I

An Investigation into the Reliabilty of Disclosures of Sexual Abuse by Preschool Children (Under Seven Years of Age)

BY

Andrea Nicole Howard
951025724

**Submitted in the partial fulfillment of the requirements
for the degree of Master of Social Science
(Social Work) in the School of Social Work at
the University of Natal - Durban.**

**Supervisor
Professor Vishanthie Sewpaul**

DECLARATION OF ORIGINALITY

I hereby declare that this document, unless specifically indicated to the contrary, is my original work.

Andrea Howard

University of Natal
Durban

III

<u>ACKNOWLEDGEMENTS</u>

First and foremost I would like to extend a warm thank you to the president and executive committee of convocation for awarding me the E.G. Malherbe bursary as without their financial assistance this research study would not have been possible.

Secondly, I would like to thank my husband, Gary Howard, for all his love, support, encouragement and PATIENCE throughout the two years that it took to complete this research.

I would also like to thank the following people for their support: Vishanthie Sewpaul (my supervisor), Colin Collett van Rooyen, and Joan van Niekerk (the director of Childline Family Centre).

Lasty, and most importantly I would like to thank the participants in the study without which this research would not have been possible. Thank you to all the special children and their families for participating in this study.

ABSTRACT

This study explored the reliability of disclosures of sexual abuse from preschool children. The study assumed the following: firstly the greater the level of trauma experienced by the child, the lower the reliability of the disclosure. Secondly, if the child had been severely threatened it was less likely that their disclosure would be reliable. Thirdly it was assumed that the more supportive the family was of the child's disclosure, the more reliable the disclosure would be. Fourthly, the study assumed that an important factor regarding reliability of a child's disclosure was the quality of the therapeutic relationship. Lastly it was assumed that the techniques used would be secondary in importance if compared with the therapeutic relationship. The research questions asked how techique, social worker and child-related variables affected the reliability of a child's disclosure of sexual abuse, and if there was a relationship between the variables and the child's ability to disclose reliably.

The research included both qualitative and quantitative data and methodology. The research process was twofold. Firstly child, social worker and technique-related variables were identified from the case studies and the relationship between these variables described. Secondly, the effects of these variables on the participants' reliability in relating their sexual abuse experiences were explored.

Thirty participants were selected through systematic random sampling. Participants were male and female between the ages of two and six years. The collective case study method was used and data was obtained from case records and analysed through content analysis. Qualitative and quantitative methods were used. The results reflected a relationship between the above mentioned variables. It seemed that child-related variables were important and could affect the child's ability to disclose reliably. However social worker-related variables seemed to be able to positively mediate the negative effects of some of the child-related variables. Technique-related variables seemed to be closely related to the quality of and the specific stage of the therapeutic relationship. Techniques could be successfully used where a trusting relationship existed between the social worker and the child.

TABLE OF CONTENTS

VII

TABLES INDEX

Table	Page Number

THE INTRODUCTION

DESCRIPTION OF THE PROBLEM

Finkelhor (1984; 1986) and Russell (1983) in Finkelhor and Williams (1988) found that the mean age for onset of sexual abuse in girls was ten years and in boys it was eleven years. Most of the studies in the literature reviewed indicated a lower vulnerability of children between six and seven years of age to sexual abuse. The statistics at Childline Family Centre over recent years shows a different trend.

These statistics were sourced from the Centre's intake register where details of every referral of children who have been sexually abused are recorded. The statistics quoted are for the purpose of illustrating that the Centre has, over recent years, received an increasing number of referrals of preschool children who have been sexually abused. These statistics are presented in tabular form:

Table # 1

Referrals of Child Sexual Abuse Cases at Childline Family Centre

YEAR	TOTAL NUMBER OF REFERRALS	PERCENTAGE (%) OF REFERRALS OF PRESCHOOL CHILDREN
1994	165	14
1995	296	13
1996	392	13
1997	560	21
1998	485	22
1999	758	20
2000 up until 31 July 2000	413	31

In addition it was found that four, five and six year olds were the most common age group referred. The researcher's caseload since 1998 until 31 July 2000 (the time the sample was taken) has consisted primarily of young children, with 119 out of 313 being preschool children.

In South Africa's legal system there is a low conviction rate of sexual offenders, especially if the primary witness is a child under seven years of age. This is due to the fact that preschool children are often regarded by the state as incompetent witnesses as they lack verbal skills and cannot, to the satisfaction of the court, distinguish between truth and lies (Muller and Hollely, 1999). In addition children are considered to have unreliable memories for events and their memories are seen to be distorted by fantasy, magical thinking and a desire to please adults (Perry and Wrightsman, 1991).

There is, in addition, a lack of knowledge and expertise regarding interviewing and assessing preschool children. It was also found in the literature that many authors describe sexual abuse and intervention with children (James, 1989; Sgroi, 1982), but few describe sexual abuse of, and intervention in cases of sexual abuse involving a preschool child. Social workers and others working in the field of child sexual abuse are reluctant to work with preschool children because of the challenge involved in assessing young children. It requires the social worker to enter into the child's world and to communicate at the level of the child (Oaklander, 1988; Gil, 1991; Schoeman and van der Merwe, 1996). This often involves the social worker sitting on the floor while engaging and interacting with the child through play activities. This forces the social worker to make contact with the his/her inner child which is sometimes threatening to the adult and is often met with resistance.

CONTEXT OF THE STUDY

In order to better understand the problem it is necessary to be familiar with the context in which the problem exists. For this reason relevant details with regard to Childline Family Centre are briefly explained.

Childline Family Centre is a non-governmental organisation which specialises in the treatment of children who have been sexually, physically and/or emotionally abused. Childline renders individual and group therapy to children who have been abused, and to their families. Statistics show that an average of one five hundred children under eighteen years are seen at Childline every year. Childline currently employs seven social workers and a director who are directly involved in therapeutic work with children and their families.These include four Zulu speaking social workers and three English speaking social workers. Childine renders therapeutic groupwork for children who have been abused, and also runs a court preparation programme for children involved in court processes. In addition to services for children, Childline also provides individual and group therapy for adult survivors of childhood sexual abuse.

Childline operates a twenty four hour crisis line where children, or adults who have concerns related to children, can phone in and discuss or report a matter

for follow up. The crisis line which receives up to ten thousand calls a month, is managed by trained volunteers.

Due to the high incidence of sexual abuse and the increasing number of adolescent offenders, it has become necessary to render services to people who have sexually offended against children. Childline therefore currently renders individual and group counseling to adult and adolescent sexual offenders.

Although Childline's function is primarily therapeutic, the organisation is also involved in preventative activities such as talks at schools and training for various professionals and lay counsellors in child abuse management. Childline is also actively involved in lobbying for changes in legislation involving children.

RATIONALE FOR PROBLEM SELECTION

As can be observed from the statistics obtained from Childline Family Centre between 1994 and 31 July 2000, there has been an increase in the incidence of sexual abuse of preschool children. This increase has been consistent from year to year with 23 referrals in 1994 and 154 referrals involving preschool children who have been sexually abused in 1999. Up until the 31 July 2000 the referrals of preschool children totalled 126. These statistics reflect the increasing rate of sexual abuse of preschool children in South Africa. Many authors (Robertson, 1989; Sgroi, 1982, James and Nasjleti, 1983) report the increasing rate of sexual abuse but few recognise the increase of sexual abuse of preschool children. However these statistics could also reflect increased community awareness and increased reporting of child sexual abuse rather than increased incidence.

As mentioned previously there is a lack of literature focusing on the sexual abuse of preschool children and techniques which can be used to facilitate disclosures. This is essential as guidelines for work with preschool children would aid in assessment and therapeutic intervention. It would also serve the purpose of encouraging social workers to specialise in this challenging, but rewarding area of work.

A preschool child's memory is generally considered to be less reliable than that of an older child's or an adult's memory (Muller and Hollely, 1999). However some studies have found that a preschool child's memory is more accurate than first thought, especially when an event is repeated (McNichol, Schute and tucker, 1999). Adults need to be trained in relation to eliciting accurate memories from young children as well as how to communicate with children on their level so that no inaccuracies result from misunderstandings.

The researcher has also identified an existing need for people to develop skills in relation to communicating with preschool children. Police officers and state prosecutors refer preschool children to Childline Family Centre for therapy on a

regular basis, as they cannot obtain a statements from them. Therapy is initiated with the child and once a disclosure is made, the child is then re-interviewed by the police officer or prosecutor in order to obtain a statement.

The preschool child's memory and reports of sexual abuse are seen to be distorted by lying, suggestibility, fantasy and their desire to please adults. Although children do make use of fantasy, they are unable to fantasise about events that they have not seen or directly experienced (Muller, date unknown). They would therefore not fantasise about sexual abuse if it had not happened to them, or if they have not seen or experienced it.

Children develop the capacity to lie at approximately four years of age (Garbarino and Stott, 1989). However children will only lie to avoid punishment or to protect someone they love. It is therefore unlikely that they would lie about sexual abuse. It is more likely that they would lie in order to protect an abuser.

The desire to please adults is particularly pronounced in preschool children where the child may say something because he/she feels the adult wants to hear this from him/her. However this is also dependent on the way the child is questioned and on the skills of the interviewer. In the process of interviewing children, the child's desire to please adults can be minimised with the interviewer questioning the child in a neutral way thereby creating no expectations (Garbarino and Stott, 1989).

Preschool children are more susceptible to suggestibility. However research indicates that the child will be more resistant to suggestibility if the child has had first hand experience of the event (McNichol etal, 1999), which is very often the case in sexual abuse. The interviewer should avoid the use of leading questions which will encourage children's suggestibility and may cause the child to answer in a certain way.

Due to increasing numbers of cases involving sexual abuse of preschool children during divorce or during custody disputes, false allegations have become a problem that needs to be addressed. It is sometimes difficult to distinguish divorce trauma from sexual abuse trauma as some symptoms overlap. The child in both circumstances experiences trauma, but of a different nature (Robin, 1991). However, again it is unlikely that the child will lie about sexual abuse even if it is the child who is making the false allegations. Further investigation may reveal evidence of coaching by a parents. It is therefore the role of the social worker, to assess whether or not sexual abuse did occur. This is a challenging task for any social worker.

PURPOSE OF THE STUDY

To identify which variables (child, social worker or technique-related variables) are associated with reliable disclosures of sexual abuse from preschool children, and to understand the relationship between these variables.

OBJECTIVES OF THE STUDY

i)   To identify which of the above-mentioned variables are associated with high levels of reliability in relation to the disclosures of sexual abuse by preschool children.

ii)   To understand the relationship between the reliability of the child's disclosures of sexual abuse and child, social worker and technique related variables.

iii)   To formulate recommendations for professionals working in the field of child sexual abuse regarding variables that affect the reliability of a preschool child's disclosure of sexual abuse.

THE RESEARCH QUESTIONS

i)   How do the techniques used, child related-variables and social worker related variables affect preschool children's ability to disclose reliable accounts of their sexual abuse experiences?

ii)   What is the relationship between these variables and the preschool child's ability to provide reliable accounts of their sexual abuse experiences?

THE WORKING ASSUMPTIONS OF THE STUDY

i)   The greater the level of trauma experienced by the child, the lower the reliabilty of the disclosure of sexual abuse.

ii)   If the child has been severely threatened, it is then more likely that the disclosure of sexual abuse will be less reliable.

iii)   The more supportive the family is of the child's disclosure, the more reliable the child's disclosure will be.

iv)   An important factor regarding the reliability of a child's disclosures is the quality of the therapeutic relationship.

v)   Techniques are secondary in importance when compared with the effect of the therapeutic relationship.

VALUE OF FINDINGS

This will be described according to the primary objectives of the research.

The Reliability of Disclosures

The study explores the reliability of disclosures of sexual abuse by the preschool child. It is generally believed that children are less reliable as witnesses due to their susceptibility to fantasy, desire to please adults, and suggestibility (Garbarino and Stott, 1989; Baing et al, 1999). The study provides guidelines for assessing the reliability of children's disclosures. This will be of assistance to people working in the field of sexual abuse who often find it a challenging task to assess children and to confirm or dismiss allegations of child sexual abuse (Geddie, Fradin and Beer, 2000; Robin, 1991 ; Eastman and Moran, 1991).

In assessing the reliability of disclosures of sexual abuse by preschool children, the value of the research will be manifold.

Firstly, the findings will assist in assessment of children where there are allegations of sexual abuse, especially in cases involving custody disputes. The development of a guideline could assist in assessing the reliability of the child's disclosure and could assist the social worker in assessing the possibility of the child being coached to disclose sexual abuse. This is essential due to the increasing numbers of cases involving sexual abuse during divorce proceedings. (Robin, 1991; Eastman and Moran, 1991; MacFarlane and Waterman, 1986).

Secondly, the findings describe the relationship between child, social worker and technique-related variables and how this impacts on and affects the child's reliability in disclosing sexual abuse. These results will be of use to social workers assessing children suspected to have been sexually abused.

Thirdly, the findings explore certain qualities needed for the interviewer to effectively relate to and communicate with children. It will therefore provide social workers and other professionals working in the field of child sexual abuse, with a guide to improving their skills and their manner of relating to children in order to obtain a reliable disclosure of sexual abuse.

Fourthly, the study will assist in the understanding of the psychological defences used by children in the process of disclosing. The child's silence, refusal to answer, or lack of detail in disclosurs is often related to high anxiety levels and not to the child's reliability as a witness.

Finally, it will assist legal professionals, law enforcement officers and other other helping professionals, in the interviewing of children, as well as in the testimony of preschool children in court. If the young child's testimony is seen to be credible, the possibility of prosecution of the offender is more likely. This is crucial as at present the conviction rate is very low, and even lower in cases where the primary witness is a child under seven years of age.

In conclusion, the findings of the study will prove invaluable and of use to a multitude of professionals working in the field of child sexual abuse including social workers, psychologists, doctors, nurses, police personnel, legal professionals and state prosecutors and advocates in child abuse matters. In addition it will provide recommendations as to how these various role players can work together towards a multidisciplinary approach to child sexual abuse intervention and management.

THEORETICAL FRAMEWORK GUIDING THE STUDY

There are two major theoretical frameworks guiding the study, namely the gestalt framework and the lifespan developmental theory within an ecosystemic framework.

The Gestalt Framework

The Gestalt therapy approach was developed by Frederick Perls. The greatest value of the gestalt approach lies in the insight that the whole determines it's parts, which contrasts with the previous assumption that the whole is the total of it's individual elements (Perls, Hefferline and Goodman, 1951). There are certain assumptions of gestalt theory which have implications for therapy with traumatised children and will be discussed individually.

According to Passons (1975) a person tends to seek closure where 'unfinished business' demands attention until the gestalt is stabilised. Young children express this through symptomatic behaviour such as bedwetting, nightmares and sexualised behaviour.

Another assumption of gestalt theory is that a person will complete gestalts in accordance with current needs (Passons, 1975). This is especially significant in children who have been traumatised by sexual abuse or significant loss in their lives. It is for this reason that projective processes are used in work with young children where children can project their feelings on to something else while still working on essential issues and reclaiming the needs that have been denied them.

The gestalt approach also states that the person's behaviour is a whole greater than the sum of it's parts. This has implications for work with children who have

been sexually abused. The child may cope with the traumatic experience through dissociation where the child divides his/her psyche into parts. In other words the gestalt undergoes fragmentation (James, 1989; Passons, 1975). According to Passons (1975) an important goal in therapy with such a child is to create acceptance and awareness of these different parts and to facilitate integration of these parts.

Lastly, according to Passons (1975) the person's behaviour can be meaningfully understood in context therefore emphasising the importance of environmental influence. This is essential when working with young traumatised children, as the influence of their immediate environment is pivotal to the child's healing.

Lifespan Developmental Theory within an Ecosystemic Framework

Developmental Theory attempts to understand child development through to adulthood, including old age. Developmental theory needs to be understood within an ecosystemic framework so as to take into account the effects of the various systems on the development of the person.

Urie Bronferbrenner, an American psychologist developed the concept of an ecosystemic approach to development where the person is viewed as developing within a complex system of relationships affected by multiple levels of the surrounding environment. Ecological systems has, according to Berk (2001), risen to the forefront of developmental theory over the past two decades.

For the purposes of this research, development of the child up to the age of seven years will be considered. Various theories have attempted to explain child development. In this section two of these theories will be discussed briefly. These will include theories proposed by Erik erikson and Sigmund Freud in relation to child development. The discussion on the limitations of these theories indicates that development cannot be explained using these theories alone. Development is complex and involves the interaction and influence of a number of factors on the individual developmental process.

Erik Erikson explained child development in terms of a number of psychosocial stages, each characterised by a basic psychological conflict which is resolved along a continuum. This resolution determines healthy or maladaptive outcomes at each stage. The successful or unsucessful negotiation of the individual through these stages has effects on the individual throughout his/her lifespan (Phares, 1990).

Although Erikson emphasises the social impact on development, he fails to recognise the uniqueness of every child and the different levels of resiliency that the child may present with. In some instances the child is able to overcome these milestones easier than other children by relying on their own inner

resources, and not due to the influences of the social environment. Another criticism in relation to Erikson's theory are, for example, his concepts of generativity and ego integrity, for example. These concepts are very vague and difficult or impossible to test empirically (Berk, 2001).

Freud developed his psychosexual theory of development in order to explain a child's sexual development. He believed that over the course of childhood, sexual impulses shift their focus from the oral to the anal to the genital regions of the body. Parents needed to strike a healthy balance between permitting too much or too little gratification of their child's basic needs in order for the child to develop into a well adjusted adult with the capacity for mature sexual behaviour.

Although Freud's psychosexual theory highlighted the importance of family relationships and stressed the importance of early childhood experiences for later development, his perspective was criticised. Berk (2001) cites three criticisms of Freud's theories. Firstly, the theory overemphasised the influence of sexual feelings in development. Secondly, his theory was based on the problems experienced by the sexually repressed adults of nineteenth century Victorian society. His theory therefore does not apply to cultures differing from Victorian society. Finally, Freud did not study children directly. It was for this reason that his theories in relation to child development were questioned.

Although there are different views of development the researcher believes the lifespan perspective within an ecosystemic framework provide a balanced view.There are four assumptions of the lifespan perspective in relation to development (Berk, 2001). These are:

Development as Lifelong

According to the lifespan perspective, no age period is supreme in it's impact on the life course. Events occurring during each major period have equally powerful effects on the future path of change.

Development as Multidimensional and Multidirectional

The lifespan perspective regards challeges and adjustments of development as multidimensional. This means that development is affected by an intricate blend of biological, psychological and social forces. Multidirectional development refers to development not being limited to improved performances only, but that at all periods, development is characterised by both growth and decline.

Development as Highly Plastic

Development is seen as a flexible process where each stage is seen as a metamorphosis and an expression of continued potential.

Development as Embedded in Multiple Contexts

Development is seen as diverse as it is embedded in multiple contexts. These include age-graded influences (such as children going to school at a certain age), history-graded influences and non-normative influences such as an unexpected life event (eg accidents or sexual abuse) .The lifespan perspective of development is complex and considers a variety of factors and their impact on development. However it needs to be seen within an ecosystemic framework thereby recognising the importance of the "individual developing within a complex system of relationships affected by multiple levels of the surrounding environment" (Berk, 2001 p 25). These include micro, meso, exo, macro and chronosystems influencing an individual's development. Ecological systems theory offers the most differentiated and complete account of contextual influences on development.

DEFINITION OF CENTRAL CONCEPTS

CHILD PORNOGRAPHY : "a representation of sex with children and/or the sexuality of children in literature or in visual media such as drawings, sculptures, photographs, films and video and for the purpose of stimulating the viewer" (Ennew, 1986 p 116)

PAEDOPHILIA : "A psychosexual perversion in which an adult is erotically attracted to children " (De Young, 1982 p 97).

SEXUAL OFFENDER / PERPETRATOR : "An adolescent or adult who likes and/or egages in sexual activities with a person under the age of twelve or a prepubertal child " (Ennew, 1986 p 50).

GROOMING : The gradual process by which a sexual offender gains the child's compliance to sexual activities.

DISCLOSURE : A verbal statement or a non-verbal reenactment of a sexually abusive event/s the child has experienced or witnessed to a person who may be related or unrelated to the child.

SEXUAL TRAUMA : " A disturbing or anxiety-producing childhood event related to sex that has lasting effects on sexual adjustment " (Reber, 1985 p 694).

THE SPECTRUM OF SEXUALLY ABUSIVE BEHAVIOURS
(SGROI, 1982)

Although this spectrum does describe a number of sexually abusive behaviours, it must be emphasised that it may not include all the sexual behaviours involved in the sexual abuse of children, especially in relation to the children in this study. It is for this reason that a short section follows describing other forms of sexual abuse not mentioned in the spectrum, namely bestiality, sex ring activitya and pornography.

1) **Nudity** - Adult parades nude in front of all or some of his/her family members.

2) **Disrobing** - Adult disrobes in front of child when child and adult are alone.

3) **Genital Exposure** - Adult exposes genitals to the child or directs the child's attention to genitals.

4) **Observation of child** – Overtly/surrepticiously watches child undress, bath etc.

5) **Kissing** - Adult kisses child in a lingering and intimate way.

6) **Fondling** - Adult fondles child's breasts, abdomen, genital area, inner thighs.

7) **Masurbation** - Masturbates while child watches; adult watches child; adult and child masturbate while watching each other; mutual masturbation.

8) **Fellatio** - Adult has child fellate him or fellates child. This is a type of oral -genital contact involving child taking male's penis in her/his mouth or adult takes male child's penis in his mouth.

9) **Cunnilingus** - Oral-genital contact involving placing mouth and tongue on vaginal area of adult female or adult will place mouth on child's vaginal area.

10) **Digital penetration** - finger penetration of anus or vagina or the perpetrator may use inanimate objects to penetrate the child.

11) **Penile penetration** - of anus or vagina. In cases of sodomy (penetration of the anus) there may be no injury to the child due to the flexibility of the anus/rectal opening.

12) **Dry/interfemoral intercourse** - interaction in which the adult rubs his penis against the child's genital/anal area or inner thighs.

Other forms of abuse, which were not mentioned by Sgroi (1982), and are sometimes found in the abuse of children are :

Bestiality - This is where an adult engages the child in sexual activity with animals. The child may have to perform the sexual acts or watch the perpetrator perform sexual acts with animals.

Sex ring actvity - This is where children are sexually abused by a group of paedophiles. The children may be shared between the different paedophiles. The children may be abused singly or in a group where other children are present. Pornography may or may not be used.

This chapter has provided an introduction to this research study. An understanding of the concepts described above are central to understanding the research as these concepts are referred to often. The following chapter will focus on literature related to child development and the dynamics of sexual abuse.

CHAPTER TWO

LITERATURE REVIEW

PART ONE

NORMATIVE DEVELOPMENT IN THE PRESCHOOL CHILD

There are various theories about child development, including cognition, memory, reasoning, language and emotional development. It is essential to understand child development if one is to understand how a traumatic event such as sexual abuse can impact on the development of the child. A review of the literature will present knowledge and findings in relation to child development, focusing on the development of the preschool child.

According to Berk (2001), theories about child development can be divided into two categories. These are continuous and discontinuous development. Continuous development holds that infants and preschoolers respond to the world in much the same way as adults do, the only difference being the amount and complexity of behaviour. In other words development is a "process that consists of adding on more to the same types of skills that were there to begin with" (Berk, 2001 p 6).

Discontinuous development sees infants and preschoolers as having unique ways of thinking, feeling and behaving which need to be understood. Development therefore is a discontinuous process in which new understandings emerge at particular time periods through a series of developmental steps (Berk, 2001). Theories that accept the discontinuous perspective include the developmental concept of stages which are qualitative changes in thinking, feeling and behaving that characterise particular time periods in development. The stage concept assumes two things: firstly that each step corresponds to a more advanced way of functioning than the one before, and secondly that people undergo periods of rapid transformation as they move from stage to stage.

Developmental theorists such as Vygotsky (1986 in Phares, 1990) emphasised development as a social process where relationships were essential avenues through which the transmission of knowledge took place. Other theorists emphasised sexual (Freud) and cognitive aspects of development (Jean Piaget 1896-1980).

Ecosystems theory is important as it sees the person as affected by microsystems such as the immediate settings to macrosystems consisting of laws, values and culture and their effects on individual. The research adopts the

ecosystemic approach in understanding the results of the study as the researcher recognises the complexity of development and the various systems which can impact on children's lives. The following section of the literature review focuses on describing the different aspects of child development. These include cognitive, emotional, social and sexual development.

Cognitive Development

Children between the ages of two and seven years have their thought processes characterised by a stage of cognitive development described by Piaget as Pre-operational thought. Pre-operational thought begins soon after decentering which is where children perceive objects as being separate from themselves (Piaget in Trad 1989). Coinciding with decentering is the development of the symbolic function where children develop the ability to form an internal representation of an external object in the world (Trad 1989). This is demonstrated by the child's ability to engage in symbolic play where an object can stand for something else such as a piece of wood being used as a car.

Another characteristic of the pre-operational stage of development is egocentricism where the child is unable to take on the role of another person (Papalia and Wendkos-Olds, 1978) and "the child's thought and speech is dominated by the child's own internal cognitions" (Reber, 1985 p 228). Another charactersitic of egocentric thought is that the child may not be satisfied with a given answer to his/her question and may seek clarification as to the cause of the event or behaviour. If the child is dissatisfied with an answer he/she will invent a story which completes the picture as it is essential for the child to form a complete image of a situation. For this reason children are often accused of lying. Other characteristics of a child's thinking in the pre-operational stage include animism and magical thinking. Animism is where " feelings, desires and beliefs of the child are invested in the non-human and the non-living" (Reber, 1985 p36) In other words the child attributes human feelings to inanimate objects, for example "the chair is feeling sad because you kicked it". Magical thinking refers to the child's belief that his/her thoughts and hopes are the cause of events happening around him/her (Reber, 1985).

Trad (1989) emphasised the pivotal and mediational role played by parents or alternative primary caregivers in the cognitive development of a child. The child's ability to form symbols and use mental representations is indicative of the child beginning to separate from parents or caregivers. Parents who encourage and facilitate this process promote the healthy development of their child's self - object differentiation, but parents who interfere with or impede this process hamper the child's healthy development.

The Development of Memory and Reasoning

Memory is described by Reber (1985 p 429) as the "mental function of retaining information about stimuli, events, images and ideas after the original stimuli are no longer present" . Preschool children begin to acquire more elaborate frames of reference for organising and making sense of memories such as schemas. Schemas are "ways of organising and rescripting familiar places, scenes, events and routines" (Garbarino and Stott 1989 p 50). Schemas help in the process of remembering but preschool children have little knowledge or understanding of their memories and are therefore less able to monitor their accuracy.

There were three types of memory identified in the literature. These were recognition, reconstruction and recall memory (Muller, date unknown; Garbarino and Stott, 1989; McNichol et al 1999).

Recognition Memory

This is the simplest form of remembering and entails only that the object be recognised as something that was perceived previously (Muller, date unknown). Children tend to do well on memory tasks requiring recognition skills. A study by Myers and Perlmutter (in Muller, date unknown) found that two year olds recognised 81% of the objects presented to them correctly while four year olds were correct 92% of the time.

Reconstruction Memory

This form of memory involves reproducing the form of information that was seen in the past (Muller, date unknown). Young children cope with this form of remembering especially if allowed to reconstruct events using toys and props.

Recall Memory

This is the most complex form of memory requiring that previously observed events be retrieved from storage with few or no prompts (Muller, date unknown), which is referred to as spontaneous recall if no prompts are used (Garbarino and Stott, 1989). Preschoolers, although beginning to form their memories around concepts, have poorly developed recall memory (Muller, date unknown). Young children are more dependent on verbal probing to elicit memories. This has implications for working with children who have been sexually abused as social workers often need to be more directive and probing in their questioning of young children. This becomes problematic if the child is involved in criminal proceedings as verbal probing may be considered leading in court proceedings.

Children are assumed to be incapable of logical thought but this is not entirely true according to Garbarino and Stott (1989) who give two reasons for 'illogical'

thought in children. Firstly the recently developed symbolic function in young children makes possible the development of mental imagery, dreams and fantasies which can be incorporated into the child's reasoning process. Secondly the child has a lack of metacognition which is described by Garbarino and Stott (1989) as a "lack of a basic form of self awareness". The child is incapable of distinguishing between what he/she knows and what he/she does not know, and if he/she finds they do not know the answer to something, they may resort to magical thinking. Children are however found to reason logically if situations are familar to them. They seem to struggle with the unfamiliar (Garbarino and Sott, 1989; Muller, date unknown). According to Donaldson (in Rutter 1980) when a child feels in control of a situation rather than a victim of it, his/her apparent ability for reasoning rises siginificantly. This has implications for work with sexually abused children where they have been victimised and therefore do not feel a sense of control over the abuse.

Language Development

According to Garbarino and Stott (1989) the language process in young children has three dominant characteristics. These are:

i) The development of language skills is a social process that occurs in interaction between the child and his/her caretakers. The child cannot develop in isolation.

ii) Young children view and use language differently from adults. The development and use of language for children is context dependent. Only at age six or seven years do children begin to pay attention to language itself and give verbal reports that are not dependent on external supports in the immediate environment; and

iii) There is a discrepancy between what the child can say and what the child can understand. Therefore there is a lack of congruence between receptive and productive speech. Young children can understand more language than they can produce. Graffam -Walker (1999) emphasises that children have not yet gained mastery over language, even though on the surface the child's language sounds much like that of an adult. A child of five or six years of age still struggles to understand all concepts expressed in language such as time, duration and number. This is important to consider when interviewing a child. It is essential for the interviewer to ensure the child understands the questions that are posed to him/her so that no misunderstandings occur.

Language is the first tool that facilitates activities with others, and progresses with time to talking and reflecting on experiences in past and future. Preschool children do not have the ability to reflect on what they are saying. It is for this reason that conversing with children can be challenging. Children use chaining,

which is described by Garbarino and Stott (1989) as free associating to a word or experience that comes to mind without always making clear its connection to the topic at hand. Interviewers need to be aware of this and they need to gently bring the child's attention back to the topic at hand.

According to Papalia and Wendkos Olds (1978) preschool children use egocentic speech which can be divided into two components : monologue and collective monologue. Monologue refers to the child talking to him/herself and collective monologue refers to two or more children talking at each other but with no communication intended. It may appear as if the children are having a conversation with each other, but if one listens closely one will find that the content of each child's speech is unrelated to the other. Piaget (1955) in Papalia and Wendkos Olds (1978) described socialised speech as being primarily aimed at communication. He divides this speech into four categories: adapted information (exchange of information between speaker and listener); criticism; commands, requests and threats; and questions and answers. These components are used and understood by preschool children.

Emotional Development

Lane and Schwartz (1987 in Trad 1989) developed a system for describing the stages of emotional development that combined the work of Piaget (1955) and Werner and Kaplan (1963). Werner and Kaplan explored the ways in which symbols are formed to provide a mental representation of reality. Lane and Schwartz (1987) developed five levels of structural transformation that occur during the development of emotional awareness in preschool children. These are described as follows:

STAGE 1: During this stage the involuntary motor phenomena that accompany emotion are activated.

STAGE 2: The emotion is experienced as a conscious feeling state.

STAGE 3: During the stage of pre-operational thought the emotion is transformed from a physiological to a psychological phenomenon. The child becomes able to express emotions at will.

STAGE 4: During this level feelings can be identified and the child becomes capable of experiencing a blend of feelings.

STAGE 5: This is the level at which empathy is developed. The child can integrate his/her feelings and can understand the feelings of others. A child seldom reaches this level in the preschool years. If the child has been sexually abused this further impedes the development of empathy. A study by Main and George (in Wolfe 1987) found that abused children were less likely to exhibit a

concerned response at witnessing others in distress, than non-abused children who responded with concern a third of the time. Abused children tended to respond with fear or aggression in response to another child's distress.

Although Lane and Schwartz (Trad 1989) focused on the emotional development in young children, Sours (in Trad 1989) described changes in ego and instinctive functioning in the preschool child. These changes encompass behaviour changes linked to emotional development. These are:

i)   Shift from dependency toward adult object relationships;
ii)   Transition from suckling to eating;
iii)   Progression from wetting and soiling to bladder and bowel control;
iv)   Progression from irresponsibility in body management to responsibility;
v)   Growth from egocentricity to companionship; and
vi)   Transition from body concentration to the world of toys.

Garbarino and Stott (1989) desribed another aspect of emotional development which they regard as crucial to healthy development., namely self esteem. They described two dimensions to self esteem: satisfaction in independent and self generated activity and satisfaction deriving from approval from others. Both of these are essential in the formulation of a positive self esteem in the preschool child. Children need to master challenges in their lives. Self esteem is only enhanced by praise for real achievements.

Parents play a pivotal role in helping children enhance self esteem. Self esteem can be enhanced by parents who create expectations for the child by setting consistent and realistic limits on the child's behaviour. This allows the child to evaluate his/her performance (Garbarino and Stott 1989). This fulfills both dimensions of self esteem: competency for the child, and approval from significant others in the child's life.

Social Development

Social development and socialisation of children involves many processes interacting with one another and is a complex process in itself. The researcher is therefore going to limit the discussion to two areas, which are believed to be crucial to the development of the preschool child. When specifically considering the sexually abused child these are sex-role typing and play. The goal of intervention would be to help the child express him/herself through the medium of play, as well as facilitating the re-learning of appropriate sexual behaviours. This is especially important if the child has been sexualised by the abuse.

Sex-role / Gender Typing

Sex-role typing is described by Wade and Tavris (1990 p243) as " the process by which children learn the behaviours, attitudes and expectations associated in their culture with being 'masculine' or 'feminine'". Sex typing starts at birth and by age four or five most children have acquired a permanent gender identity or a sense of being biologically male or female. At preschools girls are more likely to spend time in the housekeeping, art and reading corners, while boys gather more often in block, woodworking and active play spaces. As soon as basic gender qualities are established, children begin to master a variety of gender stereotypes or scripts (Berk, 2001). Preschoolers associate many toys, articles of clothing, games and colours with one sex as oppposed to the other. Children's actions tend to reflect their beliefs, not only in play but in personality traits as well. Boys tend to be more active, assertive and overtly aggressive whereas girls tend to be more fearful, dependent, compliant and emotionally senstive. During the preschool years, children's gender stereotyped beliefs operate like blanket rules rather than flexible guidelines (Berk, 2001).

Various theories have attempted to account for the development of sex-role typing and scripting. According to psychoanalytic theory, gender stereotyped beliefs and behaviour are adopted in the same way as other social standards through identification with same sex parents (Berk, 2001). However Freud's theories have difficulty accounting for gender typing as according to ecosystems theory, the same sex parent is only one of many influences in gender role development.

Social learning theory emphasises modelling and reinforcement. Therefore children learn to be male or female, like any other lesson. Cognitive developmental theory focuses on children as active thinkers about their social worlds and therefore have the ability to sex-type themselves. However, according to Berk (2001) none of these theories are adequate in and of themselves. Gender schema theory combines elements of both, and has gained favour in recent years.

Although these theories attempt to explain the development of sex-role typing it is believed by the researcher that there exists an interplay between all these theories, as well as societal influences. The media plays an important role in sex-role typing by portraying women involved in domestic and child-rearing activities, while men are portrayed as employed and working in successful businesses. Children exposed to media learn via this powerful medium. Religious, political and economic aspects of society may further portray women in disempowered positions. This serves to reinforce issues of sex-role typing in children.

Play

The Oxford Advanced Learners Dictionary (p 947) defines play as an " activity done for amusement especially by children". However play has become understood as more than just an amusing activity but rather the "royal road to the unconscious" (Oaklander 1988 p 83). In other words play may reveal the child's inner conflicts, desires and feelings about situations or people in his/her life that he/she is unable to express verbally. Through play children gain mastery over their bodies, environments and activities. They gain new skills and learn appropriate situations for using them (Papalia and Wendkos Olds 1978). Play is also seen to have healing power especially when working with traumatised children (Gil, 1991; Oaklander 1988). Play can be a social activity and the child will eventually progress to using play as a means of interacting with others. This form of social play is also called associative play by Parten (in Papalia and Wendkos Olds 1978). Helping traumatised children through the medium of play will be discussed in detail in Chapter Four.

The Development of Sexuality

In reviewing the literature it was found that little is known about a child's normative sexual development, especially in respect of preschool children. MacFarlane and Waterman (1986) cited a common myth of the preschool child being asexual. This is not true. Freud in the development of his psychosexual stages postulated the sexuality of the young child. Even though children are sexual beings their sexual knowledge is limited. An experiment conducted by Parker and Cohen (in MacFarlane and Waterman 1986) with four and five year olds showed that almost all children knew general facts about pregnancy. However children had no knowledge of sexual intercourse. These results reinforce the results of a study conducted by Gerhard (in MacFarlane and Waterman) where less than 1% of under five years olds, and 25% of children under seven years had knowledge of sexual intercourse.

Between the ages of two and five years genital interest increases according to Rutter (1990). By four years doctor/nurse games and sex play are a common occurence. However Rutter (1990) found that the nature of the sexual games included exhibitionist and voyeuristic activities, masturbation and fondling of genitals. Other forms of adult sexual behaviour and especially sexual intercourse was not common. MacFarlane and Waterman (1986) claimed that occasional masturbation in preschoolers is developmentally appropriate but that sexual intercourse and other forms of adult sexual behaviour are not appropriate.

A study was conducted by Friedrich, Grambach, Broughton, Kuiper and Balke (1991) with mothers of 880 children aged two to twelve years (where no victims of sexual abuse were known to the researchers) in order to study normative sexual behaviour in children. The results indicated that children aged two to six

years exhibited high rates of nudity, sexual touching of other children and adults, and masturbation. It was also found that children whose parents were comfortable showering with them presented with more overt sexual behaviour.

The results of these studies confirm that children are sexual beings but that their sexual knowledge is limited. Developmentally inappropriate sexual knowledge by preschool children is a cause for concern and may be indicative of sexual abuse or exposure to adult sexual activity.

The Effects of Sexual Abuse on Child Development

The effects of trauma such as sexual abuse on child development will now be discussed using two theories of personality development.

Freud's Psychosexual Stages

Freud developed his theory of psychosexual development in order to explain personality development in children (Phares, 1991). The anal stage and the phallic stages will be examined as they have the greatest relevance for the preschool child. Between the ages of eighteen months and four years the child is said to be in the anal stage. Toilet training is of paramount importance and children learn to control and retain their faeces/urine as a means of manipulating their parents, whilst at the same time gaining a sense of control over their world.

Freud describes regression as one of the psychological defences used by adults and children when experiencing a trauma (Phares, 1991). Regression allows the child to return to a safer period of their lives where they felt in control. Traumatised children often regress and present with toilet training problems and bedwetting therefore returning temporarily to the anal stage.

The child enters the phallic stage at approximately four years of age. The genital area becomes the object of interest and the child may touch or exhibit his/her own genitals, or may show interest in the anatomy of others (Phares, 1991). This is considered developmentally appropriate but in the case of sexual abuse the child's sexual development is grossly accelerated (Bukwoski, 1992). The child becomes fixated or pre-occupied with sexuality which strongly impacts on the their healthy sexual development. Despite Freud's contributions to understanding child development, his view on sexual abuse was that reports of intrafamilial sexual abuse actually represented the child's unresolved oedipal or electra complexes and were in essence ficticious. However it is now generally accepted that sexual abuse exists and is a traumatic experience for children which may negatively affect their developmental process, as well as have implications for future development.

Erikson's Stages of Psychosocial Development

In Erikson's theory the view is stressed that human trauma and crisis offer opportunity for triumph and mastery over the world (Phares, 1991). Every stage in development presents the individual with a crisis in which personality development can either become adaptive or maladaptive and failure to master stages can affect the individual's progression through successive stages. The first three stages will be considered as they pertain to the development of the preschool child.

The first stage is trust versus mistrust, where the child experiences the world as either a safe or a hostile place. Children who are abused begin to experience the world as a hostile place where people cannot be trusted. Their sense of mistrust of others is carried with them and affects their progression through other stages.

Autonomy versus doubt encompasses the stage in which the child begins to make decisions and develop a sense of autonomy (Phares, 1991). When children are abused their boundaries and what they want is not respected by adults. They are often coerced into complying with the adult's desires. The child begins to doubt him/herself and the need for autonomy over his/her life is not mastered. Initiative versus guilt is the last stage for consideration and of relevance to the preschool child. The child begins to test his/her environment for what is acceptable and what is not. If the child is excessively punished for his/her behaviour then he/she internalises a sense of guilt (Phares, 1991). In abused children this sense of guilt is further compounded by the perpetrators continual threats and blame of the child, as well as involving the child in maintaining the secrecy of the abuse.

The description of the development of the preschool child provides the basis for understanding the effects of sexual abuse on young children. However before a discussion on the effects of sexual abuse on young children, it is necessary to describe the dynamics of sexual abuse as well as the dynamics linked to the perpetrators of sexual abuse.

THE SEXUAL ABUSE OF CHILDREN

Introduction

Freud's theories (1953) concerning the origins of the incest taboo as well as of childhood sexuality played a major role in shaping the attitudes of psychologists and psychiatrists. Freud overemphasised the role of fantasy in reports of childhood sexual abuse and therefore many of Freud's followers took this as

justification for discounting almost all reports of incest and sexual abuse presented by children.

Games-Schwartz et al (1990) identified three dominant models regarding the causes of sexual abuse. These will be explored briefly:

Psychiatric Model

In this model it was the characteristics of the child which were seen as increasing the likelihood that the child would be abused. Supporters of this model believed that the child seduced adults with their unusual attractiveness and the child's response to sexual activity was seen as a willingness on their part. The responsibility for the activity was therefore borne by the child. Elements of this model still persist especially in relation to offenders attempting to justify their sexual behaviour with children. However recently in the literature there has been a dramatic shift and authors such as Burgess and Holstrom (1974) and Finkelhor (1986) emphasise that children are not capable of true consent because of their immature level of cognitive and emotional functioning.

Social - Psychological Model

This model focuses on the characteristics of people that predispose them to sexually abuse children. However, there is a general consensus in the literature that there are no specific characteristics of offenders (Swanson 1968, De young, 1982). These people vary in terms of their social and cultural backgrounds, ages and level of psychological functioning. Offenders will be discussed in more detail at a later stage in this chapter.

Sociological Model

This model focuses on certain characteristics within families that promote sexual abuse. Social isolation, family disruption, economic and cultural factors may contribute to child sexual abuse. Increased stress and pressure on family members increases the child's risk of being sexually abused (Games-Schwartz et al 1990). Most recently, the causes of child sexual abuse have been viewed in relation to the ecosystemic perspective. If child sexual abuse is understood using the ecosystemic perspective it follows that a variety of factors (including elements of the micro, meso, exo, macro and chronosystems) contribute to the sexual abuse of children. Therefore interventions need to be targetted at these different levels. These interventions may include community awareness on child sexual abuse, preventative interventions in schools, as well as lobbying and advocacy for change in laws relating to child sexual abuse.

Although the researcher recognises the need for intervention in the different levels of society, this research study has as it's focus the microsystem and all the factors relating to the developing child and his/her immediate environment. Despite the factors described above, the person must be sexually attracted to children and be willing to act upon this sexual feeling before sexual abuse can occur.

AN OVERVIEW OF THE DIFFERENT FORMS OF SEXUAL ABUSE

Classical Incest

One of the outstanding charcteristics of an incest family is that it is patriarchal in nature. The father exploits his authority and abuses his intrafamilial power in the form of incest as well as physical abuse that often accompanies incest (De Young 1982). It is common for the abuse to begin with appropriate affectionate behaviour with the relationship gradually becoming sexualised, incorporating different sexual activites over time (Faller, 1988).

It is also common for the abuse to be of long duration. It appears from studies conducted on the subject of incest that most incestuous fathers are more likely to abuse their oldest daughter. However it is not uncommon for there to be multiple victims as younger sisters are subsequently victimised (De Young, 1982). These families are often socially isolated which makes it more difficult for the child to disclose the abuse, and, when he/she does, it is unlikely that he/she will be believed or supported.

Stranger Child Rape

It is most common for this type of abuse to occur by way of only one sexual encounter by someone who is a stranger to the child. The onset is abrupt and force is often used. Penetration is more likely in these cases. Children report these experiences easier than they would in an incest case as the person is not known to them. Families are more likely to be supportive (Faller, 1988).

Other Forms of Abuse

These cases fall in between classical incest and stranger rape. These cases often involve the sexual abuse of a child by a family friend, relative or a person well known to the child but not in the child's immediate family. Threats and force are more likely to be used to impose silence.

THE PERPETRATORS OF SEXUAL ABUSE

In a review of the literature it was found that reasons for sexual offending behaviour perpetrated against children are unknown. However theories have been developed attempting to understand why adults sexually abuse young children. It is, however, essential to understand offending behaviour in order to fully understand the effect sexual abuse has on young children.

Sexual offenders often attempt to satisfy non-sexual needs through their offending behaviour. According to Sgroi (1982) perpetrators of sexual abuse are generally dominant over their family situation, perceive the outside world as hostile or threatening and have problems maintaining adult sexual relationships.

Finkelhor (1986) described four elements attempting to explain sexual offending behaviour. These are:

Emotional Congruence

This is where it is assumed that arrested psychosexual development occurs in the offender. The offender suffers from a low self esteem as a result. He/she attempts to regain a sense of control through sexual offending against children.

Sexual Arousal

This is where sexual conditioning occurs through early sexual experiences with children. This is further reinforced by sexual fantasies involving children.

Blockage

This is where a previous trauma or current difficulty in adult relationships leads the adult to choose children as sexual objects for outlet of their sexual feelings. Relationships with children are perceived as less threatening.

Disinhibition

This is when abuse occurs as a result of poor impulse control. This may be due to alcohol abuse, mental retardation, senility or stress factors.

Sgroi (1982) describes two primary types of sexual offenders according to their primary sexual orientation and level of socio-sexual development. These are fixated and regressed sexual offenders.

The Fixated Sexual Offender

The fixated sexual offender, at the onset of sexual maturation develops a primary or exclusive attraction to children. These men sometimes marry or find employment in child care as a means of gaining access to children. These types of offenders are commonly referred to as paedophiles (Sgroi, 1982; Robertson, 1989). Other characteristics of the fixated sexual offender include premeditated planned offences against children, identification with the victim and a preference for male victims (Sgroi, 1982). James and Nasjleti (1983) refer to the fixated offender as the friendly neighbourhood molester who is normally afraid of intimacy with adults, possibly as a result of an abusive childhood. They therefore turn to children for sexual satisfaction. These offenders experience their behaviour as a compulsion and it can reach a level of obsession occupying their thoughts continually (James and Nasjleti, 1983).

A common myth about paedophiles is that they are mentally ill. According to Swanson (in De Young ,1982) in their study of twenty five paedophiles, only five showed the vaguest signs of psychosis. Similarly, Groth (1978) found in his sample of one hundred and forty eight paedophiles that only twelve were diagnosed as being psychotic.

Paedophiles are not appropriate candidates for diversion programmes as their behaviour is compulsive. Diversion involves the offender acknowledging the abuse perpetrated in specific detail, agreeing to counseling for every member of the family for a period of two to three years, and accepting that any further offences will result in prosecution for the previous and new offences. (James and Nasjleti, 1983; Sgroi, 1982).

The Regressed Sexual Offender

According to Sgroi (1982) these offenders do not display early sexual predisposition towards children. These offenders may undergo regression where a sudden deterioration in an emotionally meaningful or gratifying adult relationship can lead to them being sexually interested in children. This may be due to sexual inadequacy or may involve a situational crisis of a non-sexual nature which resurrects unresolved dependency needs and anxieties.The child therefore becomes a substitute.

Other characteristics of regressed offenders include having a preference for female victims, the first incident being compulsive and not planned, and the sexual behaviour with children only emerging in adulthood (Sgroi, 1982). This type of offender is unlikely to be a recidivist if mastery is gained over his personal inadequacy. James and Nasjleti (1983) refer to this type of offender as the 'man in the parental role'. This offender often has a history of early loss and separation in the the family of origin, and suffers from low self esteem.

The Sadistic Paedophile

De Young (1982) identifies another type of sexual offender. She refers to this type of offender as the sadistic paedophile. In these cases physical aggression becomes eroticised and sexual satisfaction is only achieved if the child is hurt or humiliated. She does remark that this form of paedophilia is rare but where it does occur the child is at risk of being severely physically damaged or even killed.

The Adolescent Sexual Offender

Hunter (1995) identifies another type of sexual offender which is the adolescent offender. A study by Deischer, Wenet, Papeney, Clark and Fehrenback (in Hunter, 1995) found that 20% of all rapes and 30-50% of all sexual assaults on children were committed by adolescent offenders. Finkelhor and Williams (1988) agree that adolescents comprise a high perecentage of sexual offenders. The researcher's experience at Childline Family Centre reflect the same patterns where approximately 40% of sexual offenders against children are adolescents.

According to Hunter (1995) sexual activity between children who are five or more years apart in age is considered abusive, while Watkins and Bentovim (1992 in Hunter, 1995) believe that an age difference of two or more years may be considered abusive. Therefore an adolescent sexually abusing a child may cause the same level of trauma as an adult abusing a child. This type of sexual behaviour may be distinguished from appropriate behaviour by the age difference of the victim and adolescent perpetrator, the difference in power levels and the differences regarding knowledge of sexual behaviour (Faller, 1988).

Sgroi (1982) reports that the adolescent offender finds peer relationships frightening and finds control and safety in relating to young children. They may have a history of sexual abuse but be reluctant to share these experiences. This may result in unexpressed anger and hostility as well as punishing the child for what he/she dislikes in him/herself. Furniss (1991) describes four characteristics that promote adolescent offender behaviour. These are being sexually abused themselves, having siblings who were sexually abused, low self esteem and impulse control, and a history of physical and emotional abuse. As with adult offenders adolescent offenders abuse of children may be opportunistic or aggressive in nature, while for some their behaviour may be classed as paedophiliac in nature characterised by repetitive sexual encounters with children.

It was generally agreed upon in the literature that the motivations for offending behaviour include validation of a sense of worth, compensation for feelings of

rejection, restoration of a sense of power, need for attention and recognition, need for affiliation, and a strengthening of identity.

THE RELATIONSHIP BETWEEN PERPETRATOR AND VICTIM

Stepfather / Mother's boyfriend

The risk of abuse in this situation is high (Russell, 1983). The perpetrator may simultaneously court mother and daughter. In Faller's study (1988) it seemed that the age range of victims was between three and seventeen years and it was common for the perpetrator to be younger than the mother.

Non-Custodial Parents

This type of abuse is often discovered after a divorce has occurred and the parent has visitation rights to the child. Mostly young children under the age of six years are affected. According to Faller (1988) children are at risk in these family situations as the perpetrator has unsupervised access to the child, may be lonely and turns to the child to fulfill his needs, or may be angry at his ex-wife and express this anger through abusing the child.

Single Parent

This form of abuse may evolve in two ways. These may include the child and parent sharing sadness at the loss of a parent/spouse and begin sleeping together in the same bed for comfort, or the child may be placed in a parentified role and the parent looks to the child to fulfill their needs (Faller, 1988).

Grandparents

De Young (1982 p1736) described grandfathers as "extraordinarily gentle victimisers" often making the abuse seem pleasurable to the child. However Margolin (1992) found conflicting results. In her study it was found that in fourteen out of a sample of ninety five cases involving grandfathers as perpetrators, severe threats and violence formed part of the abuse. Faller(1988) stresses that these men have a preference for children between two and eight years and often have a history of sexually abusing their own daughters. This view is supported by Margolin (1992).

Mothers and other Female Offenders

Another phenomenon of offending behaviour is that of the female offender. Little is known about this phenomenon because of it occuring less frequently and also due to underreporting of the issue. Finkelhor and Williams (1988) found that 5%

of girls and 20% of boys were sexually abused by female perpetrators. The results of the study suggested that women tended to committ more serious offences against children involving multiple sexually abusive acts and acts involving digital penetration or penetration by objects. However Marvasti (1986 p 261) stated that sexual abuse by adult females tended to be "non violent and at times quite subtle".

James and Nasjleti (1983) stated that victims present as more confused because of the mother-child relationship dynamics. In addition they are more likely not to report the sexual abuse. The reasons for this may be threefold: i) the sexual acts may be disguised as caretaking roles; ii) the child not realising that the behaviour is abusive or iii) the mother is often the only adult in the child's life and the child feels that to tell places him/her at risk.

James and Nasjleti (1983) provide insight into the manner in which boy and girl victims were treated by female offenders. Boy victims are seen as substitute father figures expected to take on dual roles of the child and the father. Girls are seen as an extension of the mother with no recognition of their individuality. However defining maternal sexual abuse is problematic as there are cross-cultural differences regarding appropriate displays of maternal affection. Illustrating this is an example from Turkey where mothers kiss the genitals of their male and female children during diaper changes as an expression of love and affection (Olson 1981).

Now that some insight has been provided in relation to offending behaviour it becomes necessary to describe the effects this behaviour has on preschool children's development, behaviour and emotional well being.

THE DYNAMICS OF SEXUAL ABUSE

According to Sgroi (1982) there is a predictable pattern in which sexual abuse occurs. This is more pronounced in incest and incorporates five phases. These phases are discussed in detail below:

The Engagement Phase

The perpetrator must ensure access and opportunity to abuse the child. Abuse is therefore a planned activity. The perpetrator creates opportunities for private interaction with the child (Furniss, 1991; Sgroi, 1982). The perpetrator must ensure that if the child is outside of his/her immediate family that he/she gains access to the child through the parents' permission. He/she often presents sexual activity as a game or something special for them to engage in. The power and authority of adulthood conveys to the child that the proposed behaviour is acceptable and sanctioned (Sgroi, 1982).

The Sexual Interaction Phase

This phase includes some or all of the sexually abusive behaviours described at the end of chapter one. However the sexual behaviour usually progresses with time from fondling to some form of penetration. It is unlikely that the abuse will begin with penetrative activity (Sgroi, 1982; De Young, 1986; Heiman, 1992).

The Secrecy Phase

This is the phase where the adult imposes secrecy and the child is forcefully told to keep the abusive behaviour a secret in order to enable repitition of the behaviour. If the child does not seem to want to comply, threats or bribes may be used in order to gain the child's compliance. Examples of threats used include separation from parents, harm to the perpetrator and harm to the child or his/her loved ones. The sexual abuse accomodation syndrome first described by Ronald Summit (date unknown) explains how children who have been sexually abused and especially children who have been threatened or whose families place them under pressure, often recant their allegations of sexual abuse. A study was conducted by Gonzalez and colleagues in 1993 with a group of 63 children of preschool age who had made allegations of sexual abuse. It was found that 17 out of 63 children recanted the allegations, while three children recanted twice. Although recantation does happen it in no way suggests that the child is lying, but rather illustrates that it is likely that the child has been threatened or was placed under pressure to retract his/her disclosure of abuse.

The sexual abuse accommodation syndrome has secrecy as it's first factor. This emphasises that the threats imposed on the child implicates the child's role in the abuse and therefore causes the child to become partially responsible and to feel guilty (Robertson, 1989; Reiser, 1991). If the case of sexual abuse is to be reported, something or someone else has to interrupt the secrecy phase as it may last for months or even years.

The second element of the sexual abuse accommodation syndrome is helplessness. The child feels powerless and unable to do anything to stop the abuse. This element is regarded as important by Finkelhor (1986) and James (1989) as it is one of the traumagenic stages and is used to describe the psychological impact of sexual abuse on young child victims.

Entrapment and accommodation is the third factor. The child feels trapped due to the secrecy of the abuse and the perceived helplessness of the situation. He/she begins to allow the abuse to continue as he/she sees no possible way that the abuse can be avoided (Robertson, 1989; Summit, date unknown). The child may not complain for years to come. If he/she does tell itmay be done in a way which does not make it obvious to everyone that the child is being sexually abused. For example the child may become symptomatic presenting with

nightmares or being afraid of a certain person. The child may feel guilty for being disloyal to the perpetrator and persuades him/herself that nothing happened. The truth is denied so that the child may feel accepted by the family and experience continued stability and security.

The child's perceived helplessness and involvement in keeping the abuse a secretive activity contributes to delayed and conflicting disclosures, which is the fourth and final element in the sexual abuse accommodation syndrome (Summit, date unknown). It is more common for a child to delay disclosing sexual abuse than for them to immediately disclose. Jone (2000) asserts that children are more likely to delay disclosure if the perpetrator is a member of the child's family, or if the child is younger in age at the time the abuse was initiated.

The Disclosure Phase

Sgroi (1982) describes two types of disclosures evident in young children. These are accidental and purposeful disclosures. Accidental disclosures are when the child reveals the abuse unintentionally to a significant adult in their lives. Finkelhor and Williams (1988) refer to this type of disclosure as spontaneous disclosure. The secret may be revealed through observation of the abuse by a third party who makes the abuse known. The child may have been physically injured leading to medical attention which may have revealed sexual abuse. Sexually transmitted diseases in young children and pregnancy in children under thirteen years are tell tale signs of abuse. Precocious sexual activity by a preschool child may draw attention to the possibility of sexual abuse. Accidental disclosures require crisis intervention on the part of the helping professional as no one would have predicted the disclosure.

Purposeful disclosure involves the child consciously deciding to tell an outsider about the abuse (Sgroi, 1982). This is referred to as victim self report by Finkelhor and Williams (1986). Preschool children may disclose either by making vague and ambiguous statements about the abuse or by making direct statements to adults regarding the abuse. Young children may reveal the abuse for various reasons. These may be that they perceive the experience as exciting and special and want to share the secret. Preschool children are too young to be able to identify the behaviour as abusive and may disclose not realising the consequences of the disclosure. Some children may disclose due to anxiety, whilst others may dislike the sexual behaviour that is being perpetrated on them and disclose as a way of halting the behaviour. This type of disclosure requires planned intervention from professionals responding immediately and appropriately to the child's disclosure.

Finkelhor and Williams (1988) describe another form of disclosure which is adult prompted where a parent or other significant adult suspects abuse and questions the child, thereby resulting in disclosure.

Family Reactions to Disclosure

Perpetrators of sexual abuse often react with alarm to the disclosure by the child. They fear loss of status and react defensively with self protection being their primary goal (Sgroi, 1982). The abuser may also at this time display hostility toward the child and exploit his control over the family and in the process undermine the credibility of the allegation. Furniss (1991) emphasises that it is at this phase that the issue of responsibility of the abuser should be dealt with, as if it is not the perpetrator may use his power to reinforce the guilt of the child and the non-abusing parent.

In extrafamilial abuse parents are more likely to be supportive and protective of the child, however this is not always the case (Sgroi, 1982). Parents often feel guilty for not protecting the child and use denial as a means of coping. This denial is sometimes used to the extent that they refuse to cooperate and protect the child from further abuse. Mothers may be extremely supportive of the child victim to such an extent that they are willing to divorce the perpetratror (if it is the father or stepfather) and go to any lengths to protect the child (Furniss, 1991). Some mothers of child victims may feel guilty because they may have been aware of the sexual abuse occurring, or were told previously by the child or concerned family members about the abuse and chose not to take action. Mothers face a crisis as they sometimes have to choose between their spouse or their child, and some collapse under the pressure. It is essential that mothers are supported emotionally especially after the initial disclosure. This is even more important if one considers that the reaction of the mother to the disclosure affects the future well being of the child (Robertson, 1989, James and Nasjleti, 1989)

Siblings of the abused child may react positively or negatively to the abuse. Initially the sibling may support the victim but may change their minds after they are faced with the consequences of the victim's disclosure. They may fear disruption of the family and separation from a loved one. Siblings may feel guilty if they helped to 'set up' the victim for abuse so that their abuse may cease (Sgroi, 1982). For example in a case described by De Young (1982) an older sibling used to encourage her intoxicated sexually abusive father to sleep in her younger sister's bedroom saying that she was missing him, and thus avoiding abuse herself.

The Suppression Phase

During this phase according to Sgroi (1982) the family attempts to suppress publicity and intervention, often denying the psychological disturbance of the victim. It is during this phase that recantation of the abuse by the child is most likely to occur due to increased pressure on the child to suppress the abuse.

The family and the perpetrator may 'gang up' on the child, threaten the child or call the child hurtful names in an effort to undermine the child's allegation. The dynamics of this stage epitomises Summit's element of retraction in the sexual abuse accommodation syndrome (Summit in Robertson, 1989). Summitt (in Robertson, 1989 p 23) says that retraction is so common that " whatever the child says about sexual abuse he/she is likely to retract it". However the researcher's experience is that if the child is supported and encouraged the child has no reason to retract his/her statement of the abuse occurring.

Having discussed the dynamics and perpetrators of sexual abuse, the effects of sexual abuse on preschool children will now be dealt with.

THE EFFECTS OF SEXUAL ABUSE ON THE PRESCHOOL CHILD

The approaches to child sexual victimisation vary. They include firstly, pressuring the child into sexual actvity where the child is seduced into the relationship. The child may appear to consent to the sexual activity. Secondly the child may be forced to engage in the sexual activity. Violence may be used in order to gain the child's compliance (De Young, 1982). Where the child is pressured into sexual behaviour sexual control is gained by developing a willing and consenting relationship through enticement and non-violent entrapment. Normally the perpetrator does not seek to harm the child. These children may not present as traumatised due to their young age making it difficult for them to assimilate the reality of the experiences, the abuse taking the form of gentle touching, and the abuser being a trusted person in the child's life (De Young, 1982).

Where the child is sexually exploited and physically injured or where the child is involved in sadistic assault, the child may be very traumatised as a result of the experience. These children may present with symptoms of rape trauma syndrome originally described by Burgess and Holstrom (in De Young, 1982 p 132) as an "acute phase and long term reorganisation process that occurs as a result of forcible rape or attempted forcible rape". De Young (1982) comments that a two month reorganisation is predictable in young children. Children may respond differently to sexual abuse and present with various degrees of traumatisation depending on the extent, severity and duration of the abuse, identity of the perpetrator, violence or threats involved, the child's resiliency levels and the extent of familial support offered to the child,

The following discussion will focus on the symptoms of sexual abuse commonly found in preschool children, as well as a discussion of the traumagenic states. However, they may not be applicable to every child who has been sexually abused.

The Traumagenic States

A traumagenic state is described by Wyatt and Powell (1988 p 68) as " an experience that alters the child's cognitive or emotional orientation to the world and causes trauma distorting the child's self concept, world view or affective capacities". The four traumagenic states originally described by Finkelhor and Browne (1986) are as follows:

Traumatic Sexualisation

The child is often rewarded by offenders for sexual behaviour that is inappropriate to their developmental level. The child therefore learns to use sexual behaviour as a strategy to manipulate others in order to have their needs met (James, 1989). Certain parts of the child's anatomy become fetishised and given distorted importance by the offender which may lead to the child becoming confused and acquiring misconceptions about sexual behaviour and sexual morality (Wyatt and Powell, 1988). The child's sexuality may also become traumatised when frightening and unpleasant memories become associated with sexual activity. This often extends into adulthood affecting the person's initimate relationships.

Betrayal

The child discovers that someone they loved and depended on has hurt them, and feels betrayed by this. This feeling of betrayal may be immediate or delayed (James, 1989). In some instances the child initially does not perceive the behaviour to be inappropriate and it is only after he/she understands the inappropriateness of the behaviour does he/she feel betrayed. The betrayal may also extend to, and be affected by, the mother's reactions to the child's disclosure if the mother is unwilling to believe or take action to protect the child (Finkelhor in Wyatt and Powell, 1988).

Powerlessness

Powerlessness is experienced by the child's will or wishes being repeatedly overruled or by the child experiencing threats of physical injury (Wyatt and Powell, 1988). The child may repeatedly have his/her body space invaded against their will and feel powerless to stop this from happening. If the child does resist, it is more likely that the abuse will be exacerbated and the child physically hurt. This results in the child's compliance.

Stigmatisation

During the abuse the child often receives negative messages from the perpetrator resulting in a feeling of being different from others, as well as a

worthless human being. According to Finkelhor (in Wyatt and Powell, 1988) and James (1989) this may be achieved directly through blaming the vicitim or indirectly through the pressures for secrecy and attitudes of family and community members, as well as society in general. It is for this reason that children who have been sexually abused are often placed in therapeutic groups where they can identify with other children who have had similar experiences. This serves to reduce the stigma of having been sexually abused.

COMMON SYMPTOMS OF SEXUAL ABUSE IN PRESCHOOL CHILDREN

Sexualised Behaviour

Preschool children who have been sexually abused or exposed to sexual material may become sexualised in their behaviour, showing an excessive or abnormal interest in sexuality. This inappropriate behaviour includes excessive and persistent public masturbation that causes pain or irritation, touching or asking others to touch their genitals, excessive interest in sexual matters reflected in art, play or conversation and sexually stylised behaviour imitative of adult sexual relationships (Gil, 1991; James and Nasjleti, 1983). Young children may associate sexual activity with love and nurturance and, therefore, make sexual advances towards adults as they have been taught that this behaviour is appropriate through abuse.

Children's sexual acting out behaviour may be an unconscious way of calling others attention to the abusive situation (James and Nasjleti, 1983) or as stressed by Gil (1991) excessive masturbation may be a way of relieving the itch or discomfort caused by venereal disease. However, sexualised behaviour needs to be dealt with urgently as it places the child at risk of further abuse, as well as eliciting negative responses from people in the child's environment.

Fear and Anxiety

Young children are by nature adventurous and curious about their surroundings. Children who have been sexually abused may become fearful and anxious, often developing panic reactions to environmental triggers. According to Monahon (1993) and Deskin and Steckler (1997) children may re-experience the original state of fear in response to environmental triggers causing the child to avoid the trigger. This results in a perpetual fearfulness and the development of phobic reactions.

Some children develop anxiety-related asthma or stuttering in response to the abuse. It is common for children to react to traumatic experiences with anxiety and to become fearful if separated from caregivers (MacFarlane and Waterman, 1986). According to Terr (in Everstine and Everstine, 1993) the intense and sudden onset of a fear of the dark or of monsters is indicative of trauma in

preschool children. This fear and anxiety may extend to sexuality when children present with overdetermined denial of genital anatomy and exposure to normal nudity, as well as avoidance or anxiety reactions to specific questions about sexual behaviour (Corwin in Wyatt and Powell, 1988).

Sleep Disturbances and Nightmares

Nightmares are common in young children and are often expressions of fear. However according to Finkelhor and Williams (1988) it is not common for children under three years to present with nightmares and if they do it is reflective of a trauma experienced by the child. Young children may experience night terrors or may struggle to fall asleep as well as being fearful of sleeping alone. Corwin (in Wyatt and Powell, 1988) commented that nightmares often invoke physical movements or vocalisations consistent with sexual abuse.

Psychophysiological Complaints

Psychophysiological reactions are common in preschool children as they find it difficult to express emotions related to a traumatic event (Everstine and Everstine, 1993). This is expecially found in cultures where children are taught that expression of feeling is not acceptable and therefore learn to repress painful emotions. These 'pains' and 'aches' which have no medical explanation, may be directly or symbolically linked to the trauma. Psychophysiological symptoms were originally termed hysteria by Freud in 1917 and was seen as being a form of mental illness most common in women. However there is currently a general consensus and understanding reflected in the literature that psychophysiological complaints are experienced by adults and children who have experienced or witnessed a traumatic event such as sexual abuse.

Post-traumatic Play

The child may talk obsessively about the traumatic event or engage in obsessional play that re-enacts the traumatic event. This is termed post-traumatic play (Monahon, 1993). Terr (in Everstine and Everstine, 1993) contended that this form of play is in sharp contrast to the usual carefree joy of a child's play. There is a grim, driven quality to the play. Children may blurt out trauma related verbalisations at odd moments as if the story was under pressure to be released. The child may need numerous retellings of the traumatic event in order to gain control over it (Monahon, 1993).

Aggression

Children may present with loss of impulse control which manifests in violent behaviour towards younger children or animals. According to James and Nasjleti (1983), these children cannot safely express anger and frustration toward the

perpetrator so their feelings are displaced onto 'safer' objects such as younger children or safe adults who they know will not retaliate. Sgroi(1982) emphasises that this acting out behaviour is a cry for help.

Disturbances in Attachment

These children have learnt as a result of abuse that others cannot be trusted. They may present with 'clingy-type' behaviour to caregivers or trusted persons. Clingy behaviour is a well known effect of sexual abuse in both girls and boys (Finkelhor and Williams, 1988). Children only feel safe in their parents' presence and therefore cannot let their parents out of their sight. The child's sense of prior inner conviction of safety is destroyed (Monahon, 1993). The researcher believes that clingy behaviour may also be a result of the threats imposed on the child by the perpetrator. For example a common threat for the perpetrator to use is that of taking the child away from his/her parents, or hurting the parent if the child tells. The child, therefore, believes that the parent can protect them or they can protect the parent from the threat becoming a reality.

Regression

Children may regress, or lose skills gained prior to the trauma of sexual abuse. This regression may present in various forms such as loss of toilet training, thumbsucking or bedwetting. Bedwetting is common in children under four years who have been traumatised and is a reaction to overwhelming stress according to Finkelhor and Williams (1988). Other symptoms of regression include a slowdown in language development, an inability to deal with frustration and an inability to provide self comfort. The child may therefore make constant demands for comfort.

Dissociative Behaviour

Briquet (1859 in Gil 1991) first formulated the concept of dissociation and Janet (in Gil, 1991) first indicated that dissociative states seemed related to severe childhood sexual and physical abuse. A more recent study described by James (1989) found that the predisposing factor for dissociation in 95% of cases was sexual abuse.

James (1989) added that when the limbic system is overwhelmed by incoming information which occurs in sexual abuse, there is an initial alerting response that if unsuccessful in managing and responding to the information transfers into a survival response of numbing and dissociation. Dissociation is understood as a process of separating, segregating and isolating large portions of information, perceptions, memories and affects (Gil, 1991). It serves as a defense against severe stress but also predisposes the child to subsequent dissociative

responses to other stimuli besides the original trauma. Preschool children are especially vulnerable to dissociation due to their poorly developed and less integrated self concepts.

Putnam (in Hartman and Burgess, 1993) identified three precursors to dissociation. These are:

i)   Situations in which it is impossible to protect/release oneself through fright or flight;

ii)   Panic due to overwhelming impulses to committ suicide or homicide; or

iii)   Loss of a loved one.

In sexual abuse the first precursor has more relevance as often children in abusive situations cannot escape the situation or fight off the offender. Dissociation therefore becomes the only way for the child to survive the traumatic experience.

James (1989) describes certain characteristics present in a child who is prone to dissociative behaviour, which has as its extreme form dissociative identity disorder (formerly known as multiple personality disorder). These are:

i)   A biological capacity to dissociate;

ii)   Insufficient internal and external resources to facilitate coping;

iii)   Overwhelming terror and an environment infused with traumatic events;

iv)   Reinforcement of the behaviour from others or as a relief from pain; and

v)   No restorative experience so the child cannot process the trauma

However children who use dissociation as a defence mechanism to emotional pain may also disclose the abuse in a way which lacks integration and breaks through in disconnected expressions often tinged with fear and anxiety (Hartman and Burgess, 1993). This has implications for validation and the reliabilty of such a child's disclosures.

Other Effects of Child Sexual Abuse

i) Depression - this is difficult to identify in young children but according to MacFarlane and Waterman (1986) depression in preschool children is a common response to sexual abuse. Depression often manifests in excessive crying and lack of concentration in young children.

ii) Pseudomature/age inappropriate behaviour - This is especially common in cases of incest where young children are forced to take on responsibilties beyond which is appropriate for their age and developmental level. James and Nasjleti (1989) emphasise that this behaviour is a facade and when this pseudomature exterior is penetrated, a lonely and frightened child reveals

him/herself.

iii) Eating Disorders - The child may either overeat or stop eating. This is often in response to oral abuse.

iv) Difficulty in Making Friends - Sgroi (1982) emphasised that these children present with significant social problems and inadequacies. They struggle to relate to peers often as a result of pseudomature behaviour, aggressive behaviour and a capacity to withdraw or dissociate.

v) Elective Mutism - This is a psychological defense mechanism adopted by children who have been severely traumatised. They, according to Monahon (1993 p52), are "scared speechless". These children stop talking due to fear that if they do talk they may reveal the abuse. This is enough to reinforce this behaviour.

In conclusion, sexual abuse of young children is a complex phenomena and involves various dynamics acting on, and affecting one another. The effects of sexual abuse are numerous and often severe, interfering with the child's daily functioning as well as affecting the reliability of their disclosures. In the second part of the literature review factors contributing towards disclosure and healing are discussed. These factors include a description of child, social worker and technique related variables and their effect on a child's disclosure.

CHAPTER THREE

LITERATURE REVIEW

PART TWO

FACTORS CONTRIBUTING TO DISCLOSURE AND HEALING IN PRESCHOOL CHILDREN

Before the discussion ensues below, it must be emphasised that the process of disclosure and the process of healing are inextricably linked and cannot be separated. Once the child is able to disclose sexual abuse, the child begins the healing process.

CHILD RELATED VARIABLES

Children differ in their responses to sexual abuse. They present with different extents of traumatisation, and show various levels of resiliency. Some children may be very traumatised by a single episode of sexual touching by an older person, while some children who experience sexual intercourse as part of the abuse may cope better and show higher resiliency levels (Sgroi, 1982).

Resiliency refers to the person's ability "to adapt efffectively in the face of adversity" (Berk, 2001 p10). Berk (2001) comments that resiliency has received increased attention in the literature in recent years. This is due to the fact that such studies could assist in protecting children from the damaging effects of stressful life events/conditions. It was found that three broad factors seemed to buffer the effects of stressful life events for children. These are personal characteristics of the child, the quality of the parental relationship and the extent of social support external to the family. These factors relate well to the ecosystemic perspective as they relate to the micro, mezo and exolevels of society.

With regard to resiliency and a child's ability to cope after sexual abuse, research shows that the following factors may impact on a child's disclosure and healing. These include threats made by the perpetrator (MacFarlane and Waterman, 1986); parental support (Keary and Fitzpatrick in Sternberg et al, 1997); relationship of the perpetrator to the child (Sgroi, 1982) ; repetitive and ongoing abuse (Finkelhor, 1995), involvement in poronography and sex ring activity (Jones, 1992) and involvement of children in court proceedings as witnesses (Goodman in Muller and Hollely, 1999). Threats and the reactions of family members to a child's disclosure were discussed in detail in Chapter Three. The discussion below will focus on repetitive and ongoing abuse, court

processes and involvement of the child in pornography and their effect on disclosure and healing in children.

Repetitive and Ongoing Abuse

Finkelhor (1995) identifies this as a factor which makes the abuse experience more traumatic. The child may have experienced multiple incidents of sexual abuse and is therefore more vulnerable to develop dissociative disorders in order to cope with "repeated distressing and painful experiences" (Putnam, 1993 p 86).

Putnam (1993) also stresses that this phenomenon is marked in young children when the self concept itself is fragmented and easier to compartmentalise. Dissociation in children affects the process of disclosure as the child simply does not remember the incident as he/she has dismissed parts of his/her experiences. Children are therefore not lying, they merely cannot access these memories, making disclosure difficult, or if a disclosure is made it is often fragmented.

Court Processes

Children who have pending court processes often have to put their healing 'on hold' as their matters may take up to two years to come to trial. When they do come to trial they are often remanded to later dates. Children often have to disclose the abuse several times to different people which contributes to secondary victimisation (Furniss, 1991). In addition children are further traumatised by the process of testifying in court. Goodman (in Miller and Hollely, 1999) cited studies where it was found that children who had been to court showed greater disturbance and the results indicated that court appearances resulted in much stress and tension for the children. Hill and Hill (in Muller and Hollely, 1999) and Naidoo (1996) added that court appearances may aggravate symptoms that the child may have as a result of the abuse, and that testifying in front of the perpetrator may be more traumatic than the abuse itself.

Certain jurisdictions of the South African courts have specialised child abuse courts and make use of an intermediary system where the child testifies via a closed circuit television from a room outside the courtroom, and therefore does not have any direct contact with the perpetrator. However this process of testifying is still traumatic as the child is subjected to hostile cross examination just as adult witnesses are. Long delays, as well as the process of testifying can affect a child's reliability.

Involvement of Children in Pornography and Sex Ring Activity

Child pornography can be described as a permanent recording of a child being sexually abused. The pictures, films and videos vary from revealing stills of naked children through to more explicit shots of their genitals thumbed apart to the recording of oral, anal and vaginal abuse and intercourse (Mayne, 1999).

Children are often required to be sexual with various adults and children making it difficult for the child to remember which person did what. This affects their reliability when disclosing (Kelly, Brant and Waterman, 1993). The acts children are exposed to for the purposes of making pornographic films include severe abuse and in addition to sexual intercourse include sexual interaction with animals, urination on children by the abuser and child torture (Mayne, 1999). When children do disclose they are often not believed by adults due to the bizarre nature of the activities they describe. Children therefore recant disclosures or resort to dissociating from the experiences in an effort to block out the emotional pain of enduring such abuse. This in turn affects the reliabilty of the child's disclosures once they do gain the courage to disclose.

THE RELIABILITY OF A PRESCHOOL CHILD'S DISCLOSURE

According to Smith and Letaurneau (2000) disclosure involves the child making public an event that includes shame, fear and emotional conflict. It is therefore not surprising that children do not immediately disclose abuse. It is more common for children to delay disclosing sexual abuse. Smith and Letaurneau (2000) and Jone (2000) state that preschool victims of sexual abuse are less likely to disclose than older children. It is for this reason that social workers are often faced with a 'double edged sword' of assessing for sexual abuse in the absence of medical or corroborating evidence (Geddie, et al 2000). It is essential that therapists be skilled in assessing the child and validating abuse allegations based on the information the child provides.

The literature indicates that preschool children are less reliable at providing information than adults (Smith and Letaurneau, 2000; Geddie et al, 2000; Perry and Wrightsman, 1991). However young children may be less likely to disclose sexual abuse reliably for a number of reasons including fear, anxiety, ambivalent feelings toward the perpetrator or being threatened with negative consequences should they disclose. A lack of disclosure may also indicate that the child has not been sexually abused. According to Baing (1999 et al) the child's symptoms may have been misinterpreted by adults who suspected that the child may have been sexually abused, or the child may have lacked the verbal skills to either confirm or dispel the allegations when questioned.

A child's ability to provide reliable accounts of sexual abuse experiences will be examined in relation to memory, suggestibility, distinguishing fact from fantasy, and lying.

Memory

Memory involves the acquisition, storage and retrieval of information (Geddie et al, 2000). Therefore the ability to remember depends on the skill with which a complex set of processes are executed, beginning with the event in question and ending with its retrieval at a later stage.

The three main stages of the system are :

i)   Encoding - refers to the process by which a trace of an experience becomes registered in memory.

ii)   Storage - where encoded events enter a short term memory state.

iii)   Retrieval - involves the retrieval of memory from storage.

In order to remember an event, one first needs to perceive the event and pay attention to it. Perry and Wrightsman (1991) argue that children can be very effective witnesses because they tend to concentrate on observing rather than interpreting their observations as adults do. Children acquire a memory only for aspects of an event that were the focus of attention so children may attend to different aspects than adults (Baing et al 1999). According to Perry (in Baing et al 1999) children perceive fewer aspects of a complex event and are unable to recognise theirs and other's feelings and intentions. Once a child has perceived an event he/she must be able to remember and report the information. The child may have difficulty translating this perception into words and communicating the content of the memory. In order for children to be reliable witnesses they must be able to demonstate their retention of material in one of three ways. These include recognition, reconstruction, or recall memory (Perry and Wrightsman, 1991).

Recall is the most complex form of memory, requiring that previously experienced events be retrieved from storage with few or no prompts. This form of retrieval is the one most often required of witnesses and is strongly age related. Children who have been sexually abused are often state witnesses. They are required to relate their sexual abuse experiences, with little prompts, as prompts are considered leading by the courts. However literature indicates that a preschool child's recall memory improves when events are repeated (Baing et al, 1999; McNichol, et al 1999). A study conducted by McNichol et al (1999) to assess children's eyewitness memory for a repeated event produced interesting results which contradicted the popular belief that young children

cannot report events accurately. They found that children who experienced repeated events confused timing of some details and could not report the number of times an event occurred, but were very accurate in their reports making few errors of omission and commission. (Errors of omission refer to children omitting details in their verbal reports, and errors of commission referring to children adding details or 'making things up'). This study has significance for children who have been sexually abused as sexual abuse is often a repeated event. Although children may blur details of events, their verbal reports are generally accurate and as Cole and Lotus (in McNichol et al,1999 p 1135) commented " It is unrealistic to expect a child to be able to provide details of repeated events without some confusion of when details occurred". However it was noted in the literature review that a child's memory for a traumatic event such as sexual abuse has not been extensively researched.

Baing (et al 1999) added that children develop scripts if events occur repeatedly, and that these aid the child's memory. Abusive activities also promote the development of scripts. A Child's recall of scripted knowledge is outstanding in four and five year olds and at five and a half it is on a level which is similar to that of adults (Baing et al, 1999). Children do require assistance in the form of memory cues in order to promote accurate memory and accurate reporting. Firstly very young children (two to three years) store information in non-verbal memory. If he/she is asked to recall the memory verbally he/she may find this impossible. Secondly recall memory in young children tends to be fragmented. Only part of an assault or only one of a number of assaults may be remembered (Muller, date unknown). This explains why children are able to supply certain details about an event but are unable to remember others. The danger of this is that some adults may wrongly interpret these gaps in information as evidence of lying.

Children do forget quicker than adults and the younger the child the quicker they forget. In a study conducted by Baing (et al 1999) it was found that immediately after an event error rates were the same for children and adults. In addition the study indicates that error rates for children doubled over five months and tripled over a period of two years, while adult error rates remain constant. Preschool children's memory normally consist of only 'person' and 'action' with most components being present by the age of five to seven years. They have a more limited base of experience than most adults so their memories are missing important components such as time, emotions and place (Baing et al 1999). Preschool children also do not recall as much as older children do but what they do recall is just as accurate (Geddie et al 2000). It is for these reasons that young children need specific prompts in order to elicit certain details, as Perry and Wrightsman (1991 p 113) so rightly comment "young children often know more than they can freely recall".

Suggestibility

Suggestibility is described by Baing (et al, 1999) as the likelihood of changing the memories themselves or a person's report of the memories by exposing the person to biasing influences such as leading questions, inaccurate information or a coercive interviewer. It is not acceptable, however, to assume that because children are very young their reports are influenced by suggestibility. Research indicates that young children report accurately when they have not been coached and when they are neutrally interviewed. According to Muller (date unknown) preschool children do not offer information spontaneously, and sometimes leading questions may be necessary. Muller (date unknown) cites a study done by Saywitz in (Baing et al, 1999) with preschool children who were medically examined, including a genital examination. The findings indicated that children did not report genital touch in the medical examination until they were asked.

According to Baing (et al, 1999), suggestibility of preschool children is influenced by the following factors :

Strength of the Memory

Immediately after an the occurrence of an incident, a child's memory is very accurate but as time passes children make spontaneous recall errors in free recall and are more susceptible to the influence of a biased interviewer. However, Geddie (et al 2000) found that some preschool children resist suggestibility and continue to report accurately, especially if the information presented to them is incorrect. In a study conducted by Bruck, Ceci, Francower and Barr (in Baing et al 1999) where suggestibility was tested in preschool children, 80% of five to six year olds exposed to bias made accurate reports as did 67% of three to four year olds.

Language Comprehension

Children are more likely to be affected by suggestion if communication between the child and the interviewer is impaired. This may be due to the child failing to understand the question, by the child not being able to formulate a reply or by the interviewer being unable to understand the child's reply (Muller, 1996, Baing et al, 1999). The influence of the interviewer will be discussed further later in this chapter.

Source Monitoring Abilities

Evidence suggests that three year olds have more difficulty identifying sources of knowledge than four year olds (Geddie, et al, 2000). More prompts are therefore necessary which could lead to an alteration of the memory itself.

However it is essential to remember that children do not have the ability to provide detailed accounts of something that they have not experienced, so it is not acceptable to assume that the child is reporting inaccurately.

Additional Factors Affecting A Child's Suggestibility

Preschool children have the desire to please adults, so if an adult asks the child something the child does not know they may agree with the adult in order to please them (Baing et al, 1999). Muller (date unknown) describes interview bias as a factor affecting children's suggestibility. This occurs when interviewers have previously decided on beliefs about the occurrence of certain events and then proceed to mould the interview to elicit statements from the child that are consistent with these prior beliefs. However Bruck et al (in Baing et al 1999 p 167) stress that "children rarely make false claims about touching and particularly about sexual touching in response to a single misleading question in a single interview". It is only after repeated misleading questioning by an interviewer that suggestibility becomes an issue. Muller also describes the impact of repeated questioning on suggestibility. When children become witnesses they are often subjected to a number of interviews. This can have two negative effects on children's disclosures, namely by misleading questions becoming incorporated into the child's memory, and by children changing their answers when they are asked the same question repeatedly. Therefore children can be misled into being inconsistent.

Children are however highly susceptible to coaching from parents. A study conducted by Poole and Lindsay (1995 in Baing et al, 1999) found that 41% of preschool children coached by parents made errors in free recall, 53% falsely accused a person for doing something he/she did not do, and 88% falsely reported the occurrence of at least one event in response to leading questions. A study conducted by Ceci (et al in Baing 1999) contradicted these findings. In a study where suggestibility was tested in preschool children, 80% of five to six year olds exposed to bias by parents made accurate reports as did 67% of three to four year olds.

Stress appears to impair recall in children, so it is essential for the interview to be conducted in a stress free environment (Geddie, et al, 2000). Other factors such as the child's intelligence, temperament, age, race and culture may make a child more or less susceptible to suggestibility, age being the most important predictor.

Distinguishing Fact from Fantasy

The ability to fantasise develops between eighteen months and the early preschool years. There has been little experimental research that has focused specifically on a child's ability to distinguish fact from fantasy. Literature

suggests that fantasy and make believe are important parts of a young child's mental life, and that young children are believed to be less likely than older children to differentiate clearly and consistently between fact and fantasy (Lindsey and Johnson in Muller, date unknown). Ceci and Bruck (in Muller, date unknown) found that preschool children had a firm grasp of the distinction between fact and fantasy and were able to say that witches, monsters and ghosts were not real.

Little research has been conducted on children creating false memories about sexual abuse. However Durcombe (in Muller, date unknown) was of the opinion that children very rarely fantasise that abuse had taken place. This view has been endorsed by a number of researchers throughout the years. It seems, from the literature, that false memories occur as a result of encoding by suggestion and not as a result of fantasies. Once a false memory has been encoded young children accept the memory and are unable to determine from where the memory was assimilated.

Ceci and Bruck (1995) suggested three possible sources of false memory. The first relates to therapy which a child may have undergone. Therapy involves working on memories and may create false memories as therapy may encourage a child to think about events that may have never happened. Secondly, parents and adults reading books with abuse themes to children may foster the development of false memories. Thirdly, initial interviews conducted with children by police officers and social workers and even parents may be the source of false memories. This is dependent on the degree to which suggestion has taken place and whether the questions were detailed enough for a false memory to be created.

Lying in Preschool Children

In order to assess the reliability of a child's disclosures of sexual abuse it is important to know whether children consciously distort the truth with the deliberate purpose of deceiving their interviewers. Historically young children were believed to be incapable of lying because this required a level of cognitive sophistication that young children did not have (Ceci and Bruck, 1995). There is now evidence that children do sometimes lie and develop this ability at approximately two to three years of age. According to Ceci and Bruck (1995) children will lie in certain situations. These include avoiding punishment, sustaining a game, keeping a promise (of secrecy), achieving personal gains and avoiding embarassment.
A well known study was conducted by Jones and McGraw in 1987 which involved reviewing 576 cases of child sexual abuse in Denver, United States of America in the course of one year. It was found that 6% of these cases involved deliberate and malicious attempts to make a false accusation, and interestingly these accusations were made by adults on behalf of their children and were

related to custody disputes. In another study conducted by Everson and Boat (in Muller, date unknown) it was found that only 2% of false allegations occurred among children under six years of age. The remainder of the false allegations were made by adolescent children. Berliner and Barieri (in Muller, date unknown) explained that according to their clinical experience many children underreport the extent and type of abuse. Exaggeration is rare. In conclusion, both children and adults tell lies but there is no available evidence to support the belief that children are more prone to lie than adults.

SOCIAL WORKER RELATED VARIABLES

In this section two essential areas are discussed. These are qualities a social worker working with children should possess, and the importance of the therapeutic relationship.

The Qualities of the Social Worker

According to MacFarlane and Waterman (1991 p 88) a social worker has a dual role of being "both a translator of another language to others in the adult world, and someone who helps small people communicate their thoughts and experiences in ways that can be understood by adults". In order to perform this dual role, whilst working with sexually abused children, the social worker needs to possess the following qualities (Boyd Webb, 1991; Geldard and Geldard, 1997):

Congruence

The therapeutic relationship should be perceived as trustworthy and the environment as safe for the child. The social worker facilitates this process by being personally integrated, grounded, genuine and honest. Children respond positively to a congruent person but withdraw from a person who they perceive as being false or superficial. West (1992) added that children are very perceptive and often see through to the essence of adults.

Being in Touch with One's Own Inner Child

This refers to the social worker's ability to be childlike and to connect with the feelings they had as a child. Understanding one's own childhood difficulties may help the social worker understand how children feel when talking about unpleasant feelings, resulting in the child feeling more comfortable to disclose sexual abuse. West (1992 p 116) supported the social worker working through their own experiences and feelings about their adult and early life so that with "sufficient personal maturity and self knowledge they can begin to come to terms with their own childhood and family, their child selves and life circumstances". It is challenging and often taxing to work alongside suffering, unhappy and

disturbed children. Therefore, this form of work requires the social worker to have adequate self awareness and personal stability.

Acceptance

It is essential that the social worker show no approval or disapproval of the child's statements or behaviours. This involves accepting children in all their moods and not colluding in masking their often painful feelings. The reaction of the social worker is vital when children are disclosing sexual abuse. A shocked reaction may compound the child's sense of the abuse being their fault. Even negative behaviour is accepted but consequences are applied in terms of therapy rules.

Controlled Emotional Involvement

Although West (1992) refers to the social worker remaining emotionally detached, this is, in essence, not possible. When working with children who have been sexually abused a certain degree of emotional involvement is necessary and even paramount to the establishment of the therapeutic relationship.Controlled emotional involvement refers to the ability to control one's own emotions, especially in the face of a disclosure of sexual abuse. If the social worker becomes too emotionally involved, a disclosure of sexual abuse may be so distressing for the social worker that it may serve to halt a child's disclosure. In addition, social workers should be aware of over-sympathising or over-identifying with the child and of using play therapy to meet their needs rather than the child's needs (West, 1992).

In addition to these West (1992) adds qualities such as sensitivity, flexibility, patience, humour, confidence, integrity and a relaxed acceptance of oneself and of the child. The latter quality is essential to play therapy as, in it's application, it communicates to the child that nothing within him/her is so terrible that it cannot be accepted and dealt with within the therapeutic environment. When working with children who have been sexually abused this becomes more important as these children have often internalised feelings of being unworthy, unloved and different from others.The way in which the social worker uses him/herself greatly impacts on how much children benefit from the therapy process. Smail (in West, 1992) claims that it is the worker, rather than the techniques or theoretical persuasion that has the most positive effect on clients. In essence enthusiastic and committed social workers have a higher success rate than bored, pessimistic workers.

THE THERAPEUTIC RELATIONSHIP

In studies done by Milner and Carolin (1999) on therapy with adolescents, they found that the ability of the social worker to provide a therapeutic relationship

based on trust, empathy, and a feeling of being listened to greatly influenced the success of therapy. Although the researcher does not know of any similar studies conducted with preschool children, it is probable that the same is applicable to therapy with young children. The literature indicates a consensus among authors in relation to the therapeutic relationship being crucial in therapy with children. Garbarino and Stott (1989) are of the opinion that the therapeutic relationship is the factor which influences the success or failure of therapy both directly and indirectly. In a review of the literature it was found that the elements described by Boyd Webb (1991) and Geldard and Geldard (1997) serve to create the environment necessary to work with preschool children who have been sexually abused:

The Connecting Link between the Child and the Social Worker's World

The social worker must work within the child's framework and connect completely connect to the child's world, minimising the influence of the adult world.

The relationship should be :

Exclusive

This refers to the uniqueness of the relationship between the social worker and the child. No external interruptions should be tolerated so that the child knows that the social worker's attention is exclusively on him/her. The exclusivity of the relationship means that the child's parents must be comfortable with the social worker in order to allow the development of the relationship. The child feels more at ease to disclose sexual abuse to the social worker who is then perceived as a safe person.

Safe

In order to create a safe environment the social worker should structure the sessions with the child, as well as set rules to be abided by in therapy such as no damage to self, property or the social worker.

Authentic

The social worker should be genuine and honest. The social worker should encourage spontaneous interplay where emerging feelings are not suppressed or avoided.

<u>Non-Intrusive</u>

The social worker should join with the child in a way which is comfortable for the child, in terms of physical interaction. Asking too may questions may be intrusive for the child who may respond by withdrawing further thereby lessening the likelihood of disclosure.

<u>Purposeful</u>

The social worker should explain the purpose of therapy to the child from the onset, as children are not often told the reason for seeing a social worker. It has been found, through the experience of the researcher that being honest with children regarding the reason for their referral has often led to spontaneous disclosure of sexual abuse from preschool children. Although free play is important in therapy with children, the social worker needs to facilitate meaningful play to encourage disclosures as well as therapeutic change.

In summary child-centered play therapy requires the social worker to accept the child for who he/she is. The social worker establishes a feeling of permisiveness in the relationship so that children feel free to express their feelings. Once feelings have been expressed by the child the social worker needs to recognise the feelings and reflect them back to the child in such a way that the child gains insight into their behaviour and can therefore change it appropriately. The social worker does not attempt to hurry therapy as it is a gradual process and must be recognised as such by the social worker (Axline in West, 1992).

THE SOCIAL WORKER'S ROLE IN FACILITATING RELIABLE DISCLOSURES FROM PRESCHOOL CHILDREN

The social worker should be a neutral person and should make use of a limited number of leading and suggestive questions, in order to facilitate reliable disclosures (Baing et al, 1999). This is especially important where there is no medical evidence of sexual abuse and corroborative witnesses are limited. The interviewer therefore needs to rely solely on the child to provide information in order to validate the child's disclosure. The validation process will be described as this is essential in determining the reliability of a child's disclosure of sexual abuse.

The Process of Validation

Validation, in this context, involves assessing the truthfulness and reliability of a young child's disclosure of sexual abuse. The process of validation involves assessing or investigating a variety of factors in relation to the child's allegation

of sexual abuse. Heiman (1992) described five factors which he considers essential when validating allegations of sexual abuse made by a young child. These are:

History of Symptoms

It is important to obtain information from collateral sources as the child may be asymptomatic. If a child presents with no symptoms which are suggestive of sexual abuse it does not mean that the abuse did not occur.

Verbal Account of Sexual Abuse by the Child

Young children are not able to relate as much detail in their disclosures. However the more detail related by the child the more likely it is that the allegation refers to the child's own experiences. This is especially likely if it is not possible for such a young child to gain this knowledge if he/she had not personally experienced the event (Goodman and Helgeson, 1985). Jones (1992) commented that the presence of unique and distinguishing detail in the child's disclosure such as pornography, sadism and satanism serves to validate the disclosure.

Phenomenology of Sexual Abuse

This refers to whether or not the dynamics known about sexual abuse are present in the child's disclosure. These include elements of secrecy and bribery, the abuse progressing over time, a delay in disclosure and the child reporting that the perpetrator had made threats in order to impose silence.

Presentational Style

This refers to the child's emotional state while he/she is disclosing, as well as the language used by the child. Firstly the emotional state of the child will briefly be discussed. In most cases children will describe sexual abuse with a negative affect if the experience was traumatic. However, as recognised by Heiman (1992) this may not be the case if the child has had to retell the story a number of times. In addition this may not be the case if the child is very young and has not understood the abuse to be bad. Secondly the child's language needs to be considered. Young children should used words and sentence formation that is congruent for their age and developmental level. If the child is describing abuse in adult-like terms the allegation should be examined for signs of coaching.
Corroborating Evidence

This includes prior disclosures of sexual abuse made by the child, concerns raised by family members, the consistency of the child's disclosures, as well as medical evidence suggestive of sexual abuse. Another factor stressed by Jones

(1992) is the alleged perpetrator's history or previous offending behaviour. Other factors to be considered not specifically mentioned by Heiman (1992), include the way in which the child uses play things, history of risk factors associated with sexual abuse (such as domestic violence and alcohol and drug abuse) (Jones, 1992), the child's abuse confirmed by multiple victims (Jones and McGraw, 1987) and attempts made by the child to deny, minimise or recant his/her disclosure of sexual abuse (Crouebom-Faller and Corwin, 1995).

Although fantasy, memory strategies and deficiency, suggestibility and communicative abilities may act to distort disclosures, Sternberg and Esplin (1998) are of the opinion that a child's reliability is strongly influenced by the skill and expertise of the interviewer.

Sternberg and colleagues (1997) conducted a study on the evaluation of the effects of two different styles of rapport building on children's ability to provide reliable information. The findings confirmed that the style of interaction between children and interviewers in the introductory phases of the interview affected the amount of information obtained. It was found that two and a half times as many details were provided when the interview style was based on the use of open ended questions which encouraged children to provide detailed accounts of their experiences. These findings support the idea that motivational and contextual factors play an important role in shaping the child's tendencies to report detailed accounts of experienced events (Saywitz et al, 1998). In addition Bradley and Wood (in Saywitz, et al 1998) found that 96 % of children made disclosures in initial interviews if they felt comfortable with the interviewer and with the interviewing style.

However the authors who documented these findings stress that these studies were conducted with school age children and therefore the findings cannot be generalised to preschool children. There is a general consensus in the literature that it is more difficult to interview preschool children due to their limited language capabilities, memory strategies and memories often being stored in non-verbal form. Therefore more prompting of young children may be necessary in order to elicit disclosures

In the above mentioned study conducted by Sternberg and colleagues, open ended questions were used to interview children. However, according to Sternberg and Esplin (1998), research shows that 80% of interviewer questions tended to be focused/closed questions, despite the known fact that open ended questions yielded more detailed and accurate information which in turn enhanced credibility. Possible reasons for this include the fact that changing the way people usually interview children is difficult. This is exacerbated by people having little experience working with children and no formal training.

In order for a social worker/interviewer to facilitate a reliable disclosure of sexual abuse from a preschool child the person needs to be familiar with the process of validating a child's disclosures. These factors serve to enhance the children's credibility and therefore increase the likelihood of the child being truthful and of others believing the child's disclosure.

In summary, it does seem probable from the literature that people interviewing children can greatly affect the reliability of a child's disclosure. Therefore when one is interviewing a preschool child or assessing for sexual abuse one needs to be cautious not to make use of leading questions, and to at all times communicate on the level of the child. In order to do this effectively one may need to make use of techniques which can facilitate disclosures of sexual abuse from young children.

TECHNIQUE RELATED VARIABLES

Children differ from adults both in their language capabilities and in their emotional and social development. Therefore it follows that therapy with children should differ in relation to the nature of therapy, as well as the role of the social worker. A brief discussion will now ensue as to the development of play therapy in the literature.

It was first recognised that play had therapeutic value by professionals in the psychodynamic school of thought such as Freud and his daughter Anna Freud. Play begun to be seen as the 'play cure' analogous with Freud's 'talking cure'. According to the psychodynamic school of thought, play was a direct substitution for verbalisation, as well as having the function of allowing the content of the unconscious to surface (Milner and Carolin, 1999). In other words the psychodynamic school of thought involved recognising the chid's ability to use play symbolically in order to manifest internal concerns (Gil, 1991). In 1950 Erikson began to view play as a means of creating a sense of self awareness in children. He was the first to recognise that play does not take place in a vacuum, but has a social context which is crucial to the child's development.

Winnincot (in Milner and Carolin, 1999) viewed play as being therapeutic in it's own right as the therapeutic relationship echoed the mother/child relationship which could facilitate healing in the child. However Lowenfield (in Milner and Carolin, 1999) emphasised the importance of non-verbal communication and not merely object relations. She developed the 'world technique' in which children are asked to construct worlds using small real life and fantasy objects. She believed this to be symbolic of the child's inner world. Building on Winnicotts and Lowenfield's version of play therapy, Otto Frank and Carl Rogers (in Gil, 1991) promoted full acceptance of the child and stressed the importance of the therapeutic relationship which they described as being pivotal to therapeutic success.

In the literature on play therapy two main views on play therapy in relation to the social worker's role can be identified, namely directive and non-directive play therapy methods. Axline (in Milner and Carolin, 1999) described non-directive play therapy as leaving responsibility for the direction of therapy with the child. The social worker places no pressure on the child so therapy is non-intrusive and the social worker uses interpretations sparingly. According to Guerney (in Gil, 1991 p 36) "non-directive therapists are controlled, always centered on the child, and attuned to his/her communications even the subtle ones".

A more goal-oriented, structured play therapy emerged from the belief in the cathartic value of play within an environment in which the social worker plays an active role in determining the course and focus of play therapy. David Levy in 1939 (in Gil, 1991) introduced what is known as post-traumatic play where the child is assisted by the social worker to recreate the traumatic event through play. The social worker, in directive therapy, structures and creates play situations attempting to elicit, stimulate and intrude upon the child's hidden processes or behaviour in order to challenge defences. This may involve focusing directly on specific anxieties that the child is presenting with. The child is guided in ways believed to be beneficial by the therapist.

The most adhered to view incorporates aspects of both directive and non-directive play therapy (MacMahon, 1995). Oaklander (1988) uses a combination of these methods in what she terms Gestalt play therapy. Oaklander uses a number of projective and fantasy techniques where an awareness of present feelings is emphasised. The social worker works at the child's pace but does take an active role in terms of encouraging awareness in the child as well as introducing certain themes in the therapy process. She refers to the social worker as always being aware of the delicate balance between directing and having the child lead.

Gestalt play therapy requires the social worker to incorporate four principles (Oaklander, 1988). These are:

1)   Awareness - this involves explaining to the child why he/she is in therapy as well as creating a sensory awareness at all times.

2)   The concept of 'now' - the present is always the focal point of awareness. Therefore gestalt therapy begins from what the child can see for him/her self with regard to what his/her present needs are.

3)   Organismic self regulation - this involves developing an awareness of the child's needs and how these needs can be met.

4)   Unfinished Business - this refers to unexpressed feelings and unsatisfied needs which manifest as symptoms in children. Children are encouraged to express feelings verbally.

Cattanach (1994) believes that a combination of non-directive and focused methods may be most useful in working with children who have been sexually abused as it allows for mastery. If non-directive play therapy is used exclusively the child may avoid talking about or dealing with the abuse which results in the child not being able to master anxiety.

The Healing Power of Play with Sexually Abused Children

Many young children have experienced traumatic events such as sexual abuse and do not experience childhood as carefree. A quote from John Holt (in Oaklander, 1988 p 205) encompasses this sad reality "I believe that most young people, at earlier stages, begin to experience childhood not as a garden but as a prison. I am not saying that childhood is bad for all children all the time. But childhood as in happy, safe, innocent and protected does not exist for many children".

Children who have experienced such emotional pain and hurt need help in healing from these experiences. As children express themselves naturally through play, play is the medium of choice for helping traumatised children. Play therapy is described by Sours (1980 in Gil, 1991 p 26) as "a relationship between the child and the therapist aimed primarily at symptom resolutions and attaining adaptive stability", as well as being the medium through which the child talks with toys as his/her words in order to deal with behaviour and concerns by playing them out (Gnott in Gil, 1991). However Chetnik (1989 in Gil, 1991 p 28) emphasises that "play in itself will not ordinarily produce changes.... the therapist's interventions and utilisation of play are critical".

Finkelhor (1986) states that work with children who have been sexually abused must strive to achieve the following goals :

1) Assist in restoring a sense of trust in people and the world;

2) Restore feelings of normality;

3) Increase feelings of control appropriate to the child's developmental stage;

4) Restore the child's capacity to feel, express and cope with intense emotions.

Play therapy achieves these goals of safety, control and restoration of a sense of trust for the child by providing therapeutic space. This refers to the physical, temporal and interpersonal space in which the child and therapist interact

(Simeon and Ferguson, 1990). This therapetic space, in relation to the physical environment, must remain stable and consistent so that it is a safe place for the child to disclose abuse, and it is a space in which the child feels secure. The space should remain the same as this reinforces predictable continuity which is often taken away from the child during abuse. The predictable environment may also aid in resolution of cognitive confusion and in building trust (Simeon and Ferguson, 1990). Therapeutic space also refers to the child feeling safe enough to disclose abuse or feelings associated with abuse. Play therapy facilitates this process by using dolls and puppets in order to assist young children to externalise traumatic events by ascribing their occurrence to other causes which are not directly related to them. This is due to the fact that young children tend to ascribe blame to themselves for external events. This tendency is related to their egotistical way of thinking and reasoning at this age.It is the social worker's role to facilitate the child's understanding and reframing of the event into something that happened to him/her.

Play therapy focuses on allowing children to master fear and anxiety by incorporating elements of desensitisation, graduated exposure, modelling and assertiveness training. Children must also be taught appropriate anger management and be allowed to express anger towards the perpetrator. Sexual behaviour problems need to be dealt with in play therapy by increasing internal inhibitions and external controls against unacceptable sexual behaviour and to ensure that the child has the skills to control behaviour and meet sexual needs in culturally appropriate ways.

According to Everstine and Everstine (1993) as the child heals from the abuse the following themes can be identified in her/his play:

1) Anger release - the social worker guides this activity and allows the child to feel safe in expressing powerful emotions.

2) Emotional release - the child is able to express feelings such as ambiguity, confusion, sadness and fear in the presence of a trusted person and all feelings are accepted and dealt with.

3) Mastery - the child's play scenarios change from themes of powerlessness to themes of mastery over the situation. This also refers to nightmares where the dream's content can be transformed to create a scenario where the child is empowered.

4) Experimentation-the child begins to experiment with his/her newly learned behaviour and coping patterns outside of therapy.

Geldard and Geldard (1997) provide a model for describing the child's internal processes of therapeutic change achieved through play therapy. This will be explored briefly as a means of summarising the healing power of play with

sexually abused and traumatised children. The process of healing through play is as follows:

1) The child is emotionally disturbed and presents with various symptomatic behaviour.
2) The child joins with the social worker and feels comfortable in his/her presence.
3) The child begins to tell his/her story directly or indirectly through play.
4) The child's awareness of issues such as pain and strong emotions increases.
5) The child deflects from painful issues and resists moving on.
6) The child deals with resistance and a new opportunity to disclose is created.
7) The child continues to tell his/her story and begins to get in touch with strong emotions.
8) The child deals with self destructive beliefs and replaces them with adaptive ones.
9) The child looks at options and choices for the future.
10) The child rehearses and experiments with new behaviour.
11) The child reaches resolution and moves toward adaptive functioning.

The above represents a cycle of healing and may have to be repeated several times before it can be said that the child has healed from the trauma.

Techniques Used in Play Therapy

Much of the literature explored aids to play therapy such as puppets and dolls (Boyd Webb, 1992; Gil, 1991; Oaklander, 1988), but few authors made mention of specific techniques used in play therapy; and even fewer described techniques which can be used effectively with preschool children. Cattanach (1994) made mention of two techniques. These are:

Animal puppets

The child enacts scenarios which reflect their real life situations. It is effective for reflecting a child's inner world and heightens probability of self disclosure.

Flushing the Monster technique

The child symbolically flushes the monster representing their fears down the toilet. It is a way of empowering the child.

Aids to play therapy such as puppets, drawing, dolls and claywork are effective in work with preschool children. Specific techniques developed from these aids may help in addressing certain issues with abused children such as drawing the

perpetrator, acting out an abusive scenario with dolls or making clay figures of different family members.

In summary, the above discussion has explored child, social worker and technique related variables that impact on the process of disclosure and healing in children who have been sexually abused. It is essential to realise that no matter which variable one is looking at, the central emphasis is always on the needs of the child and on which factors can contribute effectively to the healing process. In the next chapter the results are explored and discussed. It is the researcher's aim that the results will allow for further understanding of these factors, the relationship between them, and their impact on young children's disclosures of sexual abuse.

CHAPTER FOUR

DESCRIPTION OF RESEARCH METHODS

This chapter will focus on describing and explaining the research methods that were used in this research study, as well as their validity, reliability and limitations.

Research Method

The research methods incorporated in this study were both qualitative and quantitative in nature. This is due to the fact that certain aspects of what was studied in the research were difficult to quantify, for example the extent of trauma experienced by the child and the quality of the therapeutic relationship. These aspects were therefore more effectively researched through the use of qualitative methodology as qualitative research involves the non-numerical examination of data and focuses on underlying meanings in relationships (Marlow, 1993). Although qualitative methodology was used, an effort was made to quantify certain aspects of the research such as levels of disclosures and reliabilty of disclosures.

Triangulated methodology more accurately describes the research method as the research incoporated both qualitative and quantitative methodology. The data collected from different sources could be compared thereby enhancing validity. In addition if conflicting results were presented, it merely served to add another dimension to the understanding of the phenomenon (Marlow,1993).

Research Strategy

The research strategy is descriptive in nature as the researcher aimed to describe the reliabilty of disclosures of sexual abuse obtained from preschool children. The study also aimed to describe the relationship between the identified variables and the child's ability to provide reliable disclosures.

The Case Study Method

This method is the least obtrusive method of data collection. Case studies can provide valuable information on the lives of individuals, on the history of a social agency or institution or even on broader social trends (Padgett, 1998). Research in which many case studies are used is referred to as a collective case study by Stoke (in Denzin and Lincoln, 1994). The cases may, or may not be known in advance to elicit a wanted characteristic. The researcher seeks what is common and particular about the cases being studied, but the end result is something

unique. Cases studied may be similar or different but the main aim is to lead to a better understanding of the phenomenon being studied (Denzin and Lincoln, 1994). In the research the collective case study method was the primary method of data collection. Existing cases were used. The cases involved a child who was sexually abused and who was under the age of seven years. In addition the child would have received therapy at Childline Family Centre at the time of this research.

SAMPLING

Systematic sampling was used in the research. The sample of cases consisted of 30 cases out of a total of 300 cases. These cases were representative of the number of preschool children who received therapy at Childline Family Centre from 1 December 1998 to 31 July 2000.

The cases were selected in the following way in order to ensure that the sample was representative of the entire population. The sampling interval is the standard distance between elements selected in the sample (Rubin and Babbie, 1993).The sampling interval used in this study was 10.The first case was selected randomly from a random table of numbers. Thereafter every tenth element in the total list was chosen (systematically) for inclusion in the sample.

The social workers referred to in the study were selected according to whether the cases they were managing were selected for inclusion in the sample. Five social workers were selected from a total of eight.

DATA COLLECTION METHODS

Procedure

The process of data collection are explained in terms of the steps taken.

STEP ONE - Using systematic random sampling methods, a sample of 30 cases were identified from a total of 300 cases of preschool children who have been sexually abused.

STEP TWO - Each case was examined in order to determine the reliability of the disclosure of sexual abuse made by the child. The reliability of the disclosure referred to the consistency of the child's disclosure and the ability of the child to repeat aspects of the abuse in at least three sessions. The reliability of the child's disclosure was then rated.

The rating scale used in this research was developed using factors described by De Young (1986). De Young developed a model for validating a child's

disclosures (especially children between the ages of two and six years) based on the ability and consistency in describing the following:

    i)   Context within which the abuse occurred;
    ii)   Duration of the abuse;
    iii)   Traumagenic factors (as related to the child);
    iv)   Identification of the perpetrator (by the child);
    v)   Nature of the sexual act performed on or by the child; and
    vi)   Threats used by the perpetrator

The rating scale included ratings from one to six. If the child was able to disclose two of the six factors (through examination of case records) the child's disclosure was rated two on the reliability scale. This means he/she was able to disclose two of the above six factors reliably and consistently. The same procedure applied for all children in the sample. In relation to the rating scale, if a child achieved a rating of naught, one or two their disclosure was considered as having low reliability. If a child obtained a rating of three or four, their disclosure was seen as being moderately reliable. If a child achieved a rating of five or six, their disclosure was considered to be highly reliable. All thirty of the children in the sample were given a rating from one to six regarding the reliability of their disclosure.

STEP THREE - **Technique Related Variables**

Techniques used effectively at Childline Family Centre in order to facilitate disclosures from preschool children were identified by the staff at Childline. The most frequently used and effective techniques were identified. The case recordings (of all the children in the sample) were examined for the use of these techniques. There were seven techniques identified. These are described briefly in this section as they are explained in detail in Chapter Five. The case recordings were examined for use of the following techniques:

Magic Jail

The child is asked to draw someone who makes him/her feel angry or scared, or someone who has hurt him/her. A jail is then drawn around this person. This exercise assists with disclosure and it provides a medium for the release of intense feelings the child may have such as anger or fear.

Playdough People

The social worker constructs, or helps the child to construct people out of playdough in order to represent the perpetrator, the child and other elements of the story. The social worker then asks the child to demonstrate what happened using the figures.

Monster Drawings

The child is allowed to draw monsters from his/her dreams and is encouraged to talk about them. Monsters often represent a bad or scary thing in the child's life. Allowing the child to talk about this fear may also facilitate a disclosure of abuse.

Free Drawing

The child is asked to draw a picture, or the child may initiate the drawing. Non-threatening questions are asked around the contents of the drawing.

Feeling Faces

The child is asked to draw or are assisted to draw basic feeling faces such as happy, sad, angry and scared faces. The child is asked what makes him/her happy, sad etc. This aids in allowing the child to feel comfortable discussing feelings.

Body Naming Game

A doll (not anatomically correct) is introduced to the child. The social worker asks the child to name the body part that is being indicated by the social worker. The focus is not on genital parts but on all parts of the body.

Free Play with Dolls

Most children (especially girls) enjoy playing with dolls. Dolls allow children to re-enact certain situations or events in their lives.

Question asked: What is the relationship between technique related variables and the reliability of disclosures of sexual abuse from preschool children?

STEP FOUR - **Child Related Variables**

Child related variables were explored. This included quantitative data such as age, gender and qualitative data such as extent of trauma the child has experienced. Trauma was explored qualitatively as the extent of trauma cannot be quantified. The following categories were used to assess the extent of trauma the child may have experienced. The categories were identified from the literature on child sexual abuse as being factors affecting the level of trauma experienced by the child and the child's ability to cope. Some of the categories, such as parental support and traumagenic factors also emerged from the data in addition to being identified in the literature. The categories included the following:

i)   Extent of violence used in the abuse;
ii)   Nature and extent of threats used;
iii)   Extent of family support;
iv)   Intensity and nature of trauma symptoms;
v)   Duration of abuse;
vi)   Age of onset;
vii)   Intensity and frequency of abuse;
viii)   Recantation of disclosures; and
ix)   Relationship of the perpetrator to the child.

The case recordings for each child were examined in relation to these categories. The findings for each category were recorded for each case on a data sheet. This made it easier for the researcher to examine the data for emerging patterns, similarities and differences.

The data seemed to reflect that family related variables were important in facilitating a child's coping with, and healing from sexual abuse. It was therefore necessary to include a section on how this data were collected and examined. The extent of family support was assessed by the researcher through the analysis of case recordings. It is standard procedure at Childline Family Centre that on seeing a child and family for the initial session that extensive time is spent with the family (especially mothers as at Childline it is more common for mothers to bring children for therapy). Through conversing with the mother it is possible to assess the extent of immediate and extended family support, the family's reaction to the child's disclosure, and the commitment of the family to the child's healing process. This was recorded by the social workers in their case recordings. This data were organised on a data sheet (as previously mentioned).

Question asked : What is the relationship between child related variables and reliability of disclosures of sexual abuse from preschool children?

STEP FIVE – **Social Worker Related Variables**

Social worker related variables were examined. Firstly, the social workers at Childline whose cases were selected to be included in the sample, were rated by their supervisors as to their ability to relate to and work effectively with preschool children. The rating was based on six criteria. The selection of the criteria was based on the qualities which were often described in the literature, and which were considered to be important by the relevant supervisors when working with young children. The criteria included the following:

i)   Genuine love for children and for working with them;
ii)   Relating to and communicating with children at their level;

iii) Ability to create a warm environment;
iv) Ability to empathise with the child at all stages of therapy;
v) Ability to appropriately facilitate disclosures from young children; and
vi) Ability to facilitate and support the child through the healing process.

Social workers were rated according to these criteria. Other qualitative factors were explored by examining case recordings. These were considered indicative of a positive therapeutic relationship between the social worker and the child. The factors examined included the following:

i) Spontaneous sharing by the child about his/her life;
ii) Separating easily from caregivers;
iii) Spontaneous disclosures;
iv) The child feeling relaxed in therapy;
v) Spontaneous statements regarding therapy/social worker;
vi) Talking about therapy at home;
vii) Consistent/regular therapy; and
viii) Therapeutic change evident from case records

Question asked: What is the relationship between social worker-related variable and the reliability of disclosures of sexual abuse from preschool children?

ANALYSIS OF DATA

The Analysis of Quantitative Data

The quantitative data were analysed through the use of the data sheet (as mentioned previously). Data such as age, gender, race and age of onset of the abuse were measured using quantitative methodology. These data were presented using frequency distributions and tables as this assisted in presenting a picture of the distribution of values on a variable. Other data were depicted through the use of pie charts and bar graphs. Scales were also used to measure certain quantitative data such as reliability (as described previously in this chapter).

The Analysis of Qualitative Data

Content Analysis was the primary method of data analysis. In addition, due to the fact that the main source of data was existing cases, the analysis took the form of secondary analysis of data. The cases were examined for child, social worker and technique related variables according to the categories. This was described in detail earlier in this chapter. According to Marlow (1993) these could be indigenous or researcher constructed categories. In this research study the researcher constructed categories and the information that emerged from the

data was understood in terms of the categories. Separate data sheets were used for each variable (technique, social worker or child related). All data obtained were organised on these data sheets.

With regard to child related variables, each child's case was examined for information regarding the categories which were identified (these categories and the reasons for choosing them were explained earlier). These data were displayed on the data sheet. The same procedure was followed regarding technique and social worker variables. This allowed comparison of data between the different variables, as well as the identification of patterns which emerged which indicated a relationship between the variables.

During the process of data analyisis, the emphasis was on understanding the relationship between the variables indentified earlier in this chapter. This included looking for patterns in the data. This was achieved through the use of techniques such as descriptive accounts which includes the narrative material collected from the cases. The narrative material collected from case records were used to enrich and provide depth to the data, as well as to stress certain findings or to highlight unusual or unique cases.

LIMITATIONS IN RESEARCH DESIGN AND METHODOLOGY

Research Method/Strategy

According to De Vos (1998) a disadvantage of systematic sampling is that the selected interval could accidentally coincide with one or another characteristic of the study group. This may serve to bias the image or conceptualisation of the problem.

Data Collection Methods

Case study methods have the following limitations according to Padgett (1998):

i)   They lack the warmth and personal contact evident in interviewing and observation techniques;

ii)   There is less control over what, how, and when the data are produced; and

iii)   Case study records may distort data.

Data Analysis

The analysis took the form of secondary analysis as existing case records were used. Marlow (1993) commented that when using secondary data the researcher must be aware of the data having limited objectivity. The data used was not initially collected for research purposes and therefore may be missing information which may be important to the study. The researcher acknowleges that there may have been gaps in the case records. However secondary data was used for this research as the data was available and had direct relevance to the topic of study. The effect of this may have been minimised by the fact that Childine Family Centre has standard guidelines for social workers to follow when writing case recordings.

General limitations as understood by the researcher include:

i)   Researcher bias – Bias may have been a factor influencing the findings. The researcher analysed the data herself and therefore researcher bias may have played a role. The researcher was aware of this. This was one of the reasons secondary data were used. Information has already been recorded and the researcher had to use the existing data. Nothing could be added or subtracted

ii)   Bias in relation to the assessment of social worker related variables – supervisors may have been biased in their rating of supervisees and therefore the ratings may have been distorted. This is discussed further in Chapter Five.

iii)   Language Barriers – The cases used were racially and culturally representative. The case records were written in English even if the interview was conducted in Zulu or Afrikaans. It was therefore possible that some of the essence of the interview may have been lost in the translation process. The researcher attempted to minimise this effects by clarifying with the social worker if parts of the recording were unclear.

iv)   The sample only consisted of thirty cases and was therefore relatively small. The researcher is aware of the inability to generalise findings based on such a small sample. The study was conducted in a certain context and therefore the findings may be context-specific which makes it difficult to generalise findings.

RELIABILITY AND VALIDITY OF FINDINGS

Reliability

Reliability refers to the extent to which a measuring instrument is consistent (Reamer, 1998). Data can be reliable without being valid. However the reverse is not true.
It was difficult to ensure reliability with regard to case studies as it was uncertain whether the results would be similar. This is because the case studies are documentations of certain aspects of an individual's life. Each case study is unique.

Triangulation was used in this research as a way of enhancing reliability. Different kinds of data were collected and results compared. If different data are used and similar results obtained, the reliability of findings is enhanced. The use of case records and secondary data analysis can serve to decrease reliability as the data may be distorted. This is due to the fact that the worker may select certain aspects of the case to be recorded. However, at Childline Family Centre social workers are given a format for recording each session with a child. This includes a description of the content of the session including verbatim disclosures made by the child, a brief assessment, a plan for the next session and a comment on how the parents are coping. This standard format may have enhanced the reliability of the findings in this study as the information needed was more likely to be recorded.

Validity

Validity refers to how the data collected actually reflects the phenomena that is being measured (Reamer, 1998). When studying client's opinions, feelings or beliefs, it is desirable for the results to be 'accurate', in the sense that they do not create a distorted picture of what one is measuring. This is difficult to ensure as human lives are so diverse and unique.

There are different aspects of validity according to Marlow (1993). These are criterion, content and construct validity. It is difficult to test validity when qualitative research is used. It is however important to assess the validity of the findings according to these three aspects of validity.

Criterion Validity

Interview schedules and questionnaires were not used so it was not possible to compare the measuring instrument used to another standard. Therefore this area of validity was difficult to establish.

Content Validity

Content validity was attempted in this research when the researcher was identifying techniques to be used in the study. The researcher consulted with colleagues in the field of child sexual abuse in relation to the techniques that were used most often to facilitate disclosures of sexual abuse from preschool children.

Construct Validity

This refers to the extent to which an instrument measures a theoretical construct (Marlow,1993). No instrument was used in this study.

Berger and Patchner (1988) refer to another form of validity known as face validity. Face validity relies on the subjective judgement of the researcher as to whether the instrument is valid or not. Although an instrument was not used in this study, the findings seemed to answer the research questions and therefore seemed to have face validity.

It is difficult to assess validity using these three aspect as instruments were not used. Rather the process of how the findings were obtained will be described in order to enhance validity. Mason (1996) agreed that in qualitative studies this is sometimes more useful than explaining validity the conventional way.

The study used cases of preschool children who had been sexually abused. Therefore the sample used was directly relevant to the area of sexual abuse. A scale was developed in order to measure levels of reliability of the disclosures. This was done so that reliability would be the focus of analysis. Case records contained detailed information and the researcher needs to focus on certain aspects of the case records so that levels of reliability could be obtained. Data analysis methods allowed the researcher to focus on the relationship between the variables, as well as the similarities and differences obtained from the data. Therefore throughout the research process emphasis was placed on enhancing validity by ensuring that the focus was always on answering the research questions that guided the study.

Another Method of enhancing Validity is (Marlow, 1993):

Negative Cases

Patterns emerge by looking at what occurs most often in the data. However exceptions or negative cases that do not fit the pattern need to be examined. Due to the uniqueness of every case that was studied, it was possible that certain cases did not reflect the patterns observed. The researcher was aware of this and did come across such cases. According to Marlow (1993) the researcher needs to consider whether the case is as a result of a normal social

variation, lack of knowledge about the range of appropriate behaviour, or it may be a genuinely unusual case.

ETHICAL ISSUES IN IMPLEMENTING THE RESEARCH

In order to conduct a research project, one must be aware of the ethical research principles guiding research activities. The research principles that guided the study were:

Informed Consent

According to the National Commission for the Protection of Human Subjects (in Gilchrist and Schinke, 1988) all informed consent procedures are required to meet the following criteria :

      i)   Participants must be competent to consent;

      ii)   Sufficient information must be provided to allow for a balanced decision to be made; and

      iii)   Consent must be voluntary and uncoerced.

Padgett (1998) added two other criteria essential to informed consent. These are an assurance of confidentiality and a knowledge of any risks or benefits associated with participation in the study.

In the case studies, children were the primary participants and they are not legally able to give informed consent. Reamer (1998) states that in research where children are the participants, their parents or legal guardians should give consent for involvement in the research process. Informed consent forms were signed by the parents of the children who participated in the study as the children were too young to be involved in the decision making process.

Confidentiality

Confidentiality was of central importance due to the sensitive nature of the study. Sexual abuse is associated with stigma and it was therefore essential to protect participants against other people finding out about their abuse. Confidentiality of participants was protected in the research study through:

      i)   Anonymity - participants and identifying details were omitted from the study;

      ii)   Safeguarding information once it is collected - care was taken to ensure that information is not shared with anyone without a legitimate reason;

      iii)   Privacy - participants were not coerced into disclosing personal information that they were not comfortable disclosing. Children

were never forced into disclosing details of abuse in therapy sessions.

Protection from Physical and Mental Harm

The researcher considered this aspect and believed it to be very important. Case studies were the primary method of data collection. The participants were already involved in a therapeutic process and the documentation of these sessions was the primary source of data. Potential harm to the participants, as a result of this study, was therefore not anticipated.

Use of Colleagues' Case Recordings

This area of ethical responsibility needed to be considered as the primary source of data was case recordings. These cases were managed by different social workers. The researcher had to consider how it would be dealt with if the researcher came across any ethical violation while examining the case records. For example breaches in confidentiality or failure to report child abuse. This would have produced some dilemmas for the researcher as the social worker participants were all colleagues of hers.

Credit and Dissemination

The researcher made every effort to fully acknowledge the contribution of others to the completion of the research, according to their level of contribution. In addition, credit was awarded to previous author's results for their assistance in the form of a detailed reference list. The ethical and professional responsibility as a social work researcher is that one produces written and publishable accounts of the research findings which can easily be retrieved and reproduced. The results of the research will be printed and made available to the University of Natal, staff at Childline Family Centre and any other interested persons.

CHAPTER FIVE

RESULTS AND DISCUSSION

This chapter will focus on describing the results obtained in the study. The possible reasons or contributory factors influencing the results are also discussed. The chapter the description of both qualitative and quantitative data.

Demographic Characteristics

Table # 2
Age of the Participants:

AGE	FREQUENCY	PERCENTAGE
2	3	10
3	5	17
4	9	30
5	4	13
6	9	30
Total	30	100

n=30

The above results as obtained from this study reflect that most of the children in the sample were between four and six years of age. This is consistent with the trend currently being seen at Childline Family Centre. Seventeen percent of the children in the sample were three years old. There has been an increase in the referral of very young children since January 2001.

The possible reasons for this may be, firstly, that perpetrators of sexual abuse are targetting younger children because it is more likely that the child will remain silent about the abuse. Secondly, preschool children have limited language capabilities which makes it unlikely that prosecution for the offence will result. Thirdly, young children struggle to distinguish appropriate behaviour from inappropriate behaviour, especially in cases of seductive abuse. This makes it easier for the perpetrator to engage the child in sexual activities. Another factor which may have contributed to the increasing number of preschool children being referred to Childline Family Centre is a heightened awareness of child abuse due to increased media coverage. This increased awareness may facilitate earlier reporting of child sexual abuse or suspected cases of sexual abuse by significant people in the child's life. The myth that sexual intercourse with a child younger than six years will cure the person from AIDS might be a contributing factor towards increased sexual abuse of preschool children. The

child's innocence is believed to cure the AIDS virus. This myth exists in many communities.

Gender of the Participants

It was found that female children comprised 67% of the sample while male children comprised 33% of the sample. The demographics of this study differ from those found in the study conducted by Quinn Patton (1991) who found that 10% of the victims of sexual abuse were male, while 90 % were female. However in this same study it was further indicated that 38% of the adolescent male perpetrators were found to have a history of sexual abuse. Therefore the initial 10% may have been an underrepresentation. The literature indicates an increase in the number of male victims of sexual abuse. However female victims still tend to be most common (Sgroi 1982).

Racial Background of Participants

The number of African children in this study tended to be underrepresented as the problem encountered was that many of the children were not brought to Childline consistently, and in some cases only one appointment was kept. Therefore it was not possible to reflect or monitor the child's progress in therapy or the disclosure process.

The possible reasons for this may have been that, firstly these families had little understanding of the purpose of therapy for the child. Families who encounter many social problems such as unemployment and poverty may not give these issues priority. Therapy for the child is not considered equally important. This is understandable as often families struggle to provide for their family's basic needs. Secondly, a large number of the African families concerned live in rural areas and therefore encounter transport difficulties when attempting to bring children in for therapy in Durban. Therapeutic resource centres are often based in urban areas which can sometimes be at great distances from rural areas.These reasons were discussed with the African staff at Childline who believed them to be likely explanations[1].

---

[1]The South African population, in accordance with Apartheid regulation, was divided into distinctive categories in terms of the Population Registration Act of 1950.The provisions of this Act were repealed by the Population Registration Act Repeal Act No 114 of 1991 which abolished the distinction made between persons belonging to different races or population groups. Although the categories used in this research study are recognised as unsatisfactory, these historical lables are difficult to deconstruct. They continue to be used in both lay and academic discourses (Sewpaul, 1999)

DESCRIPTION OF THE SAMPLE

Characteristics of Sexual Abuse

The characteristics of sexual abuse found in the sample are described in this section.

Medical Evidence Suggestive of Sexual Abuse

It was found that 18/30 (60%) of the children in the sample presented, at the time the abuse was discovered or disclosed, with medical evidence suggestive of sexual abuse. This was recognised by medical practitioners either in private practice or hospital personnel specialising in the genital examination of young children.The extent of medical evidence varied from bruising and swelling of the genitals to hymenal scarring and rupture indicative of penetration of the vagina, and damage to the anus. According to Durfee, Heger and Woodling (1986) girls may present with vaginal discharge, urethral or lymph gland inflammation or abrasions and lacerations of the hymen. In boys, common symptoms include pain on urination and penile swelling and discharge. General symptoms for both boys and girls are bruising, scratching or pain in the genital or anal area, as well as sexually transmitted diseases.

Two children presented with a sexually transmitted disease including gonoccocal infection and herpes. In addition it was found that 12/30 (40%) of the children in the sample presented, on examination, with no medical evidence suggestive of sexual abuse. These children experienced genital fondling or oral sex which does not generally result in any physical damage to the child's genitals.

In chronic cases of sexual abuse or abuse where no penetration occurred, there is often no medical evidence suggestive of sexual abuse. According to Durfee et al (1986) in 50 % of all sodomy cases children present, on examination, with a normal appearing anus. According to Emans, Woods, Flagg and Freeman (1987) who studied 119 girls between the ages of two and five years who had been sexually abused, 64 % of the children presented with no abnormal findings, despite a known history of sexual abuse.

Due to the delay in the disclosure of sexual abuse in many cases, it is common that on medical examination the child may present with no evidence suggestive of sexual abuse. Rinza and Wiggeman in Emans et al (1987) emphasised that physical healing in children is very rapid. They state that an abrasion in the genital area can heal within 72 hours, while a hymenal tear may heal in a period of nine days. Young children tend to heal quickly after sexual abuse and therefore it is essential that children be medically examined as soon as possible after the sexual abuse becomes known. The following case underscores the importance of this:

> Kathy[2] (age 3) was referred to Childline due to allegations of sexual abuse.On referral she presented with psychological symptoms associated with sexual abuse such as psychophysiological symptoms(headaches, stomach aches), bedwetting and aggressive behaviour. Previously Kathy had disclosed that Benny had hurt her, and her mother had found dried blood in her panties. Due to Kathy's mother's initial shock and disbelief,she delayed taking Kathy for a medical examination. When Kathy was eventually taken, the doctor noted no abnormal findings and no evidence suggestive of sexual abuse. Kathy's disclosure in therapy confirmed that the abuse had taken place and her disclosure was consistent.

A prompt medical examination of a child who has been sexually abused is not always possible, especially in the South African context. An article entitled "Child Abusers walking free " written by Antoinette Arde, a reporter from the Daily News (January 11, 2001) focussed on how most cases of child sexual abuse in the Durban area are being handled by Durban's Addington Hospital. It was reported that they are struggling to cope with the enormous caseload. Doctor Jillian Key, a paediatrician specialising in the medical examination of young victims of sexual abuse, quoted in the article, admits to children being placed on a two month waiting list before they can be examined, by which time crucial medical evidence is lost. Other hospitals in the Durban area refer cases to Addington hospital due to Doctor Key's expertise in the field of sexual abuse. However, the inefficiency of this system is affecting children's reliability as witnesses, as well as successful prosecutions in these matters.

Additional factors include parents who are in denial and do not want to believe the child's disclosure of sexual abuse and therefore delay, or do not ever take the child for a medical examination at all. In cases where the child presents with clear medical evidence, the cases are more likely to be successfully prosecuted. The child's reliability as a witness is increased if the medical evidence confirms his/her disclosure. However in cases where there is no medical evidence of sexual abuse the child's reliability is often brought into question. This serves to affect people's perceptions of children as reliable witnesses especially crucial role players in the criminal justice system such as child protection workers and court prosecutors.

Extent of Violence

It was found that 5/30 (17%) of the children in the sample experienced violence associated with the sexual abuse. This ranged from being tied up to being beaten and burned by the alleged perpetrator. The following case of Naveen highlights the extent of violence that some children are subjected to:

> Naveen (age 4) was severely sexually and physically abused by his motherfor a period of two years. During the time she abused him, the sexual abuse was always

---

[2] The real names of participants in this research have been changed. Randomly chosed pseudonames are ed used throughout this chapter.

accompanied by physical violence. She used to beat him with a belt which left welt marks on his upper body. At one time she burned him badly with a braai fork on his back. This occurred after a sexual abuse episode where he was threatened not to tell. While performing oral sex on the child should bite his penis and upper body leaving identifiable scars. Naveen was removed from his mother's care after his disclosure to a social worker and placed with his paternal grandmother. The child presented in therapy as highly traumatised and his symptoms included nightmares, aggressive behaviour and hair loss in response to stress.

In the sample five children described acts of violence perpetrated on them. However rape is a violent crime and many children in the sample described being raped but were unable to verbally relate the violence of the act. This may have been due to their young age and limited language capabilities or the child's emotional distress.

A study conducted by Games-Schwartz, Horowitz and Cardarelli (1990) found that in their sample of young children who had been sexually abused, 52% of the children experienced overt aggression and violence associated with the abuse. The authors argued that aggression and violence are used to ensure that the child does not tell and to gain the child's compliance. This affects the child's reliability in disclosing the abuse, as the fear that the abuse will be repeated may be enough to ensure the child's silence. If the child does disclose, the disclosure may be disjointed due to high anxiety levels.

In the results of the above mentioned study, the authors found that the degree of violence was more important in determining the child's emotional distress than the nature of the sexual act or the duration of the abuse. Saywitz and Camparo (1998) point to the fact that stress in children contributes to the child not disclosing reliably. Therefore the link between violence and aggression accompanying the abuse and reliability becomes apparent, as children are more stressed and therefore find it difficult to make detailed and reliable disclosures.

Threats Used by the Offender

It was found that 11/30 (37%) of the children in the sample were able to disclose the threats used by the alleged perpetrator. However, due to the young age of the children in the sample, many were not able to verbalise the threats used. It did seem probable, though, that these children were threatened and were either too fearful or limited in language capability to relate them in therapy. It seemed that they were threatened due to the content of their play and verbal statements. Threats are also such commonplace in the sexual abuse of children that one can assume that more children in the sample were threatened than the number recorded. Children would often mention monsters catching them or taking them away. This often represents the child's fear that the threat will come true. Others were very fearful during their disclosure but never verbalised threats used by the perpetrator.

Most of the children related being threatened with being killed or taken away from their families: "my daddy will kill my mommy" ; "he will steal me"; "he said he will kill me if I tell". One child described being told not to tell and then being given money by the offender. All the children believed the threats and believed that the offender was capable of following through on the imposed threat. This was especially true of the children aged between three and five years, as seen in the case of Tanya in the current study:

> Tanya (age 3) was sexually abused by her father for an unknown period of time. The abuse became known when the child presented with Genital Herpes. The child found it very difficult to disclose the identity of the perpetrator and only did so in the fourth therapy session. She however continually mentioned that her daddy was going to shoot her mommy.She spoke about this incessantly and would become visibly tense. It was only after a period of time and when the child felt safe enough to elaborate, that it was found that she was threatened by her father that if she told anyone he would shoot her mother. In this case the criminal charges were withdrawn as the child was not able to make a statement to the police. However Tanya's father has had no access to her since the allegations were made.

Games-Schwartz et al (1990) in their study identified three strategies used to gain the child's compliance. These included manipulation, verbal threats or overt aggression. Some offenders use a combination of these strategies. It was postulated, on the basis of the results of their study, that children who were threatened verbally, as well as with overt aggression were more likely to remain silent about the abuse. One of the children in the sample of the current study clearly reflected this:

> Kerry (age 5) was referred to Childline as she had presented with a sexually transmitted disease on medical examination. However Kerry had made no clear disclosure of the perpatrator's identity. The child was seen at Childline for a period of two months on a weekly basis, and still no disclosure was made regarding the abuse or the identity of the perpetrator. Kerry was anxious and fearful everytime the abuse was mentioned. A month later Kerry's mother walked in on her boyfriend abusing Kerry, and it was in this way that the abuse and the identity of the abuser was made known. Kerry has since disclosed that her mother's boyfriend, Charlie had been abusing her for a long period of time and had threatened her not to tell anyone or he would go to jail and her mother would hate her. Kerry also related that he used to beat her severely during the time the threats were made. He was violent by nature and she knew he was capable of following through on his threats. She believed his threats and was constantly intimidated by his aggression and violence. This contributed to her non-disclosure.

Children who cannot relate a clear and reliable account of the abuse invoke skepticism in many professionals dealing with children who have been sexually abused as to whether the abuse actually happened. Children are accused of lying or fabricating. The impact of threats on the child's psyche needs to be understood as children sometimes fear for their lives and the lives of their loved ones. Children who are threatened experience increased stress levels during disclosure which can affect the reliability of their disclosures. Therefore extra care has to be taken to create a safe environment for the child so that he/she

can feel safe enough to disclose despite fears they might have regarding the threats imposed by the perpetrator.

Duration of Abuse

It was difficult to assess duration of abuse as the parents of the children often did not know for what period of time the abuse occurred. The children were not able to accurately relate time periods as young children struggle with time concepts (De Young, 1986)). It was found that 7/30 (23%) of the children experienced abuse for over two years before disclosure or discovery of the abuse, 6/30 (20%) experienced abuse for less than two years, and 7/30 (23%) experienced only one abusive incident. In 9/30 (30%) of the of the cases the duration of the abuse was unknown. This was probably due to the fact that preschool children find it difficult to describe how many times an incident occured. Kelley, Brant and Waterman (1993) encountered similar findings in their study of children who were sexually abused in a day care centre. A young child's thinking is linear and illogical and information cannot therefore be recalled sequentially (McFarlane and Waterman, 1986). Another issue to be considered is the fact that delay is a common feature of sexual abuse and should not be used to discount the validity of the child's disclosure (De Young, 1986). However the reliability of children's memory is affected over time and may cause some memories to be distorted or susceptible to suggestion (Goodman and Clarke-Stewart in Jones, 1992).

Frequency of Abuse

Although 15/30 (50%) of the children were able to relate frequency in terms of 'once' or 'lots of times', they were not very reliable in doing so. They would often fluctuate their disclosure about how many times the abuse occurred.

The frequency of the abuse for the majority of the sample (50%) was unknown. It was also found that the older children (5 to 6 years) who were more able to relate the frequency of abuse, 7 out of 30 (23%) described the abuse as happening once, while 7 out of 30 (23%) described frequent abuse. It was not possible to establish exactly how frequently the abuse occured as young children cannot understand and relate time concepts. Children who have experienced repeated events were seen to confuse issues of time and could not report the number of times the event occured (McNichol, Schute and Tucker, 1999; Terr in Hewitt, 1993). This in no way indicates that the child did not experience the said event, but it affects the reliability of the child's disclosure and causes difficulties in validation. It must be emphasised that the child is being as reliable as possible. However when compared with adult constructions of reliability (which does not cohere with the world of the child), the child's disclosure is seen to be unreliable.

The frequency of the abuse often had to be obtained from the child's parents and other collateral sources. Thes people often did not know how frequently the abuse occurred as they were usually not aware of the abuse until after it was discovered. This is due to the fact that sexual abuse is a secretive activity. Obtaining the exact frequency of the abuse was therefore not possible in this research study.

Nature of the Sexual Act

It was found that all children were able to accurately describe the nature of the sexual act perpetrated on them or by them on the offender. This was susequently confirmed by interviewing parents and by medical findings consistent with the child's disclosure.

The above finding may be due to the fact that preschool children struggle to put events in order of occurrence. However for events of central importance, such as a sexual act on them or by them, their capacity to report accurately is well developed, even in very young children (Gelman, 1979). The children did not disclose sexual abuse in adult terms but used simple language in order to attempt to explain adult activities. This may be seen to affect the reliability of their disclosures but their limited language capabilities have to be considered. A two year old child was attempting to describe the perpetrator masturbating against her. She was able to disclose the following : "I sat on him. He went 'uh uh' and threw milk up in the air". Even though the language was simple and childlike, it can be understood that the child is attempting to explain ejaculation for which she has no other words.

The table below is table indicating the number of children in the sample who experienced certain sexual acts as part of the abuse (some children reported more than one form of abuse:

Table # 3

Nature of Sexual Act perpetrated on Participant

Type of Sexual Act	Frequency	Percentage
Genital fondling/masturbation	16	53
Touching of perp. by child	4	13
Oral/genital sex	11	37
Interfemoral intercourse	1	3
Digital penetration	4	13
Penetration with objects	2	7
Genital intercourse/rape	8	27
Sodomy/anal intercourse	5	17
Child Pornography	2	7
Bestiality	1	3

It was found that 13/30 (43%) of the children in the sample experienced and disclosed multiple and diverse sexual acts that formed part of the abuse. This included oral sex (37%); involvement in pornography (6%); bestiality (3%); mutual masturbation (13%) and interfemoral intercourse (3%). These findings were similar to a study conducted by Faller (in Kelley et al, 1993) where 30% of the children disclosed oral genital sexual contact and 14% related allegations of pornography. In addition it was found in Faller's study that the majority of the children experienced an average of 5.3 different sexual acts. One child in the current research disclosed being involved in many different sexual acts by many different perpetrators. Her case is illustrated below:

> Casey (age 3) had disclosed sexual abuse by members of the preschool she attended. She was then referred for assessment and counseling by her mother. Casey presented as very fearful, anxious and watchful. She refused to separate from her mother. She was bedwetting, having regular nightmares and night terrors and had begun to stutter. She had been enrolled in another school and would spend entire days in the principal's office hiding under the table as she was afraid "they would steal me".
>
> During therapy Casey disclosed severe sexual abuse including mutual oral-genital sex, bestiality (she described being put in bed with a dog), use of dildos and sex toys and pornography (she described being videoed while"the men hurt me on my bum and my cookie". Casey described being taken to different houses by the alleged perpetrators where the abuse would happen. She also said they had tied up her hands and feet and bandaged her mouth so she could not scream and had put her in a dark cupboard.
>
> Casey presented with no medical evidence suggestive of sexual abuse and therefore her disclosures were viewed with skepticism by others. However she did not describe penetration therefore the medical findings would be consistent with her disclosures.

Casey's case reflects a phenomenon that is beginning to be more widely studied and that is the sexual abuse of children in day care centres and preschools. The

common factors in these types of abuse cases include the young aged victims, the involvement of multiple victims and multiple perpetrators, the involvement of female perpetrators, the use of extreme threats and the use of ritualistic activities (Kelley et al, 1993). All these factors influence a child's reliability on disclosure. In some cases adults intentionally influence a child's memories so that they will not be believed by making use of fantasy figures or masks or transporting children to different venues so that they do not know where they are.

Children abused under these circumstances are more likely to experience physical abuse such as being hit, restrained or drugged to make them less resistant during the abuse. These children present as very traumatised and more fearful than other children who have been sexually abused (Kelley et al, 1993).The more intense forms of abuse seemed to be associated with the children who had experienced long term abuse. The literature on child sexual abuse indicates that sexual abuse of children by an offender known to them is more likely to progress with time (De Young, 1986; McGraw, 1987; Berliner and Conte, 1993; Heiman, 1992). It is not common for the abuse to begin with rape. If the child has disclosed a once off rape incident by a person well known to them, it is likely that he/she has not fully disclosed all the details of the abuse. Three children in the sample disclosed a once off rape incident. The reasons for this could be that the offender was not well known to the child.

Characteristics of the Child

Trauma Symptoms

There are a number of symptoms associated with sexual abuse. Some children may present with all of them, some with a few, while some children may be asymptomatic. The effects of sexual abuse on a young child and their severity depend on a variety of factors including accompanying neglect, emotional abuse, deprivation, physical abuse and the extent of the child's involvement in pornography and sex ring activity (Burgess and Holstrom, 1984). Another factor which the researcher believes is important in helping the child cope with the symptoms of sexual abuse is that of parental support and appropriate responses by adults in the child's immediate environment. This affirms the child's experience and gives the child space and time to heal.The children in the sample presented with the following symptoms (children presented with more than one symptom):

Table # 4
Symptoms presented by participants

Symptom	Frequency	Percentage
Nightmares	17	57
Aggressiveness	14	47
Sexualised behaviour	12	40
Fearful/phobic	12	40
Withdrawn	8	26
Excessive crying	7	23
Appetite changes	7	23
Bedwetting	7	23
Separation anxiety	4	13
Psychophysiological	4	13
Thumbsucking	4	13
Daywetting	3	10
Reluctant to talk	3	10
Hyperactive	3	10
Thinks/talks about abuse	2	6
Stuttering	1	3
Disobedient	1	3
Hair loss	1	3
Self-injurious behaviour	1	3
Encopresis	1	3

It was found that 50% of the children in the sample presented with moderate to severe symptoms which interfered with the child's daily functioning in a significant way. The parents of these children reported a total change in the child's behaviour. Estimates and studies show that approximately two thirds of victims will present with moderate to severe incidence of behavioural and emotional change after sexual abuse (Berliner and Conte 1988). The remaining 50% of the children in the sample presented with mild symptoms in response to the abuse. It is essential to remember that children respond differently to sexual abuse depending on the way the abuse was initiated and the victim's resiliency levels. Sharp and Conte (1998) reported that resilient preschool children were more likely to present before the abuse with self confidence, independence, self help skills, good communication, the ability to seek out new experiences, and the ability to tolerate frustration and handle anxiety.

The most common symptoms in response to sexual abuse were nightmares and disturbed sleep (57%); aggressive behaviour (47%); sexualised behaviour (40%) and fear and anxiety (40%). A study conducted by Kelley et al (1993) yielded similar results. They found in their study of preschool children who have been

sexually abused, that the most commonly presented symptoms in response to the abuse were sexualised behaviour, sleep disturbances and phobias and anxieties. In addition they found that 46% of the children presented with sexualised behaviour as compared to 40% in this study. The highest percentage calculated in their study was for nightmares experienced by the children which was 87%. In this study the highest percentage was also for nightmares and equalled 57%.

There seemed to be a correlation between the relationship of the perpetrator and the intensity of the symptoms. Where the child shared a close relationship with the offender, their symptoms seemed to be more severe. Groth (1978) found a correlation to exist between the relationship of the offender and the trauma experienced by the child. His findings tended to reflect what appeared to emerge from the data in the study.

There were two exceptions in this study where the offender was not closely associated with the child but the child presented as being very traumatised. In the first case the child was violently raped by a person not well known to her. She had no way of anticipating the event. Her symptoms closely mirrored those associated with post-traumatic stress disorder :

> Nomfundo (age 6) was waiting for her father to fetch her from school. He was running late and there were not many people around. She started to feel scared. A teenage boy approached her saying he was sent to fetch her as her father was in a meeting. Nomfundo recognised this boy as the son of her father's friend. She agreed to go with him. He took her to an isolated place not far from the school and raped her. Nomfundo did not tell her parents what had happened for two weeks as he had threatened her not to tell.

> Nomfundo presented at the time of referral to Childline as very traumatised. She was experiencing nightmares, she was not coping at school and was too frightened to talk about what had happened. When asked why she was so scared she reported seeing pictures of the rape inside her head and feeling so scared that she could not move or talk every time she thought about it.

Nomfundo's symptoms mirror those reported by children with post-traumatic stress disorder. Similar to the symptoms experienced by women who are victims of rape, children may experience recollection phenomena, numbed emotional responsiveness, hyperawareness, anxiety, a flood of panic feelings, as well as school failure (Burgess et al 1984).

The other case which was found to be an exception was that of a child who was sexually abused by her father. The child presented with no trauma symptoms at the time of referral to Childline.The abuse was seductive in nature and he never physically hurt her. The child did not see this sexual behaviour as being wrong due to her young age. In cases where the abuse is very seductive in nature, the child often does not perceive the abuse as harmful and may even experience it as pleasurable if the sexual touching is gentle (Jones, 1992). Children are

sexual beings and will respond to gentle sexual touching just as adults do. However children who disclose sexual abuse and then subsequently present with no symptomatic behaviour tend not to be believed, and the reliabilty of their disclosures are questioned.

Parental Support

It was found that the majority of the children in the sample had parents and family members who were supportive of the child's disclosure. Literature points to the fact that parental support is associated with less intense trauma once the abuse is disclosed (Gioretto in Games-Schartz et al, 1990; Keary and Fitzpatrick in Sternberg et al 1997; Tsai, 1979)

Although many of the children presented with severe symptoms in response to the abuse, their healing from the abuse was facilitated quicker and their symptoms decreased in a shorter time period. Three children had families who were unsupportive of their disclosure of sexual abuse. The alleged perpetrators tended to be closely related to the child and family. One child recanted her disclosure of sexual abuse in response to a lack of family support and the risk of losing her family's love, including that of the perpetrator who was her grandfather. This case will be discussed further when recantations of disclosures of sexual abuse are examined in detail.

In summary, parental support appeared to be very important in relation to the child's coping and healing processes. Similarly, children with supportive families tend to make reliable disclosures as their experience is validated and their disclosure believed. Children who are able to talk freely about their abuse to caregivers when they feel the need to do so have their experiences validated. There is less need for psychological defences such as dissociation or repression to come into play to distort memories.

The Child's Disclosure of Sexual Abuse

Level of Disclosure

The level of disclosure amongst the sample of preschool children seemed to be high. The majority of the children were able to disclose the identity of the perpetrator (90%). A study conducted by Games-Schwartz and colleagues in 1990 with a group of preschool children, found that 88% of the children made a clear and accurate identification of the perpetrator/s. Other children were not able to so due to various factors including fear and an unwillingness or inability to describe the sexual abuse, which prevented positive identification of the offender.

One hundred percent of the children were able to describe the nature of the sexual act perpetrated on them in age appropriate language: "We play private games","he hurt my koekoes"; " he puts his nunu by my nunu" ;"he puts his willy by my mouth". This high percentage obtained reflects the ability of the preschool child to clearly and accurately remember and relate events central to their experience (Gelman, 1979).

It was found that 8/30 (27%) of the children were able to relate their feelings and fears in relation to the abuse or with regards to the perpetrator : " the monsters will take you and throw you into danger"; " I'm scared he will do it again"; "he makes me feel sad" ; " the boogeyman will take me away".

The majority of the children struggled to disclose the context in which the abuse occured, the duration of the abuse and the threats imposed by the offender in order to ensure the child's silence. It was found that 16/30 (53%) of the children were able to disclose the context in which the abuse occured, but only did so by way of a very brief description: "it happened at school"; " he touched me outside the flat"; "in my bedroom". The briefness of the description is probably due to the child's limited language capabilities and memory distortion over time. Children are not able to reliably describe the context in which the abuse occurred as they focus on the central event and are able to report that accutately. Firush and Hammond (in Hewitt, 1995) found in their study of young children that children of two years tend to focus on the daily sequence of events 'and routines of life, while four year olds focus on unique and distinctive detail, such as a sexual act in a disclosure of sexual abuse. Peripheral details are not always remembered fully, but the details remembered are usually accurate.

However, one child in the researcher's sample seemed to be an exception as she, despite her young age, disclosed most aspects of her experience in detail and achieved a reliability rating of 5.

> Nivashni (age 3) was referred for therapy as a result of allegations of sexual abuse she had made against an adult male who lived in the same flat building. Nivashni only disclosed the sexual abuse in the fifth session as she was fearful of the perpetrator and had been threatened by him. She was however not able to verbalise these threats. In her disclosure, Nivashini was able to include aspects such as context, duration, nature of the sexual act, frequency and she clearly identified the perpetrator. She was even able to indicate which finger the alleged perpetrator used to penetrate her vagina. Nivashni was interviewed by a female police officer from the child protection unit and made a statement including all of the above. The police officer even commented on the child's accuracy and the reliability of the child's disclosure. This particular child did have supportive parents and was brought to therapy on a regular basis.

The results indicated that 15/30 (50%) of the children disclosed the duration of the abuse but only in terms of 'once' or 'lots of times'. This is due to the fact that a child's concept of time is not yet fully developed (Kelley et al , 1993). However whether the children described it happening often or once, they were normally

accurate when compared with collateral sources such as parents or referral agents. In terms of reliability, children seemed not to be reliable in this aspect of disclosure as the number of times would vary across therapy sessions. It must be remembered that children of this age are being as reliable as they can, but they do not meet adult requirements for reliability.

It was found that 11 out of 30 (37%) of the children verbalised the threats imposed on them by the alleged perpetrator. The most common threats involved removing the child from his/her family: " he will steal me away" or threats involving violence "he said don't tell or I will kill you". It is expected that many more than 37% of the children were threatened but were frightened to tell or lacked the skills necessary to verbalise the threats which were used. In a study conducted by Kelley and colleagues in 1993, it was found in a follow-up study that 70% of the children in their sample of preschool children still were fearful of the threats that had been used to impose the child's silence after a period of two years. Therefore the children found it difficult to talk about threats and believed that they would come true if they told. Although this particular study was conducted with children who had been sexually abused in day care centres, it can be applied to all children who have been sexually abused as threats usually form an integral part of sexual abuse, no matter where it takes place.

How the Abuse was Revealed

It was found that the majority of the children disclosed the sexual abuse in some way with 20/30 (67%) disclosing to an adult person. Four out of thirty (13%) of the children had the abuse recognised through a medical examination, and in 13% of the cases the abuse was discovered through symptomatic behaviour that the child presented with. In two cases the abuse was discovered through observation of the abuse by a third party. Below is an example of one such case:

> Shannon (age 5) was sexually abused by her adolescent foster brother for a period of a year before the abuse was made known. Shannon did not disclose to her parents about what was happening. The abuse involved sexual touching and oral sex which the offender perpetrated on her. The abuse did not physically damage her. She did not perceive it as being wrong, until the abuse was discovered. Shannon's mother observed the abuse happening one day and questioned Shannon about it. This was when Shannon disclosed what had been happening. Due to the shocked reaction of various family members, Shannon developed symptoms and on her referral to therapy she presented with sexualised behaviour, clingy behaviour, anxiety and phobias.

The above example reflects how reliable this child's disclosure was, as when compared with the mother's account of what had happened, the child's disclosure was the same. This child's case came to court two years after the allegation had been made. Shannon was then seven years old. However, her account of events still mirrored her mother's, except for a few details related to time and frequency.

It seems most common for children to disclose abuse themselves. According to Jones (1992) it is common for young children to try to alert someone to the fact that they are being sexually abused in one of two ways. They may either make vague and ambiguous statements such as "I don't like uncle Patrick"; or they may make direct statements to adults such as "Uncle Patrick is touching my cookie". Children are often not believed when they disclose, but it is common for them to make the initial disclosure. Children are the primary witnesses in most cases which makes reliability of their disclosures crucial in relation to action taken and legal processes that follow.

Table # 5
Length of time elapsing before disclosure

Length of Time	Frequency	Percentage
Immediately/same day	5	17
1-3 weeks	1	3
1-3 months	10	33
4-6 months	8	27
7 months-1year	1	3
2 years	4	13
3 years	1	3
TOTAL	30	100

n=30

It was found that 10/30 (33%) of the children delayed their disclosure by one to three months and 8/30 (27%) delayed their disclosure by three to six months. Only one child did not disclose the abuse for three years. In this case the child was pre-verbal at the time of the onset of the abuse and did not have the language to disclose.

> Kevin (age 4) was referred for therapy as he had a history of sexual abuse and his mother had never sought treatment for him. He was sexually abused as an infant and toddler by a man who was his mother's boyfriend at the time. At age 4 he was again sexually abused by an adult neighbour. Kevin initially presented with clingy behaviour, aggressive behaviour, marked regression, sexualised behaviour including frequent masturbation and sexualised drawings, as well as a tendency to become withdrawn. His mother described these symptoms as being very severe. Kevin never verbally disclosed the earlier abuse to his mother or the social worker, but used to enact certain scenarios in play which could be attributed to his early abuse as his enactments involved dolls in nappies. Whenever Kevin became anxious or tense he used to visibly regress which included talking in baby language, crawling instead of walking and one could see a difference in the quality of his drawings which resembled that of a two year old and not a four year old.

The above example illustrates how children who experience traumatic events at very young ages are able to recall the event later at a different developmental stage. Terr (in Hewitt, 1993) found evidence of behavioural memories of early

trauma in children between six months to two years, and verbal evidence of trauma recall after twenty eight to thirty six months. As children mature they are able to relate earlier events with a new, more mature focus. The case of four year old Kevin illustrates this. Although he did not verbalise memories, he did have behavioural memories which he re-enacted in play. These memories were verified by his mother as she had witnessed one of the abuse incidents and could confirm Kevin's non-verbal memories.

Research shows that it is common for children and adults to delay disclosing sexual abuse (Faller, 1988; Kelley et al 1993; Finkelhor, 1986). However this impacts on reliability, as the accuracy of a child's memories and the reliability of their disclosures are affected by the amount of time lapsing before disclosure.

Another factor associated with delay of a disclosure of sexual abuse is the psychological defense of dissociation. A study conducted by James (1989) found that the predisposing factor for the development of dissociation in 95% of cases was sexual abuse. The child who experiences multiple incidents of sexual abuse is more vulnerable to develop dissociative disorders in order to cope with the painful experiences. This is especially marked in young children. The above case reflects a child with mild dissociative disorder as only when Kevin was in a regressed state did he recall his earlier abuse. Where children appear to be unreliable with regard to disclosures, it must be remembered that they sometimes cannot access this information. Dissociation is an important factor to consider when assessing a child's reliabilty.

Other reasons for time lapsing before a disclosure is made may be due to the fear that disclosure will bring consequences even worse than being victimised again. Guilt also plays a significant role. The child may feel guilt associated with the abuse such as feeling different from peers, feeling responsible for the abuse or feeling guilty about reporting the abuse especially if the abuser is a family member. This could outweigh the decision of the victim to report the abuse (Courtois and Watts in Faulkner 2001). Although preschool children may not feel guilt so intensely, it is present and may serve to halt disclosures or disclosures may not be seen as necessary due to the fact that the child does not realise that the behaviour is abusive. In general immediate disclosure is uncommon. In this sample only 5/30 (17%) of the children disclosed immediately after the abuse increasing the accuracy and reliability of their disclosures of sexual abuse.

Recantation of Disclosures of Sexual Abuse

In the sample one child fully recanted her disclosure (and therefore obtained a reliability rating of 0). She disclosed sexual abuse in detail, but then recanted after being placed under great pressure by her immediate family and the alleged perpetrator who formed part of her immediate family. Although she recanted, the

contents of her play and statements she made during spontaneous play confirmed that she had been sexually abused:

> Claire (age 4) was referred for counselling as she had told her mother that her pappa (who was her grandfather) kisses her fanny. In therapy she disclosed the abuse in the first session. She was able to provide a relative amount of detail regarding the abuse she alleged. Claire's mother and grandmother could not believe that the allegations could be true and did not support Claire's disclosure. When Claire's grandfather found out about her disclosure, he reacted by withdrawing love and affection from her. Claire was totally unsupported. An additional factor was that the grandfather was the sole breadwinner and they were afraid of the consequences if they were to support Claire's disclosure.
>
> In the second therapy session, Claire retracted her disclosure saying : "Pappa didn't do that. I lied. I'm a bad girl.I lied". When she was told by the social worker that she was not a bad girl, she would say "No I don't lie. I"m a good girl". Since then she has developed self injurious behaviour as well as sexualised behaviour. Her family ceased to bring her for therapy.

In a study by Sorenson and Snow (1991) of 630 cases of alleged sexual abuse of young children, 116 cases were confirmed. Out of these it was found that 79% of the children initially denied abuse or were tentative in disclosing it. Where children did disclose, 22% eventually recanted their statements. In cases where children retract statements or disclosures of abuse they are often accused of lying and their disclosures are discredited as untrue and unreliable. However an understanding of child abuse accomodation syndrome originally described by Ronald Summit is necessary when working with victims of sexual abuse. This syndrome was described fully in chapter four.

The retraction can be as a result of family pressure or threats from the perpetrator, or it can be due to the child presuading him/herself that nothing happened. In essence they deny the truth for acceptance and stability in the home environment. Claire's case clearly illustrates how children who are initially able to disclose sexual abuse in detail may retract due to fear or guilt for being disloyal to the family or the perpetrator.

However the researcher is of the view that although recantation is a known feature of sexual abuse it can be avoided if, firstly children and families are given support and time to heal and if the child's disclosures are believed and supported, and secondly, if long delays in court cases were appropriately dealt with as this encourages the process of accomodation (especially if the victim has normal psychological adjustment). In this research study only one out of thirty children recanted their disclosures of sexual abuse. Therefore it was not a prominent feature in this study. The context in which the study took place may have contributed to the low number of recantations. Childline is a service specialised in the treatment of children who have been sexually abused and their families. Emphasis is placed on working with the parents towards believing the child's disclosure and supporting the child through the healing process. This helps to avoid recantation.

Characteristics of the Offender

Relationship of the Offender to the Child

The table beolw illustrates the relationship of the offender to the child in the sample used for this study.

Table # 6
Relationship of the offender to the child

Relationship to Offender	Frequency	Percentage
Family friend	8	27
Stepfather/mother's boyfriend	3	10
Grandfather	3	10
Father	3	10
Uncle	2	7
Step/foster brother	2	7
School personnel	2	7
Adolescent friend	2	7
Unknown	2	7
Mother	1	3
Stranger	1	3
Cousin	1	3
Total	30	100

n=30

The perpetrators identified in the sample were very diverse. Family friends seemed to be most common, making up 8 out of 30 (27%) of the sample. Grandfathers (10%); fathers (10 %) and substitute male parent figures (10%) were the next most common. However the findings indicated that the majority of the offenders (97%) were well known to the child, with only 3% being a stranger to the child. Games-Schwartz et al (1990) found similar results in their study where 96% were found to have had a previous relationship with the child.

There seemed to be a relationship between the identity of the perpetrator and the severity of the child's symptoms. In the literature a comparison was drawn by Groth (in Games-Schartz et al 1990) between the relationship of the offender and the severity of the child's symptoms. He found a closer relationship with the offender to be associated with greater trauma. This view is shared by Faller (1988) but he emphasises that the nature of the relationship between the perpetrator and the child also reflects the way the abuse evolves, its duration, frequency and whether or not force was used.

However the children, in the sample, who were abused by their fathers showed lower severity of symptoms on referral. This could be due to the fact the abuse was seductive in nature or due to the child's young age he/she did not perceive the behaviour as being wrong. This dynamic of sexual abuse is clearly reflected in the following case example:

> Jocelyn (age 3) had disclosed to her mother that her father was touching her fanny. Her disclosure was made during a conversation they were having on safety and protective behaviour. According to her mother Jocelyn did not appear distressed or fearful during her disclosure. She displayed no signs of trauma and still expressed a desire to visit her father as her parents were divorced.
>
> In therapy Jocelyn disclosed that her father had been touching her sexually but he had never hurt her or caused any physical harm. She disclosed easily and did not realise that her father's behaviour was inappropriate. Her disclosure was consistent. However due to the close bond between her and her father, supervised access was initiated in order to protect Jocelyn from further abuse whilst at the same time preserving her relationship with her father.

Age of the Offender
Table # 7

Age	Frequency	Percentage
Adolescent(13-19yrs)	5	17
Young adult(20-30yrs)	10	33
Adult(31-50 yrs)	8	27
Elderly person (60+ yrs)	5	17
Unknown	2	7
TOTAL	30	100

n=30

Although the ages varied, it was found that the highest percentage of the offenders were between the ages of twenty and thirty years. At Childline Family Centre and in the literature there has been an emphasis on the treatment of the adolescent offender, as the number of adolescent offenders appears to be increasing at an alarming rate. In 1979 the United States National Crime Survey reported that 21% of forcible rapes were committed by adolescents (Faller, 1988), although Faller reports that in his experience in the field of sexual abuse almost 40% of the offenders tended to be adolescents. In the sample only 5/30 (17%) of the total number of offenders were adolescents. The number of adolescent offenders may have been underrepresented in this sample.

Gender of Offenders

It was found that 29/30 (97%) of the offenders in the sample were male. Only one offender was female. She sexually offended against her four year old son.

Her abuse of him was severe and the child presented with intense symptomatic behaviour ranging from nightmares to hair loss. This particular offender forced her son to perform oral sex on her. She also performed oral sex on him, and used to bite his upper body and penis if he resisted. Her abuse was sadistic in nature as she would burn him with a hot iron, put him in a bath of boiling water and beat him severely with a belt.

In a study conducted by Kelley et al (1993) it was found that where females sexually abused children, the sexual acts tended to involve penetration and some degree of violence. Marvasti (in Lawson 1993) found the opposite. She found that abuse of children by adult females tended to be non-violent and at times quite subtle. It was also found that it was more common for females to abuse children in groups. Sadistic sexual abuse by female offenders tended to be rare, as indicated by the literature. However the consequences for the victims of this type of abuse were severe. Quinn Patton (1991) says that where abuse is sadistic in nature, the mother is often mentally ill and may have a history of sexual abuse. Inadequate information was available in relation to the female offender in the study. The researcher is therefore not able to comment on this.

However children who allege sexual abuse by a female offender tend to have their disclosures disbelieved or scrutinised, as females are not seen as capable of sexually abusing a child due to their presumed inherent nuturing nature. This societal naivety has a direct bearing on how the child's disclosure is viewed in relation to reliability.

THE RELIABILITY OF DISCLOSURES BY PRESCHOOL CHILDREN OF SEXUAL ABUSE

It was found that 37% of the children in the sample were able to obtain a rating of 4 for reliability in relation to their disclosure, while 23% obtained a reliability rating of 3. An extremely low rating of reliability (that of 0) was obtained by three children. These three cases will be discussed further at a later stage in this chapter. An extremely high rating (that of 6) was obtained by three children.

Although ratings varied it was found that 26/30 (87%) of the children were able to disclose the nature of the sexual act reliably accross therapy sessions. The results further indicated that that 87% of the children reliably disclosed the identity of the perpetrator across therapy sessions. The result closely reflected the findings in a study by Games-Schwartz et al (1990) where it was found that 88% of the young children in the sample were able to clearly identify the perpetrator. The remaining 12% were unable to do so due to fear or an unwillingness or inability to describe the abuse. This prevented positive identification.

Those who were unreliable (according to adult constructions of reliability) found it difficult to identify a specific perpetrator for two reasons. These were:

The Child was Abused by Multiple Perpetrators

Children who were abused by multiple perpetrators often found it difficult to provide reliable accounts of their experiences, as well as difficulty in clearly identifying the perpetrator. This is due to different perpetrators performing different sexual acts on the child, alone or together. The child therefore has difficulty describing which perpetrator did what. One of the children in the sample experienced this difficulty:

> Jarred (age 4) was referred for therapy as he was making unclear allegations of sexual abuse. He also, on medical examination, presented with medical evidence suggestive of sexual abuse. Jarred made allegations against people at school who would, according to him, put "a blue stick up my bum". He was unable to describe what the blue stick was. He spoke about fantasy figures such as monsters and ghosts hurting him at school. He said they (the perpetrators) wore ghost and monster masks. He also spoke about a doctor coming and giving him medicine. Jarred was very fearful, was having nightmares, was bedwetting and refused to go to school. However his disclosure remained inconsistent and unclear. He described many different people, but could not clearly identify them or what they had done to him. Jarred was removed from school and placed in another where he has begun to thrive. However nothing further was done about the allegations due to lack of a reliable disclosure.

As mentioned before, in cases of ritualistic abuse, (which according to Kelley et al (1993) often occurs in a preschool setting), the perpetrator may include elements of fantasy which act to distort disclosures, making them less believable. Ritual abuse was suspected in this case as Jarred mentioned a group of offenders acting together, the masks, being given medicine which could have been drugs to make the child less resistant and his consistent mention of ghosts hurting him. If the child had been drugged his lack of a detailed disclosure is understandable. Children report events as best they know how, but other variables such as time concepts, language development and deliberate acts on the part of adults to distort a child's disclosure, affect their reliablity as witnesses.

The Child was Sexually Abused by Someone not Known to Them

If children are abused by strangers, it is unlikely that they are going to be able to identify the offender. It is unrealistic to expect children to do this. The example below explains this further using a case of a child in the sample:

> Kathy (age 3) whose case was described earlier in this research, was a child who was not able, despite numerous therapy sessions, to clearly identify the offender clearly. She spoke about him being a "naughty man " but had no way of identifying him. When asked who hurt her she would say "the man in the water" but was unable to name him as she did not know his name. She was able to heal from her experiences and is presently coping well. However the perpetrator's identity is still unknown.

In such cases the child is describing as much as he/she is able to and their inability to identify the perpetrator does not mean he/she is unreliable in his/her disclosure, as Kathy's description of the abuse was consistent and reliable.

It was found that 14/30 (47%) of the children were able to reliably relate and verbalise feelings and fears in response to the abuse. These included being sad, scared or angry. Children were able to identify and describe feelings if given a conducive environment and a person with whom they felt safe and comfortable. However reliability varied in relation to context, duration and threats used.

The results indicated that 14/30 (47%) of the children could reliably disclose the context in which the abuse occurred, however confusion became an issue when incidents were numerous and when the abuse was ongoing. Eleven out of thirty children (36%) reliably (across therapy sessions) related the duration of the abuse. It was found that even these children became confused as to how many times the abuse happened if the abuse was repeated (McNichol et al 1999).

The majority of the children struggled to verbalise the threats used with only 10/30 (33%) of the children being able to do so. However it was postulated by the researcher and her colleagues that 7/30 (23%) of the children who did not disclose threats were actually threatened but fear and anxiety prevented them from disclosing reliably. In addition it was found that 10/30 (33%) were not threatened in any way and therefore were reliable in not disclosing this information. In conclusion it seemed that children were reliable in disclosing threats used or not used with 67% of the children being able to do so.

The Relationship between Social Worker Variables and the Reliability of Disclosures of Sexual Abuse by Preschool Children

The social workers at Childline Family Centre whose cases were used in the research were rated by their supervisors in terms of how well they relate to young children and on being a genuine, warm and empathetic therapist for children. All five social workers were rated very highly, as illustrated below (1 being very poor and 5 being excellent).

Table # 8
Supervisors' Ratings of Individual Social Workers:

Skill	Social Worker	A	B	C	D	E
Genuine love for children and for working with them		5	5	5	5	5
Relating to and communicating with children at their level		4	5	5	4	4
Ability to create a warm environment		4	5	5	5	4
Ability to empathise with child through all stages of therapy		4	5	5	5	5
Ability to appropriately facilitate disclosures		4	5	5	5	4
Ability to facilitate and support the child through the healing process		4	5	5	5	5

However it must be said at this point that the possible reasons for the very high ratings achieved for each therapist may be twofold :

Bias on the Part of the Supervisors

Due to Childline consisting of a very small and closely bonded staff, the supervisors may have felt uncomfortable rating their supervisees in relation to their competence as social workers, especially as the researcher is one of the supervisees.

Competent and Skilled Staff

Another possible reason for the high ratings could be that Childline staff are specifically trained in working with children who have been sexually abused and therefore do show a genuine high competency level in their work with children. In addition, when staff are initially hired at Childline, one of the requirements is an inherent love for children, an aptitude for working with them, as well as personal characteristics such as the ability to exude empathy, warmth and genuineness in their interactions with children and their families.

In addition, the cases were examined in order to understand how the child related to the social worker in therapy and how comfortable the child felt during the sessions.

It was found that almost all of the children (70%) shared spontaneously with the social worker about themselves and their families, while 73% of the children made spontaneous disclosures of sexual abuse during the therapy process. In the light of these findings it seems important to examine who the children initially disclosed the sexual abuse to. It was found that 56% of the children disclosed the abuse for the first time to the Childline social worker. An interesting finding

was that 33% of these children were three years or younger at the time. In addition 30% disclosed to their mothers, 6% to the police, 3% to another therapist and 3% to a teacher at school. What was clearly reflected in these findings is how Childline social workers seem to be genuinely skilled in working with very young children and enabling them to disclose. Police officers, court personnel and other people in the helping professions often refer young children to Childline as they have not managed to elicit a disclosure from them. Working with young traumatised children is a higly specialised area of work demanding patience, a thorough understanding of child development and an ability to relate to the child at his/her level (Gil, 1991; Oaklander, 1988).

Of the children in the sample, 29/30 (97%) separated easily from caregivers. This was assessed via case records. This shows the child's level of comfort, especially due to the fact that all the children had been sexually abused and therefore had had their trust in adult's broken (James, 1989; Sgroi, 1982).

Information obtained from the case records reflected that all children felt relaxed and comfortable with the social worker during the therapeutic process, and all the children enjoyed coming to Childline and looked forward to their appointments each week. One of the core processes in any therapeutic relationship, particularly one with children, is the creation of an environment where the child feels safe and comfortable. Only then will the child risk exposing vulnerable parts of him/herself (Gil, 1991; Schoeman and van der Merwe, 1996).

In 23 out of 30 (77%) of the cases, therapeutic change was evident in the content of the child's play as well as by the reduction or obliteration of symptomatic behaviour. The children who did not display therapeutic change were often children who were involved in lengthy court processes, children who were not brought for regular therapy sessions, or children who were not initially traumatised by the sexual abuse especially in cases of seductive abuse. One of the children in the sample reflected this lack of therapeutic progress and change:

> Casey (age 3) described earlier as experiencing sexual abuse in her preschool setting, did not show signs of healing. Her symptoms persisted. However Casey's mother was not committed to bringing Casey for her sessions and often brought her irregularly. If she did bring Casey she had other motives. She was very concerned with getting Casey to talk and once she did, her interest in therapy waned. Casey's mother was so fixated on saving other children from being victimised that she did not realise that she was neglecting her own child's needs. She spoke to Casey continually about the abuse, often prematurely evoking new memories. Casey's fearful and anxious behaviour still persists, as do her nightmares, stuttering and bedwetting. Casey's mother received support from the child's therapist and was a member of a mother's support group. Despite this she continued to behave in the way described above.

The above case reflects how important it is that parents are in tune with their child's needs and are supportive and committed to the child's healing process.

The Relationship between Technique Related Variables and the Reliability of Disclosures of Sexual Abuse by Preschool Children.

Before the findings regarding the association between techniques and reliability of disclosures will be discussed, it is necessary to describe the techniques which were found to be effectively used in order to facilitate reliable disclosures from preschool children in the cases that were examined.

Magic Jail

The therapist asks the child to draw someone who makes them angry, scared or someone who has hurt them. In some cases the child may draw the perpetrator therefore disclosing his/her identity. The social worker then discusses with the child what a jail is and draws (or allows the child to draw) a jail complete with bars around the person. A key is then drawn for the child and given to him/her. It is described as the only key in the world that can open the jail. This exercise assist with disclosure as well as providing a cathartic release of feelings as the child can choose to destroy the magic jail or scribble on it which is an effective way of releasing anger.

Playdough People

The social worker constructs people out of playdough, one to resemble the perpetrator/s, the other the child and other elements of the story. Anatomically correct parts may be added on to the figure in order to obtain a more detailed disclosure from the child. The social worker then asks the child to demonstrate what happened. Children respond postively to this and will often comment verbally on their actions. After the disclosure, the child can choose to destroy the perpetrator figure and place the child figure in a safe place of their choice.

Monster Drawings

The child is asked about possible bad dreams they are having. These often, in the case of young children, include monster figures. The child is then asked to draw the monster and encouraged to talk about it. Monsters often represent bad things or bad people in their lives and is an effective way of facilitating disclosures.

Free Drawing

The child is asked to draw anything by the social worker or the child may initiate the drawing. Non-threatening questions are asked around the contents of the

drawing. Children may often reflect the abuse or their feelings about the abuse in their drawings.

Feeling Faces

Children are asked to draw, or are assisted in drawing basic 'feeling faces' such as happy, sad, scared and angry. The child is asked what makes them happy, sad and so on. Even young children can relate their feelings to a person who they feel comfortable with. Often, talking about scared feelings give rise to discussions on nightmares which may in itself serve to facilitate disclosure.

Body Part Naming Game

A specific (not anatomically correct) doll is introduced to the child and the child is asked whether he/she would like to play a game. The social worker asks the child to name the body part that is pointed out by the therapist. However the focus is not on genital parts but on all parts of the body. In addition the child's language is used. No teaching of correct names for body parts takes place. Discussion follows on how it is okay to talk about such things with the therapist thereby giving the child permission to disclose.

Free Play with Dolls

Dolls allow children to re-enact certain situations or events in their lives. There are a variety of dolls which can be used including hard and soft-bodied dolls, doll's house figures and anatomically correct dolls. Children may spontaneously re-enact the sexual abuse with the dolls or may make statements regarding the abuse while playing with the dolls.

It was found that the techniques used varied with different children and in different stages of the therapeutic process. Some techniques were effective with some children and not with others. It was found that children who were more symptomatic, and had experienced severe abuse and had been severely threatened were more likely to disclose via the use of a specific technique. This usually happened after a fair amount of time (4-6 weeks, which is the duration of an average assessment of a preschool child) had been allowed for the establishment of a trusting therapeutic relationship. For example Casey and Naveen (children in the study described earlier) both experienced serious sexual abuse and were severely threatened. Both these children disclosed through the use of free drawing and the magic jail technique. The reason for this could be that these techniques allowed them to talk indirectly about the abuse. This could be because children who are traumatised experience high anxiety levels and time must be spent on reducing this anxiety level. Use of specific techniques may provide a less threatening medium for the child to disclose.

Another pattern emerging from the data is that children who received high levels of family support after their disclosures were more likely to disclose spontaneously. This is supported by authors Isuch as James and Nasjleti (1989), as they commented that family support is an integral factor with regard to the child's healing and disclosure process. In relation to age, the pattern reflected in the data was that the older the child the more likely he/she will disclose verbally (without the use of toys as aids) and spontaneously. The younger the child the more likely it was that the child may require aids such as play material in order to disclose or act out what happened to them. Authors such as Perry and Wrightsman (1991) commented that due to a young child's inability to perform well in relation to recall memory, young children often require a degree of prompting in the form of verbal prompting or the use of toys as aids to memory. However Baing et al (1999) are of the opinion that what children do recall is almost always accurate.

The following table illustrates the percentage of children who disclosed sexual abuse with the use of a specific technique :

Table # 9
Techniques used in the research

Technique	Percentage
Magic jail	25
Free drawing	10
Monster drawing	7
Free play with dolls	7
Playdough people	4
Feeling faces	2
Body naming game	2
Spontaneous disclosures	43
TOTAL	100

An interesting finding was that 43% of the children in the sample disclosed sexual abuse spontaneously, and not as a result of the use of a specific technique. The children in the sample were at different stages in the therapeutic process when a disclosure of sexual abuse was made. It appears that children may have disclosed spontaneously as they felt comfortable with the social worker, and the social worker had succeeded in creating a warm, therapeutic relationship.

As is evident from the results, no specific techniques were indicated as being more effective than the others. It therefore appears probable that as the relationship between the social worker and the child develops, so does the likelihood of the child disclosing sexual abuse. Techniques are aids to facilitating disclosures but do not seem to be effective in and of themselves when working with sexually abused children. The techniques described above can only be

effectively used if a warm and trusting relationship exists between social worker and child (Geldard and Geldard, 1997; Gil, 1991).

The Relationship between Child Related Variables and the Reliability of Disclosures of Sexual Abuse by Preschool Children

Exceptionally High Levels of Reliability

It was found that three children in the sample were very reliable in their disclosures of sexual abuse, all achieving a rating of 6. This is the highest rating on the reliability scale. They were therefore able to disclose reliably, across several sessions, the context in which the abuse occurred, the duration of the abuse, the trauma symptoms associated with the abuse, the nature of the sexual act, the identity of the perpetrator, and the nature of the threats used.

It was found that the children who presented with exceptionally high levels of reliability had certain characteristics in common . These were :

Children were older at the onset of the abuse

All three children were six years old when the abuse was initiated. These children were therefore able to verbalise all aspects of their sexually abusive experiences. This could be due to the fact that their language capacity was more advanced than in younger children, and they could therefore articulate their experiences more clearly. Graffam-Walker (1999) commented that by age six years children have grasped the basic language structures and have a vocabulary of an estimated 14 000 words. However, despite their almost adult sounding language they have not yet achieved mastery of the language and cannot yet understand all the concepts expressed in language, but they can provide accurate accounts of their experiences.

Short Term Abuse / Once-off Abusive Incident

The children who were very reliable in their disclosures did not experience long term abuse. Two children experienced only one incident of sexual abuse while the other experienced short term abuse (three incidents). Although this appears to lend support for the view that the longer the duration of the abuse the more trauma experienced by the child (Groth, 1978), some authors believe there to be no significant relationship between the two variables (Adams-Tucker, 1982). These three children were traumatised, but were able to provide reliable accounts of their experiences. This could be due to the fact that they did not experience ongoing abuse where memories become blurred regarding specific incidents, time and duration (McNichol et al, 1999). The following case illustrates this :

Saiesh (age 6) was abused by a neighbourhood man who had a previous conviction for child sexual abuse. This particular offender was sexually attracted to young boys between the ages of five and ten years. This offender can be described as a paedophile who is primarily sexually attracted to children. Saiesh provided a detailed disclosure and his disclosure remained consistent throughout sessions. Saiesh was traumatised by the incidents (of which there were approximately three) and presented on referral with fear and anxiety, revenge fantasies, sexualised behaviour and drawings and bedwetting. His disclosure was reliable and his reliability was further confirmed as there were multiple victims involved and their disclosures were similar. In addition his disclosure was typical of the way this offender, who was known to Childline, abused children.

The Relationship of the Offender to the Child

In all three cases the perpetrator was a close family friend who had been involved with the family for quite some time and therefore had an established relationship with the child. However, after the child's disclosure the child was kept safe and the perpetrator was not an immediate threat as he was not a member of the child's immediate family. In these cases the child's healing was facilitated quicker as the child's safety, (which is so crucial to successful therapy), could be guarenteed with minimum disruption to the child's immediate world. These findings seem to lend support to the view that the child experiences less trauma if the perpetrator is less closely related or associated with the child (Groth, 1978). It must be mentioned that the trauma experienced is individual and depends on the child's resiliency levels, as well as his/her internal resources and coping abilities before the incident.

Family Support

All three children had very supportive family members, particularly parents. The child's disclosure was believed and supported and immediate counselling was sought for the child. The child could therefore disclose reliably as he/she experienced support and encouragement in their immediate home environment. Games-Schartz et al (1990) commented that parental support is one of the most important factors affecting a child's level of emotional distress and in turn the healing process. This view is shared by many authors (Jones, 1992; Keary and Fitzpatrick in Sternberg et al ,1997) and therefore the findings are consistent with the literature. Drawing on the ecosystemic perspective children are seen to be affected by all systems acting upon them. Parents form part of this system.

Exceptionally Low Levels of Reliability

1) A Rating of 0 on the Reliability Scale

Three children achieved a rating of 0 on the scale of reliability. This extremely low rating seemed to be an exception in this study and therefore warrants further

explanation. These cases will be explored and examined through the use of case examples:

The Case of Claire (age 4)

This case will not be explored in detail as this was done earlier in this study. This child recanted her entire disclosure of sexual abuse as a result of family pressure as well as pressure from the perpetrator. The child desparately wanted to put an end to the rejection she was experiencing since her disclosure. She desired to be accepted and loved and therefore denied that the abuse had occurred. This epitomises child abuse accomodation syndrome originally described by Ronald Summit but now widely used in order to understand recantation of disclosures of sexual abuse in children.

The Case of Kerry (age 5)

This case was also described earlier. This child presented with medical evidence and a sexually transmitted disease on medical examination. She however refused to identify the perpetrator for months on end. When she did it was a false identification as she identified a young boy of ten which was not congruent with a sexually transmitted disease. She was very fearful and anxious and her safety was a major concern due to the fact that the perpetrator was unknown. The perpetrator, not through the child's disclosure, was identified by by her mother observing the abuse one day. Games-Schwartz et al (1990) found in their study that increased fear and emotional distress was apparent in children abused by a parent or a parental substitute.

The Case of Bronwyn (age 6)

Bronwyn was a child who had alleged sexual abuse by a strange man who lived in the vicinity of their residence. She could not identify him in any way but insisted the she was abused by him. There was no medical evidence suggestive of sexual abuse. Bronwyn's disclosure was detailed, but seemed rehearsed. She made use of adult-like vocabulary not consistent with her age and developmental level. Her vocabulary more accurately reflected that of her mother. Bronywn had a history of neglect and emotional deprivation, and was removed from her mother's care before when she was four years old. Her mother had a psychiatric history and had been hospitalised three times, She was diagnosed as being a pathological liar and very manipulative in her ways. It was found that Bronywn's mother had created this abuse scenario as she wanted to leave her present residence, which was council owned, and be transferred to another residence. The only way she thought she could achieve this was to prove that the child was at risk in the present residence. The criminal charges

were withdrawn and Child Welfare was called on to investigate the situation in order to decide on an appropriate placement for the child.

The above case reflects the phenomenon of parental coaching, normally found in custody disputes during divorces where one parent wants sole custody of the child and therefore must seek a reason why the other parent cannot have custody. Sexual abuse of the child by that parent becomes the most likely allegation (Nay, 1995). However, in this case custody was not the issue. The mother's wants and desires took preference over the child's needs and the child was used as a way to get what she wanted. Jones (1992) said that most cases of fabrications by children are adult instigated. Only 2% of children's statements regarding sexual abuse in his study were found to be untrue, and of that 2% the majority involved coaching of the child by an influential adult in the child's life.

2) A Rating of Two

It was found that two children in the sample achieved a rating of 2 in relation to the reliability of their disclosures. They were therefore able to disclose two aspects of the abuse. These were the nature of the sexual act and the identity of the perpetrator. It was found that these children had the following in common:

Level of Trauma

Both these children presented as very traumatised at the time therapy was initiated. They were said to be experiencing nightmares, had become withdrawn, were bedwetting, anxious and were reluctant to talk about what had happened to them. Saywitz and Camparo (1998) indicated that children are stressed in initial interviews and interviewers need to find a way to effectively deal with the child's anxiety in relation to the interview as well as the abuse. This serves to enhance the child's ability to recount experiences as well as function cognitively at an optimal level. Stress and anxiety could have accounted for the low reliability scores achieved by these children.

Severity of the Sexual Abuse

It was found that these children experienced severe forms of abuse involving penetration (rape or sodomy). Both children presented with medical evidence of penetration and therefore the abuse involved a degree of violence as the children were physically harmed. These findings lend support to the view in the literature that the severity of the abuse is associated with more trauma (Tsai, 1979; Adams-Tucker, 1982). Games-Schartz et al (1990) also commented that in their study this seemed crucial in predicting the emotional distress in the child.

Cultural Issues

The results indicated that these two children were being seen by a therapist of a different racial group and culture to their own. It is possible that these children did not feel as comfortable as they would have with someone of their own culture and racial group. Misunderstandings or language limitations may have influenced the child's ability to provide a reliable disclosure. Literature on cultural issues and disclosures of sexual abuse seem conflicting. Blagg, Hughes and Watton (1989) believe that black social workers should do direct work with black children who have disclosed sexual abuse and their families. A quote from McLeod and Saraga (in Blagg, Hughes and Watton, 1989 p 189) reflects the conflicting views in relation to cultural issues: " For many black children disclosing to a white person may feel like betraying their community, although for many children there may be greater shame attached to disclosing to someone from their community ".

As stated above the results of this study indicated that two children achieved low levels of reliability and were seen by social workers of a different race to themselves. It was noted by the researcher that the children who achieved the highest reliability ratings were children who were of different racial and cultural groupings to the social worker. The children in the sample were of all racial and cultural backgrounds and were not always interviewed by a social worker of their own racial grouping. As described above, this did not seem to affect the child's reliability in disclosing sexual abuse. In support of this, Fischer (1978) found in his study of the core conditions of empathy, warmth and genuineness, that tentative evidence was found to suggest that high levels of core conditions in a therapeutic relationship may transcend cultural barriers, and therefore increase the effectiveness of communication and comfort levels.

Threats imposed by the Perpetrator

Both children were unable to verbalise the threats used. However it was believed by the therapists involved with these children that threats were used to impose silence. If the children were not able to verbalise the threats used, the fear the threats created was not dissipated or worked through and therefore it is probable that the children would find it more difficult to disclose the sexual abuse reliably due to anxiety.

Short Term Abuse

Neither of the children were abused for a long period of time. However, the onset of the abuse was sudden and the child could not have anticipated it's violent onset. Goodwin (1989) asserts that post-traumatic stress disorder is possible in very young children. It was found that the original descriptions of shell-shocked combat veterans reported the following symptoms: i) repitition, re-enactment,

flashbacks to the trauma; ii) fear, startle reactions and anxiety; iii) sleep disturbances including excessive guilt; iv) ego constriction or regression; v) explosive and maladaptive expressions of anger. These symptoms overlap the diagnostic criteria for post-traumatic stress disorder in the Diagnostic and Statistical Manual for Mental Disorders. If these symptoms are compared with symptoms or effects of sexual abuse on preschool children, a clear similarity is found. As described earlier and in the literature review the most common symptoms in preschool children include aggression, fear and anxiety, sleep disturbances and nightmares.

These results do in actual fact conflict with other studies and earlier findings in this research, which reflect the view that the longer the duration of the abuse the more trauma experienced by the child (Groth, 1978) . However Adams-Tucker (1982) and Games-Schwartz et al (1990) found that the duration of abuse was not an essential factor when considering a child's prognosis.

Legal Processes

Both children were involved in lengthy court cases in relation to the abuse and had therefore been interviewed by different people before coming to Childline. This may have contributed to the children being reluctant to talk about the abuse, resulting in them being unreliable witnesses. In one of these cases the criminal case was withdrawn due to the child's reluctance to talk about the abuse.

Secondary victimisation occurs when the system requires the child to repeat his/ her disclosure to various people in the system, which can exacerbate the trauma the child is already experiencing. Sas (1991) calls this system-induced trauma and says that testifying in court is sometimes more traumatic than the abuse itself. This is a problem that Childline Family Centre is facing daily especially in relation to preschool children. When a young child discloses to a social worker it is unlikely that they will talk to the Child Protection Unit officer, court prosecutor, or testify in court. This is due to the fact that children heal and do not want to continually talk about the abuse. The long delay from the time the child reports the abuse to the time the case is heard in court can be anything up to two years. Therefore, cases involving preschool children seldom proceed to trial.

Medium Levels of Reliability (Rating: 3 or 4)

It was found that 10 out of 30 (33%) of the children achieved a rating of 3, and 12 out of 30 (39%) achieved a rating of 4. Altogether 72% of the children were able to meet the requirements for a medium level of reliability rating with regard to their disclosure of sexual abuse. The majority of the children were able to reliably disclose the identity of the perpetrator, the nature of the sexual act and whether or not threats were used. In addition 8 out of 20 (40%) of the children

were able to reliably disclose the trauma symptoms they were experiencing; 5 out of 20 (25%) were able to reliably disclose the context in which the abuse occurred, but only 2 out of 20 (10%) were able to reliably describe the duration of the abuse. Therefore clearly it seemed more difficult for young children to describe what happened to them in terms of context and duration.

It was found that the children who achieved a rating of 3 or 4 had the following in common:

Young Age at the Onset of the Abuse

It was found that 10 out of 20 (50%) of the children who achieved a rating of 3 or 4 were very young (two or three years) at the onset of the sexual abuse. The remainder of the children were older at the time the abuse was initiated with 22% being four years old, 53% being five years old and only 3% being six years old at the time the abuse started. The majority of the children could not reliably disclose context and duration. Young children find it more difficult to articulate their experiences in a way in which adults will understand (Graffam-Walker, 1999).

Overall, a rating of 3 or 4 is relatively high as the children were able to verbalise three or four aspects of the abuse reliably. This finding further asserts that young children can, if given an appropriate environment and an interviewer who can relate to the child on his/her emotional as well as language level, report their experiences of sexual abuse accurately and reliably. McNichol et al (1997) found similar results and found the young child's memory effective enough to accurately report events. However, time and duration elements of the abuse were not reported accurately. Young children struggle with these abstract concepts.

Medical Evidence Suggestive of Sexual Abuse

The majority of the children (77%) presented with medical evidence which was suggestive of sexual abuse. These children were too young to have acquired physical damage of this type or sexually transmitted diseases through any other manner but sexual abuse. Literature seems to support the idea that the greater the physical damage to the child, the greater the psychological trauma the child will experience (Games-Schwartz et al ;1997). The findings of this research seems to support this notion as most of these children were significantly traumatised by the abuse. However the children were also young and therefore reliability could have been affected by age or the trauma the child was experiencing at the time.

The children who did not present with medical evidence (22%) were involved in more seductive forms of abuse where the child was groomed or seduced by the perpetrator for a period of time before sexual touching was initiated. No penetrative acts were performed on the child. Other forms of abuse such as fondling, oral sex and masturbation were used to abuse the child.

Duration of the Abuse

Although the majority of the children experienced more than one abusive incident, the abuse was not long term (that is the abuse did not continue for more than a year). Only two children were abused for more than one year and these children also achieved a reliability of 3. It therefore seems from the findings that the duration of abuse did not affect the reliability of the child's disclosures. However in some cases it was difficult to establish the exact duration of the abuse as the child could not provide this information accurately (McNichol et al 1997). Information about duration was sought from collateral sources.

Threats imposed by the Perpetrator

Approximately 50% of the children had threats imposed on them by the offender, while the other 50% either experienced no threats or were not able to verbalise the threats that were used due to fear, young age or limited language capabilities.

Family Support

It was found that 15 out of 20 (25%) of the children who achieved a rating of 3 or 4 for reliability had support from their immediate and extended families. These children had their disclosures supported and were encouraged to talk openly about the abuse. However the other three children had little or no support and were still able to disclose certain aspects of their experience reliably. This could be as a result of the trust that had been established in the therapeutic relationship, which allowed the child to speak about the abuse and be unconditionally supported. These children may also have had higher resiliency levels and coping abilities before the abuse was initiated, and therefore were able to disclose and cope with the abuse despite a lack of family support.

Level of Trauma

The majority of the children presented with high levels of trauma (88%) including bedwetting, sexualised behaviour, regressed behaviour and aggressive behaviour. The trauma symptoms persisted over a few months and only began decreasing after the child had been in therapy for at least a month. It was found

that 2 out of 20 (10%) of the children did not present as traumatised and were not displaying any symptomatic behaviour which were of concern to their parents. However both these children were involved in abuse where the abuser was known to the child or from the child's immmediate family. The abusers involved the children in a grooming process and they did not understand that what was happening to them was inappropriate and therefore would not have experienced the abuse as being traumatic.

There were no children who achieved the specific rating of 5. The reasons for thid are not known. There was no specific factor that could be identified.

The relationship between child related variables and social worker related variables was not clear as all social workers were rated highly. However a number of patterns did seem to emerge from the data. The children who obtained the highest rating of 6 with regard to reliability (the ratings were expalined in Chapter Four) were seen by one of the two social workers who achieved a rating of five (excellent) consistently. The children who achieved a rating of 3 or 4 were at the time of referral, were very symptomatic and traumatised. Forty percent of these children were seen by social workers with a consistently excellent rating of five. Despite the children's high levels of trauma the children still managed to achieve a medium rating of reliability. The data did therefore reflect that the therapeutic relationship is important in mediating child related variables.

This chapter focussed on describing and discussing the results obtained from the study, as well as how the results support or do not support previous studies or findings in the reviewed literature. The results of this study will be summarised in the following chapter.

CHAPTER 6

CONCLUSION

BRIEF INTRODUCTION

Thirty participants were selected through systematic random sampling. Participants were male and female children beteen the ages of two and six years. The collective case study method was used and data were obtained from case records and analysed through content analysis. Qualitative and quantitative methods were used. The research process was twofold: firstly child, social worker and technique related variables were identified from case studies and the relationship between these variables described. Secondly the effects of these variables on the participants reliability in relating their sexual abuse experiences were explored.

There were five assumptions of this research study. These were fully explained in chapter one. The assumptions seemed to be supported by the results of this study. It was found in the study that factors like extent of trauma experienced by the child and the severity of the threats used seemed to decrease the likelihood of disclosure, while factors like the level of family support seemed to increase the reliability of the child's disclosure. It was also found that the assumptions around the therapeutic relationship and the use of technniques was also supported by the findings. The techniques used seemed to be secondary in importance if compared to the therapeutic relationship and it's effect on reliability.

The research questions explored how techniques, social worker variables and child related variables affected the reliability of disclosures and if there was a relationship between these variables and the ability of children to disclose reliably. The findings reflected that child related variables were important and could affect the child's ability to disclose reliably. However social worker variables seemed to be able to positively mediate the negative effects of some of the child related variables such as high level of trauma and severe threats. Technique related variables seemed to be closely related to the quality and specific stage of the therapeutic relationship. Technqiues could be successfully used where a trusting relationship existed between the social worker and the child.

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSION

The results of the study indicated that it was not possible to identify a single variable (child, social worker or technique related) that was associated with high levels of reliable disclosures of sexual abuse among the sample of preschool children. Rather, the results indicate a relationship between the variables and therefore did address the original research questions. The relationship reflected the following:

Technique-related variables

The techniques used with preschool children were aids to facilitate disclosures. The use of these techniques did not guarantee a reliable disclosure from the child. Their effectiveness in facilitating disclosures were dependent on the quality of the therapeutic relationship and on the characteristics of the individual child. Some children in the study disclosed through the use of these techniques (in the context of the therapeutic relationship), while the majority disclosed spontaneously.

Social worker- related variables

Social worker variables were important in facilitating reliable disclosures from preschool children. It was indicated in the results that children were initially more likely to disclose sexual abuse to their social workers, which further reinforces the importance of the therapeutic relationship on children's ability to provide accounts of their sexual abuse experiences. Children disclosed during different phases of the therapeutic process. It therefore is probable that a high quality therapeutic relationship increases the likelihood that preschool children will make reliable disclosures of sexual abuse (McNichol et al 1999).

Child-related variables

Child-related variables were important in relation to whether a child could relate accounts of the sexual abuse reliably. It was found that the factors associated with high levels of reliability of disclosures of sexual abuse included the children being older at the onset of abuse, the children experiencing short term abuse, the children being supported by family members, and the children being abused by a person who was not from the child's immediate family.

These findings do tend to reflect what the literature says about the trauma experienced by the child. It is believed that a child will experience less trauma if abused by someone who is not a relative (Groth, 1978), and that the child's healing will be facilitated quicker if the disclosure is supported by family members (Games-Schwartz et al 1990). However the child's level of resiliency and coping abilities before the abuse may affect the extent of the trauma the child experiences. Therefore trauma experienced as a result of sexual abuse is individual and is mediated by a variety of factors mentioned above.

This serves to reflect the importance of the framework guiding the study. The lifespan developmental theory within an ecosystemic framework sees the developing child as influenced by a variety of factors in his/her immediate and broader environment. Development is therefore multidimensional. Similarly sexual abuse and it's effects on children need to be understood holistically.

It was found that factors associated with low levels of reliability included level of trauma, threats imposed by the perpetrator, severity of the sexual abuse, short term abuse of the child and the child being involved in legal processes.

Threats played a role in the child's ability to disclose the sexual abuse reliably. Children who were threatened displayed higher levels of fear and anxiety which impeded their ability to function at an optimal cognitive level and therefore affected reliability. Threats were associated with increased severity of the sexual abuse, a view which is supported in the literature (Tsai, 1979). Short term abuse was a factor identified in both high and low levels of reliabilty of disclosures. It therefore appears that duration of the abuse does not greatly affect the child's ability to disclose reliably. This reflects the results of previous studies identified in the literature (Adams-Tucker, 1982; Games-Schwartz et al 1990). Children involved in legal processes often have to repeat their disclosure to diferent people over a period of two years or until the process is complete. This is very difficult for a young child. It serves to increase the child's stress levels and susceptibility of the child' memories to be distorted over time therefore affecting reliability.

Child related variables played a crucial role in relation to reliability of disclosures. Their negative effects on reliability (which are related to the trauma of sexual abuse) can be mediated through use of the therapeutic relationship. Techniques can be used to facilitate disclosures, but only in the context of a warm, trusting therapeutic relationship where the child feels respected and understood. However it must be stressed that certain techniques may be more effective with some children than with others. This was explained in chapter five.

Adult constructs of reliability need to be challenged in relation to their relevance when it comes to working with preschool children. The various role players in child abuse management need to be aware of such issues to ensure that

children, who have been sexually abused, are treated with the respect and understanding they deserve after experiencing and surviving such a trauma.

RECOMMENDATIONS

The results of the study cannot be generalised as the sample was not large enough and the study was context specific. However, recommendations can be made regarding work with preschool children in therapeutic environments. These are as follows:

i)   Social workers and other professional people working with children who have been sexually abused should be well trained in relation to communicating with a preschool child and in understanding the variables impacting on a young child's disclosure.

ii)   People working with children should be trained and equipped with skills in order to assess the reliability of a preschool child's disclosure of sexual abuse. There should be a standard means of assessing reliability that is child friendly. This can be done through the use of a checklist that describes different aspects of a child's disclosure. The disclosure is assessed by comparing the content of the disclosure to the checklist. This checklist should ideally be used in settings such as police stations, courts and schools (as teachers often receive initial disclosures from children).

iii)   Proscuters, defence attorneys and magistrates should be trained in relation to how children disclose, factors impacting on disclosure and on the child's memory process. This will equip them with a better understanding of how to deal with child witnesses. It must be emphasised that preschool children are able to provide an account of what they experienced. The reliability of this account is affected by factors such as the child's memory process, language capabilities and level of trauma experienced by the child. The reliability of children's disclosures need to be understood within the child's ability to provide this information. Therefore if the child is inconsistent with a few details, the child's disclosure should not be dismissed as unreliable.

iv)   Reliability should be redefined. This can be done through conducting studies with different role players in the child abuse field in identifying certain aspects which serve to validate the disclosure a child has made. Reliability should be defined differently for children under seven years of age. This should be done according to their ability to recall and relate events, as well as taking into account the variables impacting on reliability.

Reliability is an adult construct used to explain the consistency of a disclosure or a result. Emphasis must be placed on the fact that reliability needs to be defined differently when it relates to children. Preschool children, in particular, describe sexual abuse experiences as reliably as they possibly can. However when children's disclosures are measured against adult constructs of reliability, the disclosures seem unreliable. Young children have different ways of thinking, feeling and making sense of the world. Their cognitive, intellectual and emotional capacities are less mature than in adults. Therefore, it follows that reliability needs to be redefined in relation to the child's world and manner of thinking.

It was clear from the results of this study that preschool children struggle to reliably disclose the context in which the abuse occurred an the number of times the abuse occurred. Much literature, specifically studies conducted by McNichol et al (1999) support this finding. These two aspects of reliability should therefore not be included when assessing a preschool child's disclosure of sexual abuse. Aspects that young children are able to disclose reliably (as indicated by this study) include the identity of the perpetrator (name and relationship to the child), the nature of the sexual abuse, and whether or not threats were used.

A child who has not been traumatised by an event such as sexual abuse, may also struggle with reliability when relating an account of a specific incident they may have experienced. Children who have been sexually abused may experience anxiety, fear, symptoms of post-traumatic stress disorder, as well as dissociation, which may all impact on their ability to be reliable in their disclosures.

It is unrealistic to expect children to continue to be reliable and make consistent disclosures across different contexts and time periods. The finding that the majority of children who disclose abuse are able to reliably describe the central events (Games and Schwartrz et al, 1999) indicated that children can be reliable witnesses if sensitivity is shown towards the child's level of development and the trauma experienced by the child.

Areas for Future Research

The study has facilitated the identification of a need for further study in relation to disclosures of sexual abuse from preschool children. These include the following:

i) The need to evaluate the effectiveness of child sexual abuse management in South Africa and the impact of this on the reliable disclosures of sexual abuse by children.

ii) The need to conduct studies with relevant professional people involved in child abuse management on redefining reliability so that disclosures by children can be understood in context.

iii) The need to conduct studies focusing on the views of people within the child abuse management in respect of preschool children and their ability to disclose reliably, as well as to evaluate the extent to which these people understand how to communicate with very young children.

iv) The need to further explore the relationship between child, social worker and technique related variables as they apply to preschool children who have been sexually abused, with larger samples of children. This would serve to confirm or disconfirm the findings obtained in this study.

Contribution of the Study to Social Work Theory and Practice

It was identified in the literature that there has been extensive research conducted in the field of sexual abuse, including disclosures and factors affecting disclosures. Fewer studies have focused on preschool children who have been sexually abused. Research has been conducted on a preschool child's memory for events or repeated events. Fewer studies have as their focus the reliability of disclosures of sexual abuse from preschool children. Therefore the results of this study may be helpful in assisting social workers working in the field of sexual abuse in terms of assessing children and in assessing the reliabilty of their disclosures, while being aware of the relationship between the variables identified in this study. This serves to support the theoretical framework that guided this study where emphasis is placed on children being viewed in relation to their age and developmental level.

The study may also assist social workers in assessing the following:

i) The assessment of a preschool child where there are suspicions of sexual abuse is a challenging task for even the most experienced social worker. Due to the childs limited verbal abilities and immature cognitive functioning, the social worker has to rely on other means of assessing and validating the suspicions. This study assists the social worker in identifying the variables associated with high and low levels of reliability which help in assessing whether or not a child has been sexually abused.

ii)   The ability to assess the reliabilty of disclosures of sexual abuse from preschool children is a very important skill when working with very young children. This study provides a guide for which criteria should and should not be used when assessing the reliability of a disclosure of sexual abuse. It also describes the variables which may be associated with different levels of reliability.

iii)   Once a disclosure is validated, the social worker needs to decide on which action should be taken. This may vary from ensuring the child's safety to reporting the abuse to the relevant authorities. Reasons need to be given for why a certain action was decided upon. The findings of this study may assist social workers in deciding on an action and motivating why that specific action should be taken.

iv)   Social workers working in the field of sexual abuse are often asked whether a particular child will be able to testify in court. In court the reliability and credibility of a child's disclosure is essential for a conviction. The findings may assist social workers in communicating to court personnel the likelihood of the child testifying in court effectively.

In conclusion the results of the study supported the assumptions made prior to the study. The results indicated that trauma, extent of threats made by the perpetrator and parental support are essential factors affecting a child's relaibility to disclose sexual abuse reliably. The therapeutic relationship seemed to positively affect a child's reliabiity when disclosing sexual abuse while techniques seemed to be of secondary importance. The research questions were answered as the study did allow for the exploration of the relationship among the variables and a child's ability to disclose sexual abuse reliably. Overall the aims of the study were successfully achieved.

116

REFERENCES

Adams-Tucker, C. (1982) Proximate Effects of Sexual Abuse in Childhood : A Report on Twenty Eight Children **American Journal of Psychiatry** 139:1252 - 1256

Arde, A (2001) "Child Abusers Walking Free" **Daily News** January, 12 2001

Baing, W.; Broderick, R.; Flagor, D.M.; Ervin, D.L. and Butler, J.(1999) **A Child Interviewer's Handbook** California : SAGE

Berger, R.M. and Patchner, M.A. (1988) **Planning for Research-A Guide for the Helping Preofessions** London:SAGE

Berk, L.E. (2001) **Development through the Lifespan** Boston:Allyn and Bacon

Berliner and Conte (1993) Sexual Abuse Evaluations:Conceptual and Emperical Obstacles **Child Abuse and Neglect** 17:111 - 125

Blagg, H.; Hughes, J.A. and Watton, C. (1989) ed **NSPCC Child Sexual Abuse : Listening, Hearing and Validating the Experiences of Children** Essex : Longman Group LTD

Boyd Webb, (1991) **Play Therapy with Children in Crisis** New York: California Press

Burgess. A. and Holstrom, L. (1974) Rape Trauma Syndrome **Americal Journal of Psychology** 131: 981 - 986

Bukowski, W. (1992) Sexual Abuse and Maladjustment considered from the Perspective of Normal Developmental Process in Donahue, W.O. and Geers, J. (eds) **The Sexual Abuse of Children : Theory and Research** Hillsdale : MJ Gribaum

Cattanach, A. (1994) **Play Therapy with Abused Children** London : Jessica Kingsley Publishers

Ceci, S.J. and Bruck, M. (2000) **Jeopardy in the Courtroom-a Scientific Analysis of Children's Testimony** New York :American Psychological Association

Crouebom-Faller, K. and Corwin, D. (1995) Children's Interview Statements and Behaviours : Role in identifying Sexually Abused Children **Child Abuse and Neglect** 19 :71 - 82

Denzin, N.K. and Lincoln, Y.S. (1994) ed **Understanding Qualitative Research** California:SAGE

Deskin, G. and Steckler. J.M. (1997) **When Nothing Makes Sense** Minneapolis : Fairview Press

De Vos, A.S. (1998) **Research at Grass Roots - A primer for Caring Professions** Pretoria : J.L. van Schaik Publishers

De Young, M. (1996) A Coceptual Model for Judging the Truthfulness of a Young Child's Allegation of Sexual Abuse **American Journal of Psychiatry** 56: 550 - 559

Durfee, M.; Heger, A.H.; Woodling, B. (1986) " Medical Evaluations" in MacFarlane, K ;Waterman, J; Connerly, S; Damon, L. and Durfee, M and Lang, S (ed) **Sexual Abuse of Young Children** New York : Guilford Press

Eastman, A. and Moran, J.J. (1991) "Multiple Perspectives : Factros related to Differential Diagnosis of Sexual Abuse and Divorce Trauma in Children under Six" in Robin, M. (1991) **Assessing Child Treatment Reports - The Problem of False Allegations** New York : The Haworth press

Ennew, J. (1986) **The Sexual Exploitation of Children** Cambridge : Polity Press

Emans, S.; Woods, E.; Blagg, N. and Freeman, A. (1987) Genital Findings in Sexually Abused Symptomatic and Asymptomatic Girls **Pediatrics** 79:778 - 788

Everstine, D. and Everstine, D. (1993) **The Trauma Response - Treatment for Emotional Injury** London : Norton and Company

Faller, K.C. (1988) The Spectrum of Sexual Abuse in Daycare:An Exploratory Study **Journal of Family Violence** 3 (4): 283 - 298

Faller, K.C. (1988) **Child Sexual Abuse** Michigan : Columbia University Press

Faulkner, D. (2001) **Sexual Abuse Statistics** Source:Internet- http://www.prevent-abuse-now.com/stats.ht

Finkelhor, D. (1986) **Sourcebook on Child Sexual Abuse** London : SAGE

118

Finkelhor, D. and Wiliams, L.M. (1988) **Nursery Crimes** California : SAGE
Fischer, J. (1978) **Effective Case Work Practice** New York : McGraw - Hill

Friederich, W. ; Grambach, P. ;Broughton, D. ; Kuiper, J. ; and Balke, R. (1991)
Normative Sexual Behaviour in Children **Pediatrics** 88:456 - 464

Furniss, T. (1991) **The Multi - Professional Handbook of Child Sexual Abuse**
London : Routledge Publishers

Games - Schwartz, B. ; Horowitz, J.M. ; and Cardarelli, A.P. (1990) **Child Sexual
Abuse** London : SAGE

Garbarino, J. and Stott, J.M. (1989) **What Children Can tell us** London :
Jossey - Bass Publishers

Geddie, L. ; Fradin, S. ; Beer, J. (2000) Child Characteristics which impact on
Accuracy of Recall and Suggestibility in Preschoolers: Is Age the best predictor?
Child Abuse and Neglect, 24:(2)

Geldard, K. and Geldard, D. (1997) **Couselling Children - A practical
Introduction** California : SAGE

Gelman, R. (1979) Cognitive Development **Annual Review of Psychology** ,
17: 297 - 332

Gil, E (1991) **The Healing Power of Play - Working with Abused Children**
London : Guilford Press

Gilchrist, L.P. and Schinke, S.P. (1988) "Research ethics" in Grinnell, R.M.
(1988) **Social Work Research and Evaluation** FE Peacock Publisher Itasca III

Gonzalez, L. ; Waterman, J. ; Kelley, R. ; McCord, J. and Oliveri (1993)
Children's Patterns of Disclosures and recantations of Sexual Abuse and
Ritualistic Abuse Allegations in Psychotherapy **Child Abuse and Neglect**
17: 281 - 289

Goodman, G.S. and Helgeson (1985) **Child Sexual Assault : Children's
Memory and the Law** Miami : University of Miami

Goodwin, J.M. (1989) **Sexual Abuse - Incest Victims and their Families**
New York : Year Book Medical Publishers

Graffam - Walker, A. (1999) **Handbook on Questioning Children : A
Linguistic Perspective** Falls Church : American Bar Association

Groth, A. N. (1978) **Men who Rape : The Psychology of the offender** New York : Penum Press

Heiman, M.L. (1992) Putting the Puzzle Together : Validating Allegations of Child Sexual Abuse **Journal of Child Psychology and Psychiatry** 33: 311 - 329

Hunter, M (1995) **Child Survivors and Perpetrators of Sexual Abuse - Treatment Innovations** California : SAGE

Hewitt, S. K. (1993) Pre - Verbal Sexual Abuse : What Children Report in Later Years **Child Abuse and Neglect** 18 (10):821 - 826

James, B. (1989) **Treating Traumatised Children - New Insights and Creative Interventions** Massachussetts :Lexington Books

James, B. and Nasjleti, M. (1983) **Treating Sexually Abused Children and their Families** California : Consulting Psychologists Press

Jones, D. P H. (1992) **Interviewing the Sexually Abused Child and Investigation of Suspected Abuse** London : Royal College of Psychiatrists

Jones, D.P.H. (2000) Spotlight on Practice : Disclosure of Child Sexual Abuse **Child Abuse and Neglect** 24 (2)

Jones, D. and McGraw, J. (1987) Reliable and Ficticious Accounts of Sexual Abuse of Children **Journal of Interpersonal Violence** 2 :27 - 45

Kelley, S. J. (1989) Stress Responses of children to Sexual Abuse and Ritualistic Abuse in Daycare Centres **Journal of Interpersonal Violence** 4: 502 - 513

Kelley, S. J. ; Brant, R. and Waterman, J. (1993) Sexual Abuse of Children in Daycare Centres **Child Abuse and Neglect,** 17 (2) : 71 - 89

Lawson, C. (1993) Mother-Son Sexual Abuse " Rare or underreported - A Critiques of the Research **Child Abuse and Neglect** 17(2) : 261 - 264

MacFarlane, K. and Waterman, J. (1986) **Sexual Abuse of Young Children** London : Guilford Press

Margolin, L. (1992) Sexual Abuse by Grandparents **Child Abuse and Neglect** 6:735 - 741

Marlow, C. (1998) **Research Methods for Generalist Social Work** New York : Brooks and Cole Publishing Company

Marvasti (1986) in Lawson, C. (1993) Mother and Son Sexual Abuse-Rare or underreported – A Critique of the Research **Child Abuse and Neglect** 17(2) 261-264

Mason, J. (1996) **Qualitative Researching** London:SAGE

Mayne (1999) **The Links Between Adult and child pornography** Cape Town : Coalition Against Trafficking in Women (CATW)

McNichol, S. ; Schute, R. and Tucker, A. (1999) Children's Eyewitness Memory for a Repeated event **Child Abuse and Neglect** 23 (11):1127 - 1136

Milner, P. and Carolin, B. (1999) **Time to Listen to Children - Personal and Professional Communication** London : Routledge

Monahon, C. (1993) **Children and Trauma - A Parent's Guide to Helping Children Heal** New York : Lexington Books

Muller, K. (date unknown) **Are Children Reliable and Credible Witnesses** Pretoria : Vista University

Muller, K. and Hollely, K. (1999) "Empowering Child Witnesses against the Legal System" Paper presented at the SASPCAN conference

Naidoo, U (1996) " The Abused Child's Experience of the South African Medical, Policing and Criminal Justice Systems and their Management of Sexual Abuse" Unpublished paper presented at the ISPCAN conference in Dublin

Nay, T. (1995) **True and False Allegations of Child Sexual Abuse** New York:Brunne-Wazel Publishers

Oaklander, V. (1988) **Windows to our Children - A Gestalt Therapy Approach to Children and Adolescents** New York : Centre for Gestalt Development

Olson, 1980 in Lawson, C (1993) Mother and Son Sexual Abuse-Rare or Underreported- A Critique of the Research **Child Abuse and Neglect** 17(2) 261-264

Oxford Advanced Learners Dictionary (1989) Oxford : Oxford University Press

Padgett, D. K. (1988) **Qualitative Methods in Social Work Research** London : SAGE

Papalia, D. and Wendkos - Olds, S. (1978) **Human Development** Memphis : McGraw - Hill

Passons, W. R. (1975) **Gestalt Approaches in Counseling** New Yprk : Holt, Rinehart and Winston

Perls, F. ; Hefferline, R. F. and Goodman, P. (1951) **Gestalt Therapy - Excitement and Growth in the Human Personality** London : Biddles Ltd

Perry, N.W. and Wrightsman, L.S. (1991) **The Child Witness - Legal Issues and Dilemas** London : SAGE

Phares, E. J. (1990) **Introduction to Personality** Kansas : Harper Collins

Putnam, F. (1993) "Dissociative Disorders in Children : Problems and Profiles" **Child Abuse and Neglect** Vol 17 pp 39 - 45

Quinn - Patton, M. (1991) **Family Sexual Abuse : Frontline Research and Evaluation** California : SAGE

Reamer, F.G. (1998) **Social Work Research and Evaluation Skills** New York : Columbia University Press

Reber, A. S. (1985) **The Penguin Dictionary of Psychology** London : Penguin Books

Reiser, M. (1991) " Recantation in Child sexual Abuse Cases" **Child Welfare** Vol 60 pp 611 - 621

Robertson, G. (1989) **Sexual Abuse of Children in South Africa : Understanding and Dealing with the Problem** Hammerskraal : Unibook Publishers

Robin, M. (1991) **Assessing Child Maltreatment Reports - The Problem of False Allegations** New York : The Haworth Press

Rubin, A. and Babbie, E. (1993) **Research Methods for Social Work** California:Brooks Cole Publishing Company

Russell, (1983) in Finkelhor, D. and Williams, L.M. (1988) **Nursery Crimes** California:SAGE

Rutter, M. (1980) **Developmental Psychiatry** New York : First American press

Sas, L. (1991) **Reducing the System - Induced Trauma for Child Sexual Abuse Victims through Court Preparation, Assessment and Follow - Up** London : Family Court Clinic

Saywitz, K. and Camparo, L. (1998) " Interviewing Child Witnesses : A Developmerntal Perspective" **Child Abuse and Neglect** Vol 22 No 8 pp 825 - 843

Schoeman, J.P. and Van der Merwe (1996) **Entering the Child's World - a play Therapy Approach** Pretoria : Kagiso Publishers

Sewpaul, V. (1999) Culture, Religion and Fertility: A South African Perspective **British Journal Of Social Work** (29) 741-754

Sgroi, S. (1982) **Handbook of Clinical intervention in Child Sexual Abuse** Canada : DC Heath and Company

Sharp, S and Conte,H. (1998) **Counselling and Supporting Children in Distress** London:SAGE

Simeon, J.G. and Ferguson, H.B. (1990) **Treatment Strategies in Child and Adolescent Psychiatry** New York : Plenum Press

Smith, D. and Letaurneau, E. (2000) Delay in Disclosure of Childhood Rape : Results of a National Survey **Child Abuse and Neglect** 24 (2)

Sorenson, T. and Snow, B. (1991) in Ceci, S.J. and Hambrook, H. (2000) **Expert Witnesses in Child Abuse Cases** Wahington:American Psychological Association

Sternberg, K.J. ; Esplin, P.W. and Lamb. M. E. (1998) Conductive Investigative Interviews of Alleged Sexual Abuse **Child Abuse and Neglect** 22 (8) 813 - 823

Sternberg, K. J. ; Lamb, M. E. ; Herchowitz, I. ; Yudilevitch, L. ; Orbach, Y. ; Esplin, P. W. and Hovov, M. (1997) "Effects of Introductory Style on Children's Abilities to Describe Experieces of Sexual Abuse" **Child Abuse and Neglect** Vol 21 No 11 pp 1133 - 1146

Summit, R.C. (date unknown) The Child Abuse Accommodation Syndrome **Child Abuse and Neglect** 1: 177-186

Trad, P. V. (1989) **The Preschool Child - Assessment, Diagnosis and Treatment** Canada : John Wiley and Sons Inc

Tsai, M. J. ; Fieldman - Summers, S. and Edgar, M. (1979) Childhood Molestation Variables related to Differential Impacts on Psychological Functioning on Adult Women **Journal Of Abnormal Psychology** 88 : 407 - 417

Wade, C. and Tavris, C. (1990) **Psychology** New York : Harper Collins

West, J. (1992) **Child Centered Play Therapy** London : Holder and Straughton

Wolfe, D. (1987) **Child Abuse: Implications for Child Development and Psychopathology** London : SAGE

Wyatt, G. E. and Powell, G. J. (1988) **Lasting Effects of Child Sexual Abuse** London : SAGE

****