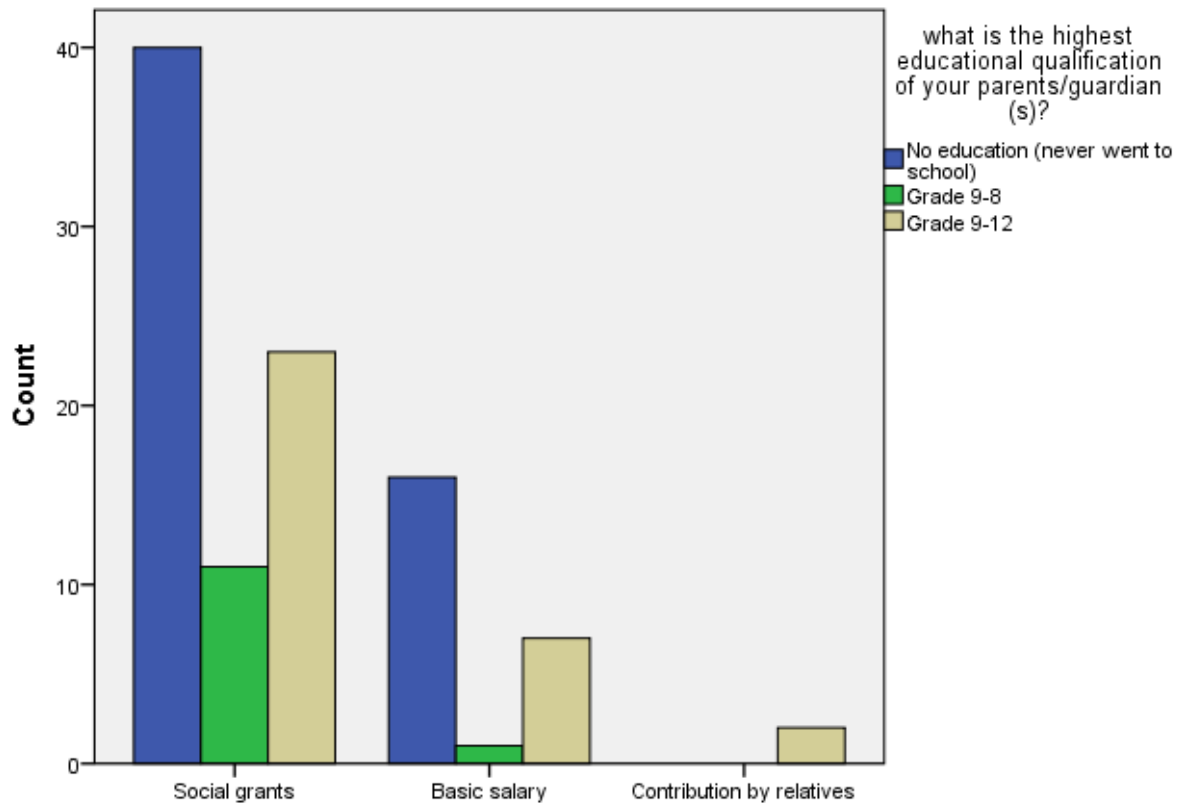
Sources of family income

Figure 14: The sources of family household income and the highest educational qualification of the respondents' parents/guardian(s)

Figure 14 illustrates the respondents' sources of family income and the highest educational qualification of the respondents' parents/guardian(s). The majority (40%) of respondents parent(s) are uneducated (never went to school) and live on social grants, then 11% of their parents/guardian(s) have grade 9-8 and depend on social grants. Therefore 16% of them are educated and live on a basic salary. Only 1% have grade 9-8 and depend on a basic salary. Then 23% have grade 9-12 and depend on social grants, and 7% have grade 9-12 and live on a basic salary. Only 2% who are uneducated depend on financial contribution of relatives.
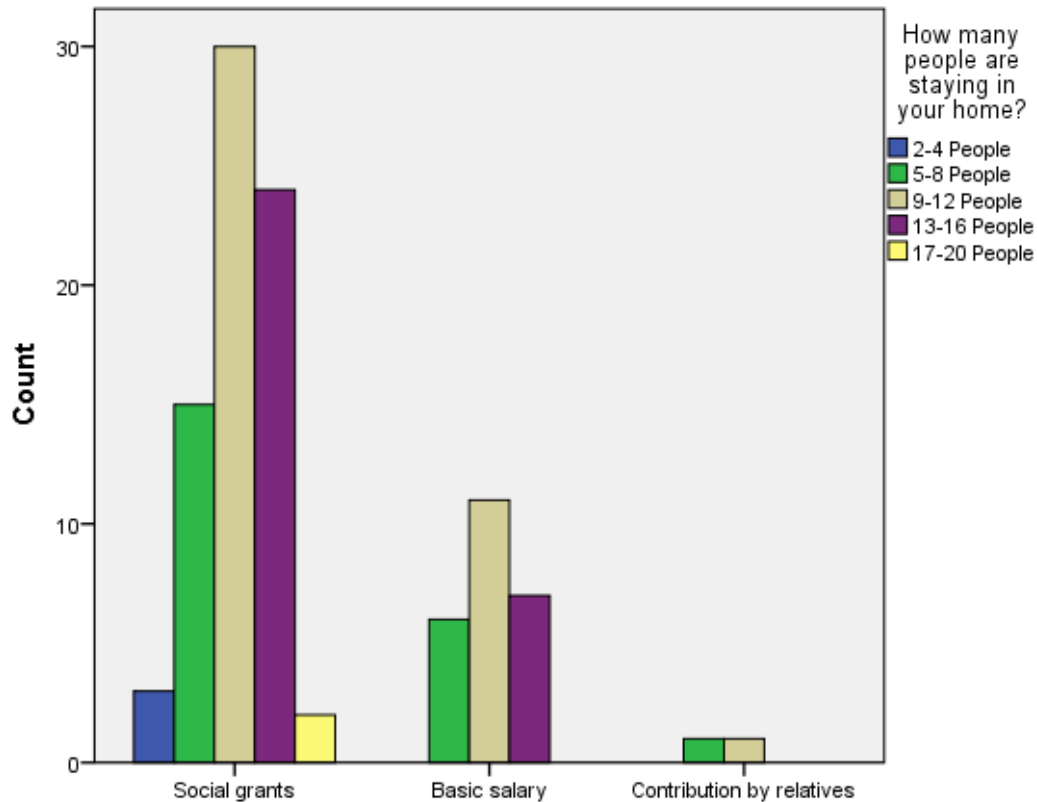
Sources of family income

Figure 15: Sources of family income and a number of people supported by that income

Figure 15 above illustrates the number of people in each household and their primary source of income, which supports them. The majority (30%) of families use social grants, which support 9-12 people. Then 24% of those use social grants to support 13-16 people whilst 15% of social grants are used to support 5-8 people in each household, and 3% use social grants to support 2-4 people, and only 2% of social grant users use that to support 17-20 people in each household.

Then 11% of basic salary earners support 9-12 people, and 7% of basic salary earners support 13-16 people. 6% of basic salary earners support 5-8 people. The study reveals that only 1% of family income through contribution by relatives supports 5-8 people in one household then another 1% contribution by relatives supports 9-12 people.
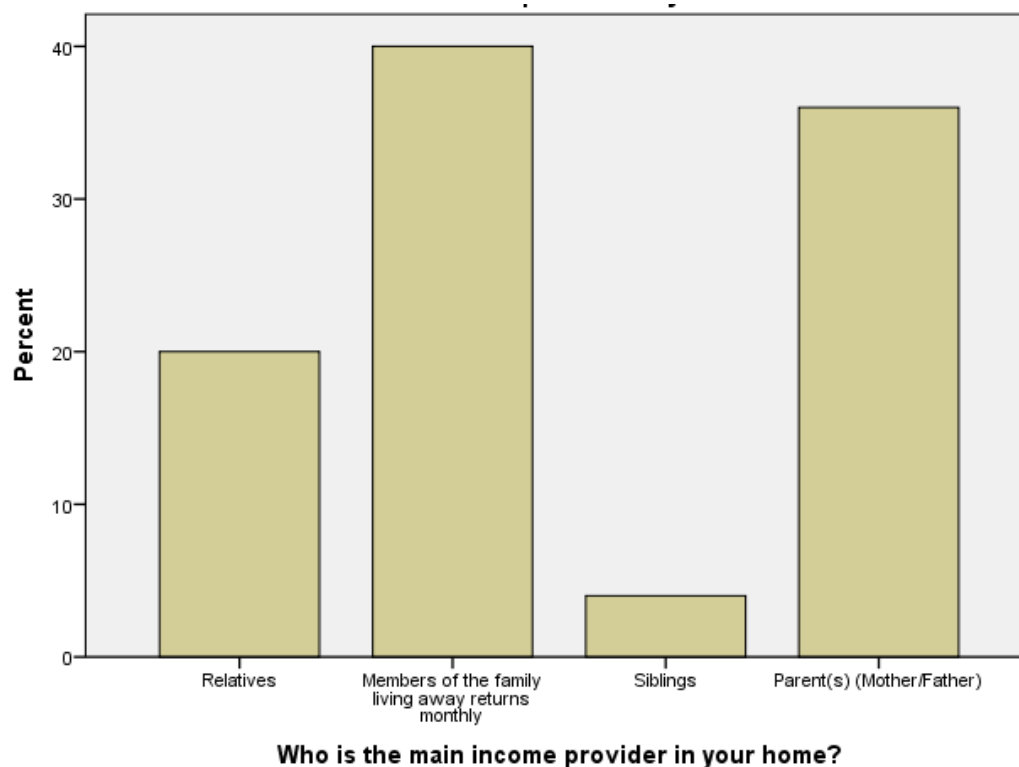
Figure 16: Respondents' main income provider

Figure 16 illustrates the respondents' income provider (breadwinner). The majority (40%) of the respondents are provided for by family members living away who returns home monthly, then 36% are provided for by the parent(s), whilst 20% are provided for by their relatives, and only 4% are provided for by their working siblings.

5.3 Section B: This section focuses on forms of violence these physically disabled children experience in the Eastern Cape.

Take note that the researcher in this section will use interchanging the term abuse and crime to emphasise the victimization of the respondents (physically disabled children). The violence experienced by physically disabled children will be referred to as abuse or crime interchangeably by the researcher. The researcher will use interchanging terms of perpetrator, offender, abuser, victimizer in this study/section. The researcher will also use the following terms in these sections (B, C and D): victim, victimizer, victimization, and re-victimization.
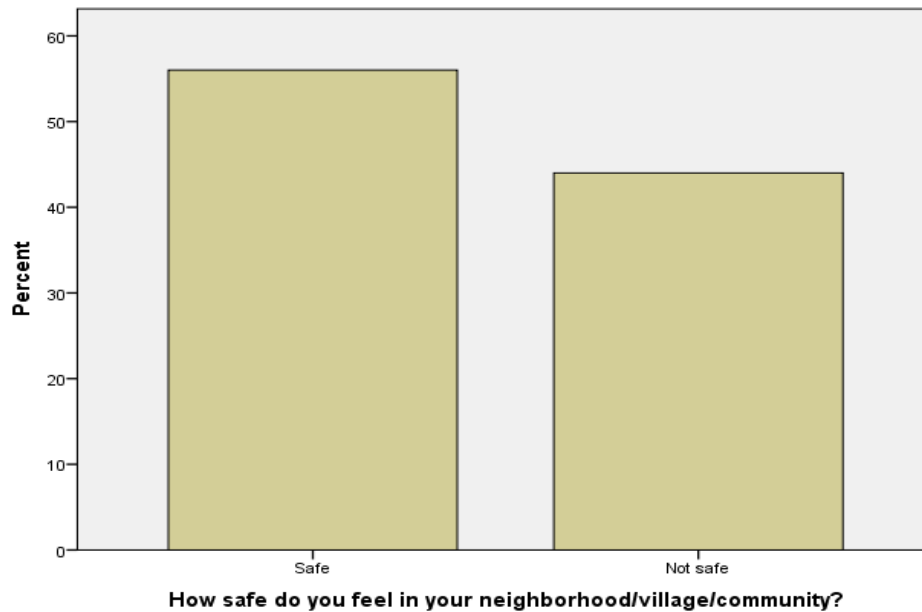
Figure 17: Respondents' sense of safety in the community

Figure 17 above illustrates the respondents' sense of safety in their respective neighbourhood/village/community. The majority of 56% (n=56) of the respondents stated that they feel safe in their communities and 44% (n=44) felt unsafe in their communities.

The respondents were asked the open-ended questions following the response above. The respondents were asked the following open-ended questions concerning their safety in their community.

a) If you feel safe, what helps you to feel safe?
b) If not, why not?

If you feel safe in your community, what helps you to feel safe?

- **Feeling safety in the community:** Most respondents reported to be safe in their community due to various reasons. Some reported that they were feeling safe because they are well known in the community, some community members' care about them. Others reported that they feel safe because they are always around their family members to keep them safe. Some reported that they feel safe because they are always locked up indoors, and not allowed to be out in the community.

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If not, why not?

- **Feeling of unsafety in the community:** few respondents reported that they feel unsafe because there are people who are cruel, who do cruel, hurtful and painful things to other people. Some reported that they do not feel safe because their communities are dangerous. Respondents are not feeling safe due to cruelty of people, due to their physical condition, due to fear of crime and personal attacks.

The following table provides a verbatim of the respondents expressing their feelings and sharing their experiences about the eventualities of abuse/crime in their personal space.

Table 10: Depicts safety of the respondents in their community

Items	Respondents' responses (verbatim)
Feeling of safety in the community	*"I feel safe because I am well known by everyone in my community and I know almost every one, which makes me feel safe".* *"Community members in my community care about me".* *"I am always around my family member, my family members keep me safe".* *"I feel safe because I am always indoors, I am always locked up indoors. I am not allowed to gallivant around the community by myself".* *"I feel safe because they do not treat me badly".* *"Dogs keep me safe".*
Feeling of unsafety in the community	The following themes were identified: **Cruelty of people** *"I don't feel safe because there are bad people who do bad things to people"* *"I am sure of what people are capable of, people do cruel, harmful, painful things to other people"* *"Because people are dirty and are not right. They do cruel things to other people".* *People are dangerous are not to be trusted".* *"I don't feel safe because I am scared of what people do to other people".* **Physical condition** *"I don't feel safe because I am vulnerable in the community since I am disabled and people will take advantage if my condition to abuse me".* *"I feel not safe because of my physical condition".*

	"Because people are cruel and there is a dislike for disabled people".
	"Because there are full of people who harass people and children with disability".
	"I don't feel safe in my community because we are targeted because we are not like everyone".
	Fear of crime
	"I feel unsafe because I am afraid of crime".
	"I feel unsafe in my community because there is a high rate of abuse and there is a lot of crime happening".
	"I am unsafe because I am afraid of people who are doing crazy things to other people which makes me feel scared and unsafe".
	"Because in my community there are lot of killers and witches".
	Personal attacks
	"I feel unsafe in my community because I was attacked in public".
	"I was harassed in public transport".
	"I was beaten in my community".

*Note: The researcher chosen a few verbatim responses to express the feelings of the respondents on this question since most of the responses were the same to this question.

Table 10 above depicts the verbatim expressed by the physically disabled children concerning their safety within their community/society.

Figure 18: Respondents' sense of safety in the personal environment

Figure 18 above illustrates the respondents' safety in their personal environment (e.g. home/school). The majority of 66% (n=66) of the respondents stated that they don't feel safe in their personal environment and 34% (n=34) of the respondents stated that they do feel safe.

The respondents were asked open-ended questions following the response above. The respondents were asked the following open-ended questions:

    c)   If you feel safe, what helps you to feel safe?

    d) If not, why not?

If you feel safe, what helps you to feel safe?

- **Feeling safety in personal space/environment:** Personal space for the purpose of this study refers to a place where these physically disabled children dwell i.e. home, and school hostel. Just like in safety within the community, few respondents reported to be safe in their personal space due to various reasons. Respondents reported that they feel safe because they are always around their family members to keep them safe. Some reported that they feel safe because they are always in company of family

members who keep them safe. Some reported that the helper or caregivers in the case of school hostel at the time keep them safe.

If not, why not?

- **Feeling of unsafety in personal space/environment:** Most respondents reported that they feel unsafe in their personal space because there are people who are cruel in their space and that they feel vulnerable due to their physical condition, which makes them prone to victimization. Some reported that they do not feel safe in their personal space because it is not safe; no one cares about them; no one is taking care of them and they experience abuse in their personal space. Other respondents reported that their personal space provides nothing but pain and sorrow. They allude that they were attacked in their personal space; some recall the abusive incidents taking place in their personal space.

The following table provides a verbatim of the respondents expressing their feelings and sharing their experiences about the eventualities of abuse/crime in their personal space.

Table 11: Depicts the safety of the respondents in their personal space

Item	Respondents' responses (verbatim)
Feeling of safety in personal space/environment	**Family protection** *"my grandmother is always watching me"* *"People around me make me feel safe. My family always watching me"* *"I am always in company of people, my family"*. *"There are workers to protect us"*.
Feeling of unsafety in personal space/environment	The following themes were identified: **Physical condition** *"I don't feel safe in my personal space due to my physical condition"*. *"I am scared because I am vulnerable since I am disabled; my disability exposes me to various abuses"*. **Neglecting** *"I am always at home and home is not safe"*. *"No one cares for me, I am always left alone, and no one cares about me"*. *"I am not cared for; people around me are cruel and not safe"*. *"My personal space is not nice"*. **Personal attack** *"I am not safe because most cruel things happens to me in my personal space"*. *"I am abused in my personal space"*. *"I experienced violence in my personal space"*.

Table 11 above depicts the verbatim expressed by the physically disabled children concerning their safety within their personal environment such as home/school. The respondent were asked a following open-ended question about the abuse/crime they had ever experienced.

Open-ended question

- **What sort of crime have you ever experienced? In addition, tell me a bit, about what happened to you.**

The respondents reported the following types of abuse/crimes:

Types of abuse/crime the physically disabled children experience
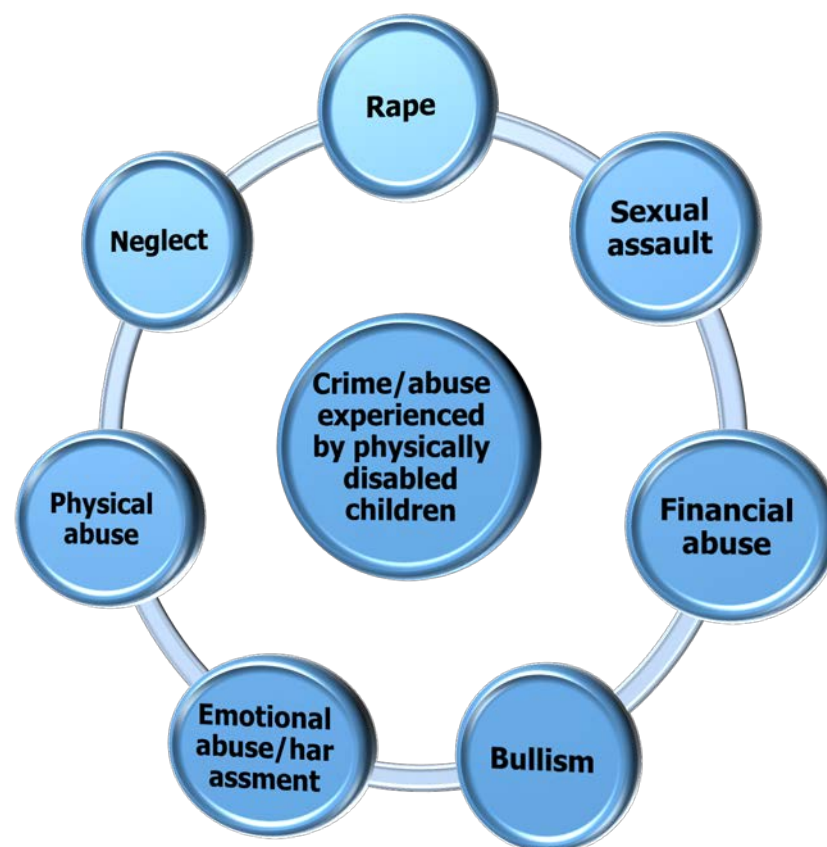
Figure 19: Types of Abuse/crime experienced by physically disabled children in the Eastern Cape

The following discussion pertains to the types of abuse/crime experienced by physically disabled children:

- **Rape**

Most of the physically disabled female children reported to have experienced rape/sexual molestation/rape. The people that they know, and some by the strangers that are aware of their vulnerability and neglect have raped them. The study finds that some of the children have been sexually molested/raped by other disabled children in hostels of the special need schools. The main perpetrators of this crime are people that are well known to the child. Some of the physically disabled children have been gang raped by strangers and people that they stay with. Most of the rape incidents involves violence; children are being struggled/suffocated by the throat to prevent them from screaming or when the perpetrators are feeling excited.

Most of the rape incidents happened because of neglect - a physically disabled child being left alone, unattended. Some of the rape incidents happens because of alcohol as some of the perpetrators are drunk when raping these children. This could be evidence that they want to neutralise and/or suppress the conscience they might have when raping these defenceless children. Most of the respondents answered in a similar way. The following are some of the respondents' responses verbatim of the incidents

Some of the respondents that have been raped by the strangers reported as following:

"I was left alone as usual, then some two guys that I do not know entered my home, found me alone then raped me. Both of them. I cried but there was no use, I prayed hard but they never left me alone, they continued".

"I was raped at home by four people that I do not know. I was alone as at night as usual, it was Saturday; four people entered my hut through a window and raped me. I couldn't scream because they strangled me".

"Every weekend different drunk men always comes to my home because it's only me and my grandmother. My grandmother is old, they use the window to enter and rape us both with my grandmother. These people threatened to kill us if we call out or scream for help. This happens every weekend we are used to it. If sometimes they don't come, we keep on wondering, why".

"It was 31st of December, everyone was drunk, and so I was asleep when I couldn't breathe because there was someone on top of me, raping me. It was dark in the room, I could not see him. I tried calling for help but it was noisy outside, no one could hear me. He put his arm on my throat, I couldn't breathe, or shout when he was done he ran away".

Some of the respondents that have been raped by the people they know, (they stay with) reported as following:

"I have been raped by my three cousins. When they are drunk, they visit my room and put fingers inside me and after that, they come on top of me. They take turns till I become numb and feel nothing".

"My grandfather called me to his room one day, when I got there I found him without clothes then he took off my clothes and said I should not be afraid then he put his thing in my thing. I cried and asked him to stop but he did not. After he said, I should not tell anyone because he will throw me to the street. I told my grandmother and she beat me up, said I was accusing my grandfather".

"Every night when my uncle is drunk, he come to my room where I sleep with my grandmother to fetch me and take me outside to rape me. He does this every time. My grandmother knows about it and she says nothing. Sometimes she will refuse but my uncle would be angry with her and want to hit her. He would pick me up because I can't walk and take me to the grass outside and rape me".

"My foster father he used to rape me and my foster sisters. He would come every night in our room and we would hear sound from my other sister, then he would take turns between myself and other two sisters that are younger than I am. He would threaten to throw us out of his house after he is done. He said, this is how he repays himself for raising us. The rape became frequent when our foster mother got pregnant. He would come every single night to rape us. My two sisters ran away and left me with 1 of the younger sister".

"It was during school holidays, one of my older foster brother raped me. Only two of us were left on that day when everyone went to town. He said he wants to do to me what a foster father do to our foster mother, because we used to listen and see them when having sex".

"I remember when my mom was in town at home I was left with my stepfather, so my stepfather rape me. I was crying and crying again and again.

I told my mom but she did not believe me. It took so many years to forget it and my stepfather still lives with us even now. When I see him, I just remember everything, for what he did to me. It happening at Kokstad, at home".

"I was raped by 2 senior students from the school hostel. They took me outside the field and raped me. One was holding me down, closing my mouth for not screaming. When they done, they ran away and left me helpless laying down there. I was helped by the care taker who saw me half naked".

"I was raped by two boys in the toilets of the school. They called me to the boys' bathroom and say they wanted to show me something, when I got there, they struggled with me and demanded to take off my clothes. I was a virgin, I just given in".

Some of the respondents that have been raped by the people they know, (but whom they do not stay with) reported as following:

"I was raped by the prophet from my church; he said I was possessed by evil spirits that is why I'm disabled. He told my family that I was bewitched. He ordered my family to bring me over every weekend to his house for prayer and other stuff like cleansing.

"One Saturday, he prepared a bath for me for cleansing purposes with traditional muthi, while he was bathing me; he was putting his fingers inside my private parts. After the bath, he said he needed to chase away the evil spirits I should lay down wet still. He then came on top of me and raped me. After that he said, it is the only way to chase out the evil spirits in me and he said if I tell anyone evil spirits won't escape me".

"A long family friend that I take as a father raped me. I was left alone, he knew that most of the time I am by myself. He came to my room and took off my clothes and raped me".

"One other Friday, my brother's friend came home to see my brother and found no one but me, he then said, I should take off my clothes and I ask him why, he beat me up and took of my clothes and raped me, he then gave me R2 and ordered me not to tell anyone. Unfortunately my mother saw me, when she was bathing me because I was still red with blood".

From the respondents' responses above, it is evident that physically disabled children are not safe at all. They are vulnerable and targeted prey to be victimized. Their physical characteristics/conditions precipitate their victimization. Neglect plays a major role as well as residence and absence of guardianship to physically disabled children victimization. People, who supposed to protect them, are the perpetrators.

The following is another type of crime/abuse physically disabled children experience

- **Sexual assault**

Physically disabled children reported to have experienced sexual assault as well. Sexual assault according to Section 5 of the Criminal Law (sexual offenses and related matters) Amendment Act 32 of 2007 define sexual assault as following:

(3) A person ('A') who unlawfully and intentionally sexually violates a complainant ('B'), without the consent of B, is guilty of the offence of sexual assault.

(4) A person ('A') who unlawfully and intentionally inspires the belief in a complainant ('B') that B will be sexually violated, is guilty of the offence of sexual assault.

Further to this definition, sexual offences are defined in the Crimes (Sexual Offences) Act (2006) (Victoria). Victoria Legal Aid (2010: 6) describes "sexual assault" as any unwanted sexual behaviour that causes humiliation, pain, fear or intimidation. It includes incest, child abuse, and unwanted kissing and touching. It includes behaviour that does not involve actual touching. For example, forcing someone to watch pornography or masturbation is also sexual assault.

Physically disabled children who experienced sexual assault reported that they were compelled to touch or play with the offender's penis. Some reported that, the offender would insert fingers inside their private parts but never penetrate them.

- They revealed that some of their victimizers do not penetrate them but want to be masturbated. They would compel them to play with their manhood or put their figure inside the child's private part whilst masturbating. The respondents reported to have known this offender/perpetrator and they do this frequently. Some respondents reported that fellow learners in the school and hostel toilets have touched them on their private part at school. Three male respondent alluded that their friend's mothers

compelled them to touch and/or play with their private parts. The study found that both female and male physically disabled children are the victims of this crime (sexual assault). This behaviour according to Section 5 of the Criminal Law (sexual offenses and related matters) Amendment Act 32 of 2007 inspires the belief in a complainant ('B') that B (physically disabled child) will be sexually violated. Most of the respondents answered in a similar way when asked about what sort if crime they had ever experienced and the researcher chosen few verbatim to express the feelings of the respondents on this question.

The following are some verbatim of the respondents' responses of the incidents:

"One day I was left alone with my uncle, it was the two of us, and then he came to my room, pushed my wheel chair to his room. He asked me to play his penis when I refused he promised to beat me. I did it after some time he wanted to penetrate me but he couldn't because his penis wouldn't enter my private part".

"My brother's friend forced me to play with his penis. He came looking for my brother the other day and found me alone at home then he took off his trouser and asked me to touch his penis and play with it. I refused and he got angry and took my hand to his penis. I did not know what to do with his penis but I did what he asked. After sometime, he wore his trouser and left. He did not threaten me or anything. He did this once".

"My neighbour, a man, asked me to play with his penis, it happened in 2010 December. I used to go visit his house because he has a play station (T.V game). One day, we were sitting on the sofa playing, next thing he unzipped his pants and took out his penis and said I should play with it, I should not be afraid. He said if I refuse, I should not come anymore to play. After I was done touching him, he gave me five rands (R5)".

"My uncle back at home said I should play with his manhood. He forced me to do it. We had a traditional ceremony at home at night of that day, he was drunk. He called me next to the kraal then took off his pants and forced me to play with his penis. After he said I should not tell anyone if I did, he will poison me and my mother".

"I was playing next door in my friend's home, his mother sent him to the shop, and then I was left with her. She was taking a bath and called me to her room. When I got there, she was naked and asked me to touch her private part. I was confused and scared but she was

yelling at me. She took my hand, put it inside her private part, and move it up and down. Ever since that day, I never went back to my friend's house".

"I was at the toilet at school when two boys came. They were touching my breast and private part. I tried screaming but they closed my month. I was thinking they were going to rape me but fortunately other girls came to my rescue they ran away".

"It happened at school, last year some boy put his finger inside my private part, and it was painful".

- **Grant/Financial abuse**

Most of the physically disabled children are legible for the social grant to assist with the necessities they may solicit to make life easy for them on a daily basis. They get government subsidy, similar to pension, at the end of each month. This grant is meant to assist and sustain them as a source of income since they may never receive an income by means of labour due to their physical disability. However most of the physically disabled children reported that they do not see their money and do not know where their grant goes.

They say that they are not taken care of; their guardians, parents etc. make use of the money without even buying the necessities for them (physically disabled children). Most participants reported that some of their parents buy alcohol with it, others support their other abled children, some pay school fees for the abled children to go to private school/better school, some buy clothing and other materials for the abled children and abandoned them (physically disabled child). Most of the participants (physically disabled children) revealed that their fees are not paid most of the time, neither are their cosmetics, food, clothing, but they earn the social grant. In most cases when they ask, they are often subjected to physical attacks or more neglect or they endure insults such name calling which is often about their disability.

In special need school hostels, they suffer. They reported that they have nothing of whatsoever but they do get the grant in every month. Their parents use special need schools as dumping grounds and never look back. This puts more pressure on the school management to try to help these children. They are dumped in school hostels without food, stationary, clothing, toiletries/sanitary ware. On top of that, their fees are often in arrears. Most of the

respondents answered in a similar way and the researcher has chosen few verbatim to express the feelings of the respondents on this question.

"All of my life, I never tasted my social grant money. They spend it on themselves, I am not taken care of with it and when I ask, they shout at me, they insult me (verbal/emotional abuse). I have no clothes, cosmetics. They do not even bath me. I go for days without a bath. They will only bath me on the pay date. After that, I will taste water again on the next month. I was so glad to be taken to special need hostel".

"At home they took my disability money and send my able siblings to good schools using my grants while I was sent to not so good school. I do not even see a cent of my money. They do not buy me anything; they only buy for my siblings".

"Ever since I registered to receive social grant, I have never seen it. At home, they decided to take me to boarding school without sending me any money. They eat my money at home, they don't buy me anything for me when I ask they beat me and say I fly too much".

- **Bullied/Bullism**

Physically disabled children are not immune to bullism at school. They are susceptible to bullism just like abled children at school. They suffer at the hands of other children who tend to bully them and their bullism involves violence as well. Most of the participants have experienced bullism at school. They reported that other children, taking their money, lunch boxes and stationary, have physically bullied them. Their bullism involves a group of learners bullying one learner. The respondents reported that, their bullies go without being punish as no one helps them even though they report it to the teachers. One respondent reported that he was bullied as a form of an initiation at the hostel. He revealed that this is common and serves as a rite of passage for the new learner at hostel.

Some respondents reported that, bullism takes place everywhere in school, in the hostel, toilets, school ground and/or in the schoolyard. Some respondents with caring families, revealed that they become more targets when they are visited by parents who happen to buys them food (such as KFC, fish and chips etc.) and when they leave they give them money but they never see those groceries and money because the bullies collect them. Most of the respondents answered in a similar way and the researcher a select group verbatim to express the feelings of the respondents on this question.

The following are some of the responses:

"In hostel I was bullied by other three learners as a form of initiation in the hostel. It is happening even on school grounds. They beat me up, and took my money that I was given by my mother when she came to see me. They did this for couple of months until I was declared an old student. Targeted were those who come in for the first time just like me".

"I was bullied by three learners in the toilets, they beat me, I fell down and they continued kicking me till I was bleeding but they didn't stop".

"I was bullied at school by four boys for no reason; they took my money and lunch box. Every time my parents visit me and leave money for me, I will be targeted the next day by the bullies".

"Two boys attacked me at the sport ground, they wanted to take my soccer ball, I refused, and then they attacked me".

- **Physical abuse**

Just like abled-bodied children, physically disabled children are subjected to physical abuse. The people they know, whom are close to them such as family members, guardians, other leaners and caregivers at school hostels, severely physically abuse them. Many respondents reported that they would be severely physical beaten at home for messing themselves and left for days without bath. Some respondents reported they would be ordered not to make appearance when there are visitors and if they did, they would be subjected to cruel physical abuse. Other respondents revealed that the physical abuse was instigated by irritation and lack of empathy. Parents would complain about looking after them and insult them for bringing misfortune and bad luck within the home and in the process beat them for messing themselves. Some respondents reported that, the physical abuse is accompanied by brutality, insults, neglect, being locked outside and refused food or water.

The respondents reported that in boarding school hostels they are subjected to physical abuse due to messing themselves, either bed wetting/defecating or one wetting himself or herself. They reveal that caregivers would leave them unattended or when it is raining, send them outside so that the rain would clean them. Some of the respondent reported that they suffer the same abuse at school and back at home.

The physical abuse not only happens between adults and physically disabled children. It also occurs amongst physically disabled children. Some respondents reported that they have been attacked violently at school and being stabbed as well. Three respondents reported that they have been violently stabbed by other learners with knives in school hostels. They alluded that in most cases, there was no provocation. One female reported that another boy learner for refusing his proposal beat her. He wanted to date her but she refused. He then he attacked her physically.

The objects used to inflict the physical brutality to these children range from sjambok (whip), electricity cable, boiled water, clothing iron, stick, belt, wooden spoon and a knife. Most of the respondents answered in a similar way and the researcher a select group verbatim to express the feelings of the respondents on this question.

"I am always beaten at home when I mess myself. I am severely beaten by my grandmother; she says she is tired of cleaning after me, whenever I shit myself I get a beating".

"I was beaten painfully during school holiday at home. I was ordered not to make appearance whenever we have visitors, so I did and when the visitors left my foster mother took a sjambok and beat me until I was bleeding. She cut through my flesh".

"I was beaten up by my mother and she said I am frustrating her and she wished I died as a baby. After beating me she pushed me outside and left me there without warm clothes, it was cold on the day".

"One day I was hit by the clothing iron by my mother on my head".

"I was painfully beaten by an electric cable by my Aunty. She accused me of stealing her money, she beaten me until I felt no pain anymore. I kept on apologising for something I did not do but she kept on beating me".

"I was burnt by boiling water at home by the helper. She said I was annoying her and I am a baggage".

"I have been insulted, beaten and left alone, not attended to when I mess myself, it happened at school hostel".

"I am always beaten by the hostel caregivers. They insult me and shout at me. This has been happening from time to time. They beat me because I wet my bed and sometimes mess the bed by defecating. They will shout and beat me in the process when cleaning me".

"It was raining on the day that I messed myself, my caregiver at hostel pushed me outside in the rain and beat me as well, and she said the rain will clean me as she is tired of looking after me and cleaning after me".

"It happened at school, I was stabbed by another learner with a knife. He just attacked me without provocation. He just took a knife and stabbed me on the back. It was later discovered that he is not only physical disabled but mental unfit as well; that is why he attacked me".

"I was stabbed by the knife at my neck by another disabled learner at school. I do not know what happened but he was screaming and he took a kitchen knife and start to attack everyone, he chased everyone around. Most of us in a wheel chair, we were not fortunate enough to out run him, then he stabbed me two times".

"I was stabbed at school by another learner, he attacked me and accused me of stealing his school shirt, and he stabbed me on my left shoulder".

Against the above backdrop, the researcher also noted the following factors, which are paramount to mention. Most physically disabled children have succumbed to these factors, which arose from the questioning of the researcher:

- **Emotional abuse/harassment**

According to the Harassment Act 17 of 2011, harassing contact may be verbal or electronic, and may involve sending unwanted communication or objects to a person. The Act define harm widely to include mental, psychological, physical or economic harm.

Physically disabled children are confronted with many challenges amongst others is the emotional abuse/harassment such as "name calling" "teasing". The respondents reported that they have been given unpleasant names due to their disability. Some reveal that everywhere they go, due to the nature of their disability, people stare at them in an unpleasant manner.

They postulate that name-calling is not a strange thing even to each other i.e. another disabled child calling another disable child with an unpleasant name due to their physical condition. The respondents reported that they become victims of ridicule, name-calling, and teasing at home, school, in public, as well as in their communities.

Some respondents revealed that they have been harassed more especially in public transport due to their disability. They revealed that when people are in a hurry they lose patience since the driver needs to pull to the side of the road and put a wheelchair in the boot.

This form of abuse reduces these children to feel lesser than human and strips them off their self-confidence. It promotes a feeling of being less worthy and they question their own sense of existence. Most of the respondents answered in a similar way and the researcher a select group verbatim to express the feelings of the respondents on this question.

The following are some of the respondents' responses:

"I was in town, then people were staring at me and I heard them talking about me in a very uncomforting way due to my physical appearance. They called me names. I didn't ask to be a midget; I did ask to be like this".

"In my town some young guys call me a bad name and tell me I'm ugly because of my disability".

"I am being name called at home and in my boarding school hostel because of my disability".

"Most of the learners liked to make fun of me. It happened at my old school".

"I was harassed by the passengers in a taxi. They refused the driver to pick me, they said there was no space for the wheelchair and I will delay them".

- **Neglect**

Many physically disabled children are the victims of neglect, due to their physical disability. Many respondents who experienced neglect reported that they feel unwanted, unwelcomed and as a burden to their families. They reported that they feel this way because they are constantly reminded of that. Most reported that they are neglected because they bring home misfortune, shame or bad luck, they say their families feel shy to have them since they are

disabled. They reported that they are locked in, left alone most of the time, unattended to when messing themselves, not bathed, fed or clothed, not listened to, and not given medication when feeling sick. Most of the respondents answered in a similar way and the researcher chosen few verbatim to express the feelings of the respondents on this question.

The following are some of the respondents' responses:

"I am unwanted at home; they say I brought shame and misfortune. No one takes care of me. I go for days without food or have a bath. They sometimes pray that God should take me. They brought me to boarding to school because they are tired of me".

"From since I was a child back at home I was always locked inside the house, never taken anywhere. No one cares for me. I am always left alone by myself".

"At home I'm not taken care of; they only look after my able siblings. They even take them to good school using my social grant money and when I ask they insult me, lock me up without food or water".
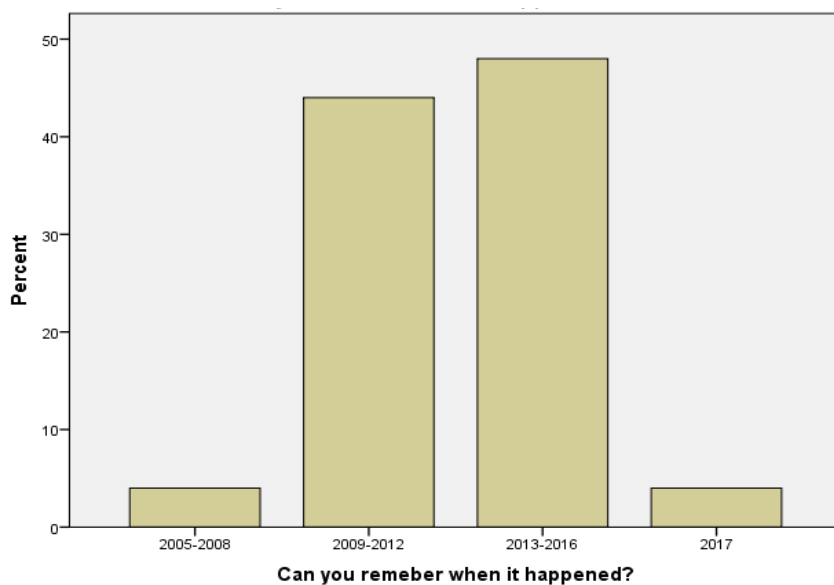
Figure 20: Year of the crime/abuse committed against respondents

Figure 20 above illustrates the year in which a crime/abuse was committed against the respondents. 48% of crime committed to respondents occurred between year 2013-2016 and 44% were committed in year 2009-2012 and 4% of crime occurred in year 2005-2008, with

another 4% occurred in 2017. The majority of crime committed against physically disabled children took place in recent years (i.e. 2009-2017) this depicts that the problem of crime against children with disability it is escalating.
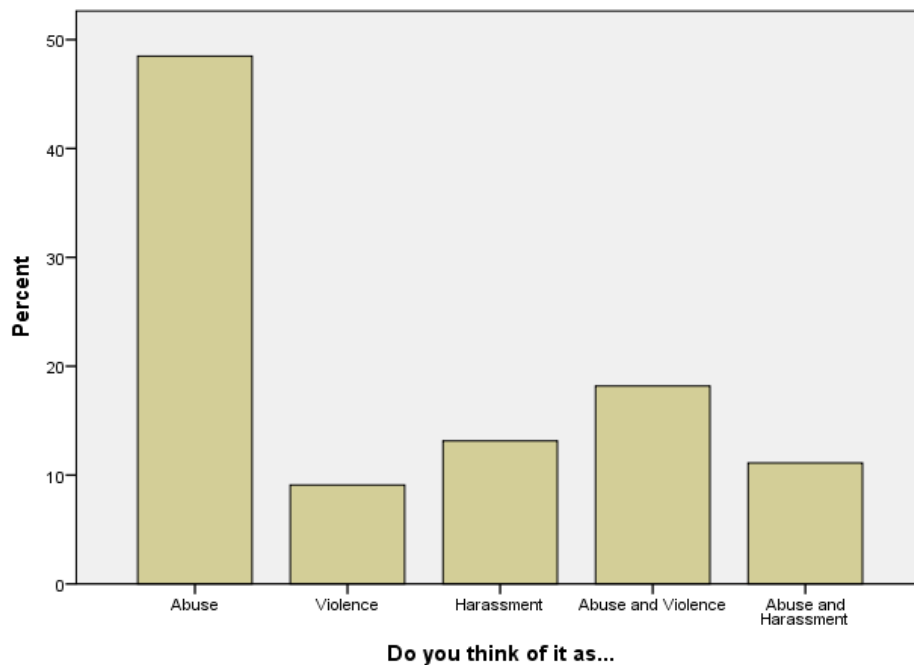
Figure 21: Classification of abuse/crime according to the respondents

Figure 21 illustrates the crime classification according to the respondents. The respondents were asked how they regard the crime that was committed to them. The respondents regarded the majority (48%) of crime committed to respondents' as abuse. Then 18% was regarded as both abuse and violence. Then 13% regarded the crime committed to them as harassment and 11% regarded the crime as both abuse and harassment. Only 9% regarded crime committed to them as violent crime.
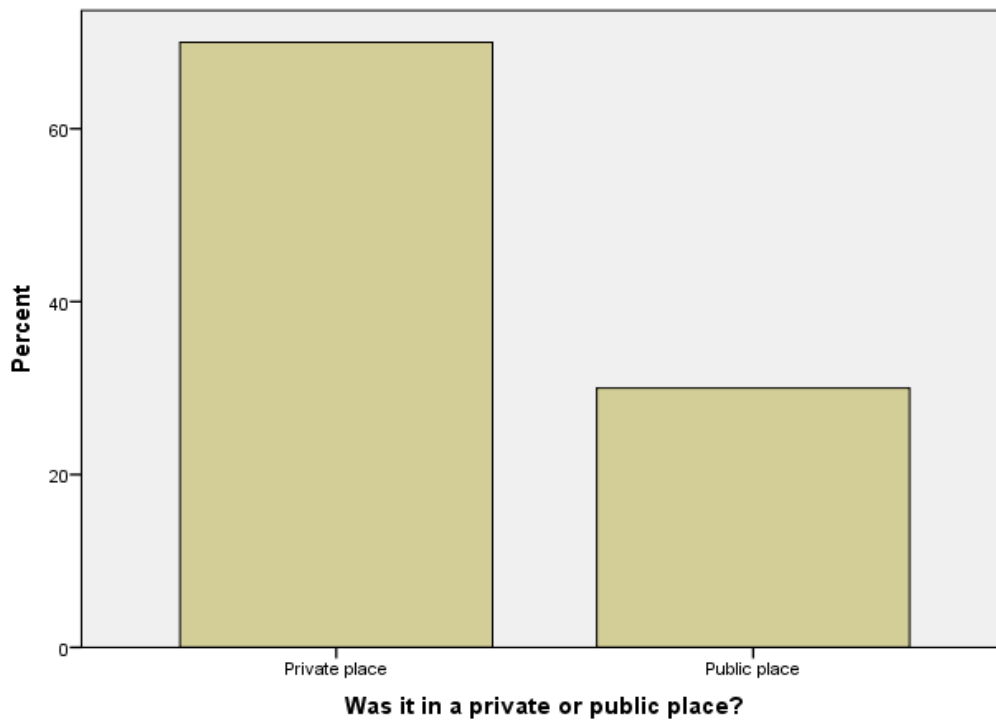
Figure 22: Place where crime/abuse was committed

Figure 22 reveals the place where the incidence of crime committed to respondents. The majority of 70% of crime committed against respondents occurred in private places (such as home, church, toilets, showers, neighbour's house etc.) and only 30% of crime committed against the respondents occurred in public space (such as town, public transport, sport field, school yard etc.).
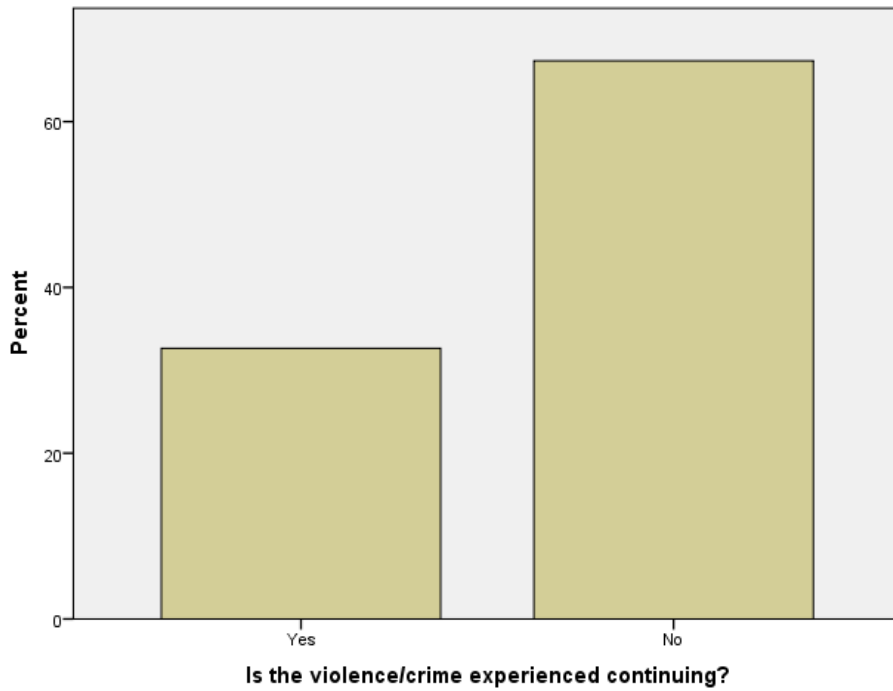
Figure 23: Continuation of abuse/crime committed against respondents

Figure 23 illustrates the continuation of crime committed against the respondents. The majority of 66% of the respondents reported that the crime is no longer happening and 32% of the respondents indicated that the crime is continuing. The researcher is of the opinion that the inhibition of crime is due to respondents' relocation to boarding school hostel. This relocation was reported to be amongst the reasons to stop the crime committed to these children. The researcher is of the opinion that crime committed to physically disabled children is on the rise and continues every day.
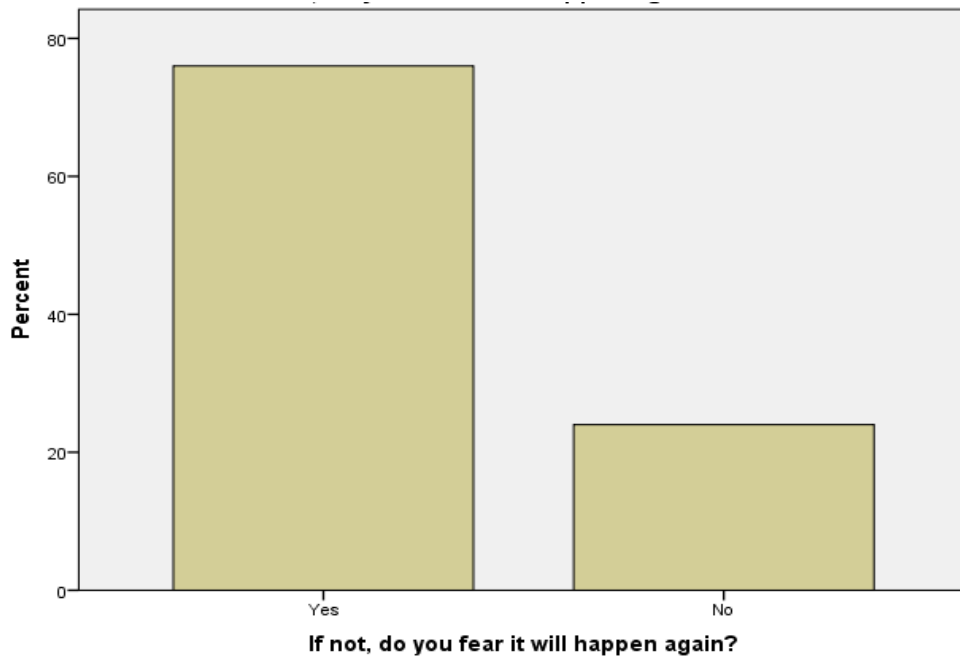
Figure 24: Respondents' fear of re-victimization

Figure 24 illustrates the respondents' fear of re-victimization. The majority of 57% of the respondents fear that the crime might happen again to them (fear for being re-victimized), whilst 18% of the respondents demonstrated no fear at all for re-victimization. It is evident that most children that are victimized fear being re-victimized.
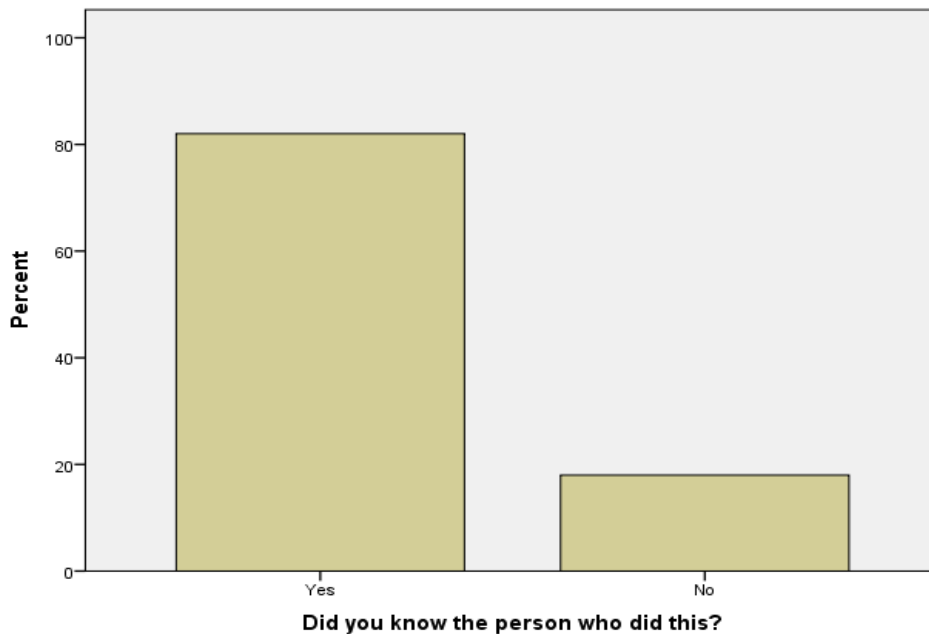
Figure 25: Respondents knowledge of the perpetrator

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Figure 25 above reveals the acquaintance between the respondent (victim) and the perpetrator (victimizer). The majority of 82% of the respondents knew their perpetrators (victimizers) whilst 18% of the respondents' did not know their perpetrators (victimizers).

The people that they knew, and trust, that are close to them, have victimized the majority of the respondents. Perpetrators are close family members, family friends, neighbours, pastor (spiritual leader), and sibling's friends.
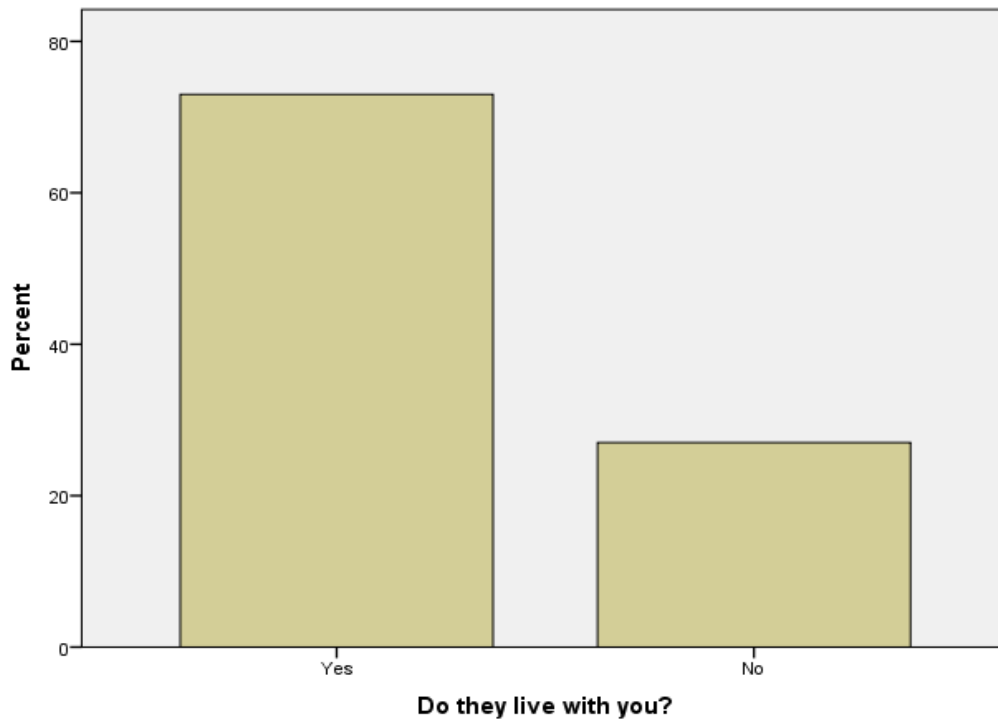
Figure 26: Respondents' knowledge of the perpetrator.

Figure 26 illustrates the victim's knowledge of the perpetrator. The majority of 73% of the perpetrators (victimizers) live/stay with the respondents, meaning they are family members, close family friends, or relatives, caregivers, hostel matron etc. whilst 22% of the perpetrators do not live/stay with the respondent (physically disabled child victim).
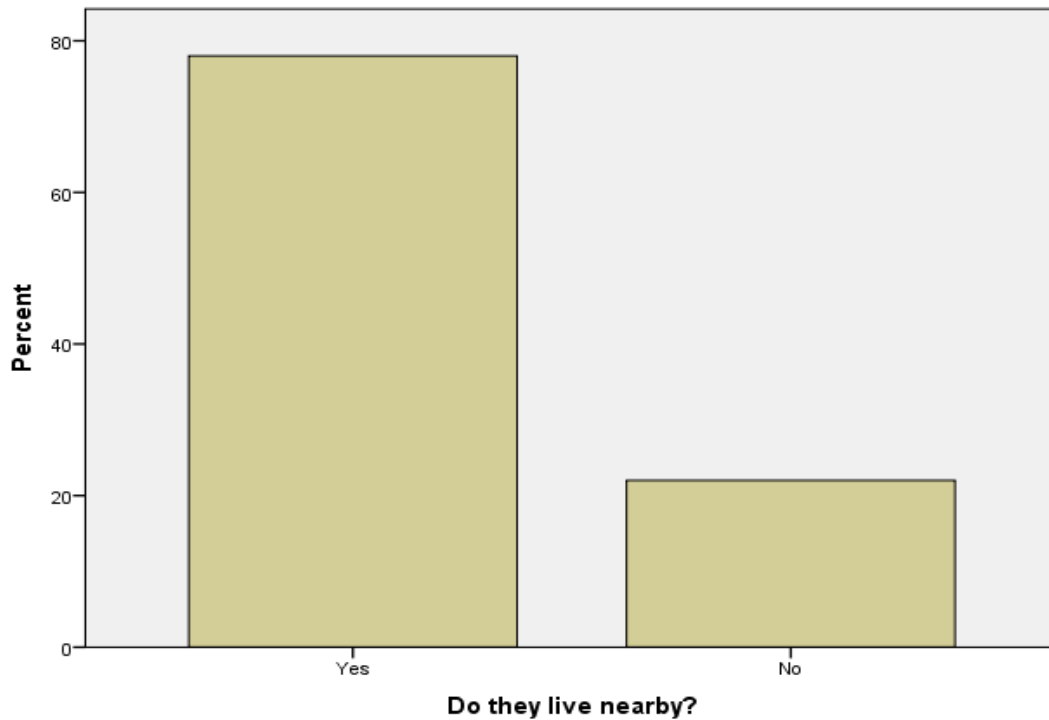
Figure 27: Perpetrator's vicinity to respondents

Figure 27 illustrates perpetrator's vicinity to respondents. The majority (78%) of the perpetrators (victimizers) live/stay nearby to the respondents, meaning they are family members, close family friends, or relatives, neighbours, community members, whilst 22% of the perpetrators do not live/stay vicinity to the respondent. The respondents were asked a follow up question concerning their victimization.

The researcher asked an open-ended question to understand what makes physical disabled children think were being abused. Following is the opened question and respondents responses:

Open-ended question

Why do you think this happened to you?

The following are the respondents' responses regarding the reasons why crime, abuse and/or violence is committed against them.

Table 12: Reasons for the offenders to victimize the respondents (physically disabled children).

Reasons for victimization according to the respondents	Some of the respondents responses
Vulnerable	*"Because I'm vulnerable, I'm always left alone".* *"Because I'm vulnerable, I cannot defend myself".* *"Because I'm defenceless and vulnerable. I am unable to do anything by myself".* *"Because they know that during the weekend, I am always alone at home and I cannot walk, so I cannot run or protect myself".*
Regarded as an easy accessible target	*"Because my grandmother and I were easy accessible targets to rape".* *"Because I'm always alone and always an easy target for him to rape me".* *"Because I was an easy target to rape due to my disability".* *"Because I was vulnerable and easy available to be beaten".*
Disability conditions	*"Is because of my disability, they don't care about me, all the care about is my grant money".* *"Because I am physically appearance".* *"Because of my physical condition".*
Hatred for disabled people	*"Because he hates me and he owns me, I owe him. He took me in when my biological family abandoned me".* *"Because they hate me and I am useless and they think I'm not a human being".* *"I think I'm disgusting them, because each time we have visitors I was locked up in a room, not allowed to meet the people. I think they hate my disability and the way I look".* *"Because he was angry with me for no reason, I think he hates me".* *"Because she hated me, I'm guessing she wanted to kill me".*
Alcohol abuse	*"Because he was drunk, that is why he did it".* *"They were drunk".*
I don't know	*"I don't know, I thought he was helping me".*

	"I don't know why, I still need to know and understand why they chose to attack me".
	"I don't know why, they just attacked me".

* Note: the above mention responses are a representation of all the respondents. All the respondents (100) gave more or less the same responses thus the researcher selected few to report on to express the feelings of the general sample.

In view of the above, the interpretation of the reasons why people will victimize the physically disabled children are as follows:

- **Vulnerability:** It seems most of the physically disabled children are targeted because they are vulnerable. Their vulnerability is created either by their physical condition or neglect, facilitate their attacks. From the respondents' point of views, they are targeted and endure the abuse because of their vulnerability. Their physical disability makes it impossible to defend themselves and/or run away from victimization.

- **Regarded as an easy accessible target:** Most of the physically disabled children are targeted because they are easily accessible. They are not protected and the people who are supposed to protect them are sometimes the perpetrators. Most respondents believe that they are victimized because offenders have easy access to them. They stay with them, near them or are at school with them. They are also left alone and unattended, which makes them easy targets that are accessible.

- **Disability conditions:** Most of the respondents were targeted because of their disability. They revealed that their disability made them easy to be abused. They reported that if it were not for their physical condition they would be safe just like their able counterparts. They stated that their physical appearance and disability makes it easy for people to take advantage of them and to abuse them. They regard their disability as a contributing factor to their victimization.

- **Hatred for disabled people**: Some of the respondents reported that they are being victimized/attacked/abused because the victimizers/attackers, hate them. They allude that hate is what drives the perpetrators to violate them. They make comparisons between themselves and their able counterparts. They report that, their counter parts are less likely to be victimized than they are because they are not hated. They reckon that being physically disable make them hated by people who want to victimize them.

- **Alcohol abuse**: Some of the respondents revealed that alcohol plays a role in their victimization. They state that, when they were attacked, their perpetrators were drunk. Some respondents are of the opinion that, alcohol could be the reason they are attacked.

- **Unknowing:** Some of the respondent reported that they do not know why they have been victimized/abused. They alluded that they often ask themselves the reasons for being victimized. They have no clue or knowledge or any understanding why people chose to attack them.

5.4 Section C: focuses on whether physically disabled children are the victims of violence due to their disability in the Eastern Cape

Just like in sections B, take note that the researcher in this section will use interchanging the term abuse and crime to emphasise the victimization of the respondents (physically disabled children). The violence experienced by physically disabled children will be referred to as abuse or crime interchangeably by the researcher. The researcher will use as well interchangeably the term perpetrator, offender, abuser, victimizer in this study/section.

The researcher will also use the following terms in these section: victim, victimizer, victimization, and re-victimization.
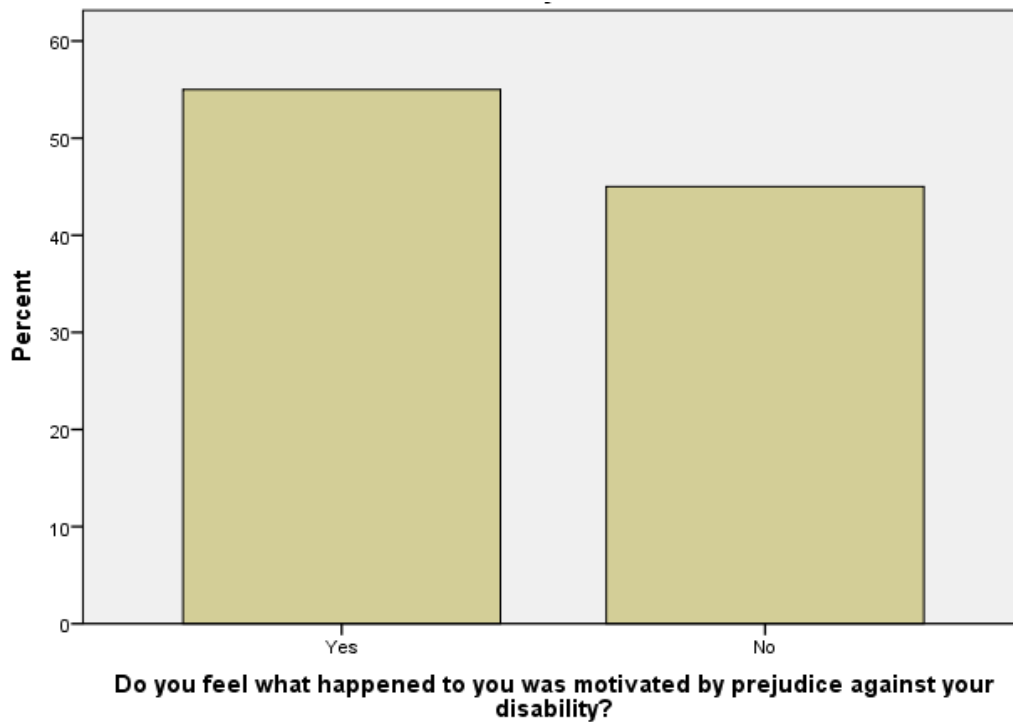
Figure 28: Respondents' responses on crime committed against them due to their disability

Figure 28 illustrates respondents' knowledge on crime committed against them because of their disability. The majority of 55% of the respondents believe that the crime committed against them was motivated by their disability, whilst 45% of the respondents believe that the crime committed to them was not due to their disability. The researcher is of the opinion that most physically disabled children are victims of crime due to their disability and that their condition makes them easy prey to victimizers, thus they are physically weak and defenceless.
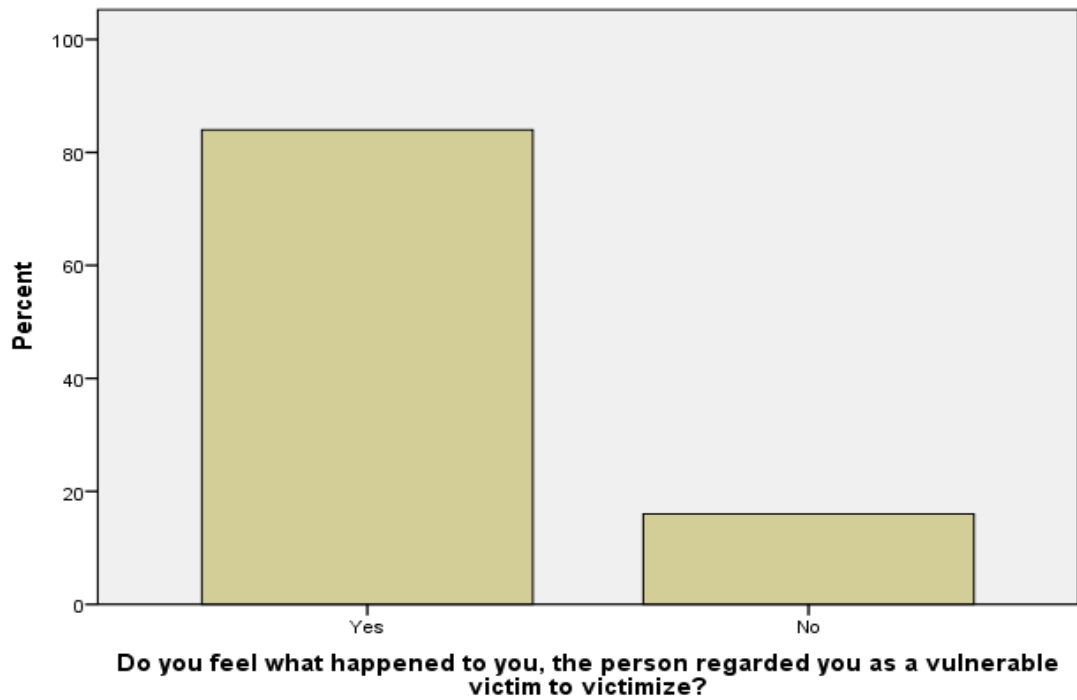
Figure 29: Respondents responses on their victimization

Figure 29 depicts victimization of the respondents due to their vulnerability. The majority, 84% of the respondents, feel that the perpetrators regarded them as vulnerable victims hence they were victimized and only 16% of the respondents had differing views. They reported that their perpetrators did not regard them as vulnerable victims, however they victimized them still**.**

Figure 30: Respondents' exposure to victimization due to their disability

Figure 30 elucidates whether respondents victimization was a result of their disability or not. The majority, 83% of the respondents, reported that their disability conditions expose them to their victimization and only 17% of the respondents stated that their victimization has nothing to do with their disability. Rather, they believed it was facilitated by other factors, such as being an easy target or being in a wrong place in a wrong time.

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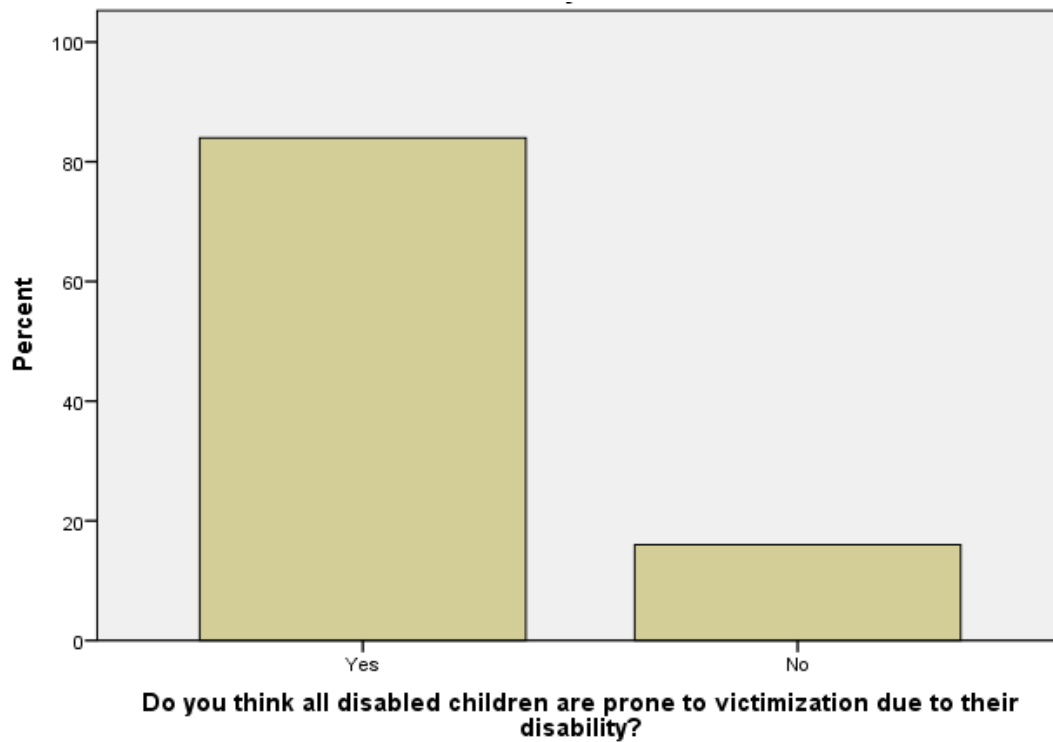
Figure 31: Respondents views on disabled children as victims of crime due to their disability

Figure 31 illustrates the respondents' views on whether disabled children are prone to being victims of crime due to their disability. The majority 84% of the respondents stated that disabled children are prone to victimization due to their disability whilst 16% of the respondents reported differing views; they reported that disabled children's victimization is not due to their disability.

The study reveals that the majority of the disabled children are believed to be the victims of crime due to their disability. Their disability conditions expose and/or make them to prone to victimization.
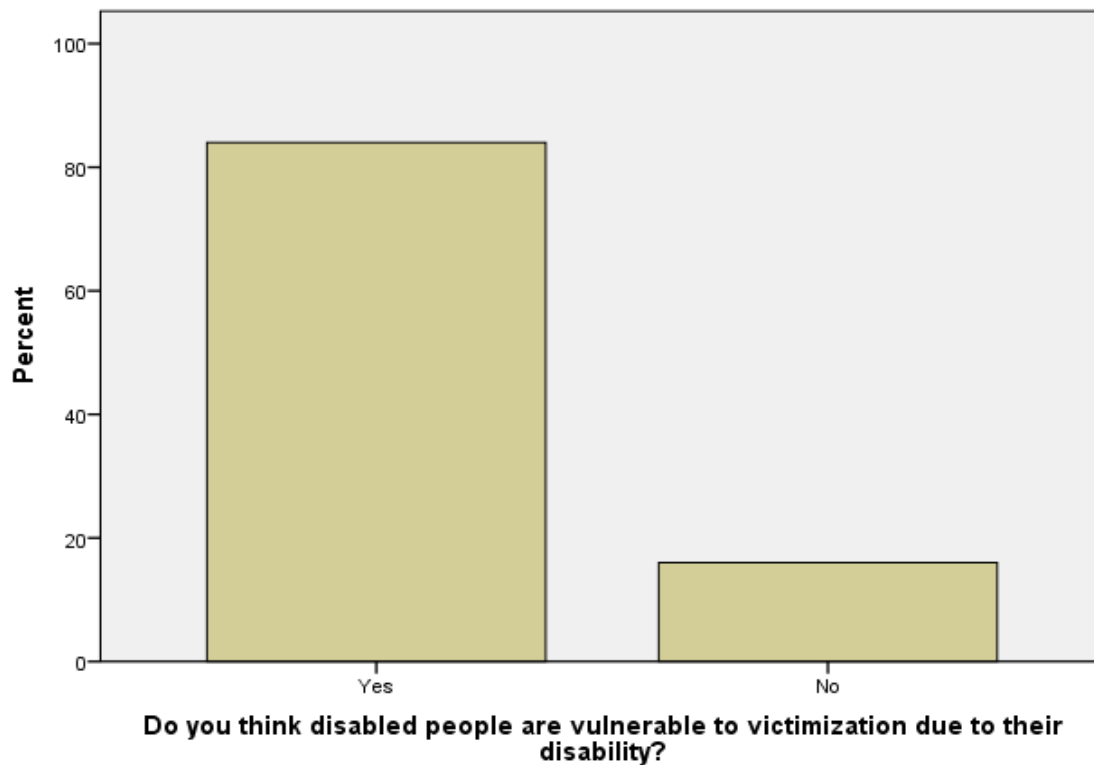
Figure 32: Respondents' responses on disabled people as victims due to their disability

Figure 32 illustrates the respondents' views on whether disabled people are vulnerable to victimization due to their disability. The majority of 84% of the respondents stated that disabled people are vulnerable to victimization due to their disability whilst 16% of the respondents reported a differing views, they reported that disabled people are not vulnerable to victimization is not due to their disability. This graph differs from the one above in the sense that, it reveals that people in general who are disabled are victims of violence due to their disability. The previous graph, illustrates the children in particular as victims of violence due to their disability. The researcher felt to depicts two groups of which one group (children) is the focus of the study.

The study reveals that the majority of the disabled people are vulnerable to victimization due to their disability. Their disability conditions expose and/or make them to prone to victimization.

5.5 Section D: This section consists of the effects of violence these physically disabled children experiences in the Eastern Cape.

Just like in previous sections, the violence experienced by physically disabled children will be referred to as abuse or crime interchangeably by the researcher. The researcher will use as well interchangeably the term perpetrator, offender, abuser, victimizer in this study/section.

The researcher will also use the following terms in this section: victim, victimizer, victimization, and re-victimization.
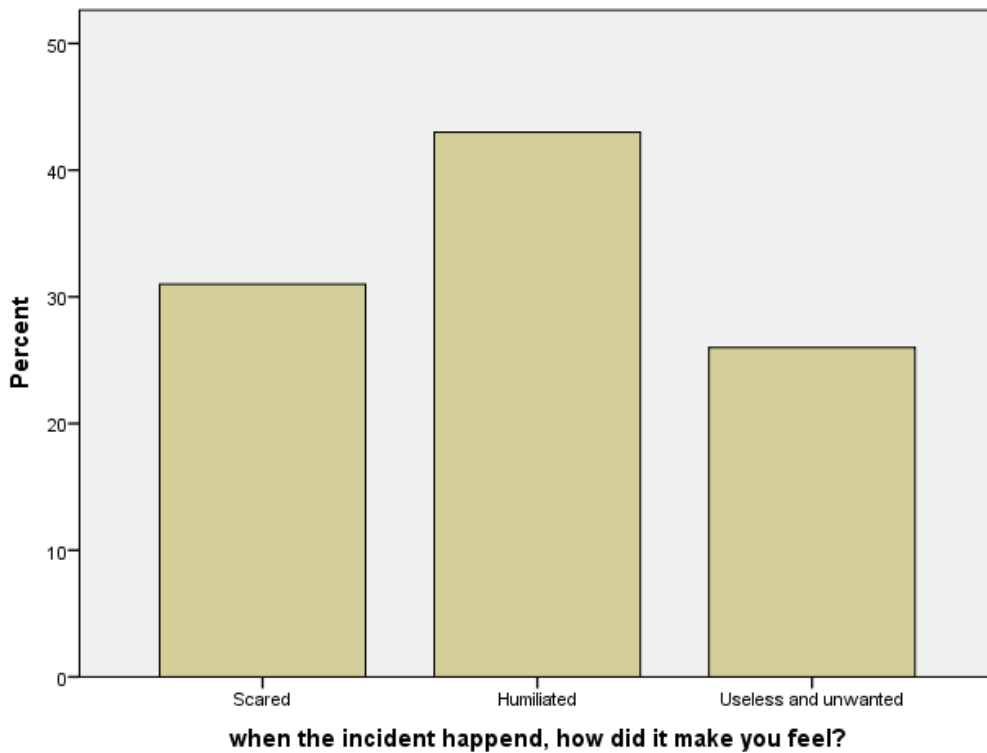
Figure 33: The reaction of the respondents after the incident of abuse/crime happened

Figure 33 above depicts the reaction/feelings of the respondents after the victimization has happened. The majority (43%) (n=43) of the respondents felt humiliated, whilst 31% (n=31) felt scared after the incident and 26% (n=26) of the respondents felt useless and unwanted.

Table 13: The impact of abuse/crime committed against physically disabled children

Questions		Respondents responses	
		Yes	No
1.	Did you suffer from loss of confidence/self-esteem?	82%	18%
2.	Did you experience any depression as a result of the crime?	81%	19%
3.	Did the crime suffered make your condition/disability worse?	72%	28%
4.	Did the crime/abuse make you feel more vulnerable?	71%	29%

Table 13 above depicts the impact respondents suffered as a result of crime. The majority of 82% of the respondents lost confidence/self-esteem as a result of crime, whilst 18% of them did not. Then, results how that 81% had experienced some sort of depression as a result of crime, while 19% of them did not experience any depression. Seventy two percent (72%) of the respondents' disability was worsen by the crime committed against them whilst 28% of the respondents' disability was not worse due to the abuse inflicted on them. Then, 71% of the respondents felt vulnerable after the crime has been committed to them, while only 29% of the respondents felt no vulnerability after the crime incident.

The respondents were asked an open-ended question to express their feelings and share their experiences of the impact of abuse/crime on their lives. The following presents the questions and responses.

- **What impact did this incident of abuse/crime have on you?**

The physically disabled children are confronted with various effects of victimization. The abuse has affected them in an adverse manner. Many respondents have reported to have sleepless nights, trauma, depression, physical impact, resentment and social withdrawal/self-centres after the incident of abuse. These themes (factors) will be discussed below in detail.

The following figure illustrates the different impacts the respondents experienced

Figure 34: Impact of the incident (abuse/crime) to physically disabled children in the Eastern Cape.

The discussion that follows dwells in details the impact of the incidence (abuse/crime) to physically disabled children:

- **Trauma and depression**

Most respondents reported to be traumatised after the incident. Their traumatisation involves flashbacks more especially when they see the perpetrator or see a similar event-taking place. Most reported that, they become severely stressed when they think of the incident and that makes them sad. They revealed that their trauma it is coupled with nightmares, sleepless nights, depression and a sense of wanting to die. Respondents demonstrated depression and they expressed that they were equally depressed and traumatised. Thoughts of dying occupied their minds, they said. They question their existence and prayed to God to take them. Most of the respondents answered in a similar way.

The following are some of the respondents' responses who share the same sentiment:

"I am severely traumatized, I have flash backs of the day a prophet thrusted me, I cried and he said he is helping me".

"I wanted to kill myself. I am severely depressed and traumatized. My private part was bleeding and painful".

"I was traumatized; I keep on seeing his face and see the incident everyday like is happening".

"I want to die, I always thinking of ways of dying".

"I am severely traumatized".

"I had depression, bruises all over, left unattended each time I mess myself".

"Always feeling sad, I'm emotionally bruised and physically abused, I am depressed; I can't eat nor sleep properly".

- **Physical impact**

Most physically disabled children experience physical injuries due to the abuse or victimization committed against them. Their physical injuries included the following: womb damage (Could not keep/contain urine), bruises and wounds (including broken jaws, rib's fraction, blue eye, and scars), damaged private part (vagina). These will be elaborated in detail below.

- **Womb damage (Could not keep/contain urine):** Most respondents who experienced rape reported that their offenders damaged their wombs. They revealed that they could not keep or contain urine anymore after the incident. Some respondents revealed that as much as they used to mess themselves, the problem escalated after the incident of rape. They allude that the incident of rape contributed to their everyday life of messing themselves such as wetting themselves or defecating.

The following are some of the respondents' responses who share the same sentiment of *womb damage:*

"Couldn't contain urine anymore, I piss myself more often".

"Can't contain urine anymore, I use a diaper more often now".

"They damaged my womb and my urine bladder".

- **Bruises and wounds (including broken jaws, rib's fraction, blue eye, and scars):** Both the physical abuse victims and rape victims experienced this. Most the respondents reported that they have bruises and wounds because of the physical abuse. They stated that their lives changed completely after the incident. They reported to have suffered more on top of the fact that they are physically disabled. Some revealed that their conditions are exacerbated by the wounds they obtain through physical abuse.

The following are some of the respondents' responses who share the same sentiment of bruises and wounds (including broken jaws, rib's fraction, blue eye, and scars):

"I have a deep wound in my back which makes it difficult to sleep".

"I had a rib fracture and was bleeding through my nose; I was rushed to the hospital".

"Had a blue eye, couldn't see properly and always afraid".

"Had bad bruises and scars all over my body as a result of abuse".

"I was severely injured to my body and head as a result I experience painful headache".

- **Damaged private part (vagina):** Most physically disabled children respondents who were raped experienced this impact. They reported that their private part (vagina) was severely damaged as a result of rape. They reported to have experienced bleeding, discomfort and wounds from their private part (vagina). They reported that their vagina was torn apart and distended; they could not walk nor bath. They reported to have experienced excruciating pain after the rape incident.

The following are some of the respondents' responses who share the same sentiment of damaged private part (vagina):

"My private part (vagina) was damaged, it was very painful. I hate men, I really hate men".

"My womb and private part was severely damaged".

"I was hospitalised and my private part (vagina) was swollen and was bleeding so much".

"My private part (vagina) was torn apart during rape".

- **Sleepless nights**

Most respondents reported to have sleepless nights after the incident of abuse. Those who experienced physical abuse alluded that they could not sleep because of bruises, wounds and pain. Those respondents who experienced rape and sexual assault asserted that, they would be uncomfortable to sleep because they think they might be attacked again. They reported to have emotional disturbances that make them unable to sleep.

The following are some of the respondents' responses who share the same sentiment:

"Ever since I was raped, I can't sleep. I think he will attack me again".

"I have sleepless nights, always crying; always want to be by myself".

"I was unable to sleep or wear clothes due to wounds I suffered from the abuse".

"Was unable to sleep as a result of wounds and trauma. I always feel anxiety every time I see her (the abuser)".

- **Resentment (Anger)**

Most respondents demonstrated hatred for the perpetrators after the incident. Most of the rape victim respondents who knew their offenders/perpetrators reported to have developed anger and hate. Overall, they reported to have developed hate and anger for men in general. The same applied to those respondents who were physically abused and otherwise - they share the same sentiment of resentment towards their offender and/or people in general. Most of the respondents answered in a similar way.

The following are some of the respondents' responses who share the same sentiment:

"After the incident, I hated every man".

"After the incident, I wanted to burn the house and kill everyone in it".

"I hated boys and men, always hiding, did not want to attend classes anymore".

"I hate going home; I don't want to see my family anymore".

"I hate men so much".

- **Social withdrawal/self-centeredness**

Most of the respondents reported social withdrawal. They expressed a sense of wanting to be alone. Most respondents reported to avoid being around people or being in a crowd because of anxiety, anger, and fear. Those respondents that experienced abuse at school reported to have refrained from attending classes and always trying to avoid being around other learners. Those who were raped avoided contact with men or boys because of fear or hate and those who were physically abused reported to avoid their abusers or people in general who will ask them about their bruises. Those who were neglected revealed that they avoided people because they are stinking and/or not well looked after. Their physical appearance makes people "raise eye brows" and pity them. Those who were teased or name called, revealed that they hated to be around people and avoided being in a public space because people will either tease them or stare at them in a most uncomfortable way due to their physical condition/appearance.

Most of the respondents shared a sentiment of self-centredness and social withdrawal due to how they appear, and what offenders did to them. The following are some of the respondents' responses who share the same sentiment:

"I am afraid of going out, meeting people. I am always indoors".

"I am avoiding public places and normally I don't like to go to school or anywhere. I want to remain to by myself".

"Avoidance of crowds, always anxious and scared, always indoors".

"Refrain from going anywhere, I avoid men".

"I am scared of men, avoid in contact with them because he damaged my womb".

"I couldn't face people anymore".

"I am now indoors, avoiding school, public places and boys".

The above discussion centred on the impact of incident (crime/abuse) committed against physically disabled children in the Eastern Cape. The study found that most physically disabled children experience various effects as a result of the abuse. They are subjected to a painful ordeal on top of their physical disabilities. They suffer in the hands of ruthless people who fail to recognise their disability and continue to abuse them. The study found that, their physical disability sometimes contribute to their victimization. The impact experienced by these children is unimaginable and needs to be prevented.
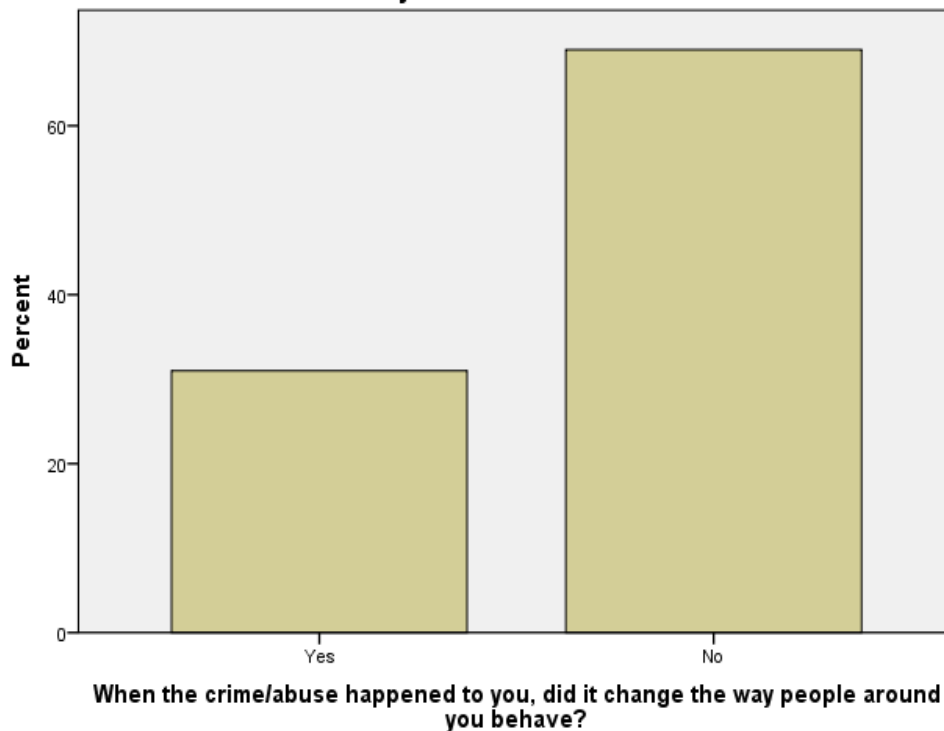
Figure 35: Behaviour of people towards the respondents as a result of crime

Figure 35 illustrates that 69% of the respondents indicated that the crime committed to them did not change the way people behaved around them, while only 31% of the respondents were of the view that people behaved in a strange way to them since the commission of crime.

Section E: This Section focuses on the reporting of crime/Abuse by the respondents' (physically disabled children)

Just like in previous sections, take note that the researcher in this section will use the term abuse and crime interchangeably to emphasise the victimization of the respondents (physically disabled children). The violence experienced by physically disabled children will be referred to as abuse or crime interchangeably by the researcher. The researcher will use as well the term perpetrator, offender, abuser, victimizer interchangeable in this study/section.

The researcher will also use the following terms in these section victim, victimizer, victimization, and re-victimization.
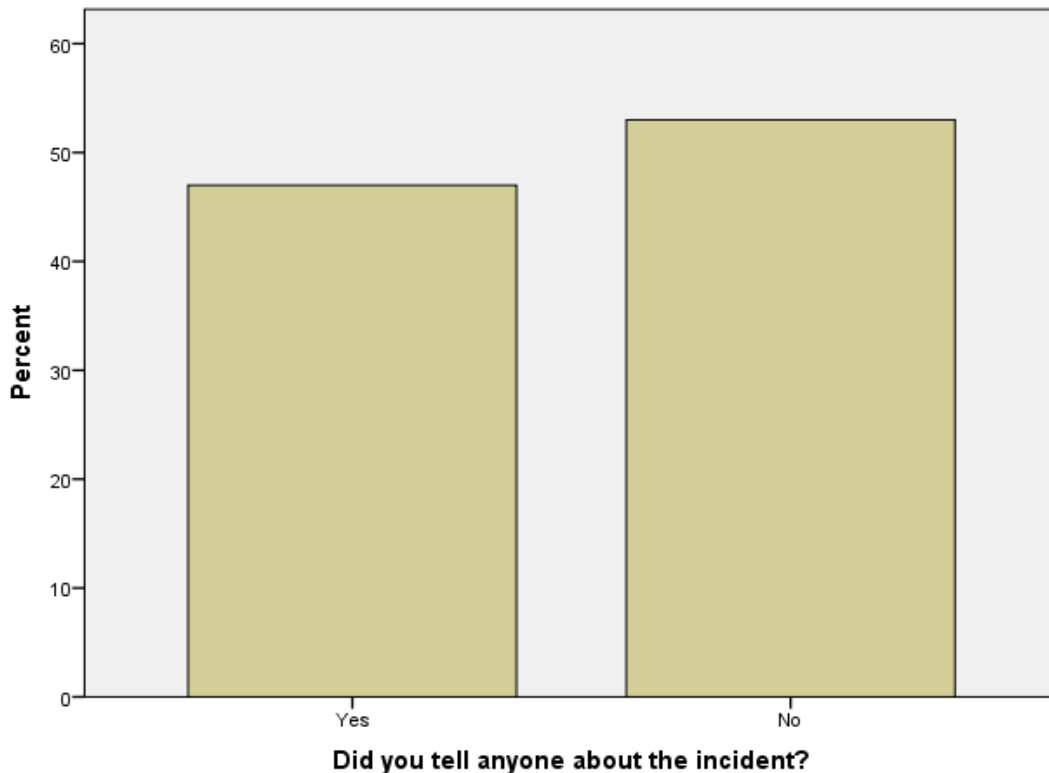
Figure 36: Respondents' disclosure of the crime/abuse

Figure 36 illustrates the disclosure of the crime by the respondents. The majority (53%) of the respondents did not report/disclose to anyone the crime committed against them; only 47% of the respondents were able to disclose and/or report the crime incident to somebody. To some of the respondents, this is the first disclosing encounter, meaning they only divulged the crime committed to them to the researcher.

The respondents were asked a follow up question that was open-ended to express their feelings and share reasons for reporting or not reporting their victimization to anyone. The following is the open-ended question and the respondents' responses:

Open-ended question

- **If not, why not?**

This question seeks to understand what prompt physically disabled children not to report their incidence of abuse/crime in rural areas. The respondents gave various responses to the question and detailed certain reasons for not reporting. Some respondents reported that they saw no need to report the crime because nothing will happen even if they reported. They

strongly believed no one would help them. Some were of the view that they are afraid of not being believed. They allude that, they (the one who the crime is reported to) will believe the perpetrator more than them. Other respondents reported that the perpetrator threatened them not to report the incident. They alluded that the perpetrator threatened to kill them or do something bad if they were to report the incident to anyone. Other respondents reported that, they did not report the incident due to fear (fear of being neglected more, fear of being physically and sexually abused more, fear of being reprimanded that she/he asked for it (respondent), fear of causing conflict within the family). Those who fear causing conflict within the family maintain that they want to keep good relations within the family. Other respondents reported that they have forgiven the perpetrator so they do not see a need to report the crime.

The following is the verbatim of some respondents who see no need to report the incident to anyone:

"What is the point of reporting, because no one will do anything about it? I don't see a need because this is done by people who supposed to protect me, who supposed to take care of me, so no one will care of doing anything about it".

"What is the point of telling; no one can do anything about it, the abuser even say so when beating me".

"Who can I tell and what will those people do about my situation? I have no one".

"What is the point of telling on them, even if I did, who will look after me?"

"Nothing will be done even if I report it. She is known of abusing us at hostel, she was reported several times but they do nothing about the situation, so I don't see a need to report my situation".

"There is no need, no one will help me. No one can't do anything about it".

The following is the verbatim of those respondents who strongly believe no one will believe them if they report the incident to anyone:

"No one will listen to me and believe me".

"I didn't report because no one will believe me".

"He is a man of God, who is trusted by many people, no one would believe any word coming from me".

"No one believe us at school, teachers says we are silly, we want to get her fired/in trouble. They don't believe us when we report a caregiver that abuse us".

The following is the verbatim of those respondents who were threatened not report the incident to anyone:

"He threatened to kill me if I tell on him and he said he will deny everything. He said they will believe him more than me".

"He promised to kill me and my family".

The following is the verbatim of those respondents who do not wish to create conflict within the family by reporting the incident to anyone:

"I didn't report because I didn't want to cause problems at home".

"I wanted to keep peace and good relations at home".

"He said if I tell on him, he will kill the whole family, so I was protecting the whole family".

"I was afraid of causing conflict".

"Because I was scared, they might think I wanted it".

"Because I am scared telling on him, he has more power than me".

"I am scared of reporting".

"I am afraid of more abuse, no one can help me".

"I am afraid and ashamed to report the abuse".

The following is the verbatim of those respondents who have forgiven the perpetrator:

"Because I have forgiven the person".

"I have forgiven him, no need to report him".

"Don't see a need of reporting, now that I have forgiven the person".

Opened-ended question

- **If yes, how long after the incidence did you choose to tell someone?**

This question was is applicable to those respondents that reported the incident of abuse/crime to someone. This question seeks to understand the duration respondents took before divulging their incident of abuse/crime to anyone.

Table 14: Duration of reporting after the incident of abuse/crime

Duration	No of respondents
Immediately after it happened	22
After a week	4
After a couple of months	7
After some years	14
Total	47

Table 14 above depicts the time taken to report an incident after it had happened. Majority (22%) (n=22) of the respondents reported the incident of abuse immediately after it happened, whist 14% (n=14) of the respondents reported it after couple of years, some years referred between 3 years to 10 years. Seven percent (n=7) of the respondents reported the incident after couple of months and only 4% (n=4) reported after a week.
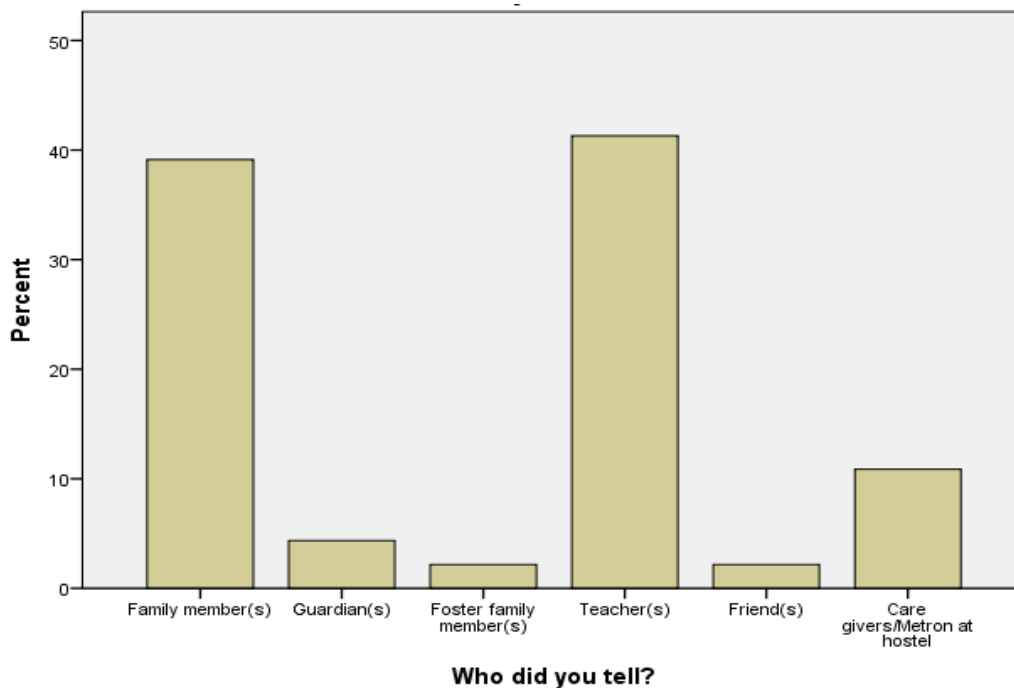
Figure 37: A person the respondent disclosed the abuse/crime too.

Figure 37 portrays different people whom the respondents had disclosed the crime too. The majority (19%) of the respondents had disclosed the incident to the teacher, followed by 18% to the family member(s), then 5% to the caregiver(s)/hostel matron, 2% had disclosed to guardian(s) whilst 1% to the foster family and another 1% had told a friend.

The respondents were asked a follow up open-ended question, why she/he had chosen to tell those people. This question seeks to clarify and express the motive of disclosure by physically disabled children to certain individuals. The following is the question and respondents' responses:

Open-ended question

- **Why did you choose to tell them?**

The respondents who experienced different forms of abuse/crime provided various reasons for divulging their abuse to the people they had chosen to tell. Most respondents reported that they needed help and/or intervention for their abuse hence they opted to report it. They alluded to the fact that they were severely injured, bleeding, and wounded so they needed prompt medical care. Some reported that they (bruises) were obviously visible to anyone, so people would ask, and then they would divulge.

They alluded that they did not have a choice because of the evidence so they had to report. For example there will be a blood on the private part of a rape victim, when bathing her, a parent would realise and ask who did it. Some reported revealed that they reported the incident simply because they wanted protection. They wanted the abuse to stop; they could not take it anymore. They wanted to be removed from the source of abuse. Some reported that they wanted the perpetrators to be punished; they wanted redemption. Some respondents reported the incident due to trust. They alluded that they trusted the person to do something about their ordeal.

The following is the verbatim of those respondents who reported due to seeking help/intervention:

"I chose to tell someone because I wanted help and I wanted not to happen again".

"I chose to tell someone because I was badly hurt and wanted help".

"Because I was bleeding and lost lot of blood, I wanted immediate urgent help".

"I wanted my family to change me from the school where I was abused".

"Because I was hurt deep inside".

"Wanted to be removed from home".

"Because I was badly burnt in my both legs and I needed an urgent help".

I told my teachers, I wanted them to help, I wanted the abuse to stop".

"I told my teachers at school because I wanted them to intervene, since I was neglected, I was stinking, not well looked after, so I wanted my teacher's intervention".

The following is the verbatim of those respondents who reported due to trust and seeking protection:

"I told my grandmother because I trusted her and I wanted her to help me to stop the abuse".

"I told my teachers at school because I wanted to protect me from the abuse, I needed their help".

"I told my parents because I trust them and I know them very well".

"I told my mum because I know she will believe me and she will act to protect me no matter what happens to me, I am her child".

"Told my mum because I trust her".

"I chose to tell my hostel matron because I wanted her to do something about my situation".

The following is the verbatim of those respondents who did not have a choice but to report due to physical evidence:

"Told my parents because they saw blood coming out from my vagina and I was asked, so I had to report".

"I told my friends at school because they asked me because I was not okay".

"I told my foster mother because she saw blood from my clothes and that I never contain urine, I piss myself every time".

"I told my friends and teacher at school because they saw how unhealthy and unhygienic I was, and then they asked me and I told them because I wanted to be helped".

"I told my teachers and matron at school, because they realised that I don't pay fees and I have nothing, no food or clothes but I am getting social grant, so they asked me and I told them. I wanted them to intervene".

"I told my parent because they saw how my private part was swollen when they bath me, and then they asked me. I was forced to tell them".

"Told my mother because she saw me when bathing me and asked me then I hand no choice but to inform her".

"I told the matron of the hostel because she asked why I was not attending classes anymore and how I hated boys".

"Told my parents because they saw the way I hated the person and they asked me why, then I told them".

The following is the verbatim of those respondents who wanted the abuse to stop hence they reported:

"I told my parents because the perpetrator was bothering me, he wouldn't leave me alone, I wanted him to stop"

"Told my teachers at school, because the abuse was continuing".

"Because I wanted the abuse to go away".

The following is the verbatim of those respondents who wanted the perpetrator(s) to be punished:

"I told my teacher, then later my parents, I wanted those boys who bully me to be punished".

"I told my teacher because I wanted them to punish the boys".

"I told my parents because I wanted them to protect me by punishing my uncle for raping me".

The respondents were asked a follow up open-ended question about the action of those people whom they divulge their abuse to. The following is the follow up question and the respondents' responses:

Open-ended question

- **What did they do after telling them?**

This question seek to solicit an understanding of the actions took by the people these children have disclosed their abuse to. Most respondents reported that even though they have reported their abuse and/or someone saw the evidence of abuse, they did nothing. They did not do anything at all about the abuse or abusive situation. They never went to the police or act to curb the abuse. Regarding those incidents of abuse happening at school, respondents reported that school management and teacher tried to solve the incident themselves. They reprimanded the people who were responsible for inflicting the abuse, such in case of bullying, teasing or name-calling, and abuse by the caregivers. They reported that the principal and teachers called the parents of the bullies and the issue was addressed. The respondents also revealed that as for those incidents happening at home, teachers would

intervene by calling the parent and trying to address the issue in such cases of rape, physical abuse and neglect.

Those respondents who experienced rape within the family reported that the family solved the issue as a family. They called a family meeting and try to address the issue. The abuser was reprimanded and nothing more. Only a few respondents' cases went to the attention of the police (Criminal Justice System). The study found that, teachers are the main people that tend to report the abuse of physically disabled children to the police than family member or community members.

The following is the verbatim of some of the respondents who reported the incident but no one did anything about it:

"I told my teachers at school because I wanted their help, but they did nothing about it".

"I told my foster mother because she saw blood from my clothes but she did not about it, she kept quiet about it".

"My parents saw my private part was swollen and I told them but they did nothing".

"I told my family but they did nothing about it, they saw me".

"I told my teacher about my bully because I wanted their help but they did nothing about it, they didn't even punish those boys".

"Told matron at hostel because I wanted those boys to stop beating me, but matron did nothing about it".

Most respondents reported that nothing was done about their abuse and that made them feel unloved, unwanted and sometimes wished they were not born or died during pregnancy. They feel that their physical condition contributes for them not to be loved and appreciated.

The following is the verbatim of some of the respondents who reported the incident and something happened:

"I told my friends and teacher because they saw me how unhealthy and unhygienic I was, my teachers called my parents to solve the issue but nothing has changed, I am still neglected".

"I told my teacher and matron at school because I wanted help due to financial issues; my family eat my social grant. My teacher called my parents to ask them because I needed cosmetics and other essential stuff".

"I told teachers at school because the abuse was continuing; they called my parents and tried to solve the issue".

"I told my parents and the whole family, because I wanted to be removed from home, they called the family meeting and reprimanded my uncle for raping me then they sent me to boarding school hostel".

"I told the matron of the hostel, she informed the principal and other teachers then my parents were called solve my rape and neglect incident".

"I told the matron because I was bullied, she told the principal those boys were called and disciplined".

"I told teachers at school, they called the boys' parents who use to bully me".

"I told my teacher, and then during the parents meeting they tried to address the issue".

The researcher is of the opinion that most cases of abuse, even though reported at home or at school, were never reported to the police hence the physically disabled children would not see justice carried out. People try to solve the issue rather than to report it to the police. This could be due to the sense of Ubuntu prevalent in rural areas. In most cases in rural areas, crimes are not reported to the police because people want to keep relations intact. Another issue is the traditional leaders. The matter needs to be reported to the traditional leader in rural areas then to the police, no matter how serious the matter is. The traditional leaders will then punish the perpetrator, the punishment ranges from fine of a cow or physical beating. In some rural areas, it is against the norms and values when one undermines the authority of the chief and reports the matter to the police. That person might be called by the chief and be in trouble. Hence, many cases never see the light of justice system.

Table 15: Depicts whether respondents were believed or not

Did they believe you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	37	37.0	82.2	82.2
	No	8	8.0	17.8	100.0
	Total	45	45.0	100.0	
Missing	System	55	55.0		
Total		100	100.0		

Table 15 above depicts that the person whom they disclosed the crime to believed 37% of the respondents and only 8% were not believed.
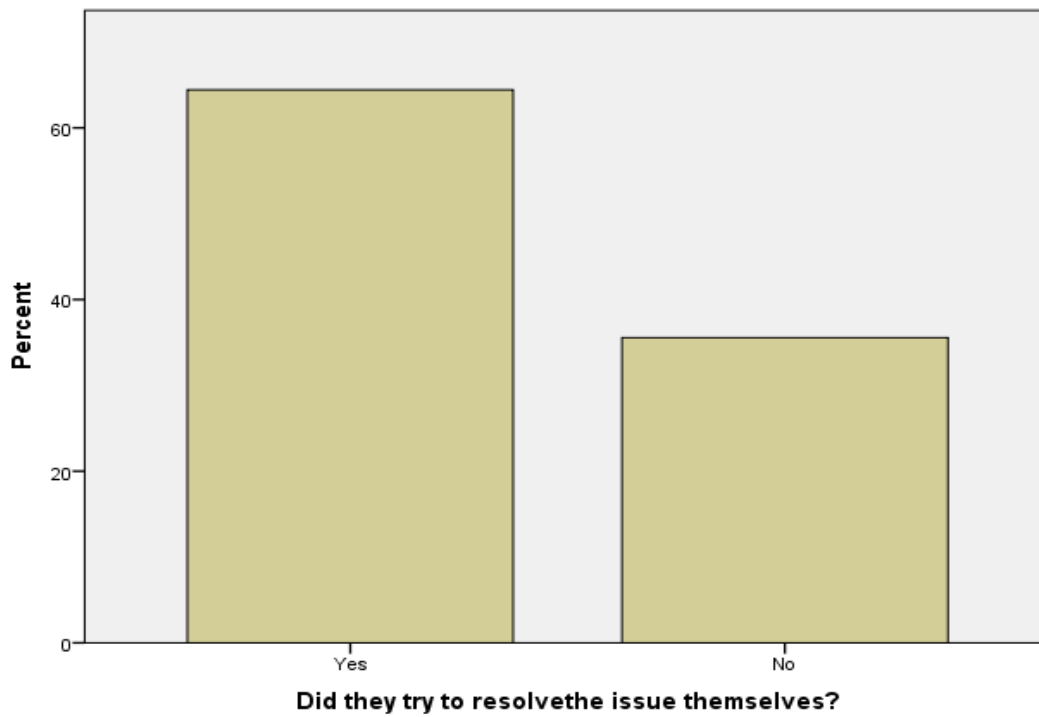
Figure 38: Solving of the crime

Figure 38 illustrates whether the people whom the respondent closed the crime resolved it or did not resolved it with the intention of helping the respondents. The majority of 29% of the reported crimes were resolved without the involvement of the police and/or other outsiders and 16% were not resolved at all.
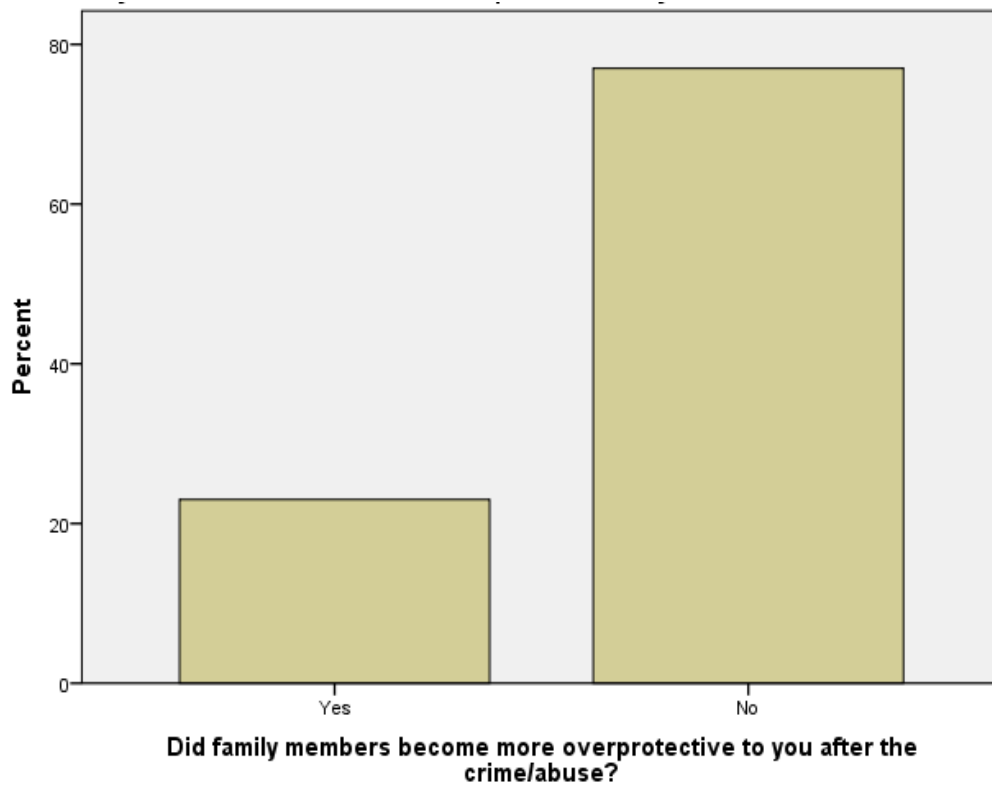
Figure 39: Respondents' overprotection by the family as a result of crime

Figure 39 illustrates the overprotection of the respondents after the crime by family member(s)/guardian(s). Family members did not protect the majority (77%) of the respondents after the crime had been committed, while only 23% of the respondents were protected. This means that, the disabled children are not protected at all even after the incidents of crime have happened to them. There is a lack of care amongst the family members of the physically disabled children.
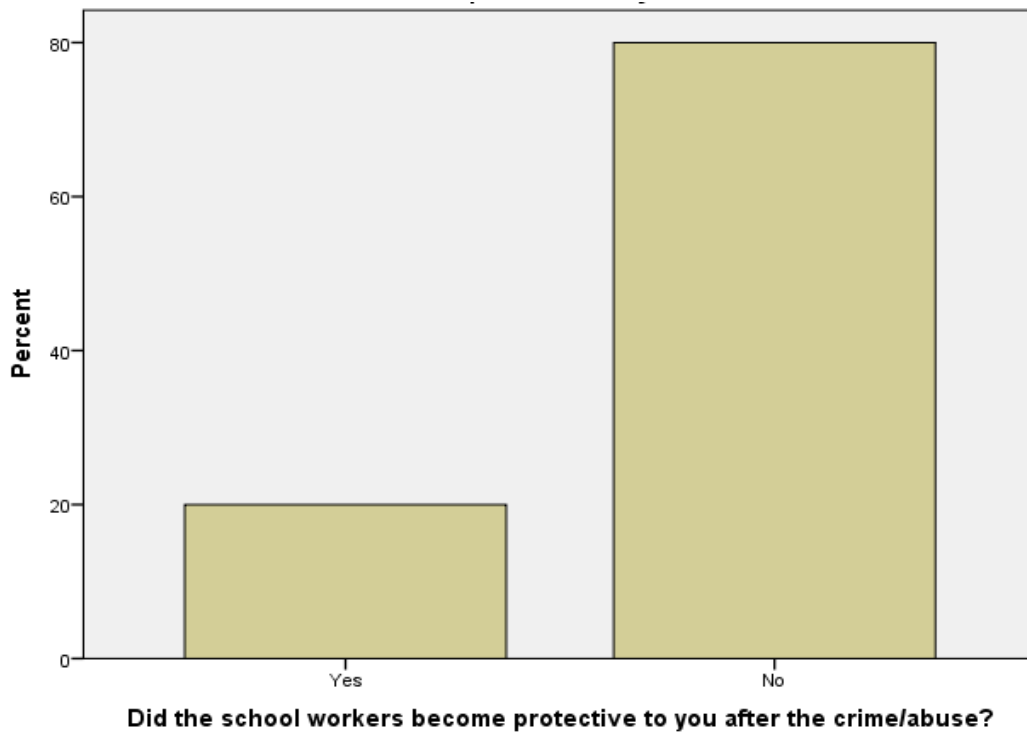
Figure 40: Respondents' overprotection from the school employees as a result of crime

Figure 40 illustrates the overprotection of the respondents after the crime was reported to the school employees (i.e. teacher(s), principal, caregiver(s), hostel matron, and school governing body (SGB). School employees did not protect the majority of 80% of the respondents after the crime had been committed to disabled children, and only 20% of the respondents were protected. This means that, the disabled children are not protected at all even after the incidents of crime have happened to them. There is a lack of care, not only by the family members of the disabled children but also by the caregivers who supposed to give these children a safe refuge.
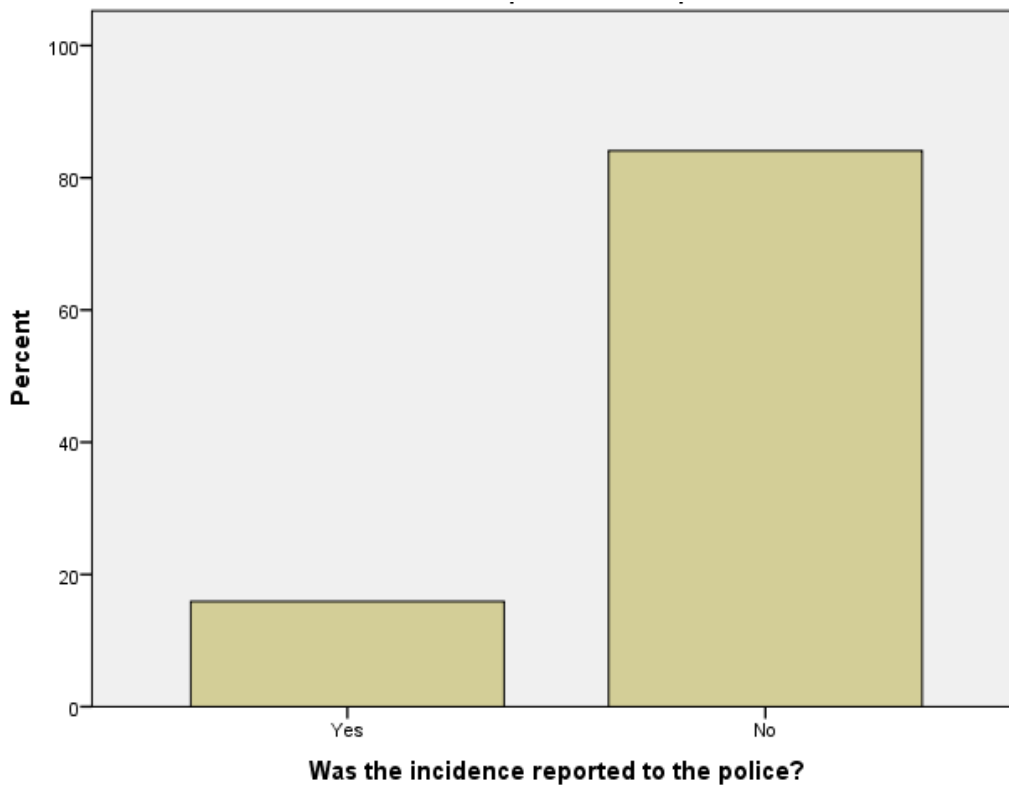
Figure 41: Reporting of crime to the police

Figure 41 illustrates that the majority of 37% of the crime was not reported to the police while only 7% of the crime committed against disabled children was reported. This was because most people, whom the crime was disclosed to, tried to resolve the crime without involving the police and deliberately chose not to report it to the police.

The respondents were asked a follow up question that was open-ended to express and reflect on reporting process, whether someone reported the case on their behalf or whether they were accompanied when opening the case or they went alone. The following is the question and respondents responses:

Open-ended question

- **Did you report it on your own or did someone come with you?**

Very few cases were reported to the police by disabled children's family, school, neighbours or community member. This provide significant evidence that the abuse of physically disabled children is not reported and taken to consideration by people who know about it.

Only four respondents reported that the school helped them to report the case to the police. Only three respondents reported that the family help them to report the case to the police.
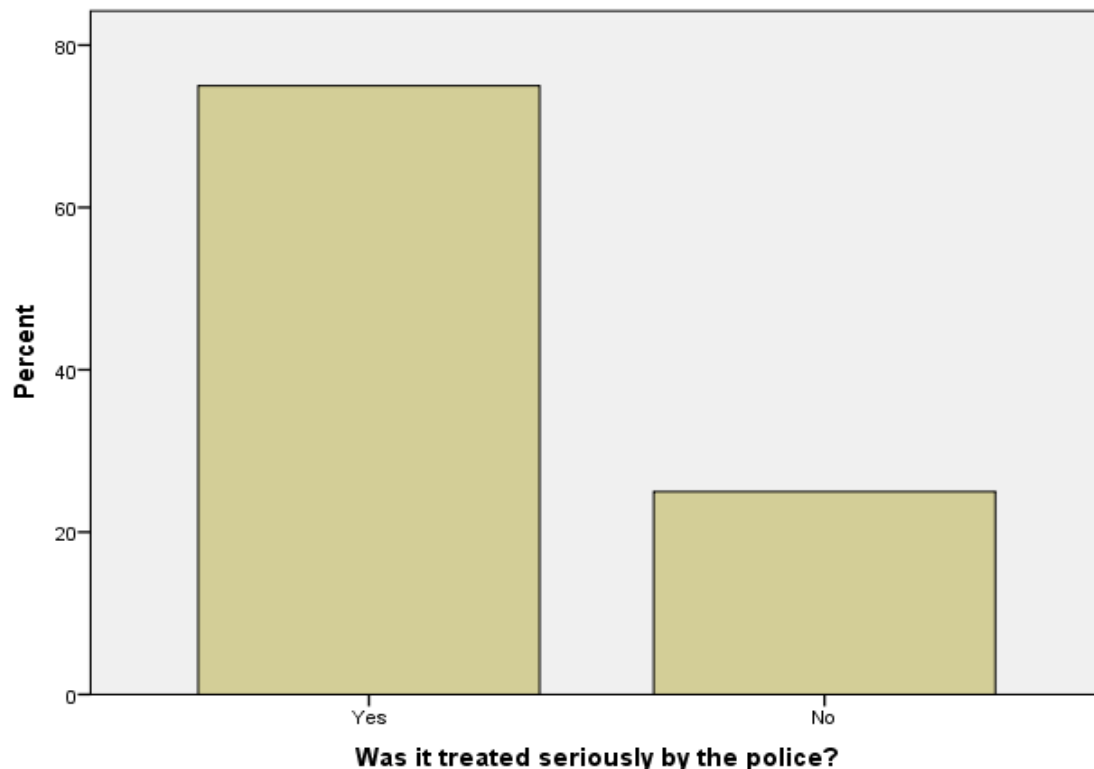
Figure 42: Treatment of respondents' case by the police

Figure 42 depicts that amongst those cases report to the police, the police took the majority (65%) of the cases seriously, whilst the police did not take only 20% seriously.

<div align="center">Part 2: Caregiver's data interpretation and analysis</div>

This section of this study focuses on the data presentation and analysis from the caregivers of the physically disabled children. The researcher sampled 10 caregivers using the purposive/ judgement sampling technique. Caregivers were chosen to be part of the study to report of their experienced and feeling concerning the victimization of the physically disabled children in their care. Semi-structured face-to-face interviews were conducted with the caregivers. Since victimization of physically disabled children is such a complex issue, determining these perceptions, experiences and feelings were viewed and questioned from different vantage points in both interpretations and providing verbatim quotations.

- **Capturing of information**

The information provided herein was drawn-up from the interview schedule guide and the captured interview questions were posed to the selected participants (i.e. caregivers). The researcher used an "audio recording," when conducting the interviews. This process places more emphasis on what an interviewee says and is extremely useful in the transcribing of what was said in the later phase. In the past, these recordings used to be referred to as "tape recordings". Currently, there are electronic devices that record and store audio sounds in electronic digital format, to this course, a modern voice recorder was used in this study to exactly capture what the selected participants to prove what they said during these interviews. Once transcribed, it was used to formulate a statement in verbatim.

- **Data validation**

Analysis were done from the responses of each question to elicit comparative themes and determine whether all answers fall within the boundaries of the posed question. During the interview, the researcher ensured that the voice recorder used was authentic in nature; the researcher recorded the selected participants' responses himself. The taken voice records were also contemporaneous, as the researcher prevented any sound disturbance during the interview session by selecting a most quiet room from the school where there was no distraction that could tamper with the vice recording. The recordings were also played to the selected participants for proper inspection of their responses and they all ensured that the recordings made of their responses was going to be used as original submissions for the purpose of this study.

- **Preliminary analysis**

The data was analysed according to the thematic method by reducing data into themes, and sub-themes. It was categorised, transcribe into verbatim. The primary findings presented and discussed are similar across all the selected participants.

- **Trustworthiness testing**

According to Morrison (2004:23), it is necessary to validate the responses of the participants to meet credibility and transferability in qualitative study. This is done by examining responses for completeness and honesty and probing to see whether this attitude represents

a consensus or a minority point of view. Rephrasing and summarising responses are useful techniques for validation purposes, Mariampolski (s.a) (in Morrison, 2004:23). In order to establish reliability to accomplish dependability and conformability of qualitative study, the researcher should adopt multiple use of the same instrument in collecting data (Heyink and Tymstra (s.a), cited in Morrison, 2004:23). Furthermore, Whitt (s.a) (in Morrison, 2004:23-24), the criteria for trustworthiness in a qualitative study adhere to the following elements:

- Credibility, (the researcher's interpretations are credible to the participants);
- Transferability (the study may be in another context);
- Dependability (changes over time are taken into account); and
- Conformability (the data can be confirmed by someone other than the researcher).

The following is the qualitative data analysis and interpretation generated from the interviews held with the caregivers of physically disabled children. The researcher asked the caregivers the following questions:

1. Did any physical disabled child report any incident to you?
2. If so, how long after the incident?
3. What did you do with the information?
4. Did you report it to the police or school management?
5. Was it treated seriously by the person or the police you reported to?
6. What happened as a result of you reporting the incident to the police?
7. What happened to the abuser/perpetrator after the incident was reported?
8. Did you believe the child?
9. How has the incident impacted you?

Note*: The following is the analysis and interpretation of the data from the caregivers. The "R" used in brackets refers to "Respondent".

- **Did any physically disabled child reported any incident to you?**

Most respondents (9) reported that they had received a report of an incident from the physically disabled children. Only one respondent indicated that she never received direct reporting. The incidents that were reported were sexual, physical, bullying, neglect, discrimination, harassment, financial abuse and hatred. Caregivers asserted that most of the

physically disabled children confine to them simply because they ask if they notice something wrong and make a follow up. They further stated that, they are open with these children hence they are reachable.

- **How long after the incident?**

Most of the caregivers asserted that, the physically disabled children in their care report the abuse immediately, more especially if it has occurred in school hostel, school grounds or around schoolyard. They assert that some children take time to report the incident more so if it is happening in their homes. Respondents reported that the reason for not reporting could be the result of a parent being the source of abuse. Some respondents reported that physically disabled children reported incidents to them after couple of months or years. The following is some of the verbatim the researcher selected to express the views of the respondents who said the physically disabled children reported immediately the incident of abuse/crime that happened/happening to them:

"Yes, there are cases reported to me where a child is being abused by another child, the report happens immediate after the incident of abuse" (R2).

"When I arrived here at school, it was like something would normally happen immediately, but it would be talked though, example, there were children who sodomised other children, this was reported immediately and we talked it through" (R3).

"While it is still happening, they come forward, we encourage them to be free to report any form of abuse" (R4).

"Some come just immediately after the incident, some you have to ask then because you notice that they are not well" (R5).

"Immediately after the incident" (R7).

"Sometimes, it gets reported immediately, more especially if it happened at school, but for those that happened at home you notice after you see a child's behaviour" (R9).

The following are some of the verbatim the researcher selected to express the views of the respondents who said the physically disabled children reported the incident of abuse/crime that happened/happening to them after a while:

"It was after a year" (R1).

"It was reported a while after the incident happened" (R6).

"It was reported to me after 3 months (R8).

- **What did you do with the information?**

The respondents (caregivers) reported that, the incidents reported to them do not reach the police. Rather, they try to resolve the incident themselves. Four respondents out of ten reported that when physically disabled children who have been victimized in school report their victimization, they call the perpetrator and address the issue. Two reported that they informed the superiors about the (i.e. school principal, school management team (SMT)). When the abuse is taking place in the home setting, respondents reported that they call the parent and address the issue. Four of the respondents reported that they call the parents of the perpetrator and a parent of the victim them address the issue. They alluded that; sometimes they would only call the perpetrator's parents. In the event that the abuse is taking place at home, the respondents reported that they call the victim(s) parents and try to resolve the issue.

The following are some of the verbatim the researcher selected to express the views and opinions of the respondents:

Those respondents who calls the perpetrator reported as following:

"I called the perpetrators, I spoke to them after that, I have never heard about the abuse again" (R1).

"I first call both the victim and the perpetrator; hear their sides of the stories. I then evaluate the information I get from them, if it's beyond me, I take it to the school management" (R4).

"I call on the perpetrator to ask him, then I address him not to do it again to other children" (R5).

"I intervened by asking the perpetrator, why they have done it, because of the violence he had, I had to include other teachers and we had to take the matter to the principal" (R7).

Those respondents that inform the school management reported as following:

"I normally take the information reported to me by the children to the principal" (R2).

"I report it to my superiors" (R6).

Those who calls the parents reported as following:

"I call the parents then talk to them" (R3).

"I try to speak to the parent/guardian and advise them how this grant is important to a disabled child and that they should not take advantage of the disabled child" (R8).

"We usually call the parents and speak to them" (R9).

"I normally call the parents of the perpetrator and try to resolve the issue. Sometimes when it is a serious incident, I involve both parents, that of a perpetrator and that of a victim" (10).

- **Did you report it to the police or school management?**

The respondents were asked if they had reported the incidents of abuse/crime to the police or to the school management. Five of the respondents reported that once the physically disabled children confide in them about their abuse, they definitely inform the police and the school management, depending on the severity and nature of the abuse. They reported that the more serious offense, whether taking place at school or at home, it is brought to the attention of the police and the school management with the intention of ameliorating the situation. They demonstrated that, even though some of the cases are reported, nothing is done due to lack of evidence. They maintain that before reporting to the police, they try to resolve the issue first then taking to the police. Other five of the respondents maintain that they do not report the incident either to the police or to the school management. They maintain that, parents' refuse to report it, while others say is due to the victim not have suffered more serious severe injuries. They also maintain that, it is up to the school management's discretion whether to inform the police or not. The sentiment shared mostly amongst the five respondents was that, most cases do not reach the police, especially cases of bullying, physical abuse in the school premises and emotional abuse, as they are considered to be of less severity. Parents and families most of the time stop the school from taking the matter to the police. Rather, they prefer to solve the cases themselves with the aid of the traditional leader, said the respondents. They maintain that in rural areas, physically

disabled children do not see justice, thus their abuse situations are not reported to the police. Others demonstrated that even though the matter it is reported to the department of education, parents refuse to take the matter through the process of the criminal justice system.

The following are some of the verbatim of those respondents that reported the abuse/crime to the police or school management:

"Yes, I have reported the matter to the school management, because they are the ones that have a mandate of reporting the matter to the police" (R2).

"One child reported rape to me, then we took the child to the police station to report the incident" (R6).

"Yes, I tend to report the incidents reported to me by the physically disabled children in our care. I report to the principal then to the police" (R7).

"Yes, I do report incidents to the principals and the head of the department, and they make a follow up to the parents" (R8).

"Some incidents of abuse do reach the police and principal office, in particular the most serious crime such as rape whether committed at home or in school premises" (R9).

The following are some of the verbatim of those respondents that did not report the abuse/crime to the police or school management:

"The incident that was reported to me never reach the police nor the school management. I didn't see a need to report it because the victim was not injured" (R1).

"One of the rape incidents happened this year, it reached the administration when it was investigated it was found that it did not happen here at school. It happened at home, when it was about to the reported to the police, the parent of the abused child said no, it should not go to the police, so in that case, the incident was not reported to the police" (R3).

"I am not sure if the cases that we report to the management goes to the police, once a case goes to the school management, I don't have access to it" (R5).

"No I have not reported, because parents usually like to solve the cases of the abuse before they reach the police" (R4).

"My superiors are the ones responsible to call the police or take the matter to the police. I have not reported anything to the police or the school management" (R10).

- **Was it treated seriously by the police or school management you reported to?**

The respondents were asked if the police or the school management treated seriously the case when reported, was there any follow up on the case, was there any arrests eventuated etc. Amongst those respondents that indicated to have reported the incident of abuse to the police demonstrated that police took the matter seriously. They alluded that investigations were carried out, however most of the perpetrators were not arrest due to lack of evidence or due to parents dropping the case or the physically disabled child not being able to express him/herself. The respondents further postulated that, there are those abuse incidents even though reported are not taken seriously such as bullying, harassment, teasing and/or emotional abuse.

- **What happened as a result of you reporting the incident to the police?**

Those respondents, who indicated to have reported the incident of abuse/crime that physically disabled children suffered, reported that some of the cases reported are investigated but some are not. They alluded that during the process of the investigation. Parents of the physically disabled children would drop the case, which makes it complicated for the apprehension of the perpetrator. They have reported that social workers do intervene by means of therapeutic intervention from the moment the case is reported, however due to human resources limitations, the intervention offered by the social workers diminishes. The respondents also reported that, those abuse/crimes committed by physically disabled children against another physically disabled children such as rape, physical assault (GBH) and sexual assault are not investigated and arrests are not made because they are minors and no action is taken against them. Warnings are issued and they are released in the custody of their parents.

The following are some of the verbatim of those respondents the researcher selected to express their views:

"It was investigated and later found that it was not that serious because the children were minors" (R6).

"We usually take the matter to social workers and nurse for testing, but sometime parents would not want the matter to reach the police" (R8).

"They do take the child (perpetrator) to the police station but they don't actually arrest him" (R9).

- **What happened to the abuser/perpetrator after the incident was reported?**

Respondents reported have no idea what happens to the perpetrators that victimize the physically disabled children in their homes. They reported that some families drop the charges and some cases do not make it to court. They reported that those perpetrators, who are disabled children, are not arrested due to being minors. It is evident that most cases against physically disabled children do not go through the process of criminal justice. Cases do not make to court because of lack of evidence, physically disabled children cannot testify, or families refuse to take part.

The following are some of the verbatim of those respondents the researcher selected to express their views:

"Perpetrators usually are released because families drop the charges" (R2).

"His parents were called and was released in the custody of his parent" (R6).

"Families refuses for the perpetrator to be apprehended and arrested" (R7).

"Sometimes police don't have the right to arrest a disabled person" (R8).

"Some perpetrators are arrested and some are not" (R9).

- **Did you believe the child?**

Most respondents alluded to believe the physically disabled child who came to report the incident of abuse to them. They indicated that, they have believed the child and acted accordingly. This led to them reporting the incidents because they chose to believe the child; however, they are not so confident about the parents. They commented that parents tend not to believe these children. Some reported that, they needed evidence before believing the child, and in case of the bullying or physical assault, they call the victim and the perpetrator and the witnesses' to tell their side of the story (*audi alteram partem*). The respondents shift the blame to parents in most cases.

The following are some of the verbatim of those respondents the researcher selected to express their views:

"Before believe I would ask a witness" (R2).

"Yes, I believed the child, when reporting the abuse to me" (R6).

"We do believe the child, then take necessary steps to help the child" (R7).

"Yes she was believed because she did show signs of abuse and she was asked to identify the victim. It was found that the incident happened at home (R8).

- **How the incident impacted you?**

The respondents were asked to give their informed perspective and share their experiences on the impact they incurred because of physically disabled children's victimization. They were asked to report on how they feel on the issue of physically disabled children's victimization. Most respondents demonstrated frustration, pity and sad emotions about the victimization of the physically disabled children in their care. They alluded that, they are equally traumatised as well and wishes the law would take its course. Since they are dealing with these children on a day-to-day basis, their victimization influences them in a negative manner. Most were of the view that these silent, destitute voices needs to be heard and something needs to be done to curb the abuse against this defenceless souls. They mentioned that what happens to these children sadness them, their souls are not at ease with that, they strongly against the abuse and/or victimization of these children.

The following are some of the verbatim of those respondents the researcher selected to express their views:

"It is very sad, I even tell them that the school is specially created for them to be safe, unfortunately the safe place we assume, provide victimization as well" (R1).

"It is not a nice feeling and I am not happy about it" (R2).
"It is not a nice feeling and I am not happy about it, because some of these children can't defend themselves" (R3).
"It sadness me what they go through, I don't wish it to anybody" (R5).

"It is sad because I am also a parent, then you have to talk to a child to report things like this early, so that they could be helped" (R6).

"It is very sad, sometimes these children are being abused even here at school at hostel, it would be better if house mothers/fathers can get a training on how to deal with a disabled learner" (R8).

"I don't want to lie, it's really sad. I once said, we as staff, we need counselling because we are everyday traumatised as we deal with cases of abuse of these children (R9).

"It is really sad, you even wish to see the perpetrator who does this to these defenceless souls" (R10).

5.7 Conclusion

In conclusion, this chapter captured the data analysis and interpretation of data. This chapter was distinguished into two parts (part 1: data analysis and interpretation from the physically disabled children and, part 2: qualitative data analysis and interpretation from the caregivers of the respondents). The researcher used the triangulation method for collecting data; the researcher used a questionnaire for physically disabled children and conducted interviews with the caregiver of the physically disabled children. The researcher used SPSS version 22 to analyse the data from physically disabled children because it has a quantitative element, then the researcher analysed thematically the data collected from the caregivers. This chapter presented a rich data, which emanated from the respondents and the data was interpreted accordingly. Verbatim was used to express the feeling and experiences of the respondents. The following chapter discusses the findings of the study, which emanated from this chapter.

CHAPTER 6: DISCUSSION OF FINDINGS

6.1   Introduction

The previous chapter focused on the data analysis and interpretation of the results, subsequently this chapter focuses on the discussion of the findings. This section is a discussion of the research findings regarding the study sample in the light of the research questions of the study, the conceptual framework from which they have been derived and the findings of earlier studies, the goal of which is to either confirm or dispute a relationship between the findings of earlier studies and the findings of this current study. This chapter also presents the achievements of the study objectives and answers the research questions. The discussion of findings will be incorporated by using literature and theories underpinning the study. This study focused on victimological analysis of physically disabled children as victims of violence in the Eastern Cape. The researcher proposed four objectives for the purpose of the study as following: to explore forms of violence these disabled children experience in the Eastern Cape; to determine if disabled children are the victims of violence due to their disability in the Eastern Cape; to determine the effects of violence these disabled children experience in the Eastern Cape; and to explore whether the violence experienced by disabled children is reported to the criminal justice system in the Eastern Cape. The achievement of these objectives will be discussed below.

The following is the discussion of the findings for the study.

6.2 Section A: Demographical background data of the respondents (physically disabled children)

The study comprised of (n=8) males who are between the ages of 13-15 years and (n=14) females who are between the ages of 13-15 years and (n=42) males who are between the ages of 16-18 years and (n=36) females who are between the ages of 16-18 years. The total sample size for the purpose of this study is 100 physically disabled children respondents. Of this, 50 were males and 50 were females. The majority of 86% (n=86) of the respondents are Africans whose home language (1st language) is IsiXhosa and 13% (n=13) of the respondents are also Africans whose home language is IsiZulu. The study comprised of only one (1) coloured respondent that speaks Afrikaans as a home language.

The majority (76%) (n=76) of respondents who are between the ages of 16-18 years are in grade 10-12, followed by 21% (n=21) those that are between the ages of 13-15 who are also in grade 10-12. Then 2% (n=2) of respondents are between the ages of 16-18 years are in grade 6-9 and only 1 respondent who is in grade 6-9 is between the ages of 13-15 years.

The majority of 73% (n=73) of the respondents were staying with their family before being brought to the boarding school. This was followed by 17% who were staying with guardian(s) (i.e. grandmother, sister, and stepparent). Then 7% of the respondents were staying with adopted families and only 3 reported to have come from foster families. The majority of the respondents were staying with their immediate family member who decided to place them in a boarding school for one reason or the other. Amongst these reasons reported were abuse, neglect and lack of knowledge in taking care of a physically disabled child, with some who viewed special need school hostels as dumping grounds.

The majority of 72% of the respondents have reported that their parents/guardian(s) are not working, meaning they are unemployed, and their main sources of income is a social grant from the government while 1% reported that their sources of income emanate from contribution made by relatives. A total of 28% of the respondents stated that their parents are working, out of the 28%, only 24% reported that their sources of income comes from their parents' salary. Then 3% reported that even though their parents were working they relied on social grants as well. Only 1% reported that their parent are working however, they rely on contribution by the relatives.

The majority of 40% of respondents parent(s) are uneducated (never went to school) and live on social grants, then 11% of their parents/guardian(s) have grade 9-8 and depend on social grants. Therefore 16% of them are educated and live on a basic salary. Only 1% have grade 9-8 and depend on a basic salary. Then 23% have grade 9-12 and depend on social grants, and 7% have grade 9-12 and are living on a basic salary. Only 2% who are uneducated depend on contribution from relatives.

The majority (30%) of social grant holders support 9-12 people, followed by 24% of social grant holders which support 13-16 people whilst 15% of social grant holders support 5-8 people in each household, and 3% of social grant holders support 2-4 people, and only 2% of social grant holders supports 17-20 people in each household. Then 11% of basic salary earners support 9-12 people, and 7% of basic salary earners support 13-16 people. Then 6%

of basic salary earners support 5-8 people. The study reveals that only 1% of family income through contribution by relatives supports 5-8 people in one household then another 1% rely on contribution by relatives to support 9-12 people. The majority of 40% of the respondents are supported financially by family members living away who return home monthly, then 36% are provided for by the parent(s) whilst 20% are provided for by their relatives. Only 4% are provided by their working siblings.

Since this study was conducted in the rural areas, the researcher wanted to highlight the rural perspective of victimization committed against rural physically disabled children. The study found that the majority of the respondent's parents/guardians from the rural of the Eastern Cape are uneducated, unemployed and rely heavily on the social grant as a main source of income. The study found that the social grant is a main source of income as it supported more than 17 people and this shows that many are living in an overcrowded family home. Due to family strain of unemployment and poverty, neglect, and abuse, physically disabled children were subjected to school hostels, only to find they will be left there without being paid a visit or bought necessities such as toiletries or their fees being paid. The following authors arrived at the same conclusion as the current study. The researcher shares the sentiments with the following literature of which supports the current finding of the study.

Ingalls (1978) cited in Davies (2001:20) describes the socio-economic status and educational level of parents as being significant in terms of their perception of disability. He feels that whereas a middle class family would perceive having a disabled child as a 'tragedy', a low-income family would perceive the same crisis, something that affects their day-to day life events and in so doing, prevents them from regarding the long-term effects.

Philpott and Barry (1997/1998) cited in Davies (2001:20) state that "98% of parents of disabled children who live in the rural parts of South Africa are unemployed, semi-literate or uneducated single women". These caregivers, whether they are mothers or grandmothers often live in extreme poverty with very poor emotional, social, or economic support. Bowley and Gardner (1980) cited in Stalker and McArthur (2012), compare the situation of how limited economic resources, poverty and malnutrition in developing countries impacts on disabled children versus those children in developed countries where the economic resources allow for medical, educational and scientific progress.

According to Seligman and Darling (2007:29-30), a child with a disability could alter the family dynamics and the identity of the family by financial means, or by the restriction of social and recreational activities that could be pursued, and even regarding career decisions. In addition, Seligman and Darling (2007:29-30) state that parents are sometimes required to do more at home with their child with disabilities than the family system is able to effectively manage. Seligman and Darling (2007:29-30) also mention that the family could experience too much responsibility, which leads to stress, confusion, tension, conflict and depression. Furthermore, according to Reichman, Corman and Noonan (2008:680) cited in Hyson and Tomlinson (2014: 95), living with a child with disabilities is a unique experience for everyone involved. Reichman et al (2008:680) cited in Hyson and Tomlinson (2014: 95) mention that financial costs, physical and emotional demands as well as time management and other complexities could negatively influence the family dynamics. The current study found similar factors highlighted by Reichman et al (2008) cited in Hyson and Tomlinson (2014: 95) as contributing factors that push lot of family members with a physically disabled child to dump them in the special need schools. The researcher is of the opinion that a family situational analysis provides a better picture of what is happening to the physical disabled children within their homes.

Robinson and Robinson (1976) cited in Davies (2001) argue that having a disabled child creates stress and emotional turbulence in the family. They list the following variables as affecting the family functioning: the financial burden, a need for constant surveillance and supervision, social ostracisation and constraints, dietary measures, limited outings and activities, physical exhaustion of the primary caregiver, overprotection of the disabled child and the related overlooking of the needs of the remaining siblings. Harris (1983) cited in Davies (2001) supports these effects and includes feelings of depression, anger, guilt, sibling rivalry, and conflicts with extended family and judgmental strangers. According to Ross (1964) cited in Davies (2001), if parents' expectations are impeded by having a disabled child, their reactions of guilt, resentment and disappointment are "culturally relative".

The following is the discussion of findings according to the objective of the study.

6.3 Objective 1: To explore forms of violence the physically disabled children experiences in the Eastern Cape.

There are various forms of violence/abuse/crime that physically disabled children experienced either in their homes, schools, public transport or in their community. This study has found the following forms of violence to be experienced by physically disabled children in the Eastern Cape.

6.3.1 Rape

According to researchers, children with a physical, sensory, intellectual or mental health impairment are at increased risk of becoming victims of violence. While the amount of research available on this population is extremely limited, particularly for disabled children in the developing world, current research indicates that violence against disabled children occurs at annual rates at least 1.7 times greater than their non-disabled peers. More targeted studies also indicate reasons for serious concern. For example, one group of researchers report that 90% of individuals with intellectual impairments will experience sexual abuse at some point in the life, and a national survey of deaf adults in Norway found 80% of all deaf individuals surveyed report sexual abuse at some point in their childhood. (2,3) According to the National Crime Victimization Survey (Rand and Harrell 2009, as cited in Turner (2011), children with any form of disability are more than two times likely to be exposed to sexual abuse as other children. Moreover, this act of violence is more common in developing countries, where poverty takes a leads and rearing of a disabled child adds much stress to the family. A report on violence against children with disability in East Africa (Stopler 2007) states that, "Disabled children are 4 to 10 times more likely to be victimized". As sexual violence is the most prevalent issue globally which mostly goes unreported, it is a matter of great concern for all government and health care agencies.

This current study found that most of the physically disabled female children reported to have experienced rape/sexual molestation/rape. The people that they know, and some by the strangers that knows their vulnerability and neglect have raped them. The study also finds that most perpetrators of this crime are people that are well known to the child.

The study further finds that the physically disabled children have been gang raped by strangers and people that they stay with.

American Psychological Association supported this finding, (2011) documented that in the USA, someone they know and trust sexually abuses most children. The children know an estimated 60% of perpetrators of sexual abuse. However, they are not family members, but they are family friends, babysitters, childcare providers, neighbours. Another 30% of perpetrators are family members including fathers, brothers, uncles and cousins, while 10% of perpetrators are complete strangers (American Psychological Association, 2011). Waterhouse and Stevenson (1993) arrived at the same findings as well, they are of the opinion that the bulk of violent acts against children are performed by people whom they know and often those they know well such as parents, family, friends and teachers (Waterhouse and Stevenson 1993). Often they are a member of the family or community on who the child depends for care and support (Handicap International, 2011). Generally, the most common abuser is male although there was a significant percentage of approximately ten to thirty eight per cent of abusers who were female (Waterhouse and Stevenson 1993). The majority of the male perpetrators are living in the same home as the victims, some were visitors and the victim knew others. Perpetrators create opportunities, which allow them easy access to children such as at functions at schools and at sports events or by living in locations near playgrounds (Waterhouse and Stevenson 1993). In another study conducted in the UK by Balogh, Bretherton, Berney, Graham, Richold and Worsley (2001), the estimates are subject to a lack of disclosure and under-reporting. The study reported that for people with disabilities, these difficulties are even greater since less is known about them, due to under-reporting.

According to Davis (2005), 97 to 99% of abusers are known and trusted by the victim with disabilities, while in 32% of cases, abusers are family members, and 44% have had a relationship with the victim. Children are increasingly abused sexually at places that are glorified ideologically as safe havens for them, for example, social institutions for nourishment and protection, including schools, churches and homes (Phasha, 2009) cited in Myaka (2011).

This contradicts the traditional assumption that sexual abuse of children was committed by 'dirty old men' (strangers) in parks. At schools, girls in particular, are raped and attacked in toilets, empty classrooms, corridors, hostel rooms and dormitories by their male classmates and even by their teachers (George, 2001) cited in Myaka (2011). The current study arrived at similar findings such as those from Phasha (2009) and George (2001) cited in Myaka (2011). The study finds that some of the children have been sexually molested/raped by other disabled children in hostels of the special needs schools. Most of the rape incidents involves violence, children are being struggled/suffocated by the throat to prevent them from screaming or when the perpetrators are feeling excited. Most of the rape incidents happened because of neglect - a physically disabled child being left alone, unattended. Some of the rape incidents happen because of the alcohol as some of the perpetrators are drunk when raping these children. This could be evidence that they want to neutralise and/or suppress the conscience they might have when raping this defenceless children. Ammerman et al (1989) cited in Sobsey (1994:71) found similar results as the current study above and he asserts that physically disabled children are frequently sexually abused because of neglect.

Mcfeely (2011) state that physically disabled children are left with scars on their souls and in their minds and they may end up having physical problems, unwanted pregnancy, sexual problems, behavioral problems, depression, anxiety and lack of trust. Such negative health impacts can persist long after the abuse has stopped (Nelson and Hampson 2005, as cited in Mcfeely, 2011). Moreover, rights such as freedom from discrimination, protection from abuse, assault, torture and right to rehabilitative care for victims of neglect and abuse are highly violated. The current study supports the finds by Mcfeely (2011). The current study find that majority of the physically disabled children suffer severely as a result of sexual abuse and they experience behavioral problems, depression and sexual problems.

The following is a sexual assault discussion.

6.3.2 Sexual assault

The researcher has adopted the definition of sexual assault from Section 5 of the Criminal Law (sexual offenses and related matters) Amendment Act 32 of 2007 to distinguish it from rape and/or sexual molestation.

Kaufman (2008) indicates that children and adolescents with disabilities are at significantly increased risk of sexual assault of 1.5 to 2 times higher than the general population. Those who have milder cognitive disabilities are at a higher risk. However, in some instances the prevalence is difficult to be determined because no statistics are maintained on such incidents (Grieveo, McLaren and Lindsay, 2006 cited in Myaka, 2011).

The study finds that many of the physically disabled children experience sexual assault. Those physically disabled children who experienced sexual assault reported that they were compelled to touch or play with the offender's penis. Some reported that the offender would insert fingers inside their private parts but never penetrated. They revealed that some of their victimizer do not penetrate them but want to be masturbated. They would compel them to play with their manhood or put their figure inside the child's private part whilst masturbating.

The respondents reported to have known these offenders/perpetrators and they do this frequently. The study further finds that fellow learners in the school and hostel toilets have touched some of the respondents on their private part at school. Three male respondent alluded that their friend's mothers compelled them to touch and/or play with their private part. The study found that both female and male physically disabled children are the victims of this crime (sexual assault). This behaviour according to the law inspires the belief in a complainant ('B') that B (physically disabled child) will be sexually violated. The current study findings is in line with Turk and Brown (1992) who found that noncontact forms of sexual abuse (e.g., exposure to pornography, indecent exposure, sexual harassment) occurred in 23% of the cases and Sullivan et al (1991) found noncontact sexual abuse in only 6.7% of cases involving physical and sexual abuse and 7.3% of cases involving sexual abuse only.

6.3. 3 Grant/Financial abuse

In general, physically disabled children and/or people with disabilities are legible for the social grant to assist with the necessities they may solicit to make life easy for them on a day to day basis since they cannot assume employment. They receive the government subsidy at the end of each month. This grant is supposed to assist and sustain them as a source of income since they may do not receive an income by means of labour due to their physical disability. However, most of the physically disabled children do not see their money and do not know

where their grant goes because family members use it. The study find that they are not taken care of, (their guardians, parents, relatives, extended family member whom they stay with) make use of the money without even buying the necessities for them (physically disabled children). Most participants reported that some of their parents us their social grant to buy alcohol, others parents support other abled children rather than the physically disabled one.

The study also finds that some of the parent(s), guardian(s) pay school fees for the abled children to go to a private school/better school; while some buy clothing and other materials for the abled children and abandoned and/or neglect or refuse to buy for the physically disabled child. Most of physically disabled children revealed that their fees are not paid most of the time, they have no cosmetics, no food, no clothing to wear in the special need school hostel but they earn the social grant. In most cases when they ask for their money, they are often subjected to physical attacks or more neglect or endure insults and name calling about their disability.

The study finds that in special need school hostels, they suffer. The respondents reported to have nothing whatsoever but they do get grant in every month. The researcher finds that their parents use special need schools as dumping grounds and never look back. This puts more pressure to the school management to try to help these children. They are dumped in school hostels without food, stationary, clothing, toiletries/sanitary on top of that, not fees. They are left unattended and seldom visit home because the parents do not fetch them or invite them. The researcher is of the view that these children endure double victimization - from the parents and from the hostel caregivers. These physically disabled children are abandoned in hostels where they receive more neglect and experience other forms of abuse such as physical, emotional and otherwise.

This form of abuse was even confirmed by the caregivers when interviewed. Caregivers were of the view that physically disabled children in their care, are not taken care of and their parents use their social grant money. Caregivers alluded that, parents use the special school as a dumping ground. Once they bring the children, they seldom visit and/or bring sanitary items for them. They confirmed that disabled children in their care are suffering as a result of their finances being misused.

6.3.4 Bullism

In an attempt to understand why some children become the target of bullying, researchers Finkerlhor (1997:100) cited in Davies and Snyman (2005:69) have noted that these children who often have avoidance-insecure attachment relationships with primary caregivers, lack trust, have low self-confidence, expect hostility from others and socially isolated. According to Macneil (2002:250) cited in Davies and Snyman (2005:69), victims also tend to be physically weak and either over or underweight.

They tend to have difficulty in relating to peers in general and their social skills are poor or ineffective. They are frequently less popular than others are and this commonly leads to their isolation. Victims tend to have poor hand-eye coordination, which contributes to their vulnerability, as it is easier for bullies to distract then by aiming to hit them in the face but punching the body instead. They are also typically smaller and weaker their peers and have lower energy levels and lower pain tolerance.

School bullying involving children with disabilities has been extensively studied in the United Kingdom and Scandinavian countries (Dawkins 1996; Olweus 1991; Roland & Munthe 1989) cited in Sullivan (2009:207). Bullying is defined as a relationship of unbalanced power between youth who are involved in repeated abusive or threatening behaviours toward other youth (Besag 1989; Olweus et al. 1999; Smith and Brain 2000) cited in Sullivan (2009:207). Children with disabilities are the frequent targets of physical and/or psychological teasing, name-calling, hitting, pushing, social exclusion, threats, extortion, and theft in schools (Dawkins and Hill 1995) cited in Sullivan (2009:207). Children enrolled in special education programs associated with visible disabilities (i.e., cerebral palsy, blindness, deafness, etc.) are twice as likely to be bullied than children with disabilities not associated with visible physical conditions (i.e., learning disabilities and behaviour disorders) and some one-third of these children are regularly bullied at school with boys being bullied more often than girls (Dawkins 1996) cited in Sullivan (2009:207). These data are consistent with other research that has found children with special education needs twice as likely to be bullied as those in regular class placements (Olweus 1991, 1993; Whitney et al. 1992, cited in Sullivan, 2009:207).

The researcher is of the opinion that physically disabled children are not immune to bullism at school. They are susceptible to bullism just like abled children at school. They suffer at the hand of other children who tend to bully them; their bullism involves violence as well. Most of the participants have experienced bullism at school. They reported that other children, who take their money, lunch boxes and stationary, calling them by nasty unpleasant names due to their disabilities, have physically bullied them. This was also found by Dawkins and Hill (1995) cited in Sullivan (2009:207) that children with disabilities are the frequent targets of physical and/or psychological teasing, name calling, hitting, pushing, social exclusion, threats, extortion, and theft in schools. Similarly, a British study of children with intellectual disabilities in two special education schools found 83% of the participants experienced some type of bullying including verbal vulgar epithets, ridicule, threats, physical beatings, being forced to do things against their will, and being sexually touched without their consent (Reiter and Lapidot-Lefler 2007). In a study conducted by Cawson, Wattan, Broker and Kelly (2000:6) on child maltreatment in United Kingdom, respondents were asked a series of questions concerning bullying and discrimination by other children and young people and by adults. Results showed that bullying by other children and young people was a feature of the childhood experience of almost a third of the sample, and that respondents also reported experiencing discrimination and being made to feel different from other young people. In their study, they found that only 14-15% of respondents had been physically bullied, but large minorities had experienced threats of violence, having their belongings damaged or money or property taken from them. The most common behaviour was verbal insults or lies told about them, or ignoring and excluding them.

The current study finds that bullism of physically disabled children involves a group of learners bullying one learner just like bullism occurring to abled children. The respondents reported that their bullies goes without being punished and that no one helps them even though they report it to the teachers. The study finds that in special schools, bullism is a form of an initiation at the hostel; it serves as a rite of passage for the new learner at hostel. Hoover and Salk, (2003) cited in Hoover and Stenhjen (2003) found similar results as the current study, they point out that bullying, harassment, and teasing within schools are not only practiced by many students, but have historically been allowed, ignored, and even modelled by adults. Bullying and teasing have been accepted by many as rites of passage for youth—

a normal part of the childhood and adolescent experience. In fact, some researchers have recently wondered whether bullying may serve some purpose for society, resulting in ambivalence toward anti-violence programs (Hoover and Salk, 2003) cited in Hoover and Stenhjen (2003). However, the fact that youth who have been bullied, teased, and ostracized continue to use violence as a means of fighting back indicates otherwise.

The study also finds that bullism takes place everywhere in a special needs school such as in the hostel, toilets, school ground and school yard. Some respondents with caring families, revealed that they become targets when they are visited by parents who happen to buy them food (such as KFC, fish and chips, Nandos etc) give them money when they leave but they never see those groceries and money because the bullies collect them. Cawson, Wattan, Broker and Kelly (2000:6) confirmed these findings. In their study, they found that only 14-15% of respondents had been physically bullied, but large minorities had experienced threats of violence, having their belongings damaged or money or property taken from them.

Some caregivers during the interviews confirmed bullism amongst physically disabled children. They were astonished to hear the fact that disabled children bully other disabled children. According to them, that should not the case because they are all the same. They reported that they intervene where the bullism is severe, if not; they regard it as a mere growing process of "boy being boys."

6.3.5 Physical abuse

Physical abuse is probably the most obvious form of maltreatment. Children are beaten, shaken, thrown, burned, poisoned, smothered, and subjected to an almost infinite list of other torture. Physical maltreatment often takes the form of excessive punishment, blind rage, or systematic torture (Sobsey, 1994:17-18).

The researcher finds that just like abled-bodied children, physically disabled children are subjected to physical abuse as well. The people they know, whom are close to them such as family members, guardians, other leaners and caregivers at school hostels, severely physically abuse them. Many respondents reported that they would be severely beaten at home for messing themselves and left for days without bath. Cawson, Wattan, Broker and Kelly (2000:8) who found that most of the violent treatment (78%) had happened at home,

most often by mother (49%) or father (40%) also found this finding. More than a fifth of those reporting this violent treatment had experienced it regularly, with young women slightly more likely to report this than young men.

The current study also find that respondents would be ordered not to make an appearance when there are visitors and if they did, they would be subjected to cruel physical beating. They revealed that the physical abuse was instigated by irritation and lack of empathy from parents, relatives, stepparents, foster parents or guardians. The study finds that parent, guardians, step-parents, foster parents or relatives who are looking after for these physically disabled children would complain about cleaning up after them and insult them for bringing misfortune and bad luck within the home and in the process beat them for messing themselves. Some respondents' reported that, brutality, insults, neglect, locked outside and being refused food or water accompany the physical abuse.

The respondents reported that in boarding school hostels they are subjected to physical abuse as well due to messing themselves, either bed wetting/defecating or one wetting himself or herself. They reveal that caregivers would leave them unattended or when it is raining, send them outside so that the rain would clean them. Some of the respondent reported that they suffer the same abuse at school and back at home.

The physical abuse not only happens between adults and physically disabled children. It also occurs amongst physically disabled children. Some respondents reported that they have been attacked violently at school and they have been stabbed as well. The respondents reported that they have been violently stabbed by other learners with knives in school hostels. They alluded that in most cases there was no provocation. One female reported that another male learner for refusing his proposal beat her. He wanted to date her but she refused then he attacked her physically.

The objects used to inflict the physical brutality to these children range from sjambok (whip), electricity cable, boiled water, clothing iron, stick, belt, wooden spoon, and a knife. This finding was also highlighted in a study conducted by Cawson, Wattan, Broker and Kelly (2000:7) and in their study, the respondents experienced certain kinds of violent treatment, including being hit with implements such as sticks, punched, kicked, knocked down, shaken, deliberately burned or scalded, throttled or threatened with a knife or gun. A distinction was

made between this more serious treatment, designated 'violent' treatment, and the 'physical treatment/discipline' of slaps, smacks and pinches. Results showed that although few had experienced the individual violent treatments, a quarter of the sample had experienced at least one of them (Cawson, Wattan, Broker and Kelly, 2000:8). Against the above backdrop, the researcher also noted the following forms of abuse which are paramount to mention which most physically disabled children are succumbed. Physically disabled children are subjected to the following abuse as well.

6.3.6 Emotional abuse/harassment

According to Harassment Act 17 of 2011, harassing contact may be verbal or electronic, and may involve sending unwanted communication or objects to a person. The Act defines harm widely to include mental, psychological, physical or economic harm.

Physically disabled children are confronted with many challenges and amongst them is the emotional abuse/harassment such as "name calling" "teasing". The respondents reported that they have been given unpleasant names due to their disability. Some reveal that everywhere they go, due to the nature of their disability, people stare at them in unpleasant manner, which creates discomfort. They postulate that name-calling is not a strange thing - even with each other i.e. other disabled children calling another disable child with unpleasant name due to the physical condition. The respondents reported that they become victims of ridicule, name-calling, and teasing at home, school, in public as well as in their communities. Sobsey (1994:34) postulates that parents, teachers, health care providers, and a variety of other people who exercise authority can commit even psychological abuse. Although psychological abuse does not constitute a criminal offense, it is nevertheless an important issue (Sobsey, 1994:34).

This study finds that physically disabled children have been harassed more especially in public transport due to their disability. It revealed that when people are in a hurry they lose patience since the driver needs to pull out of traffic and put a wheelchair in the boot. This form of abuse reduces the physically disabled children to be lesser than human and strip them off their self-confidence. It promotes a feeling of less worth and one questions one's own sense of existence. This finding was also found by Cawson et al, (2000: 13) who found that emotional maltreatment is particularly likely to lower the child's self-esteem as victims

are especially vulnerable to being made to feel that they deserved or were in some way responsible for the maltreatment they received (Cawson et al, 2000: 13).

6.3.7 Neglect

Neglect is perhaps the most insidious form of abuse; in extreme form, it may be one of the most damaging. Physical neglect occurs when nutritional, medical, or other physical needs are deliberately ignored or withheld. Emotional or developmental neglect occurs when an individual is deprived of the basic human interactions required for the development of normal behaviour. The failure to provide appropriate or required medical care is a form of medical neglect, and educational neglect refers to the failure to provide appropriate educational services. Often these forms of neglect occur simultaneously, although sometimes there may be only one type of neglect taking place. Neglect often occurs along with physical abuse, but either may occur without the other (Sobsey, 1994:34).

The study finds that many physically disabled children are the victims of neglect, due to their physical disability. Many respondents, who experienced neglect reported that they feel unwanted, unwelcomed and feel as a burden to their families. They reported that they feel this way, because they are constantly reminded that they are unwelcome and they bring bad luck in the family. They further reported that they are neglected because they bring at home misfortune, shame or bad luck; they say their families feel shy to have them since they are disable. The neglect actions are reported to be locked in, left alone most of the time, unattended to when messing up, not bathed, fed nor clothes, not listened to, and not given medication when feeling sick.

Similarly these findings were highlighted in a study conducted by Cawson et al (2000: 11) Serious absence of care was assessed as including children frequently going hungry, frequently having to go to school in dirty clothes, not being taken to the doctor when ill, regularly having to look after themselves because parents went away or had problems such as with drugs or alcohol, being abandoned or deserted, and living in a home with dangerous physical conditions.

In a study conducted by Wogqoyi (2012:88) in the rural areas of the Eastern Cape, she depicts some of the issues expressed in the current study. She found that the incidences of serious neglect which might have been caused by parental non-acceptance of the disabled

child. Wogqoyi in her study further found that other mothers expressed the desire that a disabled child should die and therefore did not provide the necessary nurturing and care to the child. These feelings and behaviour from parents might be related to the value or rather lack of value that the community in particular and society in general puts on disabled children (Handicap International, 2011). They are often seen as a burden without the ability to add anything of value to their families and communities. In the study community concerned, children with disabilities are stigmatised and viewed as those who are punished by God or as a source of shame. They are seen as people who do not deserve the same rights as others (Wogqoyi, 2012:88).

In an interview conducted with the caregivers, they revealed that many physically disabled children in their care are subjected to neglect. They are deprived of necessities, such as food, clothing, medication and toiletries. Caregivers alluded that physically disabled children are the victims of having nothing because of neglect. They postulated that they often call out the parents to address the issue; however, the parents tend not to listen. The caregivers further alluded that most of the children in their care are left with grandparents who are unable to take care of these disabled children. This was also highlighted in a study conducted by Wogqoyi (2012). The following discussion pertains to the crime classification according to the physically disabled children, places where the crime was committed, continuation of crime committed against them, fear for re-victimization, and knowledge of the perpetrator.

6.4 Crime/abuse commission according to physically disabled children

The respondents were asked how they regard the crime that was committed to them. The respondents regarded the majority 48% of crime committed to respondents' as abuse. Then 18% was regarded as both abuse and violence. Then 13% regarded the crime committed to them as harassment and 11% regarded the crime as both abuse and harassment. Only 9% regarded crime committed to them as violent crime. This question seeks to depict if the physically disabled are aware of the crime/abuse committed to them and how do they regard it. The researcher wished to know if they could be able to classify and distinguish between the crimes committed to them.

The physically disabled children were also asked the place where the crime/abuse mention above committed from. The majority of 70% of the respondents alluded that crime committed against occurred in private place (such as home, church, toilets, showers, neighbour's house etc.) and only 30% of crime committed against the respondents occurred in public spaces (such as town, public transport, sport field, school yard etc.). This is evident that most crime goes undetected because it is committed where there are no witnesses and these disabled children refuse to come forward.

The physically disabled children were also asked if the crime/abuse committed against them is continuing. The majority (66%) of the respondents reported that the crime is no longer happening and 32% of the respondents indicated that the crime is continuing. The researcher is of the opinion that the decrease of crime is due to respondents' relocation to boarding school hostel. This relocation was reported to be amongst the reasons to stop the crime committed to these children. The researcher is of the opinion that crime committed to physically disabled children is on the rise and continues every day, and every time just that physically disabled children have been removed to the place where it is rife and happening.

Even though the majority of the respondents indicated that the crime/abuse committed against them is no longer happening, they fear that it might happen again. The majority of 57% of the respondents fear that the crime/abuse might happen again to them (fear for being re-victimized). This is evident that most children that are victimized fear being re-victimized.

The respondents were asked if they know their perpetrator who victimise/d them and where asked if those perpetrators stay with them or in their vicinity. The study reveals that the majority 82% of the respondents knew their perpetrators (victimizers) whilst 18% of the respondents' did not know their perpetrators (victimizers), this could be due to the fact their perpetrators are strangers to them. Those physically disabled children who do not know their perpetrators it could be that, they have been abused by the strangers who know about their vulnerability and neglect.

This study finds that the majority 73% of the perpetrators (victimizers) live/stay with the respondents; they are family members, close family friends, or relatives, caregivers, hostel matron etc. whilst 22% of the perpetrators do not live/stay with the respondent, which are neighbours, priest/pastor, other disabled children from school, and a public.

According to Hesselink-Louw and Olivier (2001:15) offenders of disabled children are categorised as intra-familial (family members) or extra-familial (non-family members) perpetrators. In most instances, the offender and the victim know each other well - 90% of the assailants are family members, neighbours, bus- and taxi drivers or care providers.

The following discussion detail the reasons why crime/abuse is committed against physically disabled children.

6.5 The reasons for crime, abuse and/or violence is committed against physically disabled.

The following themes/factors were identified by the physically disabled children as the reasons they are being abused.

6.5.1 Vulnerability

The study find that physically disabled children are targeted and victimized because of their vulnerability. Their vulnerability is created either by their physical condition or by neglect, which facilitates their attacks. From the respondents' point of views, they are targeted and endure the abuse because of their vulnerability. Their physical disability makes it impossible to defend themselves and/or run away from the victimization situation. Their physical conditions makes them to be attractive and vulnerable to offender. The offenders regard them vulnerable because they form part of the forgotten members of the society. Most physically disabled children who are females living in a high-risk crime community, with absence of guardianship due to neglect, become victims of any sort of violence. This study reveals that young children who are physically disabled, who are staying with a single guardian such as grandmothers are the victims of violence. According to Nettelbeck et al (2000:46) cited in Hesselink-Louw, Booyens and Neethling (2003:172), children with impairments are highly vulnerable to criminal exploitation because the nature of their disability seems likely to render them more vulnerable to victimisation.

6.5.2 Regarded as an easy accessible target

Most of the physically disabled children are targets because they are easily accessible. They are not protected and the people who are supposed to protect them are sometimes the perpetrators such as family members. Most respondents believe that they are victimized because offenders have easy access to them. They stay with them, some are vicinity to them or school with them. They are also left alone and unattended, which makes them easy targets that are accessible by strangers to victimise them.

According to Hough (1987, p. 359), if members of one group are selected as crime targets more frequently than another, they must meet at least one of three conditions: they must be exposed more frequently to motivated offenders (proximity), be more attractive as targets in that they afford a better "yield" to the offender (reward), or be more attractive in that they are more accessible or less defended against victimization (absence of capable guardians).

Disabled children may be perceived as ideal targets because their disabilities may mean they are unable to escape or communicate their experiences easily. It may also be more difficult for disabled children to recover from abuse, because of their dependency on others and the isolation created by the disability (Bernard 1999:326) cited in Hesselink-Louw, Booyens and Neethling (2003:165).

6.5.3 Disability conditions

The study finds that most of the physically disabled children under study were targeted because of their disability. They revealed that their disability made them easy targets for abuse due to their vulnerability and being easily accessible due to neglect. They reported that if it were not for their physical condition they would be safe just like their able counterparts.

They state that their physical appearance and disability makes it easy for people to take advantage of them and to abuse them. They regard their disability as a contributing factor to their victimization.

6.5.4 Hatred for disabled people

The study finds that physically disabled children are being victimized/attacked/abused because their victimizers/attackers, hate them. They alluded that hate is what drives the perpetrators to violet them. They make comparisons between themselves and their able counterparts. They report that, their counter parts are less likely to be victimized than they are because they are not hated. They reckon that being physically disable make them to be hated by people who wants to victimize them.

6.5.5 Alcohol abuse

The study also finds that some of the respondents revealed that alcohol plays a role in their victimization. They state that, when they were attacked, their perpetrators were drunk. Some respondents are of the opinion that, alcohol could be the reason they are attacked.

6.5.6 Unknowing

The study further found that some of the respondent reported that they don't know why they have been victimized/abused. They alluded that they often ask themselves the reasons for being victimized. They have no clue or knowledge or any understanding why people chose to attack them.

6.6 Objective 2: To determine if physically disabled children are the victims of violence due to their disability in the Eastern Cape.

This objective was achieved as well. The researcher wanted to find out if the physically disabled children are victimized due to being disabled or not. The researcher wanted to understand if the physical conditions of the children predisposed them to be targets of abuse/victimization. The following discussion pertains to the findings regarding the objective above.

The respondents were asked if the crime committed against them was motivated by their disability or not. The study reveals that 55% of the respondents believe that the crime committed against them was motivated by their disability. The researcher is of the opinion that most physically disabled children are victims of crime due to their disability, their disability condition makes renders them easy prey to victimization thus they are physically

weak and defenceless. The majority of 84% of the respondents revealed that the perpetrators regarded them as vulnerable victims hence they were victimized and only 16% of the respondents had a differing views. They reported that their perpetrators did not regard them as vulnerable victims, however they victimized them still. This proves that the children's physical condition played a role in their victimization. Even though they were not regarded as easy targets, they were victimized still.

The study further find that the majority of 83% of the respondents' reported that their disability conditions exposes them to their victimization. When asked about other disabled children (whether they are victims due to their physical condition), 84% of the respondents stated that disabled children are prone to victimization due to their disability. The study reveals that the majority of the disabled children are believed to be the victims of crime due to their disability. Their disability conditions expose and/or make them to prone to victimization. They are targeted because they cannot speak, cannot run-away from the abusive source and cannot defend themselves.

The following is the discussion of the effects of violence/crime experienced by physically disabled children.

6.7 Objective 3: To determine the effects of violence these physically disabled children experiences in the Eastern Cape.

The researcher sought to determine the effects of violence these physically disabled children are subjected to. The study revealed the damaging impact of the violence caused to these children. The following discussion details those effects experienced by the physically disabled children.

From the crime/abuse discussed above which was committed to the physically disabled children, the researcher seeks to provide some insight on the effects of those crimes. The researcher asked the respondents their reaction/feelings after the victimization has happened. The majority of 43% (n=43) of the respondents felt humiliated, whilst 31% (n=31) felt scared after the incident and 26% (n=26) of the respondents felt useless and unwanted. The physically disabled children reacted differently to the situation of their victimization. They regard themselves as unwanted and strongly believe that they were abused or that the crime

committed against them is a result of their disability. When asked about the effects crime/abuse had on them, the majority of 82% of the respondents reported to have lost confidence/self-esteem because of crime. Then 81% had experienced some sort of depression because of crime, whilst 72% of the respondent's disabilities was worsened by the crime committed against them. Seventy one percent of the respondents felt more vulnerable after the crime had been committed to them. Brown (2000) concurs with the current study by stating that long-term effects of child abuse include fear, anxiety, depression, anger, hostility, inappropriate sexual behaviour, poor self-esteem, a tendency toward substance abuse and difficulty with close relationships. These factors were also highlighted in this study - the majority of the respondents reported to suffer from depression, have poor self-esteem and their disability conditions were exacerbated by the crime/abuse committed against them. The respondents were further asked about the damaging impact of abuse/crime had on them. The study finds that the physically disabled children are confronted with various effects of victimization. The abuse has affected them in an adverse manner. The respondents have reported to experience the following: sleepless nights, trauma, depression, physical impact, resentment and social withdrawal/self-centres after the incident of abuse/crime. These themes (factors) will be discussed below in detail.

6.7.1 Trauma and depression

 Most respondents reported to be traumatised after the incident. Their traumatization involves flash back more especially when they see the person or see a similar event. Most reported that they become severely stress when they think of the incident and that makes them more sad. They reveal that their trauma it is coupled with nightmares, sleepless nights, depression and a sense of wanting to die. Respondents demonstrated depression and they expressed that they were equally depressed and traumatised. Thoughts of dying occupied their mind, they said. They questioned their existence and prayed to God to take them.

Various authors such as (Cahill, Llewelyn and Pearson, 1991; Freeman and Morris, 2001; Adams-Tucker, 1982; Lovette, 1995; Hooper, 1992) cited in Wogqoyi (2012) attest to the findings above; they are of the view that abused victims experience post- traumatic stress reactions and that these may persist for months or years. The long-lasting symptoms commonly displayed by the child victim include sleep disturbance; concentration

difficulties; memory impairment; persistent, intrusive thoughts and images of the traumatic event; anxiety; depressed mood; loss of interest in previously enjoyed activities; increased irritability; low self-esteem and self-worth; feelings of isolation; guilt; outburst of anger and aggressive behaviour (Cahill, Llewelyn and Pearson, 1991; Freeman and Morris, 2001; Adams-Tucker, 1982; Lovette, 1995; Hooper, 1992) cited in Wogqoyi (2012).

Furthermore Medline Plus (2008) cited in Wogqoyi (2012) arrived at the similar conclusion as the current study that abused children could suffer from a variety of physical, emotional, psychological and social problems such as a negative self-image, anxiety, depression, post-traumatic stress disorder, eating disorders and learning problems (Medline Plus, 2008, cited in Wogqoyi, 2012).

Medline Plus, (2008) cited in Wogqoyi (2012) further states that the stress experienced as the result of abuse can impact negatively on brain function and development. The brain stem, cortex, limbic system and midbrain are affected and various forms of traumatic memories are generated (Medline Plus, 2008). Anxiety disorders in disabled children include observed sleeping disturbances, nightmares and psychosomatic complaints (Weiner and Dulcan, 2004) cited in Wogqoyi (2012). Altered cortical homeostasis result in cognitive and narrative memory and altered limbic homeostasis lead in emotional memory (Weiner and Dulcan, 2004) cited in Wogqoyi (2012). Nightmares and ambivalent feelings are the result of the latter. The former cause's persistent fear accompanied by hypersensitivity and reactivity (Weiner and Dulcan, 2004) cited in Wogqoyi (2012). The researcher shares the same sentiment with the above authors. The researcher finds in this study that the physically disabled children are subjected to severe stress (depression) which creates sleepless nights and nightmares because of the abuse incurred.

6.7.2 Physical impact

The study find that most physically disabled children experience physical injuries due to the abuse or victimization committed against them. Their physical injuries included the following: womb damage (could not keep/contain urine), bruises and wounds (including broken jaws, rib's fraction, blue eye, and scars), damaged to private part (vagina). These will be elaborated in detail below.

- **Womb damage (Cannot keep/contain urine)**

Most respondents who experienced rape reported that their offenders damaged their wombs. They revealed that they could not keep or contain urine anymore after the incident. Some respondents revealed that as much as they used to mess themselves, the problem escalated after the incident of rape. They alluded that the incident of rape contributed to their everyday life of messing themselves such as wetting themselves or defecating.

- **Bruises and wounds (including broken jaws, rib's fraction, blue eye, and scars)**

Both the physical abuse victims and rape victims experienced this. Most the respondent reported that they have bruises and wounds because of the physical abuse. They stated that their lives changed completely after the incident. They reported to have suffered more on top of the fact that they are physically disabled. Some revealed that their conditions exacerbated by the wounds they obtain through physical abuse.

Sobsey (1994) state that frequent, unexplained, or inadequately explained bruises can be found in many cases of abuse. Bruises that are patterned (e.g., hand print, belt buckle) in specific locations (e.g., infants sometimes show oval fingerprints on chest or back from shaking episodes; bruises to both sides of the body are rare from accidental cause) or temporally dispersed. The physically disabled children under study experienced this - their abuse was not accidental and/or mistaken, and they were severely abused physically.

Sobsey, (1994:29 further state that repeated dislocations of joints in the absence of known disease process may indicate abuse, often in the form of shaking, twisting, or pulling. Frequent or multiple dislocations (e.g., in both arms or an arm and a leg) in the absence of a clear explanation are often sign of abuse (Sobsey, 1994:29). This was found in the current study, however the dislocation was not arms but the jaws because of the heavy blow of punch and/or object used to hit the physically disabled child.

Mead and Westgate, (1992) cited in Sobsey, (1994:30) assert that an eye injuries can be caused by direct impact to the eye, but abnormal findings in the eyes (e.g., bleeding from the optic nerve) also indicate damage to the brain. Since most of the respondents reported to have been severely beaten, some permanent damages can be proven hence they experience eye injuries.

- **Damaged private part (vagina)**

Most physically disabled children respondents who were raped experienced this impact. They reported that their private part (vagina) was severely damaged as a result of rape. They reported to have experience bleeding, discomfort and wounds from their private part (vagina). They reported that their vagina was torn apart and distended, they could not walk nor to bath. They reported to have experience-excruciating pain after the rape incident.

6.7.3   Sleepless nights

Most respondents reported to have sleepless night after the incident of abuse. Those who experienced physical abuse alluded that they could not sleep because of bruises, wounds and pains. Those respondents who experienced rape and sexual assault asserted that, they would be uncomfortable to sleep because they think they might be attacked again. They reported to have emotional disturbances that impairs their sleep.

6.7.4   Resentment/Anger

Most respondents demonstrated hatred for the perpetrators after the incident. Most of rape victim respondents who knew their offenders/perpetrators reported to have developed anger and hate. They reported to have developed hate and anger for men in general. Same applied to those respondents who were physical abused and otherwise, they share the same sentiment of resentment towards their offender and/or people in general.

6.7.5   Social withdrawal/self-centeredness

Most of the respondents reported social withdrawal. They expressed a sense of wanting to be alone. Most respondents reported to avoid being around people or being in a crowd because of anxiety, anger, and fear. Those respondents that experienced abuse at school reported to have refrained from attending classes, always avoiding being around other learners. Those who were raped reported to avoid contact with men or boys because of fear or hate and those who were physically abuse reported to avoid their abusers or people in general who will ask them about their bruises. Those who were neglected revealed that they avoided people because they are stinking and/or not well looked after. Their physical appearance makes people "raise eye brows" and pity them. Those who were teased or name called, revealed that they hated to be around people and avoided to be in a public space

because people will either tease them or stare at them in a most uncomfortable way due to their physical condition/appearance. Most of the respondents shared a sentiment of self-centredness and social withdrawal due to how they appear, and what offenders did to them.

Sobsey (1994) arrived at the same conclusion as the current study as he asserted that children who are abused would often withdraw from the interaction with others and spend much of their time alone. Sometimes withdrawal is associated with other aspects of depression. Occasionally withdrawal and aggression will alternate in the same child. Aggression may occur as a way of discouraging interaction with others. For example, an abused child may keep to herself and avoid other children, but if unable to avoid interaction may become aggressive in order to end it.

6.8 Objective 4: To explore whether the violence experienced by disabled children is reported to the criminal justice system in the Eastern Cape

There are significant difficulties in conducting research in relation to violence against people with disabilities, due to the sensitive nature of the topic and the vulnerability of the subjects. Like all people who have experienced violence and abuse, people with disabilities may feel shame in reporting, and may fear that if abuse is made known to outside parties there will be violent repercussions and other consequences, such as family breakdown. There may also be other obstacles to reporting experienced by people with disabilities, such as a fear that support services will cease, and reliance on abusers for transport or communication assistance that impedes access to support services and police (Carlson 1997; Sobsey and Doe 1991; Martin et al. 2006, 824). In addition, non-disclosure may be attributable to a lack of awareness or education about what constitutes abuse or violence, one outcome of which may be an absence of appropriate language to describe what has occurred (Jennings 2003: 13; Carlson 1997).

The present study arrived at the same results as reported by the authors above. The researcher sought to understand the reasons why physically disabled children tend not to report their victimization. When asked about the disclosure of their abuse to anyone the majority of 53% of the respondents' did not report/disclose to anyone the crime committed against them, this could be some of the reasons highlighted by these authors (Carlson 1997; Sobsey and Doe 1991; Martin et al. 2006: 824; Jennings 2003: 13; Carlson 1997) above. To some of the

respondents this was the first disclosing encounter, meaning they only divulge the crime committed to them to the researcher.

The respondents were asked to express their feeling and share their reasons for reporting and not reporting their victimization to anyone. The researcher desired to understand what prompt physically disabled children not to report their incidence of abuse/crime in rural areas to the police. When asked, they gave various responses to the question and detailed certain reasons for not reporting. The study finds that respondents see no need to report because nothing will happen even if they reported and they strongly believe no one will help them. Some were of the view that they are afraid of not being believed. They alluded that; they (those they confide in) will believe the perpetrator more than them. Various authors attest to this finding in their studies. Mudaly and Goddard (2006) report various thoughts and concerns children faced when disclosing abuse, all of which have the potential to contribute to their delaying disclosure. Children reported feelings of hesitancy and ambivalence concerning disclosure to their parents. There was also the experience of receiving less support with detail of the abuse, of feeling embarrassed, and of people not believing the child's story (Mudaly and Goddard, 2006). Ullman (2007) share the sentiment with Mudaly and Goddard (2006), and in her study she found, amongst a sample of college students, that disbelief of their stories was more likely in cases where the perpetrators were relatives compared to when they were acquaintances or strangers, particularly when their disclosure occurred during childhood (Ullman, 2007). However it is not only the assurance that they will be believed by others that encourages children to disclose. Staller and Nelson-Gardell (2005) also found that the girls in their study found it more important that they believed in themselves in order to accommodate for any potential disbelief from adults.

The present study also finds that other reason for under-reporting is the threats received from the perpetrator. The perpetrator threatened them not to report the incident. They alluded that the perpetrator threatened to kill them or do something bad if they were to report the incident to anyone. Authors such as Mudaly and Goddard (2006) who report threats made by perpetrators in which the child felt compelled to keep the abuse secret for fear of what may happen if they told are also documenting this.

Such threats may take various forms such as predicting negative outcomes for the child or the child's family (Paine and Hansen, 2002). Mudaly and Goddard (2006) further state that there can also be the fear of what disclosure may mean for the perpetrator, and sadness concerning a broken relationship where the perpetrator is a significant person in the child's life (Mudaly and Goddard, 2006). The caregivers also confirmed this finding during the interviews. The caregivers alluded that, the reason for the under-reporting of the physically disabled children is due to threats they receive from their abusers. Caregivers mentioned that, the children would report after a long series of abuse and when the abuse becomes intensive and severe.

The present study also reveals amongst other reasons for lack of reporting to be fear. The study find that most of the respondents didn't report the incident due to fear, fear of being neglected more, fear of being physically and sexually abused more, fear of being reprimanded that she/he asked for it (respondent), fear of causing conflict within the family. Those who fear to cause conflict within the family maintain that they want to keep good relations within the family. Other respondents reported that they have forgiven the perpetrator so they do not see a need to report. According to Sauzier (1989) cited in Bottoms, Kovera and McAuliff (2002) children often experience fearful fantasies of what would happen if they disclosed their abuse. It has been found that children who did not disclose their abuse themselves experienced the lowest levels of hostility and anxieties, pointing to the experience of much anxiety within children who do choose to self-disclose (Sauzier, 1989, cited in Bottoms et al, 2002). There is also a fear of the emotional impact which disclosure may have on the child, difficulty in understanding the reasons for the abuse, and anger and fear towards the abuser (Mudaly and Goddard, 2006). The caregivers also mention the fear these children have. They alluded that children fear being neglected more if they divulge their abusive situations. Caregivers attest that, those children they identified to be abused were subjected to more abuse after their confrontations.

The researcher further asked the respondents about duration of incident reporting to those who opted to report their abuse to someone. The majority 22% (n=22) of those respondents who chosen to report the incident of abuse, reported the incident immediately after it happened, whist 14% (n=14) of the respondents reported after couple of years, some years referred to between 3 years to 10 years. Seven percent (n=7) of the respondents reported the

incident after couple of months and only 4% (n=4) reported after a week. An American study revealed that 24% of children disclosed their abuse within a week of it occurring, 21% within a year, 17% disclosed after more than a year, and 39% did not disclose at all (Sauzier, 1989, cited in Bottoms, Kovera and McAuliff, 2002). This study also revealed that the majority of children disclosing their abuse immediately were more likely to have experienced abuse in the form of exhibitionism or attempted abuse rather than penetrative intercourse. More recently Smith et al. (2000) found, in their retrospective study of child rape survivors, 28% of the sample disclosed their rape for the first time during the research interview, and nearly half (47%) reported not having disclosed for over five years after they had been raped. This same study revealed that 4 out of 5 (80%) child rape survivors did not report their rape within 24 hours of it occurring, and only 1 out of 4 (25%) reported the rape within one month. In a local study, Collings et al. (2005) report that 47% of CSA cases were reported within three days of the abuse, 31% within three days to one month of the abuse, and 22% of the cases were reported more than a month after the abuse occurred. Delays in disclosure of CSA are thus common, and cases in which children immediately disclose their rape are atypical rather than the norm (Smith et al. 2000; Staller and Nelson-Gardell, 2005).

The caregivers reported that some of the physically disabled children in their care tend to report the abuse immediately more especially in the case of bullying, teasing or name-calling or in a case of physical abuse by other children in the schoolyard. The caregivers stated that serious cases of abuse tend not to be reported immediately unless the child needs immediate medical intervention. Caregivers demonstrated frustration of parent that refuses to report the cases to the police. They alluded that when they report the case to the police, the parents withdraw the case. Caregivers mention that, parents prefers to solve the cases themselves or the case to be taken to the rural chief to be solved than to be reported to the police.

Those physically disabled children that opted to report their victimization were asked to whom they opted to report their victimization. The majority of 19% of the respondents had disclosed to the teachers, followed by 18% to the family member(s), then 5% to the caregiver(s)/hostel matron, 2% had disclosed to guardian(s) whilst 1% to the foster family and another 1% had told a friend.

The reasons why the respondents chosen to report is because most respondents needed help and/or intervention for their abuse hence they opted to report it. They alluded to the fact that they were severely injured, bleeding, and wounded so they needed a prompt medical care. Some reported that they were obviously visible to anyone, so people would ask, and then they would divulge. They alluded that they did not have a choice because of the evidence so they had to report. For example there will be a blood on the private part of a rape victim, when bathing her, a parent would realise and ask who did it. Some reported revealed that they reported the incident simply because they wanted protection.

They wanted the abuse to stop; they could not take it anymore. They wanted to be removed from the source of abuse. Some reported that they wanted the perpetrators to be punished and they wanted redemption. Some respondents reported the incident due to trust. They allude that they trusted the person to do something about their ordeal. The respondents were asked about the action taken by those people whom they divulge their abuse to. The study find that most respondents reported that even though they have reported their abuse and/or someone saw the evidence of abuse did nothing. They did not do anything at all about the abuse or abusive situation. They never went to the police or act to curb the abuse.

In terms of those incidences of abuse happening at school, respondents reported that school management and teachers tried to solve the incident themselves. They reprimanded the people who are responsible for inflicting the abuse, such in case of bullying, teasing or name-calling, and abuse by the caregivers. They reported that the principal and teachers called the parents of the bullies and the issue was addressed. The respondents' also revealed that for those incident happening at home, teachers would intervene by calling the parent and try to address the issue in such case of rape, physical abuse and neglect. Those respondents who experienced rape within the family reported that the family solved the issue as a family. They called a family meeting and try to address the issue. The abuser was reprimanded and nothing more. Only few respondents' cases went to the attention of the police (Criminal Justice System). The majority of 29% of the crime was resolved without the involvement of the police and/or other outsiders and 16% was not resolved at all. The majority of 37% of the crime was not reported to the police; only 7% of the crime committed against disabled children was reported to the police. This was because most people whom the crime was disclosed to tried to resolve the crime without involving the police and deliberately chose

not to report it to the police. The study found that, teachers are the main people that tend to report the abuse of physically disabled children to the police than family member or community members.

The researcher is of the opinion that amongst other reasons why cases remain unreported to the police is that physically disabled children have other authority figures (e.g., parents, teachers, guardians, or chiefs in a case of rural areas) who provide an often less threatening means of dealing with the child's victimization. Finkelhor et al (2001) share the researcher's sentiment, they are of the view that young children are not able to access police services directly but have to go through adults who become the deciding agents as to whether the crime is to be reported.

According to Carmody (1991:233), children with disabilities are often reluctant to report crimes to police due to previous bad experiences or repercussions, which had followed such reports. Constant experiences throughout their lives of being powerless in the face of authority also played a role. Some children with a disability may be unaware that they are victims of crime or that they are entitled to seek police assistance (Carmody 1991:233).

The study revealed that amongst those cases report to the police, the police took the majority of 65% of the cases seriously whilst the police did not take 20% seriously. In a study conducted by Mudaly and Goddard (2006) concerning children's experience of the police services, Mudaly and Goddard (2006) found varying outcomes. Some experienced it as reassuring and felt pleased with their contact with the police. Other children felt the police were incompetent and found talking to them frightening and uncomfortable, or that they were pushed into giving details they were not ready to give. Staller and Nelson-Gardell (2005) also found varying experiences of the legal system. While some felt the police were supportive and sympathetic, others found the thought of testifying in court scary as they felt they had less power over the whole situation. Thus, children have been shown to have varying degrees of both helpful and harmful experiences in the aftermath of disclosure (Mudaly and Goddard, 2006; Staller and Nelson-Gardell, 2005; Berliner and Conte, 1995).

The caregivers when interviewed on the issue of cases being under-reported to the police alluded that they tend not to report the cases sometimes and this is because cases are not serious or abuse is committed by the minors (i.e. a physically disabled child against another physically disabled child). Caregivers also alluded that, they tend to solve the case themselves, meaning they summon the perpetrator if the abuse incurred at school and reprimand the perpetrator. In a case of the abuse/crime occurred at home, they involve the parents of the child and advise that parent to go to the police. The following chapter provides a conclusion for the study and the recommendations, which stemmed from the findings of the study.

6.9 Conclusion

The researcher in this chapter has achieved the objectives of the study. The findings of the study were supported by the existing literature and a body of knowledge was generated from the findings of the study. The researcher has approved and/or augmented the existing literature from the findings of the study. The study finds that the physically disabled children experience various forms of violence/abuse in the Eastern Cape. The study finds that the crime/abuse they experience as following: Rape, sexual assault, physical abuse, bullied, emotional abuse, and neglect. The study also find that, these children are the victims of crime/abuse due to their disability. Their disability conditions predisposes them to be vulnerable to be victimized. Most perpetrators that victimize these children are well known by the child. This study further finds that most of the abuse/crime committed against these physically disabled children is not reported to the police.

CHAPTER 7: CONCLUSION AND RECOMMENDATIONS

7.1 Introduction

The following discussion dwells on the conclusion of the entire study, where research questions will be answered. Following this discussion are the recommendations, which emanated from the findings of the study.

7.2 Conclusion of the study

This study focused on victimological analysis physically disabled children as victims of violence in the Eastern Cape of South Africa. The study aimed to provide an insight into lives and experiences of physically disabled children as victims of violence in rural communities. The researcher used two theories to underpin the study; these theories are the opportunity risk model and differential association model. These models were appropriate and applicable in the study hence they best explained the victimization of children. The researcher had developed a model, which is integrated model that explain the victimization of physically disabled children.

Concerning methodology, this study used an expletory descriptive design wherein a mixed method (qualitative and quantitative) was employed. A sample size of 110 was realised, the researcher sampled 100 physically disabled children from two special need schools from the Eastern Cape of which both contributed 50 respondents. These children were selected conveniently since they are well vested with the topic under study. Then 10 caregivers formed part of the study as well, were sampled by means of using purposive/judgemental sampling technique - five from each school. Triangulation was used as a method of collecting data where a researcher used a questionnaire for the physically disabled children and interviews for the caregivers. Data was analysed by SPSS Version 22 and thematically where narrative writing was induced. The researcher has adhered to all the ethical considerations when conducting this study. The gatekeepers granted permission, both the University of Kwa-Zulu Natal and the Department of Basic Education, principals of the schools and parents of the physically disabled children (*see appendix attached*). The objectives of the study were achieved.

The following limitations were identified: Respondents at first were reluctant to answer the questions and to participate in the study hence it is a sensitive study which evokes previous emotional trauma in them; it was difficult to gain access to these special need schools, the department of Basic Education was adamant to grant permission due to researchers taking advantage of these vulnerable children; there were limited resources to carry out this study such as financials for travelling to the respondents since the researcher was residing in another province; after granting an informed consent it was difficult to collect data, on the agreed date for collecting data I would be turned down by the principal, we would reschedule again, only to find out on the rescheduled time frame, we will reschedule again. So the researcher was back and forth between provinces; some child respondents due to their disability, took more time than usual to finish the questionnaire; caregivers were busy, so ample time for an interviews was not realised; caregivers were not free to express their views; the researcher had a small sample size of the caregivers.

The research questions were answered and achieved. Following is the answering of the research questions discussion:

7.3 Answering of research questions

The research questions were answered through the research findings as following.

7.3.1 Research question 1: What forms of violence the physically disabled children experiences in the Eastern Cape?

The study finds that the physically disabled children experience various forms of violence/abuse in the Eastern Cape. The study finds that the crime/abuse they experience as following: Rape, sexual assault, physical abuse, bullied, emotional abuse, and neglect, which were intensely, discussed in a previous chapter.

7.3.2 Research question 2: Are physically disabled children the victims of violence due to their disability in the Eastern Cape?

The findings of the study confirms that the physically disabled children in the Eastern Cape are the victims of the violence due to their disabilities. The study reveals that 55% of the respondents believe that the crime committed against them was motivated by their disability.

The researcher is of the opinion that most physically disabled children are victims of crime due to their disability, their disability condition makes them easy prey for victimization thus they are physically weak and defenceless. The study further finds that the majority of 83% of the respondents reported that their disability conditions exposes them to their victimization. When asked about other disabled children (whether they are being victims due to their physical condition), 84% of the respondents stated that disabled children are prone to victimization due to their disability. The study reveals that the majority of the disabled children are believed to be the victims of crime due to their disability. Their disability conditions expose and/or make them to prone to victimization.

7.3.3 Research question 3: What are the effects of violence these physically disabled children experiences in the Eastern Cape?

The respondents were asked about the damaging impact of abuse/crime had on them. The study finds that the physically disabled children are confronted with various effects of victimization in the Eastern Cape. The abuse/crime committed against them has influenced them in an aversive manner. The respondents have reported to have experienced the following effects: sleepless nights, trauma, depression, physical impact, resentment and social withdrawal/self-centres after the incident of abuse/crime. These themes (factors) were discussed in details in chapter six.

7.3.4 Research question 4: Is the violence experienced by physically disabled children reported to the criminal justice system in the Eastern Cape?

The study find that most the abuse/crime committed against physically disabled children in the Eastern Cape are not reported to the police however reported to teachers in a case of the school, parents, friends etc. being perpetrators. The study finds that majority 53% of the respondents' did not report/disclose to anyone the crime committed against them. They have given various reasons for not reporting their victimization.

7.4 Recommendations

The following are the recommendations tendered by the researcher.

7.4.1 Future research

The researcher recommends that future researchers might need to conduct research on victimization of physically disabled children in public transport. The current study protruded that there is victimization of physically disabled children occurring in public transport. Since this was not the focus of the study, other researchers might wish to expand on this phenomenon.

Further research is needed also to bullism occurring in special needs school, where physically disabled children bully each other. The findings of the study indicated the prevalence of bullism between physically disabled children however; more insight of the phenomenon is needed.

Lastly, other researchers might explore the attempt of infanticide of infants with disabilities because of their disabilities. The present study found the existing relationship between abuses of the physically disabled due to their disabilities, however there is limited knowledge on infanticide of physically disabled children as a result of their disability. Researchers can expand on this phenomenon by using a bigger sample size.

7.4.2 Recommendations to families with physically disabled children and to physically disabled children themselves

Families with physically disabled children must be included in all outreach programmes that foster to end violence against disabled children in the home, and in the society in general. Families with physically disabled children should be educated about the damaging effect their violence have on the wellbeing of the physically disabled child. They should be encouraged to report the abuse of their physically disabled children to the police.

Parents awareness: Parents of physically disabled children often receive little guidance or education. Basic information on disability and child development would be helpful for many to establish realistic expectations of their child's abilities and limitations. Parents need to vigilant about the dangers their children might experience at school or in the society and should be taught ways to advocate on behalf of their children.

In rural areas where the study was conducted, awareness campaigns against physically disabled children violence needs to be hosted. To educate the general community about the stigma and the damaging psychological harm happening to the physically disabled children as a result of the harassment occurring in the community. Physically disabled children need to be empowered to stand up for themselves in schools as well as in their communities. Their silent voices should be heard and form part of the intervention programme against the violence they experience. Awareness campaigns should fostered to teach them about the importance of reporting the abuse.

7.4.3 Recommendations for special needs schools

Caregivers need to be subjected to short courses on how to deal with physically disabled children. Short courses on psychosocial therapeutic intervention need to be provided to the school caregivers.

More psychosocial intervention is needed to deal with the trauma these children experiences on a day to day basis, so a psychologist and/or social workers need to be hired permanent in special need schools so that they might deal with the effects of abuse these physically disabled children experiences.

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Appendix A

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Tell: +27 31 2607895/ cell: +27 836925817; email address: singhsb@ukzn.ac.za

Department: Criminology and Forensic studies Discipline

TO WHOM IT MAY CONCERN

Asking permission for conducting research in the centre

I am a PhD candidate enrolled with the University of Kwa-Zulu Natal. I am conducting a study entitled *"A Victimological analysis of physically disabled children as victims of violence in the Eastern Cape Province of South Africa"*. I am asking permission for the schools to allow the physically disabled children to take part in this study because this study will aid to enhance and improve the quality of their victimization prevention also enhancing the intervention programmes that are in place to be more effective and efficient when dealing with the issues of physically disabled children being the victims of violence.

The researcher proposed four objectives for the purpose of the study as following: to explore forms of violence these physically disabled children experiences in the Eastern Cape, to determine if physically disabled children are the victims of violence due to their disability in the Eastern Cape, to determine the effects of violence these physically disabled children experiences in the Eastern Cape, to explore whether the violence experienced by physically disabled children is reported to the criminal justice system in the Eastern Cape.

The information that will be provided by the physically disabled children will be treated with confidentiality, anonymity and protected. The data will not be associated with the child's name or any other identifier such as the school name, address, workers or support staff. The data will be treated with confidentiality in a way that it won't be traced back to the respondent or the school.

Your school is very important to this research because it represent hundreds of others which are not in the sample. The data that will be provided is valuable both for enhancing/improving planning prevention programmes of violence against children with disability and for scientific research.

Kind Regards

Researcher: Mr E.K Sibanyoni (PhD Candidate)

……………………………………

Supervisor: Prof Shanta Singh

……………………………………

Appendix B

UNIVERSITY OF <u>KWAZULU-NATAL</u>

INYUVESI YAKWAZULU-NATALI

COLLEGE OF HUMANITIES

SCHOOL OF APPLIED HUMAN SCIENCES

<u>(NAME OF THE RESEARCHER) (NAME OF SUPERVISOR)</u>

MR. SIBANYONI E.K.   PROFESSOR SINGH A

<u>CONSENT FORM</u>

<u>A Victimological analysis of physically disabled children as victims of violence in the Eastern Cape Province of South Africa</u>

INVITATION TO PARTICIPATE

Physically disabled children as victims of violence are asked to participate in this research study because the results will contribute towards improving the quality of the prevention and intervention programmes that deal with disabled children who have been victims of violence.

PURPOSE OF THE STUDY

The purpose of the study is to determine to what extent disabled children are victims of violence due to their disability. It will do so by exploring forms of violence these physically disabled children experience as victims in the Eastern Cape, The study also aims to determine the effects of violence these physically disabled children experience in the Eastern Cape, Last, the study aims to explore whether abuses are reported to the criminal justice system or not in the Eastern Cape.

RISKS AND BENEFITS

Some of the questions during data collection may evoke flashbacks of traumatic events. During the data collection, respondents might feel embarrassed due to the nature of questions that will be asked. There is no guarantee that you will benefit directly from the study. However, the investigator believes that the schools might benefit from the findings of the research.

COSTS AND FINANCIAL RISKS

There are no financial costs directly associated with participation in this project. Services from support staff will be provided at no cost to you.

COMPENSATION

The researcher can compensate the schools/centres/ shelters, NGOs and other Governmental agencies that keep safe physically disabled children in their shelters or centres by:

- Volunteering/working in a shelter for a specific period of time
- Providing psycho-social support;
- Feeding those who cannot feed themselves, and
- Organizing a practicing psychologist who specializes in play therapy to assist with these children.

ALTERNATIVES

Participation in this research project is entirely voluntary and parents of the children may choose not to allow their children to participate or decline at any time of the research if they choose to do so.

CONFIDENTIALITY

The investigator will keep all the information collected in this study strictly confidential. The identities of the physically disabled children and caregivers will be protected to the extent that the information given by them will not be traced back to them, except as may be required by court order or by law. If any publication results from this research, the

respondents will not be identified by names or any other identifier such as their home address, physical address or telephone numbers. The data given by the respondents will be stored safely under secure conditions.

ADDITIONAL INFORMATION

Participation in this study is entirely voluntary, children and caregivers are free to refuse participating in the study, and they may discontinue participation at any time without prejudice or without jeopardizing the future care either of themselves or their family members.

SUBJECT RIGHTS

Physically disabled children who are victims of violence and their caregivers have a right to refrain from participation if they want to. They have a right to ask for clarification to unambiguous questions and also have a right not to divulge sensitive personal information about themselves. They have a right to information after the study has been completed.
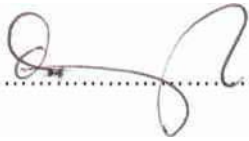
If you have any questions pertaining to this research study, you may contact the principal investigator, Professor Singh, by telephoning or emailing her at 083 6925 317; Singhsb@ukzn.ac.za
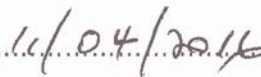
CONCLUSION

By signing below, you are indicating that you have read and understood the consent form and that you agree to participate in this research study.

Subject's signature   Date

....11../.0.4./.20.16...

Manager's signature   Date

....11./.0.4./.2016....

Witness's signature   Date

....11/04/.2016

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APPENDIX C

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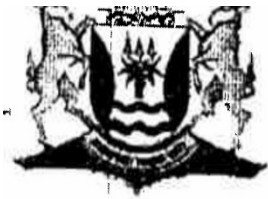
Education Social Support Services: Inclusive Education

REPUBLIC OF SOUTH AFRICA, Website: www.edoe.gov.za

Ref No. 2/2015   Tel   :   ████████

Enquiries: .██████   Fax   ████████████

TO   E.K SIBANYONI

FROM   CES;ESSS

SUBJECT : PERMISSION TO CONDUCT RESEARCH ████████████████

████████████████████

DATE   11 DECEMBER 2015

This is to inform you that your request have been granted permission to conduct a research at ████████████████████ Special Schools. The two schools have been informed already.

We hope that your interaction will be of great help to the schools, whereby both the staff and the learners will benefit.

Thank you

████████████████   Date 11/12/15

Appendix D

UNIVERSITY OF
KWAZULU-NATA.
INYUVESI
YAKWAZULU-NAT.

08 July 2016

Mr Ephraim Kevin Sibanyoni (214584967)
School of Applied Human Sciences — Criminology
and Forensic Studies Howard College Campus

Dear Mr Sibanyoni,

Project title: A victimological analysis of physically disable children as victims of violence in the Eastern Cape Province of South Africa

Full Approval — Full Committee Reviewed Application With regards to your response received in June / July 2016 to our letter of 05 April 2016. The documents submitted have been accepted by the Humanities and Social Sciences Research Ethics Committee and FULL APPROVAL for the protocol has been granted.
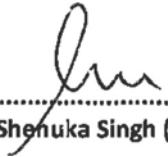
Any alteration/s to the approved research protocol i.e. Questionnaire/lnterview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Founding   Medical School

....
Dr Shenuka Singh (Chair)

Humanlties and Social Sciences Research Ethics Committee

Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag, Durban 4000

NAME OF THE RESEARCHER: EPHRAIM KEVIN SIBANYONI

STUDENT NO: 214584967

CELL: 072 6742 403

EMAIL ADDRESS: eksibanyoni@gmail.com

NAME OF SUPERVISOR: PROF SHANTA BALGOBIND SINGH

Tel: +27 31 2607895/ Cell: +27 836925817

EMAIL ADDRESS: Singhsb@ukzn.ac.za

DEPARTMENT: CRIMINOLOGY AND FORENSIC STUDIES DISCIPLINE

Dear Respondent

Title of the Research: A victimological analysis of physically disabled children as victims of violence in the Eastern Cape

Description of the Procedure

Your participation is requested as you are representative of the population under study. As part of the research process, you will be required to answer questions as interviewed. This interview will take approximately 30 minutes of your time to complete. Please respond to each of the question to the best of your ability. On these questions, there is no right or wrong answers. What the researcher wants to know is just what you think (your opinion).

Ethical Aspects

Please note that the researcher do not need to know your name, address, telephone number, centre address or staff names and information provided by you in this study will be treated strictly confidential.

Please feel free to ask any questions you may have so that you are clear about what is expected of you. Please note that:

- ➢ You are free to NOT participate in this study
- ➢ You are free to withdraw at any stage without prejudicing.
- ➢ Your name will not be used/mentioned nor will you be identified with any comment made when the data is published.
- ➢ There will be no risks attached to your participation accept the reminder of past painful memories which you try to forget.
- ➢ You will not receive any compensation for participating in this study.

The findings of the study will be made available on completion.

Thank you

A. SECTION A: Biographic/Demographic Data of the respondents

Instruction: **Please answer the following at you best ability. Remember there is no right or wrong answers.**

1. What is your age?

   _____

2. What is your gender?

Male	
Female	

3. What is your racial group?

African	
Coloured	
White	
Indian	
Other, please specify	

4. What is your home language?

   _____

5. What is your highest level of education?

Grade 0-5	
Grade 6-9	
Grade 10-12	

6. What is the highest educational qualification of your parents/guardian?

No education at all (never went to school)	
Grade 0-5	
Grade 6-8	
Grade 9-12	
Tertiary qualification (degree/diploma)	

7. How long have you been living in the school hostel?

_____

8. At what age were you brought to the school hostel?

_____

9. Before coming to the boarding school hostel whom were you staying with?

_____

10. Is your parents/guardian working?

Yes	
No	

11. If not, what's the source of family income in your home?

Social grants	
Donations by government agencies	
Basic salary	
Contribution by relatives	
Other, specify……………………….	

12. Who is the main income provider in your home?

Relatives	
Member living away returns monthly	
Siblings	
Mother/father	
Other	

13. How many people staying in your home?

_____

B. SECTION B: Consist of questions pertaining to whether children are the victims of crime due to their disability.

14. How safe do you feel in your neighbourhood?

_____

15. What helps you to feel safe?

_____
_____
_____

16. If not, why not?

_____

_____

17. How safe do you feel in your personal environment?

_____
_____

18. If not, why not?

_____

_____

_____

19. If so, why-what helps you to feel safe?

_____

_____

_____

20. What sort of abuse/crime have you ever experienced?

_____

_____

_____

21. Can you remember when it happened?

_____

_____

_____

_____

22. Could you tell me a bit about what happened to you? Where and when did it take place?

_____

_____

_____

_____

_____

_____

23. Do you think of it as abuse, violence or harassment?

_____

_____

24. Was it in a public or private place?

_____

_____

25. Is the violence experienced continuing?

Yes	
No	

26. If not, do you fear it will happen again?

Yes	
No	

27. Did you know the person who did this?

Yes	
No	

28. Do they live with you?

Yes	
No	

29. Do they live nearby?

Yes	
No	

30. Why do you think this happened to you?

_____

_____

_____

31. Do you feel that what happened was motivated by a prejudice against your

    disability/condition?

Yes	
No	

32. Why do you think the violence was motivated or not motivated by your disability?

_____

_____

_____

_____

33. Do you feel what happened to you, the person regarded you as vulnerable victim to

    victimize?

Yes	
No	

34. Do you think being in your condition exposes you to victimization?

Yes	
No	

35. Do you think all disabled children are prone to victimization due to their disability?

Yes	
No	

36. Do you think disabled people are vulnerable to victimization due to their disability?

Yes	
No	

C. Section C: This section consist of the questions pertaining to the long term effects of violence these disabled children experiences

37. When the incident happened, how did it make you feel?

_____
_____
_____
_____

38. Did you suffer from loss of confidence/self-esteem?

Yes	
No	

39. Did you experience any depression as a result of the crime?

Yes	
No	

40. Did it make your condition problem worse?

Yes	
No	

41. What impact did this incidence have on you?

_____
_____

_____

_____

42. Did it make you feel more vulnerable?

Yes	
No	

43. Did family members become more overprotective to you?

Yes	
No	

44. If yes, how did they become overprotective?

_____

_____

45. Did school workers become protective to you?

Yes	
No	

D. Section D: This section consist of the questions addressing whether the abuses are reported to the criminal justice system

46. Did you tell anyone about what happened? What is happening?

Yes	
No	

47. If not, why not?

_____

_____

_____

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48. Was there anything that made you not to report the incident?

_____

_____

_____

48.   If yes, you did tell someone, how long after the incident did you choose to tell someone?

_____

_____

_____

_____

49. Who did you tell?

_____

_____

_____

_____

50. Why did choose to tell them?

_____

_____

_____

_____

51. What did they do with the information?

_____

_____

_____

52. Did they believe you?

Yes	
No	

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53. Did they become more protective?

Yes	
No	

54. Did they try to resolve the issues themselves?

Yes	
No	

55. Did you or anyone else report it to the police?

Yes	
No	

56. Did you report it on your own or did someone come with you?

_____

_____

_____

57. Was it treated seriously by the person you told?

Yes	
No	

Thank you for your time and for your cooperation

Appendix F

NAME OF THE RESEARCHER: EPHRAIM KEVIN SIBANYONI

STUDENT NO: 214584967

CELL: 072 6742 403

EMAIL ADDRESS: eksibanyoni@gmail.com

NAME OF SUPERVISOR: PROF SHANTA BALGOBIND SINGH

Tel: +27 31 2607895/ Cell: +27 836925817

EMAIL ADDRESS: Singhsb@ukzn.ac.za
DEPARTMENT: CRIMINOLOGY AND FORENSIC STUDIES

Dear Respondent/caregivers

Title of the Research: A victimological analysis of physically disabled children as victims of violence in the Eastern Cape

Description of the Procedure

Your participation is requested as you are representative of the population under study. As part of the research process, you will be required to answer questions as interviewed. This interview will take approximately 30 minutes of your time to complete. Please respond to each of the question to the best of your ability. On these questions, there is no right or wrong answers. What the researcher wants to know is just what you think (your opinion).

Ethical Aspects

Please note that the researcher do not need to know your name, address, telephone number, centre address or staff names and information provided by you in this study will be treated strictly confidential.

Please feel free to ask any questions you may have so that you are clear about what is expected of you. Please note that:

- ➢ You are free to NOT participate in this study
- ➢ You are free to withdraw at any stage without prejudicing.
- ➢ Your name will not be used and/or mentioned nor will you be identified with any comment made when the data is published.
- ➢ There will be no risks attached to your participation accept the reminder of past painful memories which you try to forget.
- ➢ You will not receive any compensation for participating in this study.

The findings of the study will be made available on completion.

Thank you

Caregivers interview schedule

1. Did the child report the incident to you?

Yes	
No	

2. How long after the incident?

_____

_____

_____

3. What did you do with the information?

_____

_____

_____

4. Did you report it to the police or organizational management?

Yes	
No	

5. Was it treated seriously by the person or the police you reported to?

Yes	
No	

6. What happened as a result of you reporting the incident to the police

_____

_____

_____

_____

7. What happened to the abuser after the incident was reported to the police?

_____

_____

_____

_____

8. Did you believe the child?

Yes	
No	

9. How did the incident impacted you?

_____

_____

_____