



Towards a framework to facilitate child sexual abuse disclosure within an African context: A qualitative study

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Declaration

I, Nondumiso Mbhele, declare that, unless specifically indicated to the contrary, this project is the result of my own work. It is submitted in partial fulfilment of the requirement for the degree of Master of Social Science (Clinical Psychology), Discipline of Psychology, University of KwaZulu-Natal, Pietermaritzburg. It has not been submitted before for any degree or examination to this or any other university.

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Date

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Date

Acknowledgements

Truth be told, this has not been an easy journey. Like for real! I'd like to thank Jehovah for the glimmers of hope through this path less travelled.

I can only describe it as that feeling when, when you know you would do something but you didn't really know you would do it, yeah! I may have done the typing. However, I didn't do it on my own.

To my supervisor, Dr Nontobeko Buthelezi, I am grateful for time, support and guidance in this dissertation.

Cha impela, it took a community of family and friemily (Yes, friends who've become family), who have supported me in ways they probably weren't even aware of. To the participants, that is, the backbone of this study, thank you for sharing your reality and truth. I am grateful to all and honoured. This study is not for me but through me.

This is dedicated to those who speak through actions more than words, who bring colour in a darkened world, who are not spoken for, who couldn't say no and had no choice, who tried to say no and who didn't know! May you find your own way to be.

For now, we will try. Know that we tried.

Dedication

Hayi nawe futhi.

I look at you and I think Why? How? When? Who?

Why you, why us, why me?

How, but how, kanjani nje?

I watched over you, I prayed over you, I made sure! Did I?

When? at night, outside, not with people around, never! Right?

Who! Who! Who! ... no, I can't believe it. I just can't.

And then you. You smile, you laugh, you run around nje.

Kanjani.

Your resilience holds me yet scares me.

I hold on to it kodwa futhi I loathe it

This can't be

It just can't be.

(Mali...)

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List of Acronyms

CHW	Community Health Worker
CLKZN	Childline KwaZulu-Natal
CSA	Child Sexual Abuse
DSD	Department of Social Development
GBV	Gender-Based Violence
KZN	KwaZulu-Natal
NPA	National Prosecuting Authority
NPO	Non-Profit Organisation
PTSD	Post-Traumatic Stress Disorder
SAPS	South African Police Services
TCC	Thuthuzela Care Centre
VCRM	Voice Centred Relational Method
VEP	Victim Empowerment Programmes

Abstract

South Africa has achieved international acknowledgment for making many favourable strides towards constitutional reform. However, the country has also become internationally infamous for its high prevalence of gender-based violence. It is violence against children in particular which is at the forefront. Surviving trauma has been shown to have lasting psychological and physical effects, especially when it is kept as a secret. As the world grapples with alleviating a pandemic, so too are the child survivors of gender-based violence, who often do not disclose the sexual trauma they have experienced.

The purpose of the current study was to work towards creating a uniquely African framework for the disclosure of child sexual abuse (CSA). Semi-structured interviews were conducted with ten community health workers. The participants were selected using purposive sampling, a technique of non-probability sampling. VCRM was used to analyse the data collected indicating five prevailing themes. The themes revealed the understanding of CSA disclosure, facilitators of CSA disclosure, current methods of obtaining disclosure, factors which hinder CSA disclosure and offered recommendations towards an African centred framework.

Recommendations of the study brought out proposed solutions and areas of concern which need to be addressed. Much of the work which needs to be done was suggested to derive from a systemic level. This implies that families and governmental institutions need to make strides towards change for the betterment of children's safety and psychological well-being.

Keywords: Child sexual abuse, disclosure and children

Chapter One: Introduction

1.1. Background of the Study

Child sexual abuse (CSA) is a globally prevalent phenomenon. According to Anderson's (2016) report, one in every ten children in the United States is abused. Locally different organisations release statistics on the incidence of CSA in the country (National Prosecuting Authority, 2019; South African Police Service, 2019). The South African Police Services (SAPS) report on sexual offences crimes between April and December 2016 indicated that about 37630 sexual offence cases were reported (South African Police Service, 2016). There were 52 420 sexual offence cases reported in 2018/2019 (South African Police Service, 2019). Whether there has been an increase or decrease in numbers is not the prime issue however, the act of CSA in itself takes away a survivor's rights. This presumably has terrible consequences for non-consenting minors which carry on through to adulthood. After the crime of CSA has taken place, it is then that disclosure of the offence becomes an internal battle.

South African legislation is often referred to as being the best in the world. It seeks to protect its citizens, promotes gender equality, upholds basic human rights, and most importantly acts as a parent to the South African child (South African Constitution, 1996). Legislation pertaining to children particularly is found in the Constitution and in the Children's Act no 38 of 2005. These laws are often informed by research and engagement with the citizens. They are then amended to meet the needs of the people.

The Sexual Offences and related matters, Amendment Act 32 of 2007, has made advances for sexual offence cases relating to children (National Prosecuting Authority, 2019). Specialised sexual offences courts are being utilised, and matters can now be addressed in-camera during court cases (National Prosecuting Authority, 2019). There is the additional increase in rape crisis centres which are managed by the National Prosecuting Authority

(NPA) which are now called Thuthuzela Care Centres (TCC) operating under the TCC-model (National Prosecuting Authority, 2019). They are ideally a one-stop facility which was envisioned to bring all necessary services - psychologists, social workers, district surgeons, prosecutors, investigating offices, and victim assistance officers - to the survivor of gender-based violence into one place (National Prosecuting Authority, 2019). Regardless, the roll-out of services and rates of conviction are not as high as anticipated (National Prosecuting Authority, 2019). One can only then wonder whether this implies that there needs to be more changes in policy or if there need to be adjustments at a grassroots level.

Disclosure of sexual abuse does not always mean that there will be a conviction (Higinson-Smith & Lamprecht, 2004). This implies that there is more to disclosure than what meets the eye. Could it be that a specific form of disclosure is required? Or that disclosure is often a case of, "He said, she said"? Therefore, the more convincing argument wins the case. However, in the case of children, can one expect a child to disclose sexual abuse in the manner an adult would?

Children are more resilient than one would presume and can face different adversities coming out seemingly unscathed. Nevertheless, as they grow older one can only wonder how this affects their psychological wellbeing and the way they manoeuvre through life. Reasons for not disclosing abuse include realistic anxieties, shame in the community, and cultural implications (Optimus Study, 2016). In the African context, people would rather discuss the abuse among themselves, which may result in remuneration for the alleged incident of abuse (Optimus Study, 2016). Hence, this deviates from many Western practices and legislative rules, thus raising uniquely African techniques to disclose CSA, handle CSA and heal from CSA.

Though many statistics exist, they are not fully representative of the prevalence of CSA among children in South Africa (Fouché, 2012). To address this limitation, the Optimus

study, South Africa, has provided a picture of the level and effects of abuse in the country (Optimus Study, 2016). A limitation of the Optimus study is that it is only representative of 15 to 17 year old children, leaving a gap in the literature for most age groups. However, that is just one study for a country with an increasing population of children who are at risk for being abused. This should not be tolerated as it is all children who are at risk and who need intervention.

The Optimus Study (2016), suggests going further by documenting the reporting of cases to show the methods that exist which impede and enrich how abuse is dealt with to intensify service delivery and reduce harm to child survivors. Hence, the current research aims to provide a broad perspective on the current practices of CSA disclosures. This study also explores the perceptions of the community health workers (CHW) of how they facilitate disclosure to develop a framework for disclosure within the African context. This, in turn, would help service providers for CSA survivors to obtain more in-depth disclosures that add to the enhanced recovery for survivors and inform changes in policy, leading to a more just recourse for those involved.

1.2. Statement of the Problem

The statement of the problem can surface as a result of one's involvement or be recognised through engaging in literature, research and history (Kaniki, 2012; Wagner et al., 2012). Several CSA cases are withdrawn from court due to children being identified as incompetent witnesses (Horne & Benson, 2011). Some cases do not make it to trial because sexual abuse has not been disclosed. In addition to this, one may then question the motives behind children not readily disclosing sexual abuse. This is not only in the context of the justice system, but also in the home.

To gain just recourse and enhance mental health, it is important to find what works for South Africa. As shown by statistics, current methods of disclosure are indeed making a

difference in preventing and managing CSA (National Prosecuting Authority, 2019; South African Police Service, 2019). Nevertheless, with the implementation of a framework which is tailored to South African needs, much more can be done to change the current situation.

1.3. Purpose of the Study

The purpose of this research was to work towards creating a framework of CSA disclosure within an African context. This has been done by carrying out rich, in-depth interviews with CHWs from Childline KZN. The interviews have been useful in creating a baseline understanding of the current circumstances regarding CSA disclosure in the country. There has also been the intention to unearth solutions from the field into attaining disclosure. Various techniques used or suggested are not readily found in literature, rather they are grounded in methods which work for the CHWs through their experience over time.

A common saying between professionals in the field of CSA is that, “You don’t decide to work with CSA, it finds you.” At a personal level this means that being in the field is a calling because not just anyone volunteers themselves to work with CSA. However, the passion and the drive to make a difference for one child who will grow up to be a well-functioning adult motivates continuing with the work. Having worked in the field of CSA, the researcher can confirm that there truly is a need for home-grown approaches to help children find healing through disclosure. This is not to imply that disclosure is imperative, rather that it opens up a conversation and frees one from internal arguments that may shape the idea of ‘the self’.

A common thread noticed through practice is that in South Africa there are many non-profit organisations (NPO), government departments and even the courts. Nevertheless, it is very seldom that uniform methods relevant to children living in South Africa are used to attain CSA disclosures (Horne & Benson, 2011; Kruger et al., 2016). Thus, there is a concern as to how these facilities evaluate what works and what does not, and on what empirical

grounds. Hence this research aims to have an impact on current practices and highlight practices of CHW's in Kwa-Zulu Natal which are indigenous to South African people.

1.4. Objectives of the Study

The objectives of this study are:

1. To establish how service providers involved in CSA conceptualise disclosure of CSA, in Kwa-Zulu Natal;
2. To understand the contexts and processes which facilitate disclosure in CSA cases;
3. To find out the different methods used by service providers to attain disclosures;
4. To identify the barriers to CSA disclosure; and
5. To make recommendations to manage CSA to minimise psychological harm in the management of CSA.

1.5. Research Questions

The research questions which will be addressed by the research are:

1. How do service providers involved in CSA conceptualise disclosure of CSA?
2. What are the contexts and processes which facilitate disclosure in CSA cases?
3. What are the different methods used by service providers to attain disclosures?
4. What are the barriers to CSA disclosure?
5. What recommendations can be devised to manage CSA so as to minimise psychological harm in the management of CSA?

1.6. Significance of the Study

CSA is broad when looked at internationally. Nonetheless, when honed in on to a specific context, it becomes easier to engage in and create solutions. This research holds significance because it is envisioned to fill in the gap in the literature and set into motion strides for future research. Accordingly, this research addresses the existing research gaps

when it comes to CSA disclosure within an African context. It comes as the beginning of an answer found in the suggestions given by many well-meaning researchers (Collings, 2007; Optimus, 2016).

Resembling a theory, for one to create a framework it is first important to know what works and what does not work (Kelly, 2012). There needs to be an interchange among questions and data resulting in reaching definite conclusions (Kelly, 2012). Hence this study acts sequentially by funnelling down reasoning which could lead to a core framework.

1.7. Assumptions of the study

Research is established on a premise which could either hold or be false (Terre Blanche & Durrheim, 2012). Hence, it is envisioned that the outcome of the research will be beneficial in the direction of making strides towards a framework of CSA disclosure in an African context and therefore act as a skeleton for the proposed framework. For the purposes of this research, it has been assumed that:

1. Service providers involved in CSA have their ways in which they conceptualise disclosure.
2. There are broad South African contexts and processes which facilitate disclosure in CSA cases that often go unnoticed.
3. Service providers often use innovative methods to attain disclosures.
4. There are many cultural and structural barriers to CSA disclosure.
5. The information provided will produce recommendations which can be used to manage CSA to minimise psychological harm in the management of CSA.

1.8. Scope and delimitation of the study

Delimitations are restrictions which the researcher has knowingly implemented to facilitate reaching the purpose of the study (Theofanidis & Fountouki, 2019). There are many NPOs and governmental organisations which work in the field of CSA. Hence for the

purposes of the research, the interviews were conducted with CHWs from Childline KwaZulu-Natal (KZN). This was due to their extensive coverage in the country, availability of participants interviewed, and different categories they have of CHWs, outreach workers, Crisis line counsellors and social workers. Childline KZN makes use of a national telephone line and operates in different parts of KZN. Subsequently, this can affect the generalisability of the findings.

1.9. Operational definitions of terms

The current study makes use of certain concepts. The following are brief operational definitions of the terms used in the research:

Child: According to Articles of the Convention on the Rights of the child, a child is “...every human being below, the age of 18 years unless under the law applicable to the child, majority is attained early” (UN, 02, 1989). Additionally, South African law defines a child as a person who is under the age of 18 years (Children's Act, 2005). Therefore, in this study, the definition of a child which will be used is that which is found in the Children’s Act (2005).

Child sexual abuse (CSA): The definition that will be used for purposes of this study of CSA is:

“*Sexual abuse,*” in relation to a child, means-

(a) sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted;

(b) encouraging, inducing or forcing a child to be used for the sexual gratification of another person;

(c) using a child in or deliberately exposing a child to sexual activities or pornography; or

(d) procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child (Children's Act, 2005, p. 27).

Disclosure: Frequently, disclosure is defined as when a child speaks out to another person - particularly an adult - regarding the incident of abuse (Reitsema & Grietens, 2016). However, for the purposes of this study a broad outlook as found in the literature is taken into account (Reitsema & Grietens, 2016). Disclosure is accounted for as a process and not a once-off accidental or intentional event (Collings et al., 2005; Esposito, 2014). Models on disclosure suggest that disclosure takes place in stages, for example, by mistake, observation, due to change in developmental stages, or having a child speak out (Spies, 2006).

Community health worker (CHW): In the context of this study, CHWs are professionals who engage with survivors and facilitate disclosure in a manner that helps the child be at ease, therefore giving rich details on the abuse (Esposito, 2014).

1.10. Summary and overview of the research

This research is presented in five chapters. Chapter One has given brief details on the background, problem statement, purpose, significance, objectives and outline of the research. Chapter Two is the literature review and looks at studies from a national to a global scale. Further emphasis is placed on understanding the current debates on the long-term and short-term effects of CSA. This chapter concludes with the prevailing theory which would help in understanding the context in which CSA disclosure is embedded. Chapter Three details the methodology process of the present study. This includes the research design, description of the sample, details of data collection, and ethical considerations which were used. Chapter Four presents the results of the study. Finally, Chapter Five integrates the findings, theory and the purpose of the research. Thereafter, the limitations which presented themselves are addressed. Lastly, recommendations are made based on the findings.

Chapter Two: Literature review

2.1. Introduction

A literature review entails the basic elements necessary for understanding the context behind the research. This chapter will first focus on the representation of a child living in the African context. Broad and often contradictory definitions exist in the literature on the definition of child sexual abuse (CSA), hence for the purposes of this research a concise definition will be used. Then the concept of disclosure and its impact will be explored to understand the need for the research. The information's impact will lead to addressing the research questions and assist in developing a framework for CSA disclosure within an African context.

2.2. A Conceptualisation of the African Child and Sexual Abuse

Understanding the African child helps to bring clarity into the framework towards which this research is geared. Emphasis is placed on defining child sexual abuse and relaying its effects.

2.2.1. *Who is a child?*

Life progresses from birth through infancy, early childhood, adolescence and so on. Therefore it is only fair to ask who a child is. The term 'child' is often used broadly to describe a minor. However, depending on the cultural context, emotional and intellectual functioning, even an adult may be referred to as a child (Nwoye, 2006; Wickham & West, 2002). Seekings (2006), stated that during apartheid South Africa, research on children focused on their roles in the social and political struggles at the time. Thus, at the time, the construct of youth was seen as a struggle between heroes and villains (Seekings, 2006).

There are multiple definitions available for the word 'child' (CRC, 1989). Articles on the Convention on the Rights of the child denoted that a child is "...every human being below the age of 18 years unless under the law applicable to the child, majority is attained early"

(UN General Assembly, 1989, p. 2). Likewise, the African Charter on the Rights and Welfare of the Child (1990) defined the child as anyone below 18 years (Organisation of African Unity, 1990). Hence, there is international consensus in the age appropriation of childhood.

Kim et al., (2005, as cited in Nwoye, 2006) said that a major characteristic among African and non-Western cultures is the way in which they cherish children. Nwoye (2006) argued that children are cherished in Africa because they bring social prestige to their parents and they add to the economic value for families. Having children seemingly solidifies a marriage and averts allegations of not being able to have children and involvement in witchcraft. Literature continues to support this understanding (Nwoye, 2006; Sam et al., 2005).

Since apartheid the construct of childhood in South Africa has changed (Seekings, 2006). Children are no longer seen as struggle heroes or villains. They go to school, help around the house, get into disagreements with family, manoeuvre their way in child-headed households, engage in sports, and much more (Seekings, 2006). Thus, Seekings (2006) revealed that although children's environments are different, the similarity is that children share in the same things that children do in other parts of the world.

South African law states that a child is a person who is under the age of 18 years (Children's Act, 2005). Thus a child is safeguarded by the Constitution of the Republic of South Africa (1996) in Chapter 2, the Bill of Rights, section 28. Notably, subsection 1(d) denotes that, "[Every child] has a right to be protected from maltreatment, neglect, abuse or degradation" (Constitution of the Republic of South Africa, 1996, .s.28). All people have the responsibility to protect children from abuse. National and international laws protect the rights of the child, yet, as mentioned previously, abuse is still prevalent. Therefore, for the purpose of this research, the definition of a child which is used is that which is found in the Children's Act no 38 of 2005 as already mentioned.

2.2.2. The phenomena of child abuse

The phenomena of child abuse has been present though different eras of mankind (Knight, 1985). Knight (1985) suggested that urbanisation after the Industrial Revolution and its demands may have changed and increased the occurrence of child abuse. Child abuse includes physical abuse, emotional abuse, maltreatment, sexual abuse, neglect, or any other exploitation (Archana & Don, 2019; Preston, 2016). Additionally, a socio-cultural understanding has perceived child abuse to include child marriage, child initiation, physical acts of discipline, authoritative parenting styles, and gender bias (Guma & Henda, 2004). These acts could result in harm to the child's well-being, survival, growth or dignity (Archana & Don, 2019). Child abuse is often viewed as a universal health problem (Archana & Don, 2019; Guma & Henda, 2004). Even though research has emerged largely from developed countries, child abuse is still an international concern which needs attention (Archana & Don, 2019).

Child abuse can have physical signs which are not long lasting relatively speaking, however the long-term effects of emotional trauma cannot be ignored (Archana & Don, 2019). The public and professionals scarcely acknowledge child abuse (Archana & Don, 2019). Hence, child abuse results from the structural failure of society to enhance development (Lofell, 2004). Lofell (2004), placed the onus of abuse not only on professionals but also on people who appear to fail to provide safe environments for children.

2.2.3. Definition of child sexual abuse

The emphasis of this study is on CSA, which is one of the categories of child abuse. There are many international and broad definitions of CSA. However, researchers do not agree on one concise definition (Finkelhor, 1994; Spies, 2006). Universally, CSA is often defined as sexual acts involving a child largely including an age difference between perpetrator and child, sexual stimulation, and the use of violence or coercion by the

perpetrator of the abuse (Finkelhor, 1994; Spies, 2006). Child-specific and cultural factors are also often mentioned as contributing factors to CSA (Ramphabana et al., 2019).

Since this study was conducted in South Africa it is necessary to consider prevailing South African definitions. Chapter two of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 has listed and defined different forms of sexual offences, namely, rape, compelled rape, sexual assault, compelled sexual assault and compelled self-sexual assault. The third chapter of this Act is dedicated to sexual offences committed against children (Sexual Offences and Related Matters, 2007). Perpetrators can be liable for statutory rape, statutory sexual assault, sexual exploitation, sexual grooming, exposure to pornography, using children for pornography, and more (Sexual Offences and Related Matters, 2007).

The definition that will be used for purposes of this study of CSA is:

“‘Sexual abuse,’ in relation to a child, means -

(a) sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted;

(b) encouraging, inducing or forcing a child to be used for the sexual gratification of another person;

(c) using a child in or deliberately exposing a child to sexual activities or pornography; or

(d) procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child”

(Children's Act, 2005, p. 27).

2.2.4. Long-term effects of child sexual abuse

Encountering sexual abuse in childhood has been perceived to have some lasting effects. Over time the child may undergo many long-term negative effects which are often determined by the child's experience before the abuse took place (Adlem, 2017). Capri (2013) and Adlem (2017), have both said that there is evidence that where there is no protective and secure attachment from the child's environment the suffering of CSA may result in sustained neurological issues and problems in development.

Capri (2013) found that women who had gone through extreme or intense ongoing CSA described damage to the ego and the ability to relate to others, emphasising the link between borderline personality pathology and a history of CSA. Smit and Hoosain (2017), showed that mothers who are CSA survivors tend to develop symptomatology such as depression, anxiety, sexual difficulties, interpersonal difficulties, guilt, humiliation and self-blame, causing mothers to not be attuned to their children's needs.

. As women grow to become mothers, the effects of that childhood experience continue to show themselves. There are fears in relation to parenting. For example, in a study conducted by Allbaugh et al. (2014, as cited in Smit & Hoosian, 2017), mothers who had survived CSA expressed not trusting their parenting skills, being worried about their children's safety, and found difficulty manoeuvring around their children's sexuality (Kezelman, Hossack, Stavropoulos & Burley, 2015, as cited in Smit & Hoosain, 2017; Ronken & McKillop, 2008).

Currie and Widom (2010, as cited in Fouche, 2012), found that when compared in areas such as education, employment and financial income, adults who had reported some type of abuse had lower job titles than compared to those had not been abused. Smit and Hoosain (2017), reiterated that there is often a cycle of CSA in families. This implies that there the likelihood that CSA will repeat itself through generations.

It should not be ignored that South Africa is a diverse country centred on culture and religion. Hence facets such as faith are affected when one experiences CSA (Weber & Du Toit, 2018). Trauma has an impact on faith, trust and hope (Herman, 1992; Janoff-Bulman, 1992 as cited in Weber & Du Toit, 2018). A constant challenge concerns how God, who is perceived as being ever-present and a father, can allow CSA (Weber & DuToit, 2018). Thus, spurring a cycle of feeling let down by God or even having let God down (Weber & Du Toit, 2018).

2.2.5. Responses to child sexual abuse

The reactions of family, adults and community after disclosure may differ. There are often positive and negative responses to disclosure. It has been shown that there is a disparity in responses to CSA. Jewkes et al., (2005), argued that the rape of a five-year-old would not receive the same response as that of a teenager. Their study also showed the common responses in African countries, South Africa, Namibia and Zimbabwe to child rape. The first reaction by the child or family after the disclosure was to report a case either to the police or the chief (Jewkes et al., 2005). A second common response was to not follow-up on the matter of reported CSA by the survivor (Jewkes et al., 2005). A third and common practice in African culture was to accept compensation, often in the form of monetary goods or livestock (Jewkes et al., 2005). Cases of forced marriage by a family to the perpetrator and using witchcraft for revenge were also reported (Jewkes et al., 2005).

Fouche (2012) showed that in South Africa a significant number of survivors, whilst in school, often faced victimisation from educators and other learners. Jewkes et al. (2005), reported that child rape and incest were not prioritised as important in a list of social ills. Hence, when survivors were faced with the scenario of unsettling the family structure or losing financial stability, the shame of the rape of a child would often go unreported (Jewkes et al., 2005).

2.3. Empirical Studies of Child Sexual Abuse

International research on the prevalence of CSA paints a grim picture of the scourge of CSA. According to Thirion (2007, as cited in Adlem, 2017), CSA has concerned people throughout history and is known to be a prevalent and challenging issue which is not limited to religious, socio-economic, ethnic or gender boundaries. It is important to understand what is happening in a global context then hone in on what is happening in South Africa.

2.3.1. Global prevalence of child sexual abuse

Despite lacking in rich historical details, it is noteworthy that CSA is not a phenomenon which is reserved for the African continent or the crime capital of the world, it is an internationally experienced epidemic (Singh et al., 2014). It was in the 1980s when CSA became a matter of note taken up by the media and professionals, moving from being unmentionable to being a common research topic (Grassl, 1999; Putnam, 2003). Cases in the USA rose from 6000 in 1976 to 490000 in 1992 (Daro, 2003).

According to Stolenborgh et al. (2011, as cited in Clayton et al., 2018), international statistics suggest that eighteen percent of women and eight percent of men report being survivors of CSA. The experiences of most survivors often go untold or are disclosed in late adulthood (UNICEF, 2017). An international meta-analysis of CSA placed females at being almost three times more likely than men to have experienced CSA, whereas information regarding the experiences of males was lacking (Barth et al., 2013; Wihbey, 2011).

According to Singh et al. (2014), a study compiled in 2002 by the World Health Organisation (WHO) estimated that 73 million boys and 150 million girls under the age of 18 years had experienced different types of sexual violence. Furthermore, it has been estimated that internationally, 15 million girls aged between 15 to 19 years of age have experienced sexual abuse (UNICEF, 2017). However, research from thirty countries showed that only one percent of young girls sought professional support (UNICEF, 2017). Africa has been found to

have the highest prevalence of CSA while Europe indicated the lowest prevalence rate (Wihbey, 2011). Wihbey (2011), summarised a 2009 meta-study from the University of Barcelona which further broke down statistics, placing South Africa as having the highest prevalence rates of CSA for both boys and girls.

2.3.2. Prevalence of child sexual abuse in South Africa

CSA is an international social phenomenon that effects on the lives of numerous children (Adlem, 2017). South Africa is a country that is no stranger to making international headlines for the prevalence of crime, commonly that of rape (Naidoo, 2013). Consequently being dubbed the crime capital of the world. Newspaper headlines have reported gruesome sexual injustices inflicted on the South African child (Jewkes et al., 2005; Naidoo, 2013; Webber & Bowers-Du Toit, 2018).

Addington Children's Hospital in Durban, South Africa, was reportedly the first South African centre with a designated child abuse centre (Jairam, 2004). The Human Sciences Research Council (HSRC) led research on criminal injustice and developed treatment programmes for survivors of rape (Jairam, 2004).

Wurtele (2009, as cited in Fouché, 2012), mentioned two methods to determine the prevalence of CSA. The first was to count the number of cases reported and the second was to question adults on their childhood experiences. This implies that a large number of CSA incidents go unreported, leaving a discrepancy in the real prevalence of CSA. In South Africa, more than one-third of females report being survivors of CSA (Smit & Hoosain, 2017). Fouché (2012), explained that a lack of support from caregivers, distrust of authorities, fear of embarrassment, anxiety about a breach in confidentiality, or no recollection of the incident can affect the number of disclosures.

Accusations of manipulated crime statistics by the South African Police Services (SAPS) can also hinder the collection of proper estimates of CSA statistics (Richter &

Dawes, 2008, as cited in Fouché, 2012). Nevertheless, these statistics and meta-analysis have been the main methods to be used as a baseline towards estimating the prevalence of CSA.

In the past, research and services on CSA focused on white South Africans (Jairam, 2004; Ramphabana et al., 2019). Much of the available literature on the development of CSA has come from a Euro-American context (Jairam, 2004; Ramphabana et al., 2019). Jairam (2004), also noted that "...little if any records or literature is available with reference to African societies" (p. 4). Research conducted by the University of Cape Town (UCT) found that one in three youth in South Africa was no stranger to some form of sexual violence (Webber & Bowers-Du Toit, 2018). Further to this, children between the ages of 12 and 17 years old were reported to be at a higher risk for rape (Le Roux, 2012, as cited in Webber & Bowers-Du Toit, 2018).

The SAPS report on sexual offence crimes between the years 2018/2019 indicated that approximately 52 420 sexual offense cases were reported to South African police stations (South African Police Service, 2019). This was an increase of 2 312 from the 2017/2018 year (South African Police Service, 2019). Of these cases, 9 308 were from Kwa-Zulu Natal (KZN), which also showed an increase from the previous year's provincial statistics (South African Police Service, 2019). Presently, Inanda and Umlazi in KZN rank as the top two sexual offence police stations in the country (South African Police Service, 2019). Further to this, the National Prosecuting Authority (NPA) also reported an increase in the number of cases reported through the Thuthuzela Care Centres (TCC), with 988 reported cases being those relating to children (National Prosecuting Authority, 2019).

The breakdown of sexual offences by province over five years may be seen in Table 2.1. These statistics do not give an in-depth picture of the prevalence of CSA. Past research has done little on providing national data on the statistics involving children, hence the Optimus study South Africa was developed to provide a picture of the level and effect of

abuse in the country (Optimus Study, 2016; Ward et al., 2018). The Optimus study aimed to gather a sample that represented the diversity of the country by reaching children between the ages of 15 to 17 years old in their homes and schools (Optimus Study, 2016; Ward et al., 2018).

Table 2.1

Sexual Offences Reported to the Police by Province, 2014/15–2018/19

	Number of reported cases				
	2014/15	2015/16	2016/17	2017/18	2018/19
Western Cape	7 369	7 130	7 115	7 075	7 043
Eastern Cape	9 224	8 797	8 050	8 094	8 731
Northern Cape	1 578	1 719	1 587	1 538	1 578
Free State	4 094	3 928	3 488	3 284	3 457
KwaZulu-Natal	9 079	8 947	8 484	8 759	9 308
North West	4 585	4 164	4 326	4 182	4 021
Gauteng	9 902	9 510	9 566	10 116	10 752
Mpumalanga	3 474	3 331	3 216	3 198	3 470
Limpopo	4 312	4 369	3 828	3 862	4 060
SOUTH AFRICA	53 617	51 895	49 660	50 108	52 420

Source: SAPS Crime Statistics, <https://www.saps.gov.za/services/crimestats.php>

The results of the Optimus study suggested that one in three children had experienced some type of abuse (Optimus Study, 2016; see also Artz et al., 2018). From the respondents, 36.8 percent of boys and 33.9 percent of girls reported some form of sexual abuse (Artz et al., 2018). Moreover, school-going children were revealed to have higher numbers of having experienced a form of sexual abuse (Fouché, 2012; Ward et al., 2018). South African children are at risk of being abused by someone with whom they are familiar (Guma & Henda, 2004).

2.3.3. The profile of a child sexual abuse survivor

Given the body of knowledge into the definitions and available statistics on CSA, there is a common thread of details which begin to emerge. These details are what can give a glimpse into the picture or expected profile of a CSA survivor. Having awareness into the

profile of a survivor should not be used as a discriminatory marker, rather it can help towards protecting vulnerable populations.

Barnes et al. (2009, as cited in Clayton et al., 2018), carried out research which indicated that survivors of CSA are often at an increased risk of further victimisation. This implies that the CSA survivor is very likely to experience sexual abuse on separate occasions from multiple perpetrators. Ongoing research has shown that girls more likely than boys to have been sexually abused (Clayton et al., 2018). In contrast, the Optimus Study (2016) found that boys informed that they also stood almost the same amount of risk of being sexually abused (Artz et al., 2018). This moves away from previous prevailing findings (Artz et al., 2018).

The gender differences have been found in the type of sexual abuse which is experienced. The Optimus study (2016), explained that boys were more likely to have been solicited into sexual abuse that involved no penetration, whereas girls were more likely to have been abused in a manner which involved penetration.

Sexual orientation also has trends which feature. A meta-analysis by Clayton et al. (2018), suggested that there is a significant difference in CSA reports between heterosexual females and homosexual females. Homosexual females were found to have a higher number of reports of CSA allegedly perpetrated by significant males in their lives (Clayton et al., 2018). Further evidence showed that the intellectual functioning of girls was also a tell-tale factor, indicating that CSA was significantly higher in girls who had been referred for special education (Clayton et al., 2018).

Perpetrators of CSA are more likely to attack in areas which are nearby and not away from plain sight, such as where the survivor and perpetrator live, or even in a car (Clayton et al., 2018). Violence also acts as a predicting factor for the CSA survivor (Optimus Study,

2016). Survivors have either been exposed to violence or are highly likely to encounter violence after the event of abuse (Optimus Study, 2016).

The above findings on CSA survivors show that any child is at risk to be sexually abused, regardless of gender, sexual orientation, exposure to violence or previous abuse (Artz et al., 2018; Clayton et al., 2018). This implies that CSA is and should be an ever-present concern throughout the development of the child (Artz et al., 2018).

2.4. Child Sexual Abuse Disclosure

2.4.1. Disclosure defined

Disclosure is often needed to stop abuse, to get legal recourse and psychological or physical treatment (Reitsema & Grietens, 2016). Disclosure has been described as an important method through which sexual abuse is revealed (Reitsema & Grietens, 2016). Commonly, disclosure often defined as when a child speaks out to another person – particularly an adult – about what may have transpired (Reitsema & Grietens, 2016). Thoughts likewise centre on disclosure being a once-off process where abuse is just reported and this may be unexpected or intentional (DeVoe & Faller, 1999). Interestingly, however, some authors have argued that this is not often the process of how disclosure works (Collings et al., 2005; Esposito, 2014). Disclosure is not straightforward and often needs to be regarded as a process (Esposito, 2014). Therefore there are differences pertaining to the definition of disclosure (Esposito, 2014).

It is also debated as to how detailed disclosure needs to be (DeVoe & Faller, 1999; Spies, 2006). Children may give a detailed account of the abuse or reveal scanty information over time (Esposito, 2014). Nevertheless, the direction of disclosure leads more towards that of Sorenson and Snow (1991, as cited in Spies, 2006), who demonstrated disclosure to be an actual process instead of a once-off incident. They also suggested that there is accidental and purposeful disclosure (Spies, 2016). The models on disclosure suggest that disclosure takes

place in stages, for instance, by mistake, observation, due to change in developmental stages, and having a child merely speak out (Spies, 2006).

There is agreement that children are most likely to disclose abuse to people who will be most supportive of them, especially during an initial disclosure (Anderson, 2016; DeVoe & Faller, 1999; Reitsena & Geritens, 2016). Children abused by a family member or a person older than them are less likely to disclose abuse (Anderson, 2016). Reports such as these bring to light the need to devise a framework that would allow free disclosure of abuse which can enhance the healing for children, which is critical (Reitsema & Grietens, 2016).

It is almost expected that children will not disclose abuse immediately after the incident, neither does retracting a disclosure signify that abuse did not take place (Spies, 2016). In contrast, Collings et al. (2005), suggested that research on CSA indicates that it is common not to disclose CSA. There are factors which affect disclosure such as the age of the child, support from family, being coerced, the severity of the abuse, and the relationship with the alleged perpetrator (DeVoe & Faller, 1999). When adults who were child survivors of sexual abuse reflected on non-disclosure, they perceived that there would be negative outcomes after disclosure, therefore they did not disclose (Anderson, 2016).

2.4.2. Models of disclosure

Paine and Hansen (2002, as cited in Schönbucher et al., 2012), suggested that there are explanations for why children do not disclose or delay disclosure of CSA. Some children do not disclose due to an unawareness of having experienced abuse (Collings et al, 2005). Variables that can account for the amount of time it takes to disclose CSA include age, gender, the identity of the perpetrator, fear, and the number of incidents of abuse (Reitsema & Grietens, 2016; Ungar et al., 2009).

The extent to which much disclosure is reported on purpose is often argued (Collings et al, 2005; Higson-Smith & Lamprecht, 2004). A considerable number of models of

disclosure use the work of Summit (1983, as cited in Esposito, 2014). The child sexual abuse accommodation syndrome has five phases, maintaining the secret of the abuse, feeling helpless, lacking power to prevent or disclose the abuse, feeling trapped and accommodating the abuse, and being delayed and then recanting disclosure (Esposito, 2014).

Referring to Summit's (1983) work, Furnis (1991, as cited in Espisito, 2014) acknowledged the occurrence of both internal and external influences that hinder disclosure. This challenges the autonomy of children when it comes to disclosure. A popular model of disclosure is that of Sorensen and Snow (1991, as cited in Anderson, 2016), who described three steps in the disclosure process, denial, uncertainty, and active disclosure (Anderson, 2016; Esposito, 2014). The most common disclosures are uncertain or tentative disclosures (Anderson, 2016).

Collings et al (2005) used content analysis to establish two aspects of CSA, whether the abuse was reported or noticed by others, and the duration of the abuse. From this it was suggested that four categories of disclosure exist within these aspects, namely, purposeful disclosure, indirect disclosure, eyewitness detection, and accidental detection (Collings et al., 2005). Purposeful disclosure is the most common (Esposito, 2014; Collings et al., 2005). Historically, indirect disclosure refers to children giving indirect hints of abuse not specifically labelled as such but having been indicated to have taken place (Collings et al., 2005). Collings et al. (2005), however suggested that further research in the South African context would be needed regarding eyewitness detection.

2.4.3. People who receive the disclosure

Reporting of CSA to authorities such as police and healthcare workers is not the norm during the disclosure process (Esposito, 2014). Children may first disclose to those with less authority as a means to gauge reactions to trial in-depth disclosure to those in positions of

authority (Ungar et al., 2009). This implies that children are most likely to disclose abuse to those whom they trust, such as family and peers (Anderson, 2016; Esposito, 2014).

Initially, disclosure is shared with an emotionally supportive person. Therefore younger children would tend to tell their parents and adolescents would relate more to their friends (Anderson, 2016; Esposito, 2014). The time it takes for children to disclose abuse is often varied (Esposito, 2014). Older children in forensic interviews are less likely to disclose completely in contrast to younger children who would disclose readily (Anderson, 2016). Services may often be attained only six months after disclosure (Collings, 2009).

After disclosure, the survivor may experience secondary trauma from maternal figures (Collings, 2007, as cited in Collings, 2009). Often that victimisation can involve being treated in an insensitive manner and blaming the survivor (Collings, 2009). This shows that there is a need to provide psycho-education to people such as family and peers who are likely to receive disclosures (Esposito, 2014).

CHWs who work with sexual abuse play an important role before and after disclosure (Esposito, 2014). This justifies why this study chose CHWs from Childline KZN. They are often expected to manage a therapeutic and forensic role in disclosure (Esposito, 2014). As the disclosure continues over time, additional details that the CHWs may have to face may surface (Spies, 2006). There is a paucity of research involving their perceptions of CSA (Esposito, 2014). Collings (2009), indicated that only 49 percent of survivors benefited from the services of CHWs. South African CHWs have been advised to be aware of compassion- and system-fatigue as a result of ineffectual legislative systems (Capri, 2013).

2.4.4. Barriers to child sexual abuse disclosure

The Optimus Study (2016), suggested documenting the reporting of cases to show the methods that exist which impede or enrich how abuse is dealt with to intensify service delivery and reduce harm to child survivors. Hence, the current research aimed to provide a

broad perspective on the current practices of CSA disclosures. This was done by exploring the perceptions of the CHWs of how they facilitated disclosure. The intention was to work towards developing a framework for disclosure within the African context.

According to Koss (1993, as cited Jewkes and Abrahams, 2002), in the United States of America (USA), of all the different types of victimisation, an incident of rape is more likely to be kept secret. Several women have a fear of not being believed and would even go as far as choosing the form of rape they would report (Jewkes & Abrahams, 2002). This adds to the existing narrative of being afraid of the repercussions and not trusting in caregivers and local authorities (Fouché, 2012). Some repercussions could include revenge from the perpetrator and fear of prosecution (Jewkes & Abrahams, 2002).

Naidoo (2013) delivered a call to action in addressing rape in South Africa. There appeared to be insufficient facilities which had designated crisis centres, hence a perceived barrier to reporting abuse due to fear of being turned away or referred to other crisis centres (Naidoo, 2013). Naidoo also found that medical staff were not well informed on legislation regarding the process that needs to be followed when disclosing abuse (Naidoo, 2013). Hence there is a need for knowledge concerning the barriers to and facilitators of disclosure (Collings et al., 2005).

2.4.5. Facilitators of child sexual abuse disclosure

Despite the barriers to CSA disclosure, there are still cases which are reported (South African Police Service, 2019). This means that there are factors which facilitate or promote the disclosure of sexual abuse. Legislation demands that all cases of CSA be reported. This encourages disclosure and prevents keeping CSA a secret (Fouché, 2012). Furthermore, over the years with amendments to legislation and its implementation, specialised units to protect children have been developed and specific specially designated sexual offences courts are operating (Fouché, 2012; National Prosecuting Authority, 2019).

The Optimus Study (2016), through their data collection, found that disclosure of sexual violence happens more often when self-administered questions are used as opposed to having a face-to-face interview. Hence it seems that it is easier to disclose CSA without a person who can listen and see the participant. Parents and caregivers need to be encouraged to foster relationships with their children which are warm and caring, making them more approachable so that children more likely to disclose CSA (Optimus, 2016).

2.4.6. Effects of child sexual abuse disclosure

When considering the impact of abuse, it should be noted that abuse harms the child's immediate physical and emotional wellbeing and continues over his or her development (Clayton et al, 2018; Paolucci et al., 2001). Interestingly, contrasting views exist on the effects of not disclosing abuse. For example, there is a school of thought which argues that reporting child abuse has no viable effect on the child. Those in favour of this method argue that there is no difference between children who have experienced abuse and those that have not experienced abuse (Hartman & Burgess, 1989; Woodward & Fortune, 1999).

In contrast, adults who were abused at a young age have in past studies shown to have post-traumatic stress disorder (PTSD), depression, social withdrawal, anxiety, obsessive compulsive disorder (OCD), and sexualised behaviour (Erickson et al., 1989; Jones & Ramchandani, 1999; Woodward & Fortune, 1999). Furthermore, other scholars have argued that the degree of the abuse, the type of abuse, the extent of the abuse, and the amount of resilience and support are what warrant how children will be affected by abuse in the long-term (Spies, 2006; Wickhen & West, 2002).

Interestingly, disclosing abuse early on reduces the risk of long-term consequences of psychological disturbances (Arata, 1998; Fontes, 1993, as cited in Schönbucher, et al., 2012). The Optimus study (2016), also showed that children who had been abused showed double

the vulnerabilities to develop anxiety and depression and were three times more likely to experience PTSD compared to children who had not been sexually abused.

Immediate reactions after the abuse and disclosure bring on the probabilities of being pregnant and contracting sexually transmitted diseases while simultaneously undergoing intense feelings of loss and grief over the abuse (Adlem, 2017; Capri, 2013). Survivors often "...experience shock, disbelief, numbness, fear, anger, self-blame, sadness and sometimes elation, and behavioural changes such as withdrawal, sleep disturbances, hypervigilance, mood swings and poor concentration; lifestyle changes and avoidance are common" (Naidoo, 2013, p. 210). Additionally, Naidoo (2013) suggested that these scars can heal over a short time or drag on long-term.

2.5. A Culture of Disclosure

Within the African context, culture plays a significant role in people's lives. Hence, culture, ethnicity, and race have implications for the barriers to disclosure (Anderson, 2016; Wickham & West, 2002). The idea of shame is one theme which constantly reoccurs in the literature as a reason for not disclosing abuse (Jewkes et al., 2005). In most cultural narratives, children are often expected to be seen and not heard and may find themselves exploited by the perpetrator (Wickham & West, 2002). The thought of having engaged in taboo acts and responses of the family all evoke feelings of shame in survivors of CSA (Fontes, 2005). Children are more likely to disclose that which brings less shame, and as they see an adult's reaction they add to the disclosure (Higson-Smith & Lamprecht, 2004). This shame surfaces and acts as a blockage to disclosure (Reitsena & Geritens, 2016).

It is not unusual for communities and different cultures to have a differing sense of understanding what CSA is (CASE, 2005, as cited in Richter & Dawes, 2008; Finkelhor & Korbin, 1988). Cultural groups vary in their understandings of abuse (Wickham & West, 2002). Aalgh and Kirsown (2005, as cited in Reitsena & Geritens, 2016), found that people

who never disclosed abuse until they were older described their upbringing as one of a traditional family with organised gender roles where children were seldom acknowledged as being there. Interestingly, young women could be assaulted by family members as a means to bring back the family's honour (Reitsena & Geritens, 2016). Nguni culture has a practice of needing and accepting compensation for matters involving premarital offences which, when related to non-consensual matters with a minor, can seemingly rationalise the ongoing abuse of a child (Jewkes et al., 2005). These arguments emphasise that disclosure of CSA is embedded in many contexts. Thus it is ideal to find a way to explain CSA disclosure within multiple contexts.

2.6. Theoretical Framework

2.6.1. Bronfenbrenner's bioecological theory

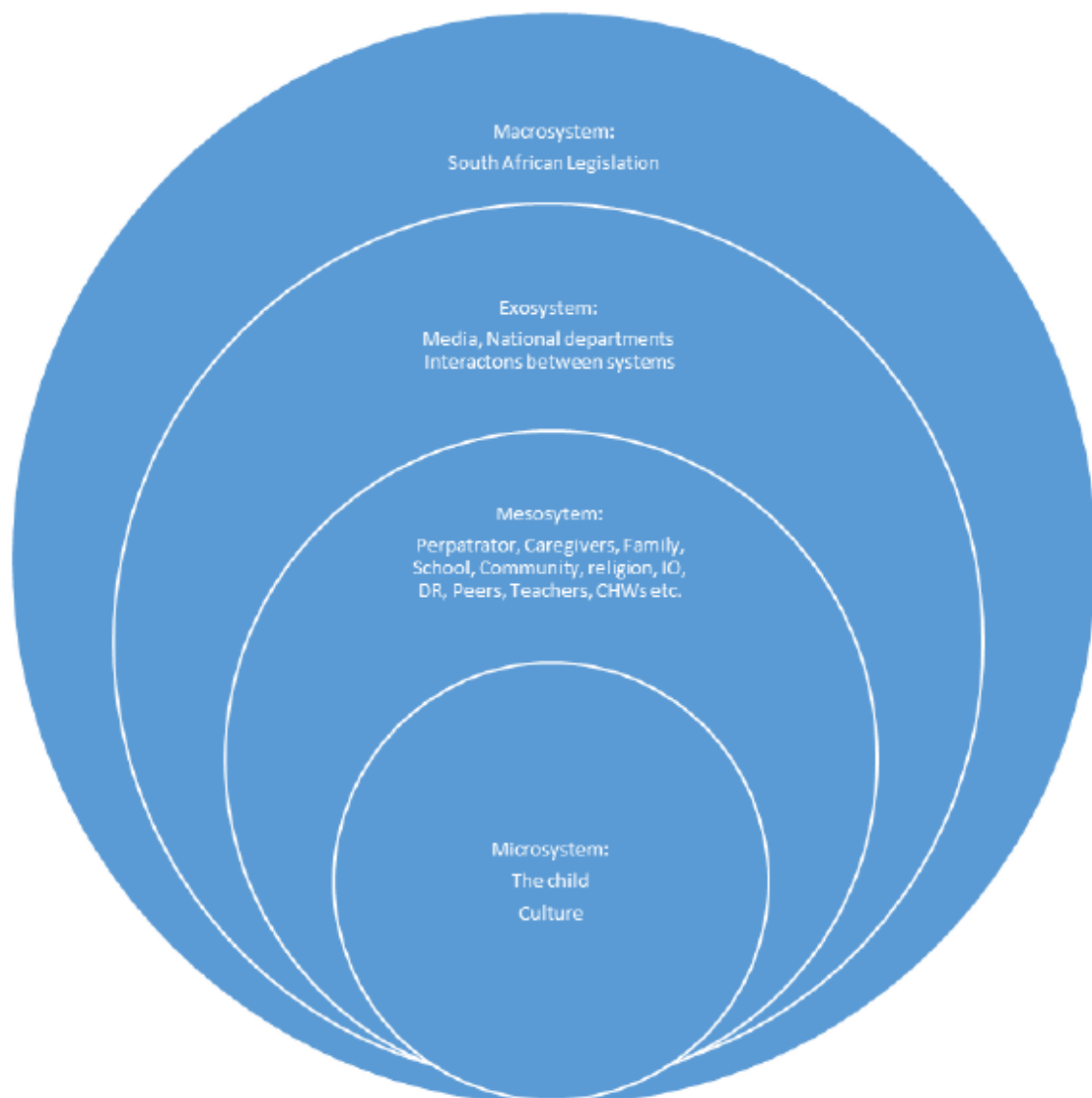
The ecological systems theory is one which can help explain and bring to light the notion of CSA disclosure within an African context. Developed by Urie Bronfenbrenner in 1979, the microsystem, mesosystem, exosystem and macrosystem are viewed as important in obtaining a picture of a person when in his or her many environments (Papalia & Olds, 2005). Fontes (2005), argued that ecological systems theory allows for intervention at different levels of the child's world and puts more emphasis on the child being a part of a community. Bronfenbrenner's bioecological theory as related to the study is presented in Figure 2.1 overleaf.

The ecological systems theory is a not just relevant for its inclusivity as it has also shown an evolution over time (Rosa & Tudge, 2013; Velez-Agosto et al., 2017). It has now transitioned from an ecological theory to a bioecological theory (Rosa & Tudge, 2013). Adding to it is the Process-Person-Context-Time model (PPCT) (Rosa & Tudge, 2013). This now moves to there being interactions between children and their environments (Benson &

Buehler, 2012; Guhn & Goelman; 2011). Adjustments have also been called for it to have culture embedded in the microsystem (Velez-Agosto et al., 2017).

Figure 2.1

Bronfenbrenner's Bioecological Theory Concerning the Proposed African Context Framework



This theory is useful because it takes a holistic stance in understanding the children in their context, thereby informing the future framework. It would allow for one to understand the barriers and facilitators of disclosing CSA from the different levels, the individual,

family, community and legislature. Additionally, “Culture [...] is within everyday action (activities, routines, practices) and part of communities of practice through a language mediated meaning-making system” (Velez-Agosto et al., 2017, p. 900). This is helpful because it was previously brought out that there is a cultural element to disclosure (Anderson, 2016; Wickham & West, 2002). As the theory has progressed there is now an active role of transactions (Benson & Buehler, 2012; Guhn & Goelman, 2011). Hence, the child is also an active role-player in his or her narrative.

2.6.2. Traumagenic dynamics model of child sexual abuse

To understand better the phenomenon of CSA and how it affects the individual, Finkelhor and Browne (1985) developed the traumagenic dynamics model of child sexual abuse (Finkelhor & Browne, 1986; Finkelhor, 1987). In this theory, the creators derived four factors which help in understanding sexual abuse, namely, traumatic sexualisation, betrayal, powerlessness, and stigmatisation (Finkelhor & Browne, 1986; Finkelhor, 1987; Van Eys & Truss, 2012). This model is useful in this study because the four factors can apply to research, disclosure, a treatment plan, and the incident of abuse (Finkelhor, 1987). Also, these dynamics are applicable to the child’s past, current trauma and future, therefore they can be assessed at any stage (Finkelhor & Browne, 1986). As children grow up CSA trauma is refigured and takes on a different significance (Mcghee & Holmes, 2012). Its effect can be far-reaching into a child’s cognitive and emotional feel of the world (Finkelhor, & Browne, 1986; Fouché & Yssel, 2006).

According to Van Eys and Truss (2012) and Finkelhor, & Browne (1986), traumatic sexualisation can happen as the result of being groomed, leaving children with incorrect ideas of sexual conduct. In turn, betrayal can be a factor that is associated with significant others having been aware of the abuse but having done nothing to stop it, hence a person they trust has broken that bond (Van Eys & Truss, 2012). The dynamic of powerlessness explores the

abuse of power over the child affected rendering the child unable to stop such acts of abuse (Van Eys & Truss, 2012). Lastly, stigmatisation is affected by reactions after disclosure. The less belief in the child, the more stigma that will be experienced, resulting in the child blaming him- or herself (Van Eys & Truss, 2012). The factors are not static and can be seen as inclusive of themes that help in understanding the effects of CSA. Finkelhor and Browne (1986), suggested that the traumagenic dynamics model can be used as a guide in creating the assessment tools used to assess the impact of CSA.

The above findings in theory and research around disclosure of CSA justify the need for this study. Most research available has been quantitative, hence there is a need for qualitative research to obtain different facets of the disclosure process. It was anticipated that this study would fill the gap and suggest a framework that is relevant to the African context.

2.7. Conclusion

This chapter examined the available literature on CSA. Factors which act as perceived barriers and facilitators of CSA were discussed. Importantly, it brought out cultural implications into understanding a child in an African context and conceptualised CSA. The discussion was embedded in theory which is holistic and evolving (Finkelhor & Browne, 1986). The following chapter will discuss the methodology of the study.

Chapter Three: Methodology

3.1. Introduction

This chapter is a guide of how the research was conducted. It describes the chosen research paradigm and the design which was implemented. The chapter then describes the chosen sample strategy and design. It details the procedure followed in data collection, including an explanation of the data analysis. Lastly, the ethical considerations addressed during the study are discussed.

3.2. Paradigm and Design of the Study

In order to conduct research, it is essential to understand the approach of the study. The paradigm in research is assumed to be guided by three assumptions which are embedded in the field of philosophy (Chilisa & Kawulich, 2012). The assumptions, according to Chilisa and Kawulich (2012), are ontology, epistemology, and methodology. These assumptions guided the route this research followed, that is, the methods of collection, observation, and interpretation (Babbie & Mouton, 2001; Terre Blanche & Durrheim, 2012).

Considering the rich African stories which hold society together was a determining factor in choosing a suitable paradigm. Hence, this research was grounded on a constructivist-interpretivist paradigm. The assumption of the constructivist paradigm is that reality is seen as being constructed and different for all people (Chilisa & Kawulich, 2012; Ponterotto, 2005). Further, the researcher is also an integral part in research interpretation (Mackenzie & Knipe, 2006; Ponterotto, 2005). Epistemologically, what is seen as true can be bound by culture, context, or is universal. This paradigm is then fitting as Chilisa and Kawulich (2012), asserted that the two are related and look at understanding the world as people experience it. Thus, the paradigm has set the tone for the methodology that was implemented.

Qualitative research methods are often used by researchers using the constructivist–interpretivist paradigm (Mackenzie & Knipe, 2006; Ponterotto, 2005). The research design is a measure that helps to ensure that valid conclusions are extracted from the research (Babbie & Mouton, 2001). The study implemented qualitative methodological processes. Qualitative methodology was useful for the research as most of its motives are within its ability to provide richness and in-depth explorations (Nieuwenhuis & Smit, 2012). It makes use of the researcher in collecting, analysing and interpreting the data (Nieuwenhuis & Smit, 2012). This was suitable for the research as it was able to bring out real stories on CSA disclosure from those inside and helped in developing a framework that would be helpful for future use (Babbie & Mouton, 2001). Qualitative research often results in the creation of a theory. This makes it more relevant to the study which was conducted as it sought to create a framework (Babbie & Mouton, 2006).

3.3. Location of the Study

The sources of information were CHWs who had a high likelihood of receiving disclosures from survivors of CSA. These are professionals who engage with survivors and facilitate disclosure in a manner that helps the child be at ease, therefore, giving rich details on the abuse. These service providers were considered to be a good source of information due to their vast experience and daily interaction with survivors of CSA. The study sample came from Childline KwaZulu-Natal an organisation that employs CHWs who render counselling services in different parts of the province and through a national crisis line.

3.4. Study Population

When child abuse became a recurring concern during the 1980s, child protection organisations started to emerge (Higson-Smith & Lamprecht, 2004). Childline was one of those organisations (Higson-Smith & Lamprecht, 2004). Childline KZN has its head office located in Morningside, Durban. There are many satellite offices in different parts of Kwa-

Zulu Natal where CHWs render therapeutic services. These CHWs include social workers, crisis line counsellors and outreach facilitators.

Social workers engage in therapeutic and court preparation services with the survivors of CSA (Childline KZN, nd). The therapeutic setting allows for containing and facilitating disclosure of CSA, thus helping the child survivor to heal. Furthermore, through court reports and testifying in court, they add to the forensics of a case. Their lived experiences and encounters in facilitating disclosure helped guide the development of an African framework.

The Crisis line counsellors receive phone calls through a nationwide telephone line. The majority of phone calls come from Kwa-Zulu Natal. These phone calls pertain to disclosure or allegations of any form of abuse of children (Childline KZN, nd).

3.4.1. Inclusion and exclusion criteria

The participant criteria were that they had to be people who would in some way receive CSA disclosures as a part of their job. They needed to be experienced in the field for at least twelve months. The exclusion criteria were set to eliminate service providers who had worked for less than twelve months in the area of CSA disclosure. It was assumed that they would not have sufficient experience in working with CSA disclosure.

3.5. Sampling Technique and Sample Size

3.5.1. Sample size

Service providers for CSA counselling are dispersed across South Africa. For the purposes of this research, interviews were conducted with a sample size that was accessible and relevant to the context. Laheer and Botha (2012), argued that to decide when the sample size is adequate researchers should keep interviewing until repetitive data emerge. Thus, in this study, interviews were conducted until a point of saturation was reached with ten participants (Laheer & Botha, 2012).

A total of ten CHWs who had received CSA disclosures were interviewed. Of the ten participants, nine identified as female and only one as a male. All participants referred to their race as being African. Regarding job titles, the participants were equally distributed. Hence, there were five therapeutic social workers and five crisis line counsellors. The participants had between two and eleven years of experience working with CSA. The sample description may be seen in Table 3.1.

Table 3.1

Sample Description

No	Gender	Race	Experience	Job Title
1	Female	Black	4 years	Social Worker
2	Female	Black	3 years	Social Worker
3	Female	Black	9 years	Crisis Line Counsellor
4	Male	Black	11 years	Crisis Line Counsellor
5	Female	Black	10 years	Crisis Line Counsellor
6	Female	Black	11 years	Crisis Line Counsellor
7	Female	Black	4 years	Social Worker
8	Female	Black	8 years	Social Worker
9	Female	Black	2 years	Social Worker
10	Female	Black	3 years	Crisis Line Counsellor

3.5.2. Technique

Sampling has been described as a method of choosing observations (Babbie & Mouton, 2001; Babbie, 2014). For the purposes of the research, non-probability sampling was found to be more suitable as it provided a sample which gave rich stories laced with experience. The sampling technique that was fitting was purposive sampling where the participants were selected for the purpose of the research. Selecting a sample was based on

familiarity with the population and it fitted the given purpose of the study, this justifying selecting purposive sampling (Babbie, 2014).

To obtain participants, an appropriate organisation was approached. The researcher had built networks through experience with service providers, hence, the organisation was easily accessible. In line with Laheer and Botha (2012), who asserted that in purposive sampling researchers can use their experience and ingenuity, social workers and crisis line counsellors were interviewed at the Childline KZN head office in Durban, the crisis line and in Pietermaritzburg.

3.6. Research Instrument

There has been agreement that a popular and effective method is interviewing, in particular, using semi-structured interviews (Kelly, 2012; Willig, 2001). Semi-structured interviews were used to collect the data from the participants. Semi-structured interviews were conducted by the researcher and helped gather information while making room for the CHWs to speak freely and the researcher to probe further on responses (Bryman, 2004). Based on the availability of participants for interviews, the interviews were approximately forty minutes or longer conducted over a period of three days in December 2019.

Willig (2001), asserted that data collection involves the recording of participants and noting every bit of that information without losing the essence of the content. Hence, while conducting interviews it was essential to take note of any non-verbal cues which were used by the participants.

The questions in the semi-structured interviews concerned how service providers conceptualised CSA, the contexts which facilitated CSA disclosure, methods used to obtain disclosure, and the barriers to disclosure. A copy of the interview schedule may be found in Appendix 5.

3.6.1. Validity and reliability

Rather than quantitative research which seeks to evaluate the quality of the research through reliability and validity, qualitative research shows its feasibility through credibility and dependability or trustworthiness (Mertens, 1998; Nieuwenhuis & Smit, 2012; Van der Reit & Durrheim, 2012).

In this study, there was value in credibility because the research aimed to conduct observations that would enhance credibility through the voice-centred relational method (VCRM). In VCRM interviews are transcribed then read and listened to multiple times. In parallel with reliability is dependability in which any change in the direction of the research would have been noted (Mertens, 1998).

To get trustworthiness, the participants were made aware of the nature of the research, confidentiality was ensured, and participants were treated with sensitivity (Nieuwenhuis & Smit, 2012). In the process of the research, care was taken not to bring harm to the participants. However, if talking about matters such as sexual abuse was to affect the participant negatively, they could be referred for counselling at the Child and Family Centre (CFC). This referral may be seen in Appendix 6. This referral was considered to contain and bring healing to the participant.

Rigour was defined by Smith (2003), as how thorough the study would be in relation to the appropriateness of the chosen participants and the method of data analysis. The sample was expected to represent most service providers of abuse in the area. However, was too small to represent the country as a whole.

A strategy in ensuring trustworthiness and credibility is engaging in unobtrusive measures so as to eliminate bias and recognise the subjectivity of the researcher (Nieuwenhuis & Smit, 2012). Thus, interviews for this research were conducted at the

participants' workplace, which was assumed to be a familiar setting for the participant and to be non-threatening, where rapport was established in context (Nieuwenhuis & Smit, 2012).

3.6.2. Pilot study

Conducting a pilot study helps in identifying problems in the design of the study and the semi-structured interview schedule (Van der Riet & Durrheim, 2012). To ensure the trustworthiness of the research, a small pilot study with two participants was conducted. The participants were members of the research site. Additionally, they met the necessary inclusion criteria of the study sample. This pilot study brought about rich research and helped address logistical issues in carrying out the research. It benefited the researcher by familiarising her with the analysis method and helped towards knowing the extent of sensitivity of the research topic (Kanjee, 2012).

Due to the pilot participants meeting inclusion criteria and rich knowledge shown in well-orchestrated interviews, they were included in the study. The importance of explaining certain words in a more simplified manner came to the forefront. There were no adjustments made to the semi-structured interview schedule after the pilot study. Therefore the same schedule was used in the final data collection. This is why the decision to combine both the pilot participants and the final sample was made data for the data analysis.

3.7. Data Analysis

VCRM was used to analyse the data collected (Mkhize, 2005). According to Byrne et al. (2009), VCRM is used in different disciplines of research. In interpretative studies it emphasises working together and relationality which aids with adding to growth and innovation. This fitted in with the investigation because, in the end, there was the aim to work towards providing a framework which could add to the way disclosure is attained, thus decreasing psychological harm in children. The interviews were recorded using a recording device and then transcribed by the researcher.

Gilligan developed VCRM as a form of analysis in 1982, and was later joined by Brown in 1992. VCRM allows the participant's stories to come out, and it makes the researcher's role obvious when analysing data (Paliadelis & Cruickshank, 2008). It has been used in many fields of research for various topics (Byrne et al., 2009). It has also been modified by researchers (Mauthner & Doucet, 1998, as cited in Byrne et al, 2009; Mkhize & Frizelle, 2000, as cited in Mkhize, 2005). Mkhize (2005) also suggested that the method can be used in a therapeutic setting.

There are four steps involved in analysing the material, what the story was and who was speaking, in what frame it was being expressed, how the story was, how it related to interactions, and in which collective and cultural background it was based (Mkhize, 2005; Paliadelis & Cruickshank, 2008).

3.7.1. Step 1: The plot of the story

In this step, themes or repeated words which emerged were gathered (Mkhize, 2005; Byrne et al., 2009). This is reportedly common to other qualitative analysis methods such as thematic content analysis (Paliadelis & Cruickshank, 2008). The difference then lies in a recording of the researcher's feelings during his or her interaction with the participants (Mkhize, 2005). This is thus reflected on in the analysis of the data.

3.7.2. Step 2: Participant representation of themselves

The second step involved going through the transcripts a second time (Mkhize, 2005; Paliadelis & Cruickshank, 2008; Byrne et al., 2009). The key finding here was to see how the participants view themselves through the use of words such as; I, me, we, they, them. (Paliadelis & Cruickshank, 2008). This uncovers their role and how much change or power they feel they have in CSA disclosure (Paliadelis & Cruickshank, 2008; Mauthner & Doucet, 1998 as cited in Byrne et al., 2009). Due to the scope of a short dissertation a participant-by-

participant in-depth analysis of every reading was not possible rather overall experiences which were similar and repetitive were reported on.

3.7.3. Step 3: Interactions with others

The third reading is done to uncover the CHWs relationships with others, such as prosecutors, children, families, etc., are spoken off (Mkhize, 2005). This could be a positive, negative or perceived relationship (Mkhize, 2005; Byrne et al., 2009).

3.7.4. Step 4: Social, political or cultural context

The last reading is one of the participant's relationship with their socio-cultural and political context (Paliadelis & Cruickshank, 2008). Influences of their context were unearthed (Mkhize, 2009). The semi-structured interview schedule and probing added to the description of settings which facilitate and hinder disclosure. The effects the environments were also discovered in the fourth reading (Mkhize, 2005).

3.8. Ethical Considerations

Ethically sound research is an integral part of a study (Ogletree & Kawulich, 2012). Therefore, ethics need to be considered and are present throughout the research process (Clandinin & Connelly, 2000; Ogletree & Kawulich, 2012). The purpose of ethics in research is to protect those who participate (Ogletree & Kawulich, 2012).

Before conducting the study, ethical approval was obtained from the Research Ethics Committee for the School of Human Applied Sciences of the University of KwaZulu-Natal (UKZN), approval reference number HSS/2052/17M (Appendix 1). Permission to conduct the research was also received from the study site (Appendix 2).

Christians (2005), as cited in Ogletree and Kawulich (2012) gave common guidelines to ethics in research: (a) informed consent of participants, (b) no deception of participants, (c) maintain privacy and confidentiality, and (d) recording information as accurately as possible.

Wassenaar (2012), suggested four universal philosophical principles for ethics. The following reports on how they were addressed in the study:

3.8.1. Autonomy and respect for the dignity of persons

According to Ogletree & Kawulich (2012), informed consent goes far deeper than getting a participant's signature. It is the participant's choice whether or not to agree to research and consent still applies throughout the research (Ogletree & Kawulich, 2012). The informed consent form addresses the purpose of the research, confidentiality and its limits, the anonymity of participants, participation is voluntary, and that service providers can withdraw at any point in the research (Appendix 3). Prior to gathering data, the researcher explained the process of data collection to the participants. The request for participation and informed consent form (Appendix 4) were discussed. Then only did the participants willingly sign the informed consent form. Keeping in line with the principles, the researcher endeavoured to maintain the anonymity of participants by not divulging names or specific identifying details and coding them with numbers.

The interviews were audio-recorded. The informed consent form included consent for recording permission. The recording was used by the researcher to transcribe the interview. Records that identified the participant were available only to people working on the study unless participants gave permission for other people to see the records. After five years, transcripts will be shredded and recordings will be deleted in all forms from the recorder and an encrypted file which is password-protected.

3.8.2. Non-maleficence

The study did not have any foreseeable risks which would harm the participants. However, it was considered that if any of the participants experienced distress during or after participating in the study, they would be referred for counselling at the Child and Family

Centre (CFC), a counselling centre located on the Pietermaritzburg campus of UKZN, so as to contain and bring healing. The CFC acceptance letter is attached as Appendix 5.

3.8.3. Beneficence

This research was beneficial as it supported the development of a framework of disclosure in the African context. Thus, the CHWs who render mental health services have added to theory as well as received a chance to bring forward rich experiences of their work with CSA disclosure. Hence the research would be of social benefit to the service providers and society going forward (Wassenaar, 2012).

3.8.4. Justice

As previously noted, justice was ensured by providing participants who experienced distress with counselling services through the CFC. During the interviews the participants were treated in an equal and fair manner (Wassenaar, 2012).

3.9. Summary

This chapter described the research design of this study. The sample criteria and method of data analysis were discussed. Rather than referring to validity and reliability, the credibility and dependability or trustworthiness which are premises of qualitative research were engaged (Mertens, 1998; Nieuwenhuis & Smit, 2012; Van der Reit & Durrheim, 2012). Lastly, ethical considerations which applied to the study were explained. The next chapter provides an analysis of the study results.

Chapter Four: Results

4.1. Introduction

This chapter describes the significant findings of the current study. Ten CHWs participated in interviews. The data were analysed using VCRM. This chapter looks at the themes arising out of the research questions.

4.2. Presentation of Results Research Question by Research Question

To begin, an analysis of the ten transcripts identified five prominent themes. The themes were a conceptualization of disclosure, barriers and facilitators concerning disclosure, methods that are used to get disclosure, and recommendations for a policy framework.

Each of these central themes had subthemes which emerged. The information gathered among the participants was often similar when describing working with CSA and how one can move forward with a framework of CSA in an African context. Therefore, some extracts have been repeated for different themes. A summary of the sub-themes and main points arising from the data collected is presented in tables. Thereafter, each theme and sub-theme will be discussed individually.

4.3. How do service providers involved in CSA conceptualise disclosure in CSA?

4.3.1. Disclosure: A conceptualization of disclosure.

The first theme related to understanding CSA disclosure within its current context. A summary of the sub-themes and main points arising from the data collected is presented in Table 4.1.

Table 4.1

Research Question One: Summary of Sub-themes and Main points

Theme	Sub-theme	Main points
Disclosure: A conceptualization of disclosure	Verbal disclosure	<ul style="list-style-type: none"> • When the child is ready to speak about what happened
	Written disclosure	<ul style="list-style-type: none"> • Use of notes or letters
	Medical disclosure	<ul style="list-style-type: none"> • TCC/District surgeon
	Observed behaviour	<ul style="list-style-type: none"> • Re-enacting the abuse
	Person who discloses	<ul style="list-style-type: none"> • Callers • Friends • Parents • Child • Teachers
	Age group processes of disclosing differ	<ul style="list-style-type: none"> • Younger children readily disclose • Teenagers need time
	Disclosure is a process	
	Psychological effects after disclosure	<ul style="list-style-type: none"> • Burden lifted off • Depression, suicide, nightmares, triggers etcetera
	Case examples to explain disclosure	<ul style="list-style-type: none"> • Used by participants to better explain or bring their point across

The questions helped identify the process of disclosure and a profile of a child who would be likely to disclose abuse. Five of the ten participants were situated at the Childline KZN (CLKZN) Crisis line, therefore it was expected that their form of first hearing of the disclosure would be through telephone calls. However, all participants were aware that there are many ways to discover the alleged abuse of a child. The responses from the participants gave a lived experience of disclosure as follows:

Disclosure was often described as when a child or the individual reporting was ready to talk about what had happened or was currently happening to them.

P8: ... when a child tells a mother or somebody he or she trust um, what the sexual harassment or penetration that happened to her or him during the day or over years.

P7: ... when you're working with young kids, the disclosure for them is diverse.

As mentioned above by P7, a common outcome of the definition and route towards disclosure was an emphasis of its diversity. This implies that different children disclose in different ways.

The reality relating to disclosure is that some children go without being believed.

P7: ... not everyone who discloses abuse is believed by the person who is receiving the disclosure.

However, what matters is that three participants brought out is that disclosure should never be ignored and can be any form of information gathering:

P3: ...for the fact that it is a disclosure whether it's accidental, medical or whatever form, it needs to be attended to....

P6: When you're getting information.

P9: Sometimes it's a parents' observation which leads to a child disclosing, sometimes it is voluntary disclosure which is verbal, sometimes a child will disclose after medical examination, sometimes a child discloses because they were seen by a witness, so disclosure takes place in different ways.

This then leads to different subthemes which developed from the different forms of disclosure.

4.3.1.1. Verbal disclosure

The widespread form of disclosure which the participants had come across and mentioned first was verbal disclosure:

P2: ... disclosure is whereby the client, is ready to talk about the incident. About what happened to her or him...

P5: ... children, when they call, they're able to talk to you and tell you what happened to them.

P10: ... when a person or a child is able to open up about any abuse or experience that he or she has been experiencing...

As P2 mentioned, at times verbal disclosure is accompanied by observations.

Observations therefore help one recognise when a child is behaving out of his or her usual behaviour.

P2: Verbal and observation is important. Since they know their child how they behave how they play how they do things.

An awareness of the actual motive behind a child even talking which was brought out by P3 was that some disclosure can be forced. This then differs from accidental disclosure as an act of coercion has been involved:

P3: It could be willingly or even forced because you find out some parents, you'll hear that the child disclosed just because the parent was hitting the child until they disclose. Some disclose willingly because of the experience they went through over those days, sometimes it's that the teacher was teaching in class then the child realises this happened to them.

4.3.1.2. Written disclosure

The element of a written disclosure was one which is often viewed as being overlooked, not just in literature but also by the justice system:

P7: They can either tell me verbally or they can come in with maybe a letter...

Because you find that while working with the kids when you just verbally ask what is inappropriate touches or appropriate touches you find that the child won't talk and would say they would rather document down what really happened to me. So, disclosure happens in different forms for me.

P7: I believe that everyone has the right to disclose in whatever way that is appropriate to them, so for me a person who discloses by documenting down. However I find it difficult for court, we need to be very clear with that. I find it very difficult for court because when it comes to court you need to verbalise what you have experienced. So for me as a social worker it's appropriate but for court I don't think it's appropriate.

4.3.1.3. Medical disclosure

Due to understating's around rape in the Sexual Offences and related matters, Amendment Act 32 of 2007 it is important for the IO to find evidence that proves an occurrence of penetration and a lack of consent (Horne & Benson, 2011). A J88 form is provided to IO's by the Department of Justice and Constitutional Development (Fillis & Mckerrow, 2019). It is filled in by a District Surgeon (also referred to as a Doctor) entailing what was found when examining the child; the results can act as evidence in court (Fillis & Mckerrow, 2019; Horne & Benson, 2011). Horne and Benson (2011), argue that it is often physical evidence which holds more weight in court. Participants were well informed on the procedure involved when obtaining medical assistance:

P6: ... advise the parent to go report rape. The police then take the child to a district surgeon where the child will then be examined. Then they find out what happened and they then go and arrest the perpetrator

P1: After abuse has taken place the child goes to, uhh, SAPS to report the matter and then the child goes to Thuthuzela. This is a crisis care centre where the child will receive the service of a doctor... where a child will be fully examined. The child will be examined, will receive PEP and the blood [will be tested]. If the child is found to be HIV negative, the child will see a social worker shortly after for debriefing and

then after that the child be booked for ongoing therapy. So normally disclosure takes place, uhh, soon after the child starts ongoing therapy.

However, the question then arose on the feasibility of putting more emphasis on medical evidence and disclosure. It is no secret among CHWs that medical evidence is almost always what the court considers as the more important factor when deciding to take a case to trial or not. Hence participants encouraged combining medical evidence with other forms or disclosure. This was because different elements such as when the incident took place and grooming involved could be a reason why no physical evidence was found.

P1... only to find the medical report says nothing happened to the child so which means "they were coming up with the stories", which was not true. So, it is important that verbal and medical examination to go together.

P8: Sometimes a doctor can examine and say "I don't find anything, but I do not exclude that the child was sexually abused."... So even if the doctor says they did not find anything. It can happen that the child was being groomed by use of the finger.

In addition to this, the reality of children saying they were sexually abused when that was not the case does exist. Hence a participant pointed out that medical evidence should rather be taken as confirmation of sexual abuse:

P2: The medical examination is important to confirm. Because sometimes they say okay, "I've been raped". The teenagers 17 years 18 years, they can say okay, "I've been raped". Only to find at the end of the day she has a boyfriend or she was going out with friends. She went out with the boyfriend now she's scared to come, says I've been raped by someone else, meanwhile she's lying.

4.3.1.4. Observed behaviour

For those who cannot verbalise themselves or are in fear of reporting, behaviour that has been observed by a third party is also considered to be disclosure. One participant

referred to the age of a child as an inhibitor towards disclosure. Hence a person who witnesses the incident or noticed changed behaviour as another participant highlighted. Additionally it is the parent's ability to notice subtle signs and immediately take action that can incite disclosure:

P2: It can depend also to the age of the child because if I can say like a two-year-old, the witness can be the first preference because a two-year-old can't tell you exactly what happened, but if there is someone who has witnessed that, that person can help the child. The others like observation can help the parent mostly, or whoever is taking care of the child. It's very important because if you know the child you can see, okay, there is something that is changed.

P5: ... even community members will call due to the way they observe the child's interactions with others, possibly they don't play with other children. You see sometimes they have sexualised behaviour when they work with other children. You find that a community member will call and say that something is happening to this child because the way they do things they end up raping other children.

P8: Sometimes they do not disclose, they [Parents] just see a discharge or blood. They then go to TCC where the child is being examined...

One participant gave an example of a case example where it was through talking to the child that the child was then able to disclose. The point that also came across was that it was sexual assault which did not involve penetration, hence a medical report would not have found evidence of scarring.

P3: The mother said that she was bathing the child, and speaking with the child. She makes sure that when she is bathing a child to inspect the child as well... that there isn't anyone who interferes with her. Only to find out that there isn't anyone, but there was someone who did something orally.

Interviewer: There was no penetration?

P3: So, she would not have found that had she not been talking to the child, bathing the child.

4.3.1.5. Person who discloses

In Chapter Two the current statistics of CSA were given. It is beneficial to have statistics available. However, there is no picture of the child to go with the numbers. Having a profile would help in knowing who the at-risk populations are, thus giving them a voice, and also working to find mechanisms to alleviate or prevent CSA.

P8: ... a child can disclose to a mother, parent or somebody who he trusts a teacher or a friend.

P1: Children always come with parents... they come back with the support of other stakeholders.

Participants stressed that children are likely to report abuse to their peers. P5 also mentioned that teachers were an avenue which children used to disclose:

P3: ... another would tell a friend and the friend would tell us then we would have to get back to the child that was abused...

P5: a parent will call or a neighbour and even teachers will call telling us that there's a child in class who has signs such as this and this and this. The teacher would then say that I ended up calling the child from the class to the staffroom after school and asked what happened. Then the child was able to disclose that there's someone who did this and this to me. At times the child themselves will call or even their friends. You find that they may have disclosed to a friend, that "you know what, this and this and this happened to me at home or a neighbour did something."

South Africa is a melting pot. It has different cultures and diversity in race. P3 emphasised that although numbers report that many black children are raped, CSA does not

see race. It is the ratio of population and rates of reporting which presumably make it seem that way. Hence, that implied that many cases of CSA go unreported.

P3: Mostly they are from black communities, although it is not only black or African people who are being sexually abused but most are. But each and every race in sexual abuse cases is represented.... It's just that African people or black people are many, as much as we are also working with all races... And for the males I think I received quite a few if not ten, that were being abused by their care-givers. Or not care-givers as such. but especially by their nannies. So, in fact every race is represented.

Four participants, including P3, brought the idea of CSA gender relations to the forefront. Females were more likely to disclose than males. The concern was rooted in a culture that exists among people that stigmatises the male child survivor of CSA. Hence it seems that males rarely reported CSA. However that does not mean that it does not happen.

P6: ... people who are likely to disclose are females, because males have this fear that they will be laughed at, you see.

P7: I would say females. Reason being there is this thing when it comes to the community and our males. They are not comfortable with disclosing pain. Males they, they grew up with that... for a girl they will come home and say, "Mum so and so hit me." So, I think girls won't take that so they would be the ones who easily report.

P8: ... boys can be sexually abused but it is very rare for them to disclose because there is this thing of "boys cannot be raped". There is just that culture that boys cannot be raped.

4.3.1.6. Age group processes of disclosing differ

There were participants who suggested that it is younger children who disclose readily:

P6: I often see that very young children, it's easier for them to report. And they will say something as it is...

P8: ...from three to twelve years

P1: ...I think it is the between five years and ten years age group.

P9: ... younger children disclose earlier because I think they don't understand their emotions or they don't understand that it is something humiliating or a secret so they say it out loud that, "So-and-so touched me here, this, this and that."

However, emphasising the diversity of disclosure, some only disclosed once they were adults anticipating the services of a child-oriented organisation:

P3: Another will disclose at the age of 30, you find that she was raped as a child and she wants to come to Childline.

4.3.1.7. Disclosure is a process

The foremost discussion on disclosure by participants which was also emphasised in literature was that there is no clear-cut way towards getting disclosure. Disclosure is indeed a process and differs from person to person. Participants emphasised the importance of following and respecting the child's lead:

P1: The process of disclosure differs from child to child. A child can disclose in the fourth session. Others may disclose in the first session. So, you cannot say after how long a child will disclose.

P2: ... are so different, other child can amaze you when she come for the first session I didn't expect much to her because I want to build a relationship first but sometimes the child can come to the first session and tell you exactly without even you asking. "Why are you here?"

P5: Children are not the same. Some will call immediately and say someone has raped me.

P8: It can happen during the first session. The child can come and disclose during the first session, sometimes disclose on the fourth session, sometimes disclose in the last. Sometimes doesn't disclose at all. Children are different.

P7 discussed the survivor's right to choose how and when they want the process of disclosure to flow without inflicting secondary trauma. P3 rendered an example of this through showing that some children call in the crisis line as a way of testing the waters first or even disclosing on behalf of a peer.

P7: ... the only person who can determine when it's right for 'me' to disclose is the victim. They know when they are comfortable. So, pushing them to disclosure is like secondary trauma for them. You need to understand that they have dealt with the pain. It's for them to decide when it's right for them to disclose because it can take them twenty years. If they feel twenty years is something they can stand up or put up with its fine let them do that rather than you pushing because you're hurting them.

P3: For some it just happens immediately after they were visited by Childline outreach and then they give out the Childline number or another child will see that it has happened and since they were taught about it then they will disclose. Others you would find were prank calling the Childline number and then only to find that after this child has been playing with the phone they end up saying that, "Actually, I'm that person who's being abused." So, it is a process. A child does not often get raped then disclose it there and then. Some do but it differs according to experiences. Another child it's because they've been asked, another would tell a friend and the friend would tell us then we would have to get back to the child that was abused then they agree. So processes differ individually.

P7: disclosure depends on each individual. Because you find a child that you're seeing for the first time and they just disclose everything in one day and you're like,

“This child... though how and why is this happening, that for the first time the child just trusts you with such a traumatic event of their life.” ... And then you’ll find some who you’ll be going for the sixth session and the child, uhh, there’s no disclosure. You can see that there’s something happening with this child but they just don’t disclose anything and just say, “All is well.” But you find in some instances this child has even gone for tests and everything. Everything has come back positive but when it comes to the child verbalising...

P9 pointed out that sometimes one needs to sift out among all the information provided for the disclosure.

P9: ... even though their disclosure is not in chronological order, they are able to give in a nutshell as to what happened, they just give you a hint or something...

4.3.1.8. Psychological effects after disclosure

If disclosure is so vast and is a process, then is it even necessary to get disclosure?

The participants juggled with the importance of disclosing. Comments by participants emphasised disclosing CSA as being primarily beneficial for the child’s psychological wellbeing, but not a necessity to get healing.

P1: It is important for the victim to get healing to accept and move forward with his or her life. And it helps, yes, us psychologically...after disclosure they are more open and they feel free.

P1: ... they also get depression out of this, so this does not only have an impact on the victim but as well on families.

P4: ...remaining silent about it leads to suicidal thoughts

P10: We provide counselling so that the child can contain their feelings or sometimes so they can be able to disclose...

Probing into the reasons of seeking intervention emphasised healing for the child and the child getting the justice that they construct as being better for them.

P7: Attending psychological intervention will help you with the triggers, with flashbacks whatever you're experiencing. 'Cause there's anxiety, there's sometimes mood changes that will happen... 'Cause sometimes when it comes to justice sometimes some of our victims when it comes to like them defining what justice is for them, for them it's just healing not them getting convicted and what not. So, I feel psychologically they need to be attended to. They need to disclose to get help.

Interviewer: ...that psychological healing you need to disclose. Not because you want the person to be arrested or...

P7: No... Just so that you heal. 'Cause it's all about the victim.

In two instances P3 further emphasised that the child gets reassurance when they feel that someone believes them possibly falsifying any threats they have received from the perpetrator.

P3: For the fact that it bothers them that means they have to take it out of their chest, and again taking something out of your chest. It also uplifts your spirit and for others it makes them feel they are not on their own. So, disclosing helps you psychologically, your mind feels like this thing is no longer mine alone. I'm going to get help. They believe me. Then the child starts getting better.

P3: Another child you'll find that, "Not that I need the perpetrator to be arrested, just that you guys know and you guys believed me."

Participants brought out some of the repercussions on not talking about the sexual abuse. Further to the psychological harm, children are often said to display sexualised behaviour or re-enact the abuse on other children.

P3...when they've disclosed the burden, they will feel it has been lifted off their shoulders. Others they've started again the nightmares it's fresh now, because she has disclosed. ...Others start again losing sleep, they get traumatised. Another may over-eat or stop eating totally, or another you'll find that they weren't sleeping, now they sleep.

P6: When you disclose is when you heal from the inside. Because even with us as adults. When something happens at home that is a sore subject we tell someone. Once you tell a person it gets better or there is a change from within you instead of bottling up everything and not telling anyone. Because from there, these things turn around and affect you and those you spend time with because you change completely. You become moody and everything just because there something eating you up inside.

P3: ... some start over and get traumatised with different experiences, PTSD. So yes, it differs... being suicidal, some run away from home to live with uncles, some end up having sexualised behaviour. So, it affects them differently.

P2: ... You know she is trying to practice it with someone else. So, these things can be a carry-over thing.

P5: If the child does not disclose, because eventually, it will come back later in her life. Or maybe during teenage years, she can become sexualised... It affects them later in life. So, you find that a person gets older, maybe their married and it affects them. And if a child did not disclose or get help you end up abusing other children.

4.3.1.9. Case examples to explain disclosure

Many participants made use of case examples to explain concepts of disclosure better. These examples were either real encounters, hearsay or illustrations. Confidentiality of the children and adults referred to in case examples was maintained by participants. None of the participants mentioned children or adults in their examples by their real names.

P9: I'll make an example because it's like reading a book right. Reading chapter one and then skipping to chapter five, you won't understand chapter five if you haven't gone through chapter one, properly. So you need to go through it properly, the whole chapter. Heal, talk about it. It's like coughing it out. When you cough out something you can breathe easily and you can just heal when you talk about something.

P8: There's a case of child who did not want to be examined because the doctor who was inside had the voice of... that speaks like the perpetrator. So sometimes the child is being interviewed by a male person. So, "I don't want to disclose because you look like my perpetrator."

P5: ... imagine if I was a child. I was raped by a male. Now this investigating officer (IO) is also a man coming to interview me. I'll be withdrawn, I won't be able to give out information the details or whatever, I'll be withdrawn because I'll still be scared. I'll still be thinking about everything that has happened.

P3 brought out the impact cultural procedure have on the likeliness of receiving a disclosure.

P3: Another discloses because what they said they would give them [money] at home, they no longer give it to them. There was a case I came across that was like that. The child was raped by a neighbour. They sat down, the family and the neighbour and discussed the matter. Then they reached a decision that they'll pay 20 000 for inhlawulo (damages), then the granny would take 10 000 and give it to the child. So, if the grandmother received the 20 000, then the child is no longer getting their share. The child called and disclosed.

The interactions of children and those closest to them was also a mode that helped children express themselves on events they had been keeping a secret due to fear or lack of knowledge.

P3: ... it happened like two or three years ago, the mother was not living with the child and then out of nowhere the mother was talking to the child and then the child just broke down, and she said, "It happened to me two years ago" ... So, you see they were just talking in general and then the child, disclosed.

P10: ... maybe the child will draw his or her family... let's say the perpetrator is within the family... so when you ask you ask the child to tell you. "Who is this, and that?" and that then she will tell you, "That's my uncle, my mum, my brother," and then maybe she will say, "I hate my uncle," or. "I hate my brother," so that's when you get to it, that's when the child gets to disclose 'cause you ask the child maybe, "Why do you hate your brother or your uncle?" then that's when the child will, will disclose its because, "He touches my private parts..."

4.4. What are the contexts and processes which facilitate disclosure in CSA cases?

4.4.1. Facilitators of disclosure: Contexts and processes which facilitate disclosure.

The second theme identified factors which facilitated disclosure of CSA. As summarised in Table 4.2 seven prevailing subthemes emerged from the gathered data.

Table 4.2

Research Question Two: Summary of Sub-themes and Main points

Theme	Sub-theme	Main points
Facilitators of disclosure: Contexts and processes which facilitate disclosure	Creating trust	<ul style="list-style-type: none"> • CHWs relationship with the child. Seen or over the phone
	A safe environment	<ul style="list-style-type: none"> • Non-judgmental
	Supportive family	<ul style="list-style-type: none"> • A child who comes from a supportive family and is believed more likely find it easier to disclose
	Stakeholders	<ul style="list-style-type: none"> • Transportation • Good networks • Supportive

Theme	Sub-theme	Main points
		<ul style="list-style-type: none"> • Childline and the Childline Crisis line • Social media
	Community awareness	<ul style="list-style-type: none"> • Community now aware of CSA
	Cultural practices	<ul style="list-style-type: none"> • Virginity testing
	Media	<ul style="list-style-type: none"> • Encourages disclosure

4.4.1.1. Creating trust.

Six participants emphasised that the foundation when facilitating disclosure was gaining a child's trust. The CHWs made use of certain tools nonetheless, the main tool being the CHW him- or herself. It was suggested that the child needs to trust the therapist.

P1: It's through our... our sessions. Like we first build a relationship with the child.

Get to know the child and then after that the child will be comfortable and be able to trust. And then disclosure takes place after.

P2: ... "Let's have a conversation" then you end up not using anything. It is just a talk.

P3: ... the more I use it, the more the child feels free and is able to disclose more than what she or he told the parent. And in that it makes them comfortable. And I give them time to be alone, just to stay away from the caller so that they can talk freely and assuring her that what we are talking about here is confidential, so that makes them talk even further, trusting it will help.

P7 brought out the importance of putting oneself in the child's shoes:

P7: ... I won't as a granny that's 35 come approach a child with a 35-year old's mentality. Because I will lose that child. Because I'll be entering as an older person. But if I put myself in his shoes then I'll ask myself in which way would I not want

someone to ask me this question... Basic skills when you come as an adult...you'll lose out on this child...

Further, to this the use of a crisis line was shown to make one more open to disclosing as it eliminated the fear of being observed:

P3: ... as we can't see them they feel comfortable, and kind of protected that we won't recognise them... So, it's easier for them to disclose over the phone. Then that is where we advise them to go to hospital and go through that process of the TCC...

One participant stressed that due to threats children need to first see that they can trust you, thereafter disclosure may follow:

P10: ... they've been threatened, but as time goes on when you're talking to the child then and when they gain your trust they, it becomes easy for them to disclose...

4.4.1.2. A safe environment.

Having a safe environment was expressed by three participants as being just as important as building trust.

P1: ... after disclosure they feel free, they are able to interact, with the environment and all... they are more open with their parents. And they start to learn to trust again slowly.

P2: ... sometimes the way they interact with the social worker or whoever is doing therapy with the child... The time you tell a child that you know what, whatever happened to you is not your fault, feel free to talk about anything. Some children can feel free to disclose but most of all it is a support.

P4: ... if you are not empathetic they will cut the call. It is important for you as a counsellor to put your personal issues aside and be considerate whenever you ask questions. Treat every call respectfully and never take out frustrations from a

previous call onto the next caller in order to avoid hurting feelings of those in need of help.

Participants referred to an array of physical tools which were often useful towards getting disclosure. The use of play therapy techniques was mentioned by two participants. However, it was also brought out by P7 that children are different, therefore one needed to be guided by the child:

P6: ... play therapy. Yes. And games are helpful.

P7: ... you need to observe or understand the child because not every child will disclose the way Childline stipulates in their guidelines. So it varies from child to child. But there are activities we utilise such as for body integrity. And for us, as Childline, we don't go and say, "How did you get abused?" We have a way you do things... our approach is not so directive as to, "Who raped you? When? How? Why you didn't...?"

Four participants emphasised theory and the use of basic skills as being able to draw out a child. Active listening was pivotal and the ability to empathise could consequently go a long way:

P3: ... since I'm here at crisis line I'll use a person-centred approach, just to be open, non-judgmental, create a warm environment, even in my voice the child should feel that she is safe, she is not judged and that she is accepted more in whatever she is saying, I believe her or him.

P10: ... use the skills, like to be friendly with the child when you're talking to the child so that she can gain trust...

P5: ... you need to approach them in a manner where he or she will feel welcome so they can get help from you. Yes, because sometimes we believe that when you are talking to someone who is sexually abused on the phone with a smile. That smile

transfers to them on the other side that, "Here I am, welcome" and "I can say just about anything."

P6: ... reassure them that you are listening. So, you can get the information you need, from the child. As you are a stranger to the child, it's not easy for them to disclose everything.

4.4.1.3. Supportive family.

There were seven comments from five participants which emphasised that a child from a supportive family system is more likely to disclose abuse. It was presumed that their ability to trust was stronger and they did so because they now had someone on their side.

P7: A child who will easily disclose is a child who comes from a supportive home. A child who the moment they disclosed at home they believed that the child was speaking the truth and they didn't judge him. You see when you just disclose and everyone is like, "Let's believe the child lets help them in whatever way", I feel just that a person who comes from an emotionally supportive background is likely to disclose.

P8: ... at home if there is someone who encourages children to talk...

P3: ... the child will feel supported and as much as the child will feel ashamed that people know but for the fact that she is supported and it will be okay.

The role of offering support was not gender- or role-specific. As long as someone was on the child's side:

P2: It can be a single parent, or both parents. They have the support. Once the child has support its easier to work with them. 'Cause they know okay, my family is there for me.

P9: Support in that a parent they can talk to and say, "Listen, this is how I feel" ... and the parent has explained, "Listen, this is why you need to talk about it."

P2: ... this thing happened but at least I've got a support. Somebody stood by me and did something about it.

Therefore, it was not just the CHW's responsibility to help the child. The family was also responsible:

P5: The parent also needs counselling even though it is the child who has been abused. The mother needs it because by counselling the mother she's able to transfer it to the child. To support the child...

4.4.1.4. Stakeholders.

A multidisciplinary team (MDT) also favours the child being able to express what it was that happened to them. Participants mentioned SAPS, social workers and even outreach programmes conducted in schools.

P5: ...law, tradition, crime, police, social worker...

P3: So sometimes it is programmes like Childline, outreach programmes, the media, 16 days of activism, life orientation at school. So that's what helps them disclose. And supportive friends.

Support in the form of observation and educating children was explained by a participant as a facilitating factor in disclosure, often relating to an incident from the past.

P8: ... teacher tells them to tell, no matter what happened even if it was a long time ago. Because there are children who disclose something that happened a long time ago to teachers. They tell them that such and such happened. Or sometimes the teacher teaches and then says I spotted the child...

The people who help with getting disclosure often do so through their actions as well, making the MDT more efficient. P2 described how the IOs of cases assist by bringing in victims who cannot afford transport money which would get them to therapy. Further to this, P3 provided the benefit of separating the survivor from the alleged perpetrator when in court.

P2: If they have been sent by the social worker from the other stakeholders like DSD [Department of social development] sometimes they pick them up from home. Or the IO some IOs can pick them up from home and send them here.

P3: ... the court, uhh, got it especially when it's time to go to the hearing, not to place the child in the same room with the perpetrator...

4.4.1.5. Community awareness

A context of whistle blowers in the form of community members was a factor in facilitating disclosure:

P1: ... they know more about sexual abuse, and stuff, unlike the old days. Uhh, the Community is educated now.

P10: ... it depends on the community. 'Cause there are people who are informed about the child sexual abuse, who knows and understand that the child who has been through sexual abuse do need support.

As members of an organisation which also took on a preventative role in CSA, it was no surprise that responses of participants alluded to their active role in educating communities:

P1: I think it's us, Childline, that encourage them to talk.... And we also do awareness programmes, in schools, communities and clinics.

P2: Some communities have an awareness of what needs to be done at first. Say if the parents, uhh, saw the incident or, uhh, heard the incident by someone. Some of the parents know that I need to take the child to the doctor or the TCC to confirm...

Two participants also showed that other NPOs and government departments went out to where the people were and informed them about CSA. Calendar events such as 16 Days of activism also educated people:

P2: Programmes that are being done by professionals for the community, awareness maybe at school or the clinics, it encourages people or children to disclose.

P3: So sometimes it is programmes that Childline, outreach programmes, the media, 16 days of activism, life orientation at school... And supportive friends.

4.4.1.6. Cultural practices.

African culture is multifaceted. The contrast was expressed by P3:

P3: So even in its sense virginity testing is both good and bad. This is because, it forces a person to disclose...

Hence, as a facilitator of abuse, a practice such as virginity testing may also lead one to report the matter of abuse as soon as it happened:

P10: ...virginity testing... they will be scared the next time because they will ask why didn't you say anything. So, she'll be able to disclose about the abuse or the incident.

P1: ... you find that a child always goes for virginity testing then finds that it can promote possibly...

P8: ... sometimes there are cultural practices that bring the family and community as a whole together. You find that there's a case I recently had where a child was abused in school but did not tell anyone. Then they had to go perform a traditional dance somewhere. So then before they could go perform they had to be tested. That's how it was found out. If ever that culture didn't exist we never would have found out.

P9: Virginity testing, that is when a victim is able to disclose that they have been sexually abused. During lobola negotiations the victims are then able to disclose their past sexual trauma. (Lobola is the dowry paid to a bride's family shortly before the marriage.)

A participant was probed on how people handle matters in light of their differences in South Africa. The participant reflected that ultimately we are all human, culture does not separate peoples lived experiences.

P7: ... when it comes to abuse we are all just the same.

4.4.1.7. Media.

As mentioned in previous comments under theme of facilitators of CSA, the power of mass media such as social media cannot be denied. Mass media was reported to encourage disclosure as it normalised experiences and made the survivors realise they are not alone or to blame for the abuse.

P1: Also, the social media. There are advertisements where they encourage the victim to speak out.

P2: ... if there is programme on the media that's where the child knows okay, it not my fault maybe I can report if something happens to me.

P10: ...through those programmes or those shows, as well as social media or social networks. 'Cause children, they are active on social networks... 'cause, you get to say it's not just me alone that's been through this, so you too can share that they, they disclose.

4.5. What are the different methods used by service providers to attain disclosures?

4.5.1. Methods of getting disclosure: Current methods to get disclosure.

The third main theme was centred on methods which obtained disclosure from children. Table 4.3 presents a summary of the sub-themes relating to the data collected.

Table 4.3

Research Question Three: Summary of Sub-themes and Main points

Theme	Sub-theme	Main points
Methods of getting disclosure: Current methods to get disclosure	Childline guidelines	<ul style="list-style-type: none"> • Play therapy • Talking • Activities • Supervision
	Using theory	<ul style="list-style-type: none"> • Person centred approach
	Innovation	<ul style="list-style-type: none"> • Learn through experience • Your manner of approach • Children are different
	Training	<ul style="list-style-type: none"> • Attend workshops

4.5.1.1. Childline guidelines.

All participants used guidelines which were provided by Childline. These were seen as the first go-to method which brought results:

P1: I follow Childline guidelines for disclosure with the child.

P9: We use methods given to us by Childline.

P5: It's just that what we use here...

The guidelines used provide the use of age-related activities, use of play, and anatomically correct dolls.

P8: Luckily and fortunately Childline has some guidelines... anatomical dolls...

there's a playroom...

P1: ... there are different activities for different age groups that we follow.

P2: ... what type of toy she is taking or choosing. It can depend on the drawings.

Getting supervision when one did not know how to go forward also aided in disclosure:

P2: ... I get my manager or supervisor to help me attend to it...

As it will be later discussed, it was not just age that was important, but also acknowledging that children are different and work at a different pace:

P2: ... it depends on the age of the child.

P6: ... children are not the same. Some readily disclose.... Some disclose later on.

4.5.1.2. Using theory.

P3 highlighted how theory guides interactions with children:

P3: I'll use a person-centred approach, just to be open, non-judgmental, create a warm environment... and also empower them that they have taken the first step by calling Childline.

Further to this, staying up to date with current events and amendments to legislation allowed professionals to respond better to queries from most families:

P4: Reading newspapers and listening to community radio stations, Izwi lomzansi

FM, Vibe FM helps me a lot, because they frequently address these issues. You even get people who call into the station and that's how I get extra tips and knowledge.

Many laws get amended over time, for example any child under the age of sixteen is a minor, even if the sexual act was consensual. So, therefore, it is important to stay up to date with such developments in order for me to pass accurate information to whomever I am assisting.

4.5.1.3. Innovation.

Experience was gained both practically and academically. The participants continuously brought out that though the expert may have come in with a work plan for a session, it was ultimately the child who led the session. This called for understanding and patience.

P2: Childline has a method, things like activities, but sometimes you don't work according to the plan of the company because the session is being led by the child.

P2: Try to understand the child...

P3: ... you need to be patient...

P1: Disclosure must be at the pace of a child, not at the pace of the social worker.

When following the pace of the child, one then needed to think on one's toes and be accommodating. P3 reported on how she had worked out her own way of drawing out a child whilst P7 pointed out that self-awareness was also a key to disclosure.

P5: ... you need to approach them in a manner where he or she will feel welcome...

P3: ... I go "how, where and when?" It helped me a lot to make sure I probe, thoroughly without intimidating the child

P6: ... Don't judge the child. You see, but accommodate the child. Allow them to feel free so they know you're listening. Don't jump to conclusions...

P7: ... being aware of your reaction because your reaction can interfere with the child's disclosure.

Two participants suggested that the methods used needed to relate to the child and to have a lasting impression which would sustain the child:

P9: ... when using a storyline, you emphasise the emotions of the character which are similar to that of the abused child. So, you would say, "This child was scared to say this this and that because her father had said..." That makes a victim comfortable, because they are able to relate to the character in the story.

P7: ... I try by all means that when I see the child for first time I equip them with enough information so that they can sustain themselves.

4.5.1.4. Training.

Organised training and workshops which were attended by participants were reported to be a source of skills improvement and updated new improvements in the field.

P1: ... we also attend the workshops for updated methods and techniques to use in order for use to facilitate disclosure.

P2: ... the organisation tries by all means to give us training courses, we need the training, we can't hold on to like 20 years...

P5: ... training on sexual abuse.

4.6. What are the barriers to CSA disclosure?

4.6.1. Barriers to disclosure: Contexts and processes which hinder disclosure.

There are many cases of CSA which are reported. However, as shown in chapter two, the literature review, many cases go unreported. A statement by a participant was reflective of the fact that many cases do go unreported:

P3: Just because you're not getting the call it doesn't mean it's not happening.

Therefore a fourth main theme, factors which hinder CSA disclosure, were explored.

Table 4.4 depicts a summary of the prevailing sub-themes and main points gathered from the data.

Table 4.4

Research Question Four: Summary of Sub-themes and Main points

Theme	Sub-theme	Main points
Barriers to disclosure: Contexts and processes which hinder disclosure	Identity of the perpetrator	<ul style="list-style-type: none"> • Often a known person i.e. father, grand father • Breadwinner • Fear • Grooming
	Threats	<ul style="list-style-type: none"> • Survivor has been threatened!
	Financial constraints	<ul style="list-style-type: none"> • Why most people miss sessions
	Cases do not go to trail	<ul style="list-style-type: none"> • Hinders future cases being reported
	Children are unaware they are being sexually	<ul style="list-style-type: none"> • Parents don't know the signs • Child unaware that what happened was CSA

Theme	Sub-theme	Main points
	abused	
	Judgment	<ul style="list-style-type: none"> • Lifestyle is often questioned • Fear of being found out to be in a relationship
	Family agendas	<ul style="list-style-type: none"> • “This is a family matter” • Stigma from the community • Shame • Not the first to be abused • Non-supportive family
	Community	<ul style="list-style-type: none"> • Response can deter future reporting • Bullying in schools
	Culture	<ul style="list-style-type: none"> • Over emphasis of respect • Traditional compensation
	Stakeholders	<ul style="list-style-type: none"> • Competence of DOE, SAPS, Social workers, Doctors
	Identity of the IO	<ul style="list-style-type: none"> • Males allocated to cases with female children
	Corruption	<ul style="list-style-type: none"> • The perpetrator usually alerted of the case

4.6.1.1. Identity of the perpetrator.

Many of the participants’ responses emphasised the identity of the perpetrator of CSA as a resounding factor in why many cases go unreported. Participants described the high likelihood of the child weighing out their options when the perpetrator was known to the child, such as a father, brother, grandfather, uncle, or neighbour.

P8: ... there are child-headed homes that live on being given to by relatives. If ever I say uncle is raping me, who will continue providing for the children at home?

P2: ... most of the perpetrators are the close family members, relatives or the neighbours.

P7: How am I going to report my uncle that he raped me? Because I'm told that an adult is always right, so can I just come out and say, mum uncle raped me and get away with that?

P3: If the elder sexually abused the child, then instructs her to keep quiet and not to disclose, then that child will not disclose, especially if he will threaten her.

P9: ... there is a belief that elders need to be respected, especially if the perpetrator is much older, that is that patriarchy.

The context of having a known perpetrator was also weighed up when that person was the breadwinner in the family. The guilt and shame of ousting the breadwinner might be too much of a burden on the child and was often undermined by the parent due to not knowing where the next meal would come from.

There was a difficulty in separating responses on the identity of the perpetrator and the perpetrator being a breadwinner of the family. This then brought out the question of a perpetrator's likeliness to use his or her financial standing in order to abuse children sexually as a form of threat:

P5: "If I report and say my dad did this to me no-one will believe me because he's a breadwinner at home."

P6: ... mothers are corrupt. They sell their own children just to get a meal... Some of them are raped in front of their parents. They keep quiet and don't say anything just because they are provided for.

P7: ... the person who has raped you is the breadwinner.

P3: ... you find out that maybe it is their son who is the bread winner in this family.

P2: ... if I report to my mother mom will say, "Keep quiet, I'm not working, your father is not working, if we fight this nobody is going to feed us, nobody is going to

put food on the table,” so they keep that thing as a secret from the family. Not thinking about the child anywhere

P9: it is poverty. In the sense that you cannot say certain things about a breadwinner because you know that this person can afford you different things. You find that once an abuser has groomed a child they offer the child something in exchange for a favour.

Two responses showed that the perpetrator might be a source of fear, and, seeing how matters are handled by the justice system, may have led some to being too afraid to risk their lives:

P1: ... the child might be very fearful of the perpetrator so the child might end up pointing out the wrong person. ...out of fear of the perpetrator [gets away with it].

P5: You find that the perpetrator of rape is out on bail, so how is the victim going to survive, let's say the perpetrator is a neighbour. Then what is going to happen?

4.6.1.2. Threats.

The above-mentioned fear usually stems from threats which have been given. This was a theme which was not anticipated before entering the site. Therefore it highlighted the importance of knowing barriers to disclosure so that one can know how to overcome or work around them:

P10: ... they don't disclose because they've been threatened...

P8: ... threats that have been made towards the disclosure hinder the child from disclosing.

P6: ... most rape cases go unreported it's due to threats they get from the perpetrators.

A common example which was used when bringing light to these threats and how severe they could be was death, particularly that which would come to a loved one such as

the mother. Participants showed that children believed these threats and feared being responsible for the death of those whom they loved. As CHWs who were on the ground with vast experience, it was noteworthy that this was a common threat. This could have future implications for research as there seemed to be a relationship between harm to loved ones as a threat, therefore leading to coercion.

P2: We need to be aware that perpetrators do threaten the child... so this can cause the child not to disclose... "I can't lose my family, let me keep quiet because I don't want to lose them."

P7: They are scared. They have been threatened! You need to understand as a child if someone tells you they're going to kill your mother, you are definitely going to believe that.

P6: Threats from perpetrators. You know, when I tell you I'll kill you if you tell your mother or whoever is at home. So children in that way end up not disclosing.

P3: ... it's just that they are scared if they have been told, "We will kill your mother!" because they are very fond of their parents.

4.6.1.3. Financial constraints.

One of the ways of attaining disclosure was when the child continued in therapy. However, many children did not attend all of their therapy sessions. The participants who saw children all cited financial constraints as a factor which stopped children from coming back to therapy. Therefore this obstructed disclosure as their going to see a CHWs was reliant on whether they had money to get there or not.

P2: "We don't have enough money to transport the child."

P1: I think the reasons for our victims who don't come, I think its money

P7: ... financial constraints contribute to our clients not coming back...

Further to this, two participants brought out that it is often the money from the children's or families social grants which then had to be used to go get help for the child.

P8: Some don't have money to comeback. So, it depends on social grants.

P9: A contributing factor that stops most parents from coming is the lack of money.

So, therapy sessions can go on for a prolonged period, or they come in on the first of the month...

4.6.1.4. Cases do not go to trial.

The proverb *once bitten, twice shy* can imply learning through past experience.

Hence, with the statistical evidence of children's cases which are withdrawn from court or never even make it past a prosecutor's office that is what some responded as a reason why many children or their families do not disclose CSA:

P8: If there's a friend of a child who has been raped, and they are failed by the court later on when the child sees the man the child thinks, "Well, he raped so and so, he hasn't been arrested even though it was promised, so why do I have to disclose?"

P10: ... the law of South Africa [...] because you open the case and then after a week the perpetrator is out in the community and nothing is happening, and in most cases they don't even inform the victim of what's happening or what happened with the case.

P7: They feel the system is not doing any justice to them. They feel that, "Even if I report, nothing will be done."

One participant even extended to the impact this has on the well-being of the child:

P1: ... most sexual abuse cases they don't go to trial. Once the case is reported or has been opened then nothing happens... And that affects our victims of rape. And affects also their rehabilitation...

4.6.1.5. Children are unaware they are being sexually abused.

The response that was also a factor for not reporting sexual abuse was that some children did not know what sexual abuse was:

P8: ... in very young children, there are children who are abused while playing not knowing that they are sexually abused...

P7: ...some of our clients, they don't report because they don't understand that what is happening to them is wrong.

4.6.1.6. Judgment.

The fear of being judged and blamed for the sexual abuse may ring in the survivor's mind thus leading to them not reporting the incident. The clothes they had on or the time of night they went outside were some of what the four participants felt people often suggested:

P7: Some will go into, "How were you dressed? Were you drunk?" The conditions you were under, but realistically speaking a person should not judge you because of the way you were dressed so now, "If I'm wearing a short skirt I can't cry rape?"

P2: ... they can be judged, especially if it's a family member. Some of the family members can say you know that you are lying. So- and so didn't do it. You are lying maybe it's somebody else.

P10: "Why was she walking at night?"

P1: ... they are being judged and questioned in terms of their disclosure.

The humiliation was the often internalised and yet the survivor may have forgotten that he or she was not at fault.

P5: Yes, they have that stigma. "Ohh, she was raped. She's this and that." But that I don't think that's fair, because they didn't invite sexual abuse in their lives.

P10: ... scared to report to their parents that maybe their parents will blame them...

4.6.1.7. Family agendas.

Family plays a pivotal role in the process of disclosure. When a child discloses to a family member they may often face an unexpected response. That is one of having to keep the matter within the family and often pretending nothing ever happened. The words expressed by almost all participants was that it is often referred to as “A family matter”.

P8: ...parents talk, they say, “They’ve been to the doctors ... do not talk about it to people.”

P7: ... “Let it be a family matter” ...

P6: Others don’t and rather say, “It’s a family matter”, so the child dies quietly inside. Even if the perpetrator carries on and does that, it’s okay. It’s fine for them as long as the person next door has not heard about what happened. And they even tell the child, “Do not tell anyone”.

P1: you may find that an elder may say, “And so-and-so was also raped and we did not report so this so we must keep it under carpet.” So, the child, out of respect, will keep quiet.

The covert messages which have been conveyed by family regarding things which have brought the family name into disregard might prevent the child from opening up.

P7: You find that you were raped at home and things that happen at home, you don’t just go out and talk about them. So you find that a child is silenced by that. “I can’t now report abuse at home because no one will believe me. I need to keep it in the family.” Of which the family doesn’t know also...

P8: And also, at home, the practices at home. “Hey you, respect a certain uncle don’t call him by name.” We teach children to respect more than, he is a person, don’t be scared of him if ever something happens tell.

Hence families may have received a disclosure. However it may have occasionally never continued to a point where a child could access psychological help or be separated from the alleged perpetrator. Therefore, the child then had to live with the experience of seeing the perpetrator every day.

P2: They keep quiet about it and say, "This is a family matter", because the incident of rape is done mostly by a close family friend or a family member... it'll bring shame to the family, "Let's sit down and talk about it", not knowing that the child will have a problem because this perpetrator is going to still stay in the same house.

P10: ...sometimes they will say they will talk as a family and get over that, whereas, the child will need therapy or help because it's not easy seeing the person who abused you every day of your life.

P3: Grandmothers always side with the perpetrators, of which they are her sons.

P8: ... this stigma develops of shame, "Oh, it's this person who was raped". And the child becomes a point of reference. "Don't do such a thing as a, b, c, d, because you will be like this and that like so-and-so who was raped."

P4: It hurts because the children in the family all end up getting raped because they are not allowed to disclose family matters.

One participant explained that therapy is still a misunderstood concept among African cultures. Therefore, the implication is that therapy is not taken seriously.

P9: Most black families or the African culture don't understand how therapy is going to heal the child by talking about it, you see. Some just feel that the most important person in this process is the IO, and going to court, not understanding how it's helping the emotional and psychological well-being of the child. They see it as a waste of time coming here to talk even though they don't say it out loud, but you can see their non-verbal cues.

4.6.1.8. Community.

Responses of community members can deter the child's willingness to disclose. The school as a community was shown by some to be a site of bullying and an unsafe environment where some have even had to change schools. P7 brought out that it was a form of secondary trauma which the child could face.

P7: I ended up asking the child, "What do you feel is best for you? Do you think this environment is doing you justice?" She said, "I no longer want to be here." I had to move her to another school.

P10: ...in schools sometimes children when they know about the abuse will laugh at them that can then maybe affect the child. Even in class the child would be unable to or even not want to go to school at all. So mostly it does affect the child which results in there being difficulty disclosing.

P3: Others at school, once they have disclosed they will be scared to walk with them.

P7: If it happened at school, they face a lot of gossiping and bullying. And that for the child has secondary trauma.

The settings children find themselves in are not educated on CSA. P10 suggested that information does not reach all communities:

P10: Everything starts in locations and cities, and ends up not reaching rural areas.

The contexts children found themselves in were often misinformed and people needed to be educated on the effects of CSA and how to respond to it. People otherwise may have resorted to gossip or blaming the child.

P6: Due to a lack of education... You see that... Because they need awareness on how a child needs to be treated.

P1: You find that the neighbour is the one who tells or who gossips about the child...

We even remove the child from that community to a different environment because

even after therapy you find that the child is still struggling to or has not totally healed because of the conditions in the community.

P10: ... maybe society will look at them as if they are the one who are responsible for that behaviour for the abuse.

4.6.1.9. Culture.

Responses often identified the inculcation of respect in children as a major hindrance.

P3 referred to it as often going overboard:

P3: Respect to the point where it goes overboard. In culture we have to respect.

P8: Sometimes the child does not disclose because they are scared that they have to respect an adult...

P7: ...for us Africans that does. We're told we cannot speak badly about adults.

P8: Culture, because children are taught that you don't, uhm, lie. Let's start there.

Because the person who normally rapes a child starts off by grooming the child. And then they say, "I'll say you touched me to your mother." So, when the child tells the mother it'll be as if they are lying about an uncle, stepfather or father.

P9: Growing up knowing that it is not good to discuss family issues with strangers, in other cases its showing respect to elders and they are afraid to bring shame to the family. They call it ichilo.

Two participants' responses brought up the issue of emotionally neglecting children.

It can then make one unapproachable, hence leading to children have a hard time telling parents who have created a rift about what may have happened.

P5: Mostly we as Africans, we are always pushing our careers rather than giving time to your child to bond emotionally.

P3: It happens even with those wealthy families, even if their child can dress up so well, but to find out the mother doesn't have time for kids. Even their homework,

they'll go to school without doing their homework, so they are being cared for physically but emotionally they are also neglected.

P5: Sometimes we as Africans, we are not that supportive to our children... be approachable, don't always scream at your child. I'm not saying you mustn't discipline your child now and then, but be approachable.

Cultural practices vary and can put undue pressure on parents and children. A participant illustrated the denial which could be expressed by parents wanting their child not to be seen as not being a virgin by the community:

P8: ... "Yes, she was raped but I want to know if she's a virgin." ... The doctor can't find what's called iso [the hymen or eye], and they can't at all find what parents see. Even if it's the one we see in rural areas where the doctor can't spot that.

Interviewer: So, what has happened? What are they trying to confirm? Other than that the child is a virgin. Is it for them culturally for themselves? Or for the child?

P8: I think it's cultural. More especially a child that goes to virginity testing. They emphasise that, "Okay, we hear you, but please, confirm for us if she is a virgin or not!" Of which the doctor cannot do that because it's another victimisation.

If the child was not ready to disclose their sexual activities to parents then the practice of virginity testing was not one which was welcome. Consequently, some children may have alleged that they had been raped to escape their parents' anger.

P7: I feel virginity testing has been a part of forced disclosure, the reason being that you find that with a child parents suspect that something happened, and once you're told you'll go for virginity testing the child then says, "No! I was raped."

A participant explained how some children who had been going for virginity testing for years were often no longer tested over time. This was because it was known they were not

sexually active and that had not changed. However, as this extract explains, some children can fall targets to rape and then fear reporting the incident due to stigmatisation:

P3: They continue going with the others, giving the impression that she is a virgin but she is not a virgin. But they are scared to say, because when they are being tested, it will be seen... you find that they no longer get tested because they are known. So you'll find that a person will take advantage of that child. So, because the child is [virginity] tested, they cannot disclose because they will become a joke to the community.

P7: The child will get raped and it will be said that, "She has bad luck", "It's for the ancestors", "They should not be arrested", "Let it be a family matter", or "If they are going to pay with a goat then there is no case."

P8: There are cultural practices which do not allow a woman to have a voice... it oppresses woman even if they are raped by a member of the church no-one will believe them. And no one will say anything because it's practiced that you have to respect, respect.

P9: Coming-of-age rituals which are performed for females in our culture require you to be a virgin, so therefore for girls they fear to be excluded from a certain privilege or churches where group of females fear being excluded from a privilege and that would make them feel inferior.

P10: ... culturally something that hinders their disclosure is like they will say maybe if it's a neighbour's son. That the boy's father will give a cow for the damages that he raped a child and then that's it! And not caring about the child feels or how is it going to affect the child as they grow older.

4.6.1.10. Stakeholders.

Different professionals are stakeholders currently involved in the fight against CSA. Previously they were referred to as facilitators in CSA disclosure. However, as evidenced by excerpts, they can also impede disclosure.

Once a CSA case has been opened, an IO from a specialised unit referred to as the Family Violence, Child Protection and Sexual Offences (FCS) unit is allocated to each case. Hence the child first comes into contact with a SAPS official before an FCS IO. Two participants agreed that the police needed instruction on how to handle matters of sexual abuse when it came to working with a child who had just been through a traumatic event.

P6: Police also need education...

P5: I feel police are not trained to deal with victims of sexual abuse because that person is vulnerable. There's a lot going on in their mind. She feels dirty as if no one cares about her.

A defence for the IOs seeming inability to inform survivors or follow up on cases could be accounted for by high workloads and few specialised investigating officers having to meet the demands of a strained system:

Interviewer: "Where do you think are our investigating officers letting down families?"

P7: I don't think it's that. It's the workload. I have followed up whereby my clients especially say, "The suspect has been released on bail and my IO has not informed me." And I've felt let me follow up. Then you find that just honestly, they'll say, "I've honestly been busy, I have to go to court," or "I didn't go for that case," but you see all of that the work load is too much. There's a shortage of human resources.

Educators were suggested to perpetuate rumours about survivors. Moreover, it was suggested that some educators did not report CSA out of fear of having to be summoned to court.

P7: You find teachers who will not disclose the disclosure of a child, because they are scared they will be subpoenaed as the first responder... for a professional not to report something like this, it's because them themselves, they are lacking information. They don't understand how to deal with such.

P9: In schools there are also teachers who also gossip amongst each other about an abuse victim.

The conduct of particularly designated social workers was not exempt from the findings:

P6: Sometimes, social workers take sides.

P9: There is a lack of communication or misunderstanding of what is going on with the case with the resident social worker... if for instance the child is from [Name of area removed] and is removed and placed in [Name of Place of Safety removed], there is now a communication breakdown through the investigating officer... and now we become unsure as to what is going on with the case.

The judicial system is another role-player in CSA disclosure. The methods of questioning used by prosecutors and lawyers have often been fuelled with confrontation and extensive expectations of the child:

P2: The way not all of them but some of them when asking question or asking a direct question.... "Where were you? What have you done? What were you wearing?" I don't think the child can be able to see maybe the underwear of the perpetrator at that time.

The keepers and makers of the law were also seen by P3 to not be working cohesively:

P3: Our government is not sitting on a round table together.

4.6.1.11. Identity of the Investigating officer (IO).

Cases are given to an IO who is often the same gender as the perpetrator. This has been said to bring on feelings related to the abuse once again, causing the survivor to have difficulty disclosing.

P5: You cannot expect that a victim raped by a male then the IO will again be a male. That is secondary trauma...

4.6.1.12. Corruption.

Three participants speculated and spoke from experience on the impact of corruption with the SAPS that leaves perpetrators to walk free and survivors feeling helpless.

P8: ... the police will tip them. "Hey man, they say you raped someone, lets meet at a certain place." Or they find out that the police were looking for him so he doesn't come back.

P6: On the other side there is bribery as well, yes.

P4: In most cases when callers give us feedback they complain that the justice system it does not do enough for the victims. Perpetrators often pay bribes to have their cases dismissed. If the officers are not doing enough, we then refer them to IPID, in other cases we have had investigation officers knowingly give victims the wrong court date.

4.7. What recommendations can be devised to manage CSA so as to minimise psychological harm in the management of CSA?

4.7.1. Recommendations: Towards a framework to minimise psychological harm in the management of CSA.

Participants took on a participatory role by giving input that would help towards a framework of CSA disclosure. Table 4.5 presented below is a summary of the subthemes and main points arising from the data. One participant summed it in that she said that it is

important to have an environment which accommodates the child enough for him or her to be able to disclose.

P10: ... to have the environment that accommodates the child to be able to disclose

How then can this be done? There was often a sense of uniformity in the suggestions which were given, thus giving a need for a uniquely African framework.

Table 4.5

Research Question Five: Summary of Sub-themes and Main points

Theme	Sub-theme	Main points
Recommendations: For a framework to minimise psychological harm in the management of CSA.	A need for empathy	<ul style="list-style-type: none"> • Need skilled staff. • Empathize with the child. • Existing stakeholders need trainings e.g. SAPS, social workers
	Following the child's pace	<ul style="list-style-type: none"> • Children are not the same. • It is up to the child when they want to disclose. • Understand the teenager's resistance towards disclosing
	All forms of disclosure matter	<ul style="list-style-type: none"> • Inclusion of written disclosures. • Children more likely to make verbal disclosure over a Crisis line or in camera.
	Legislative fails	<ul style="list-style-type: none"> • Legislation does not align • Case progression needs to be communicated i.e. bail hearings and terms • Methods of questioning children need adjusting
	The circumstance of the CSA	<ul style="list-style-type: none"> • The level of the abuse will affect the way children disclose. • Threats are often involved.
	Cultural practices	<ul style="list-style-type: none"> • All South African cultures handle abuse in the same manner • Respect should not be over emphasized • Traditional customs can both inhibit and promote disclosure
Family support	<ul style="list-style-type: none"> • Need for a supportive family • Be approachable 	

Theme	Sub-theme	Main points
		<ul style="list-style-type: none"> • Believe the child • Work on reactions to disclosure • Encourage children to trust in systems i.e. SAPS, go to clinics
	Survivors	<ul style="list-style-type: none"> • Consider the Childs intellectual functioning during pre-trial interviews • Consider the Childs special needs
	Community	<ul style="list-style-type: none"> • Awareness to all communities
	Inclusion of more stakeholders	<ul style="list-style-type: none"> • Teachers • Religious leaders

4.7.1.1. A need for empathy.

The four suggestions below call for a professional to practice the tenets of empathy when engaging with a child survivor. They really need to listen and be friendly. This allows the child to be unrestricted regardless of the professional being a stranger to the child.

P1: ... we need people who can empathise with the children.

P2: ... try to be friendly

P7: ... when it comes to disclosing the victim must be listened to.

P6: This is so that children feel free because they are strangers to the children. Talk properly with a child to get disclosure.

Two participants brought out that professionals need to be non-judgmental and supportive. The process of working with the child should ideally take place in a room which affords confidentiality and safety.

P3: when they disclose they need to have separate rooms, and social workers. Police should not be judgmental. Even if they know the perpetrator, but they are at work they should take action...

P7: ... we need to react in a way that is supporting to the client, to the victim because if you're going to act in a way that you're blaming them then they'll withdraw information from you...

4.7.1.2. Following the child's pace.

A constant theme which was hard to compartmentalise from others was that of following the child's pace. Children are different in their responses and the level at which they give disclosure.

P1: Disclosure must be at the pace of a child. ... And like I said before, it differs from child to child.

P7: Disclosure depends on each individual. ... It also depends the environment the child is reporting under. The environment is very important when it comes to disclosure.

One participant brought out that the method of relating to or questioning a child should not confuse the child and result in inconsistencies.

P6: ... questions they ask children the child end up confused and unable to relate or put together story that is consistent.

P7 brought out that the child should be given the autonomy to decide what he or she wanted as the end goal. Hence, to them, it is likely that it is not a conviction they are after. Rather, healing is the only justice they need.

P7: ... sometimes some of our victims when it comes to them defining what justice is for them, for them it's just healing.

4.7.1.3. All forms of disclosure matter.

Currently the judicial system often requires a child to be able to disclose abuse verbally when questioned. However, two participants suggested the strength of a written

disclosure. It can help those around the child know what is happening and be the voice they cannot bring out.

P8: You can even write a letter, leave it where your mother will see it. She won't stay without going where the sugar is. She won't not go where the bread is. Write it and go to school.

P4: Some children are not able to express themselves verbally but they are able to express everything using a pen and paper.

Medical evidence is a further article of evidence which is suggested to strengthen a case. Two participants also pointed out that both medical evidence and a verbal disclosure should support each other:

P1: ...medical examination and verbal...

P5: A medical exam can stand in court... But also verbal as well, because sometimes you find that a child was sexually abused last week. They didn't take the child to a doctor, but verbally it's important. I think all of them are important.

Despite what the law requests, CHWs believed that any form of disclosure should be taken seriously and should be able to stand in court. As P3 elaborated, disclosure may be delayed, hence there is no physical evidence at the time of reporting.

P2: I can say personally all of them are important...

P9: They are all equally important...

P3: I think all of them because it happens to different people at different times... even if someone discloses accidentally... all disclosures should be treated equally, in the same manner. As long as it's disclosure because maybe they didn't disclose because they were busy weighing what will people say when she discloses.

Moreover, when the CSA has been observed then that person can act as a witness.

P10: I find them all important because of observation when the child is not disclosing, but you can see the behaviour of the child, so it's important. Medical examination is important to get proof, as well as a witness. They are all important and to hear from the horse's mouth, so, they are all important.

4.7.1.4. Legislative failures.

P4 summed up all the arguments on what legislation and those who need to apply it need to do. He indicated a prime need to work cohesively in order to see change:

P4: Having a good working relationship between all stakeholders as mentioned previously, because no matter how many ideas we suggest, if there is no solid partnership between victims, law enforcements, judiciary and social development things will remain the same.

P5 had three responses relevant to affecting the way professionals can get disclosure. Essentially there need to be resources in the form of manpower such as district surgeons, and being continuously trained can help keep people up to date.

P5: ... each and every district hospital must have a district surgeon who is always there to attend to a victim. The victim mustn't wait for hours waiting for a district surgeon.

P5: Teachers need to be educated. Like even the social workers, police, prosecutors everybody needs to be educated. Because the way I see it a lot can be done. It's just that there is a lack of education.

P5: ... they must be trained. Trained like, almost every year, updated like, almost every six months or three months, with what's happening outside about sexual abuse.

According to two participants, prosecutors need to re-evaluate the way in which they interview children for court readiness. The methods need not be aggressive, make the child feel at fault, and disregard each child's pace.

P2: When it comes to court, I'll repeat this, the way they ask questions, make the victim think that, "You know what, it seems as if now, I'm the one who did a mistake here" ... And that can affect the case itself. They need to have a way to talk. Ask questions, because their voice itself can do a lot of damage.

P9: When it comes to the interviews done with the prosecutor, I wish they could be more patient with the child... children are not like adults.

The failures of legislation are evident from four extracts. Bail conditions of alleged perpetrators are seemingly not monitored, resulting in survivors being at risk and facing secondary trauma. Once the perpetrator has been convicted, P10 suggested that the sentences imposed on rape cases need to be much stricter in order to deter future incidents.

P1: It all starts with legislature. On our side we do therapy. But it's pointless if you did therapy with the child, provided healing and at the end of the day the child will go back home and the perpetrator is sitting there... the child will find himself being revictimised.

P3: The government system must make sure that if they get bail, they should stick to their bail term and conditions. They have to look up to see if it's done accordingly. Because you find that we get calls where they say the person is out on bail but they walk past the child to interfere with the victim and the witnesses. Because there are also female perpetrators, so they must make sure that once a child has disclosed that they are safe.

P6: South Africa is corrupt... rape will not stop until they change the way they do things. They implement in other countries rules which are strict. You find that parents are shockingly negligent. Where they really should be protecting their children instead they are the ones who send them to shops at night, they send them out to buy cigarettes. In that way perpetrators find an opportunity to rape children.

P10: ...they should first change the law. Once the perpetrator after the evidence and everything they've proven that the perpetrator is guilty... but they should be jailed a lifetime

P5 suggested a need for funding for CSA as it is a national crisis:

P5: It needs to be a priority to the government. Because there are a lot of victims and our country is in the state it's in right now because of sexual abuse. There is no funding.

4.7.1.5. The circumstances of the CSA.

The circumstances under which CSA may have taken place differ. Therefore, when getting disclosure this needs to always be considered by the professional.

P1: Some child's could be sooner, some could be later, because of the different conditions of the incident of rape.

The possibility of a child having been threatened during abuse should always be considered, not just by the professional but also by the parents or caregivers who may be the ones who observe changed behaviour.

P2: ... we need to know the signs and symptoms of abuse because of the threats the child might keep quiet for the rest of his or her life.

P5: ... court must take all of this into consideration, then bearing in mind that sometimes the child was threatened.

The narrative that is held on CSA needs to be adjusted. Males are also sexually abused and the absence of penetration does not discount sexual assault.

P3: ... even boys are molested. So, we must also put that in our minds and not just expect only girls as being sexually abused. As well as, even if there was no penetration, that in itself was harassment.

4.7.1.6. Cultural practices.

In this century technology has progressed. Therefore culture need not be discarded yet. It can also progress for the better. P7 reflected that there is unity in using one's culture as a place to run to:

P7: ... even though our cultures are different. But when it comes to dealing with such cases I wonder that somehow, somewhere, we become the very same people.

When referring to factors which can inhibit disclosure, overemphasis of respect was noted as a contributing factor. A recommendation which counters that is that there need to be a respect which is not based on fear instilled in children. Parents need to be approachable to their children.

P2: ... children must not be scared of elders, they can respect elders but not be scared of them to tell or do or report, if there's something bothers them.

P5: You know that bond. That bond with your child. I know with us as Africans. Most of us push our children away. Especially if you have a daughter or a son, be a friend to your child.

Traditional practices which discard the survivor's feelings and cultural rights need to be done away with. Additionally, this brings in a new stakeholder to the fight against CSA.

An example is the Department of Cooperative Governance and Traditional Affairs

(COGTA):

P9: ... traditional leaders, elders all of them should do away with practice of settling a rape case by paying a fine to the perpetrator's family. There's no ancestor who understands a goat for the fact that a child was raped. This needs COGTA to intervene and come together.

4.7.1.7. Family support.

Two participants brought out the need for families to show support towards children. Having a supportive family makes the child feel that he or she is not alone and can make it through any challenges.

P2: ... the family have an impact on the child. They need to support them because it's not easy. Although we are working with them but, we are a stranger to them they need the support of family.

P3: If there is a strong supportive family, then all that happens then passes.

Support starts off in believing the child in anything they do. One participant showed that it builds the child's trust in the parent or caregiver:

P5: No matter how small it is or silly it is. "Oh, this is silly." But don't show that to a child because you never know what will happen in future. So, if you trust your child with small things, in future that means your child will be able to tell you big things, like if someone has interfered with him or her.

P2 and P5 gave examples of how family members can make themselves more approachable:

P2: As a parent we need to tell our children that's okay, they can tell us anything at any time.

P5: Be approachable, don't always scream at your child. I'm not saying you mustn't discipline your child now and then, but be approachable. Be your child's best friend. That's the most important thing

Participants showed that parents needed to be educated on the signs of CSA and also to be aware of the impact their parenting skills can have on perpetuating CSA:

P6: You find that parents are shockingly negligent. Where they really should be protecting their children, instead they are the ones who send them to shops at night,

they send them out to buy cigarettes. In that way perpetrators find an opportunity to rape children.

P2: ... awareness, even to parents, what needs to be checked how she can see.

P8 suggested that parents should shift away from labelling professionals who can help children as bad people who are out to get them. Rather, children should be encouraged to go out and get help from them.

P8: ... teaching children not to be afraid to go to the police station. We were taught to be afraid of the police, soldiers and the ambulance. To teach children that "if something like this happens you can go to the clinic. You can go on our own to the clinic".

4.7.1.8. Survivors.

The needs and identity of the survivor need further reflection when considering how to work with the survivor. Aspects such as the child's intellectual functioning during pre-trial interviews and access to services for people living with disabilities should not hinder disclosure.

P2: ... the child can be sixteen years old, only to find when you are discussing with the child, you find her mind is like six years old, so I think they need to take that seriously, because you can't say this is a sixteen year old child so I can ask whatever I want just try to communicate with the child and see what type of question I can ask.

P3: ... disclosing is so difficult to the children who are disabled in any form It could be deaf and mute but because there are not many social workers who are trained to use sign language...

One participant suggested that boys often get forgotten in the struggle against CSA. There needs to be inclusivity and a breaking of myths:

P3: ...boys don't disclose as much but they are being molested.

The gender of the IO allocated to a case needs to be considered in order to avoid secondary trauma:

P5: I think that especially for a female victim she must be with a female IO and also, they must be trained. It has to be someone who is designated to sexual abuse cases only ... Because maybe imagine if I was a child. I was raped by a male. Now this IO is also a man coming to interview me.

P7 further recommended that firearms not be visible as that can also bring up secondary trauma.

P7: ... you'll find that a victim may have been raped at gun point and if FCS comes in with a gun... I don't like it, I like that my FCS IOs know that when they come with my victims they don't carry guns.

4.7.1.9. Community.

Awareness as a preventative measure of CSA is the current practice. However, suggestions went further in that participants pointed out that all people need to be reached, both in rural and urban settings:

P2: ... more awareness, uhh, both in urban and rural areas.

P10: ... people in rural areas because they don't get that information on how to help a person who has been abused. But they have never gotten counselling, therapy or things like that. Where people think they are okay but actually not okay.

P7: ... we need to start raising awareness as a community at large on how they should handle disclosure.

Children, according P9, also needed to be reached by awareness campaigns. These campaigns need to be led by all CSA role-players. Additionally, children need to be given material they can take home and read.

P9: We need to have awareness campaigns wherever children are. And where parents are given skills in churches or by EAPs and they should be made aware of how sexual abuse affects children and the importance of getting help. SAPS need to give the victim and parents clear information as to what is to follow after open a case, the investigating officer needs to be there every step of the way.

P8: ... these pamphlet's we distribute when we go do awareness programmes. We need to distribute them in schools because children can read.

Having support groups will help children normalise their experiences and get support from peers.

P5: ... support groups. I think it is important that we must have different ages...

Maybe 5-8 years who are survivors.

Lastly as it was noted in previous themes some children prefer to call in a crisis line or write a letter because they fear threats or judgment. Therefore, the use of a free and accessible resource would be welcome.

P8: ... another thing that helps is crisis lines that are open to children. Toll-free lines...

4.7.1.10. Inclusion of more stakeholders.

Numerous participants made a call for the inclusion of more role-players when dealing with CSA. Four responses called for educators or the Department of Education (DOE) to have a more prominent role as they are on the ground with children and there is little fear of threats. P4 suggested using confidential letter boxes in schools where children can write their concerns and teachers can then intervene.

P5: It involves DOE. When there's parents' meetings parents need to be empowered.

P4: Having anonymous letter boxes in schools where children can write any problems they are facing and put it in the box. The teacher will then be able to notice which child is facing difficulties and approach them and offer help in any way possible....

P6: ... it becomes better if the child is interviewed via the school. That's where the child the social workers will be able to get information outside of threats.

P8: ...go to schools and preach and preach more.

The SAPS were also recommended to have a social worker in each police station and facilities such as vehicles allocated to CSA cases.

P3: ... each and every police station to have the social worker. Because the police are not trained at interviewing the child. Or any form of sexual abuse.

P5: Each and every police station must have at least two vans specifically allocated for sexual abuse. It has to be treated as a priority...

Religion is ever present in communities. Therefore religious leaders were also called on to act and be an active role-player against CSA:

P8: Even in churches there needs to be awareness.

P4: Another approach I feel would work is by using religious institutions, churches and religious leaders, and pastors. They can also be used as an alternative if the victim is not brave enough to communicate with their parents or neighbours.

Having the hospital setting as a place to receive disclosure was considered as useful due to the experience of the staff on working with CSA.

P9: ... disclosure is much easier at a hospital, because there are people who are trained to facilitate that...

The identity of the person who is receiving a disclosure needed to be considered as experience has shown it may hinder disclosure.

P7: Some survivors are unable to disclose with a male. They prefer a female. And we have experienced such. We have to request for a male or a female.

All things considered, P9 recommended that when working with people, professionals should not be distracted and forget to use an African perspective when approaching matters.

P9: Stakeholders should not forget the African paradigm when working with these cases. They should be able to understand that we are not only dealing with abuse but with people who have different backgrounds.

4.8. Summary of Results Research Question by Research Question

4.8.1. How do service providers involved in CSA conceptualise disclosure in CSA?

The participants were able to render five sub-themes on the different types of disclosure. Understanding was based on theory and illustrations provided by the participants. It was reported that younger children were more likely to readily disclose abuse whereas teenagers take a slower pace. The disclosure could come from people using a crisis line, family or peers.

4.8.2. What are the contexts and processes which facilitate disclosure in CSA cases?

Results of the data collected produced six broad facilitates of abuse. Creating a safe environment that has trust were deemed as processes which enable disclosure. A key factor which garnered recognition was having a supportive family and network of stakeholders thus, leading to disclosing CSA and reducing recanting a disclosure. Only one cultural practice seemed to act as a facilitator towards disclosure.

4.8.3. What are the different methods used by service providers to attain disclosures?

Methods used by CHW's to attain disclosure involved company guidelines, theory, trainings and exposure in the field. Participants cited making use of activities, building rapport and giving children their right to autonomy as ways in which one can draw out disclosure.

4.8.4. What are the barriers to CSA disclosure?

Participants acknowledged twelve common sub-themes which could account for a lack in CSA being disclosed. A prominent main point was the identity of the perpetrator in relation to the child. Perpetrators were commonly noted as someone related or in close proximity to the survivor. Among other themes an over emphasis on respect and family bias on how CSA should be handled discretely meant that some cases go unreported. Once reported, the competence of role-players involved in CSA matters was questioned as area of concern.

4.8.5. What recommendations can be devised to manage CSA so as to minimise psychological harm in the management of CSA?

The creation of an Africentric framework needs to address the current gaps in practice and literature. Therefore, participants suggested practical, cultural and legislative adjustments that need to be introduced. Ideas such as harsh sentences, cultural reformation, family support and inclusive public awareness could incite change.

4.9. The VCRM Steps of Analysis – A Reflection

4.9.1. The plot of the story

All interviews were conducted at the Childline KZN head office. The researcher considered this to be a non-threatening environment that would allow for an in-depth discussion. Entering the interviews, she was aware of her position as a black female coming in to absorb, reflect and attain information. Through the use of a semi-structured interview schedule, she attempted to be accommodating, empathic and willing to learn. The field of CSA is often described as being ‘heavy’, therefore different interviews evoked different feelings within her.

Having worked in the field of CSA, the researcher was familiar with the terms used and was able to hold a conversation. Furthermore, she was aware that participants might view

her as a colleague, an expert, an ally, or even in opposition. When conducting the first interview, the researcher could not help but recall the feelings felt at the time as well as feeling those of the participant which she may not have sensed while the interview was being conducted.

The number of years participants had been working with CSA left the researcher astounded. Participants seemed passionate about their jobs and making a change. Common consensus was one of feeling defeated by the way the justice system responded to CSA. So then she could not help but ask herself why they continued. Feelings of dejection by authority were present but creeping in was a resounding sense of believing in the resilience of children.

One participant brought out that the child needs to decide what justice is for him or her, justice may just be therapy. At times as the researcher there was a sense of being treated as a vessel that needed to be educated. The researcher needed to make sense of that and understand the process of being a participant and wanting to get one's point across. Having someone to talk to can be cathartic. Catharsis is often a 'messy' process. Therefore it seemed like there were times where the researcher had to prove that she was not the enemy and that there was a common goal.

4.9.2. Participant's representations of themselves

Participants took on a role of being advocates of CSA. There was pride in the way they would say *Us, My, We, Childline, You* and *I*.

P6 took ownership and accountability for the work she does with children. She referred to the role-players she works with as *her FCS IOs*, displaying the advocacy role she took on. Further to this it also showed the ability of systems to work together with one goal in mind as the IOs seem to comply with the recommendation.

P6: ... I like that my FCS IOs know that when they come with my victims they don't carry guns. I told them that early on.

Similarly, a participant included herself in the action work involved. By saying “we” she was possibly not only referring to her as an individual but also all CHWs at the site. Though they may have seen different clients, they shared a common goal.

P9: ... when we address safety issues of the child we look into what was the contributing factor...

P4’s use of the words “*when you see*” was one way of putting himself in the shoes of those who were affected. They were not outside of the experience but rather saw themselves as the eyes and voice of the child.

P4: The worst part is when you see the perpetrator.

Further to this, participants trusted in their role to educate the people concerned. It seems most people in communities are let down by misinformation and a lack of resources. Therefore the CHWs have to use their first contact with a child extensively as it may be their last contact.

P8: ... I try by all means that when I see the child for first time I equip them with enough information so that they can sustain themselves. I have seen that working with Childline...

The researcher found all the above-mentioned excerpts were affirming, leaving participants to feel empowered to help others in their field. However, when it came to relationships with others there was a difference. This will be mentioned in the third step.

During the second reading I was further drawn to how the participants related to me, as the interviewer. There were points such as that of P2 which the researcher felt were to make sure that she got the point the participant had made. Additionally, the emphasis was also now to use the opportunity of having someone to blame. Therefore I often felt like I was the representative of a failing system and was now being educated on what *I* could improve. All pent-up anger and disappointment were at times directed towards me as the researcher.

P2: I'm going to get back to what I said before.

P2: I can tell you again that it depends on the age of the child.

The interviews were conversational and participants were relaxed. The researcher was often referred to when participants gave responses with words such as “you see” which also brought me into an active role during the interview.

P3: You see a case I had last week...

P8: We spoke about awareness programmes... And also...

P6: No one talks. You see that thing.

Probing and paraphrasing were able to elicit affirmations or corrections. This was helpful as it assisted with clarification of what was discussed as the interview was happening. It also provided a sense that participants were actually participating and the interview was not solely there to drain them of information which would probably not make a difference.

P7: Definitely, definitely!

4.9.3. Interactions with others

Participants in the study related much on different communities' level of awareness and action under the main themes. A turn of events took place when seeing it through the voice of the third reading. The word community is one which is often debated. In one sense a participant gave a Zulu human form or pronoun to refer to the community. Thus, a community was referred to as person. This then implied that the individuals have one common goal and their actions are seen as one person rather than being viewed on a person by person basis. P1 handed them a sense of autonomy and acknowledged their ability to be educated. This deviated from seeing the people as weak and at the mercy of those in leadership.

P1: Uhh uCommunity [the community] is educated now. In most communities they know.

The CSA survivor was seen as part of a unit. For example, if the child missed an appointment then the people around the child were also held responsible for the action. Granted children are under the supervision of parents and caregivers, therefore they should have accountability for things which related to the child.

P2: They miss their appointment.

The child was not often viewed as being independent of their family system. Therefore the family and CHWs needed to work together. As P2 said, provided the families had a role, the process would continue, even at home. It should not end in the interaction with the CHW.

P2: When they leave here they need their family. I'm not going to be there for them or her or him.

Participants often referred to the survivor as *they* or *she*. There were few participants who made room for the use of *him*. This could be representative of the statistics which are characteristic of more females experiencing sexual abuse.

P8: A patient doesn't disclose to a social worker first. Sometimes he discloses to a social worker first. Sometimes he discloses to a mother or parent at home, to a teacher and sometimes they do not disclose they just see a discharge or blood.

The CHWs took on the role of an ally and friend when working with children. This seemingly helped the child feel he or she was not alone, but safe and trusted by their new confidant, the CHW.

P10: I believe that the child's language is through playing, yes when they playing they can tell everything and you know they can tell the story through playing with dolls.

P2: You say, "Okay, this is our first session. We need to build a relationship".

Participants took on ownership and awareness of roles they may have had personally within CSA disclosure. They not only showed awareness of themselves but also it was acknowledging me, the interviewer, and themselves, as we were all Black African participants. Therefore it showed that we all have accountability towards something:

P5: I know with us as Africans. Most of us push our children away.

P7: And I would say African backgrounds. As black people we don't believe in therapy.

The interaction with service providers was often a case of “we” and not “I,” perhaps expressing that there is often a general consensus when it comes to working with other stakeholders. Therefore they may share the same frustrations or joys with certain service providers, as was noted in the five themes seen in Table 4.1.

P3: We do follow ups with service providers and for example if we referred to the CLKZN therapeutic unit, we ask for the social workers name. And then we find out how are the sessions going. And at the end she will give a written feedback. So, we are with our service providers.

P10: We do get feedback from social workers. But sometimes we don't because social workers are always busy and sometimes they promise to send feedback but they don't.

Lastly, participants also made sure to highlight when an opinion was theirs alone.

This did not implicate others, but also showed the uniqueness of that experience:

P5: I'd say for me personally... uhh because at the end of the day, I know that there is at least one person I was able to help at the end who was in trouble.

4.9.4. Social, political or cultural context

To set the tone, the response towards the justice system, or, rather, legislation, was one which left the participants dejected. This was a shift from the first and second reading of the transcript where the role and encouragement were for advocacy. Participants were seen to

be rendered helpless when it came to institutional systems. The government was unconsciously represented as one stern person who is did not follow through, consult or even follow up.

P1: Only government can change legislature and things. There's nothing I can say SAPS or community can do. It's our legislature that needs to be changed.

P1: I don't think there's something that can be done. Only the government...

Participants felt that history determined future behaviour, implying that evidence was against positive systemic change. However, there were things which could be done if this system or rather figurative person was willing to take heed of those around them and inform people of their role.

P3: Firstly, I would say it's the law, because our government is not sitting on a round table together.

P4: ... people don't believe in the system. They feel the system is not doing any justice to them. They feel that even if I report nothing will be done. It's just due to the lack of information our clients have.

Additionally, as shown in an extract from P10, the participants often saw themselves as excluded from the law-making process. "They" did not include them. Legislation has excluded the very people it was intended to help.

P10: I think they should first change the law.

Culture was expressed as a constant, yet it does not evolve with time. Therefore, the feeling was one of being imprisoned by an outdated system.

P3: Respect to the point where it goes overboard. In culture we have to respect.

P6: Culture really does have a major effect on this because you find that the, the, the family backgrounds are not the same. Others they believe in disclosure. Others don't and rather say it's a family matter so the child dies quietly inside.

Thus the researcher was able to bring out different viewpoints based on one interview, adding a lot of depth. From these steps, it appears that VCRM emphasised cultural contexts and provided a holistic view of the individual.

4.10. Conclusion

The results chapter presented an analysis of the data collected from ten participants. Community health workers with numerous years of experience were interviewed using semi-structured interview schedules. They were able to give input and add towards the production of a framework of CSA disclosure in an African context. The analysis was done using VCRM. This method allowed for the extraction of themes yet it also allowed for the interviewer's voice to come out in the work.

Each transcript went through four stages of analysis. The first reading was useful in bringing out the five main themes of the research. The themes discovered were a conceptualisation of disclosure, barriers and facilitators concerning disclosure, methods that are used to get disclosure, and recommendations towards a framework. The following chapter is a discussion of the results, conclusion, and recommendations.

Chapter Five: Discussion and Conclusion

5.1. Introduction

According to Byrne et al., (2009), common themes come from research. One gets to see how the participants view themselves in different contexts. From this study I as the researcher was able to bring out different viewpoints based on the interviews, thus adding depth (Byrne et al., 2009). By using a stepped approach it appears that VCRM served Bronfenbrenner's bioecological theory well in emphasising both cultural contexts and a holistic view of the individual. This information was beneficial in answering the proposed research questions and it brought out the voices of stakeholders. The development of a framework was thus easier to construct using the shared stories from an African context.

This chapter is a discussion of the results of the study. While integrating theory and research, the focus is on answering the five research questions proposed at the beginning of the study. Based on the findings, the discussion will then lead to the implications of the study. Recommendations for practice and policy are engaged. Lastly, the limitations of the study are addressed.

5.2. How service providers conceptualise disclosure in CSA

The study aimed to work towards creating a framework for CSA disclosure in an African context. Bux et al. (2016), highlighted that it is necessary to understand the backgrounds which are relevant to South Africa. Therefore it was first essential to establish common ground on understanding the concept of CSA within an African context. This common ground would then lead to identifying where there are gaps regarding CSA disclosure, and what the current philosophies are on CSA.

5.2.1. Disclosure

Disclosure differs from context to context, and there are different forms of disclosure (Adlem, 2017). It was necessary then to consider that the Crisis line CHWs were often

exposed to telephonic or verbal disclosure, whereas the social workers were privy to different forms of disclosure. Exposure did not, however, rule out participants' knowledge of what was taking place in the field.

CSA Disclosure was cited as diverse, therefore no two children of the same age should be expected to disclose in the same way. The evidence from the research, however, was that regardless of the way facts of the abuse were discovered, it was still disclosure. The disclosure could be accidental, through observed behaviour or a medical report, however, it was still considered disclosure.

Verbal disclosure is regarded as a point when the child talks about what happened (Brattfjell & Flam, 2019). In the current study, it was also considered valuable when it was supported by other forms of disclosure, such as a noted change in behaviour or even medical evidence that validated the allegation. However, it is not often possible to have medical proof as some children disclose abuse over an extended period after the sexual abuse has happened. In addition to this, CSA usually occurs in secret, therefore there are often no other witnesses (Horne & Benson, 2011). Joordan (2004, as cited in Horne & Benson, 2011) indicated that it is then the child's word against the perpetrator's word.

Horne and Benson (2011) stated that the most reliable evidence in court is physical evidence. The results of the current study, however, showed that some children are better at expressing themselves through writing. Therefore the suggestion from this study is not to undermine or overlook the power of a written disclosure. Disclosure can help the child towards getting help from family but also should be seen as a tool which can stand as evidence in court. The courts often dismiss the credibility of written disclosures and expect a child witness to stand and testify in court.

5.2.2. Profile of the person disclosing

CSA affects millions of people worldwide (Phillip & Amone-P'Olak, 2019). Recent statistics are evidence that CSA is happening in South Africa (National Prosecuting Authority, 2019; South African Police Service, 2019). To be able to fight the scourge of CSA, it would help to have an awareness of the profile of a survivor. The intent is not to label, but rather to discover the trends on who the targets are, and then to implement measures towards disclosure.

For the purposes of the framework, Bronfenbrenner's bioecological theory and the traumagenic dynamics model have been enmeshed (Papalia & Olds, 2005; Van Eys & Truss, 2012). The approaches have an advantage in their ability to engage in all spheres of a survivor's life. Traumagenic dynamics are emotionally laden and change during and after CSA (Van der Merwe, 2009). Therefore, it is essential to intervene in the four traumagenic dynamics of a survivor as they can have long-term consequences and effects (Van der Merwe, 2009).

Anderson et al. (2012, as cited in Phillip & Amone-P'Olak, 2019), stated that in South Africa both men and women could experience sexual abuse before turning 18 years old. A recurring theme throughout the current study was that it was girls who were more likely to disclose sexual abuse. According to the Optimus Study (2016), boys also experienced risk as did girls. However, it was their experiences which differed (Ward et al., 2018). That does not overrule that boys cannot get abused. However, the current research indicates that boys often face differing internal conflicts compared to girls (Brattfjell & Flam, 2019). Participants revealed that boy children grow up conditioned to believe that men cannot disclose pain. Boys therefore fear stigma from peers, the community and family. Further to this, the study showed that there was the prevailing belief that *boys cannot get raped*. It may hinder boys from disclosing to maintain their masculinity.

5.2.3. Age and the process of disclosure

Brattfjell and Flam (2019), conducted a study with adults who survived sexual abuse as children. Their research showed that age and gender influence disclosure (Brattfjell & Flam, 2019). In gathering a picture of a child who discloses, there was a need to gauge the estimated age range related to disclosing CSA. It came out that the pace of disclosure differed. Some people chose to disclose sexual abuse well into adulthood, if ever at all (Brattfjell & Flam, 2019).

Younger children ranging from five to ten years of age were represented in this study as being readily open towards disclosing abuse. The assumption was that they were less likely to be held back by feelings of humiliation or maintaining secrecy. In contrast, teenagers were seen as more challenging to get through too. Results concurred with the study by Ramphabana et al. (2019), which found that young children often do not disclose sexual abuse, possibly because they do not understand the act of sexual abuse. In contrast, older children may refrain from disclosure due to fear of negative reactions from family (Ramphabana et al., 2019).

The microsystem would then identify how the CSA affects the child as an individual before and after disclosure (Aucamp et al., 2014). There are negative developmental consequences to CSA (Adlem, 2017; Ramphabana et al., 2019). Also, there is a negative effect on mental or neurological wellbeing (Aucamp et al., 2014; Clayton et al., 2018).

5.2.4. Disclosure as a process

CSA disclosure has been described as a process (Brattfjell & Flam, 2019; Ramphabana et al., 2019). The current study confirmed this. The participants emphasised the individuality of children. When in therapy, children reportedly disclosed matters of sexual abuse during different phases of the treatment. Some children reportedly did not need to build trust and would reveal information in the initial contact. There were others, however, who

withheld information until the very last session before disclosing. Additionally, some children terminated therapy having never disclosed. One participant explained that children are the only ones who can determine when it is right for them to disclose. Therefore forcing disclosure would only cause secondary trauma.

Another CHW pointed out that CSA disclosure differed according to experiences. Children are not the same. The experiences of the child even before the CSA took place could determine how they would respond to the abuse (Adlem, 2017). Clayton et al. (2018) found that primary prevention which could work acknowledged that CSA is complex involving the child, perpetrator and culture. Therefore, the microsystem in this current study has the child embedded within culture.

5.2.5. Psychological effects after disclosure

Disclosing CSA has many repercussions which the child could never have been prepared to experience. CSA affects mental health and physical health (Bux et al., 2016; Phillip & Amone-P'Olak, 2019). With such thoughts in mind, a sub-theme was that disclosure of the incident was helpful to psychological wellbeing. However, it was not a requirement for healing.

The CHWs described their role as not to be an investigator, but rather to contain feelings and help the child make sense of what had happened and what was to come. A framework of disclosure would then help the child see him- or herself within their systems and perceive the outcomes they could expect. Role-players involved in CSA disclosure needed to have an understanding of the effects of CSA (Adlem, 2017).

Sexual abuse can have psychological effects (Bux et al., 2016). The study suggested that some children may have experienced flashbacks set off by triggers which reminded them of the incidents of abuse. Further issues included anxiety, sense of relief, post-traumatic stress disorder (PTSD), sexualised behaviour, suicidal ideation, re-enactment and reminders in

adulthood. The risk involved could differ according to context and the child's stage of development. It therefore needs consideration when intervening (Fouche, 2012).

At times there has been little emphasis placed on allowing children to recover (Bux et al., 2016). Therefore, wanting to seek a conviction is a dynamic to regain power that may be lost. However, as the current research showed, what was important was that a child felt that he or she have been listened too. As the current research pointed out, the child's definition of justice was then taken into account.

5.3. The contexts and processes which facilitate disclosure in CSA cases

When there is an understanding of the contexts and processes which facilitate disclosure of CSA, the anticipation is that contexts and processes which are relevant to South Africa could be discovered. Those could then be used in a future framework for a holistic understanding of a child who discloses. Each of Bronfenbrenner's bioecological systems which affect the child has its features which will play a role in how the child responds and what happens to the child (Aucamp et al., 2014).

5.3.1. *Creating trust*

According to Collings et al., (2005), CSA is not often reported by a family when they do not trust the child. Brattfjell and Flam (2019), reported that their participants chose to disclose to those whom they trusted. Nevertheless, the results of the current study have revealed that where there is trust, there is disclosure. Participants explained that when one first meets a child, it is important as a CHW to remember that one is a stranger to that child. Therefore, one cannot expect an outright disclosure in the first meeting.

Some methods mentioned in the current study contribute to building trust. Taking the initiative to build a relationship with the child enabled the child to trust the professional. Further to this communicating with a child in the least intimidating way such as describing

the interaction which would take place as a *conversation* as opposed to calling it an *interview* was said to increase trust.

The mesosystem interaction between the perpetrator and the child leads to losing trust in that relationship (Aucamp et al., 2014; Van der Merwe, 2009). When the perpetrator is not known, it is then a traumagenic betrayal by life itself (Van der Merwe, 2009). The extent of the CSA, therefore, adds to the dynamic of powerlessness, implying that the trauma could be more severe (Aucamp et al., 2014).

Bux et al. (2016) suggested that having security, empathy and trust facilitate disclosure of trauma. Thus, to gain trust empathising with a child is required. By identifying with how a child may be feeling, participants would then ask questions which would create trust, hence, they could disclose. This research indicated that threats that are usually involved in CSA could hinder disclosure. So, by having trust, one can help the child overlook most threats.

Macleod (1999), showed that having a helpline or crisis line assists with confidentiality of disclosure. Childline uses a crisis line. The current study had the same results. Participants in the current study proposed that knowing that there is no one looking at you when revealing sensitive details or not being able to see the CHWs reaction can encourage disclosure. Likewise, in the Optimus Study (2016) CSA disclosure was higher in confidential questionnaires (Ward et al., 2018).

5.3.2. A safe environment

An environment can be any context in which the child is embedded. It can be in the home, at the hospital, at school, a police station, in court, or even the therapeutic setting. The incident of CSA may have left the child feeling alone and unable to trust (Ramphabana et al., 2019). Thus, a safe environment, as suggested by the current study, inspires freedom to talk and evokes a feeling of support. Furthermore, during a phone call, a safe environment can

still be established. As a participant indicated, when the CHW is not empathic, the child may resort to abruptly ending the call. Therefore CHWs considered it important to be respectful and probing through well thought out questions.

Further to this, Bux et al. (2016) suggested that a safe environment encourages good coping mechanisms. To create a safe environment, one needs to connect with the child on his or her level. Children interact well through play and can disclose information they are holding to themselves. As evidenced by Rotter and Bush (2000, as cited in Adlem, 2017), CHWs consider play as a way to get into the hidden feelings of children without causing secondary harm since CSA betrays trust in people that can then affect any relationships the child may form in the future (Adlem, 2017). Therefore the environment should not be perceived as threatening to the child.

From the current study, the use of theory is encouraged when working with a disclosure from children. A participant suggested that instead of asking intrusive questions active listening, including reassurance, is required. Therefore grasping basic therapeutic skills helps one gain the child's trust.

5.3.3. Supportive family

This study brought home the need for more supportive families. Responses frequently emphasised the need for support. Traditionally adults are uncomfortable discussing topics relating to sex with children (Ramphabana et al., 2019). Non-supportive families make it hard for children to disclose to parents as they need to adhere to rules of respect (Ramphabana et al., 2019). This may then contribute to a cycle of CSA (Ramphabana et al., 2019). Not being supported by trusted loved ones can also contribute to the traumagenic dynamic of betrayal (Van der Merwe, 2009).

Findings from the current study are supported by past studies in that support at the beginning of disclosure, believing the child, and acting after disclosure may help the child to

heal (Bux et al., 2016). The current study showed that support took place at three different stages. There was support before abuse ever happened, support once a child disclosed and support after disclosure. Support before disclosure means setting the standard of what may happen was the child ever to disclose sexual abuse. It is often in a home where the child is encouraged to talk about any topic openly. Parental figures would encourage the child to open up and explain the importance of speaking out. Support once disclosure happens is supposed to build the self-esteem of the child. Knowing that someone believed them is enough for the child to continue. Finally, in the case of support after disclosure has happened, it is apparent that it is not just the child who needs support, but the parents as well, allowing them to convey support and information to the child. Additionally, the role of the supporter is viewed as not reliant on gender or sibling hierarchy. What mattered was that there was support in the home.

5.3.4. Stakeholders

The operation of a multidisciplinary team (MDT) helps alleviate workloads and expand on the holistic treatment of children. Currently, the role-players in CSA cases are doctors, nurses, counsellors, designated social workers, victim assistance officers (VAO), site-coordinators, IOs, forensic social workers, psychologists, and other personnel.

Participants suggested that having multiple role-players would help CSA disclosure. It was not just their visibility, but also their efforts in maintaining CSA awareness campaigns and keeping to events such as Children's Day, which would help to spread the message about CSA.

Learners and teachers are also facilitators of CSA disclosure (Brattfjell & Flam, 2019; Ramphabana et al., 2019). This means that the school setting is an environment where CSA can be disclosed. Therefore, having educational programmes rolled out in schools on CSA

would be beneficial for survivors and also peers as they can learn how to respond when a friend confides in them about sexual abuse.

Networking between role-players was reported as a method of ensuring a smooth path towards disclosure. When possible, the IOs or designated social workers often assisted by transporting survivors to therapy at Childline. Consequently, this overcame the challenge of children who discontinued treatment due to financial constraints. However, with high numbers of abuse, not every child has been able to receive this service (National Prosecuting Authority, 2019; South African Police Service, 2019).

5.3.5. Community awareness

The structure of many South African households has been affected by urban migration of parents or the death of parents due to illness (Jewkes et al., 2005). Parents often have to go out and provide financially for children. As a consequence, they are not always at home to observe the behavioural shifts in their children. Hence children are left to head families or are left in the care of the extended family, usually ageing grandmothers.

It is no surprise then that the community in which the child is embedded may be aware of behavioural changes or even witness the sexual abuse. Communities were described in the study as now being educated on CSA. This implies that a shift has taken place from a passive role to an active role. The role they have played may be of reporting suspected abuse and even offering their support to children. Childline has outreach workers who go out into the different communities and provide awareness on GBV, particularly CSA. Through these campaigns, people are reached, and they can then disseminate the information to others.

The mesosystem role-players are often family, school, community, and religious groups (Aucamp et al., 2014). Results of this study supported previous findings that children were likely first to report abuse to their peers (Brattfjell & Flam, 2019; Ramphabana et al.,

2019). The CHW's might then find out from a survivor's friend or through the friend's parent. Hence the vigilance of teachers and community members often led to disclosure.

5.3.6. Cultural practices

Culture is multi-layered, and CSA exists in diverse cultures (Ramphabana et al., 2019). Hence the results of the current study showed the strength and areas for improvement within a culture. As a facilitator of disclosure, culture came marginally recommended by the present study. It is noteworthy that there was no literature found on the facilitating factors of culture regarding disclosure of CSA. Thus, this has implications for the current research and is a need for future research.

The sense from the study was that leading up to practices such as virginity testing and *lobola* negotiations some people were encouraged to disclose any sexual activity. Such a practice could then be a mechanism to disclose CSA. Further to this, a participant reflected that regardless of the context, people from different African cultures have similar reactions to CSA. Consequently, the endpoint, when relating to abuse, was that there is no variation in culture.

Traditionally the macrosystem consists of the predominant culture and its resources (Aucamp et al., 2014). However, for this study, the child was seen as embedded within a culture. Therefore culture is always present in the child's life, so is part of the macrosystem.

5.3.7. Media

Similar to community awareness, yet a sub-theme on its own was the impact of media. Mass media or social media reaches millions in the country in various ways. Furthermore, the standard response in the research was its ability to encourage disclosure.

The exosystem encompasses the interactions and the impacts between systems in the microsystem as well as broader organisations (Aucamp et al., 2014). Seeing other survivors

and campaigns in the media has a way of normalising the experience of disclosing, taking away feelings of self-blame.

5.4. Different methods used by service providers to obtain disclosure

By exploring the different methods CHWs used to get disclosure, the purpose was to find out what methods worked and what did not work. It was anticipated that innovative approaches would be discovered.

5.4.1. *Childline Guidelines*

When enlisting to run as an NPO, an organisation needs to have an operational plan. Therefore, CLKZN has guidelines which are specific to it, which they use to intervene when working with children. The crisis line, the therapeutic social workers and outreach departments each have their own particular guidelines.

All the participants reverted to using them as their first approach when intervening. The CLKZN guidelines make use of age-specific activities to help child survivors. Children go through different developmental stages. Therefore, fittingly, their intervention considers the current developmental stage the child.

5.4.2. *Using theory*

Theory forms the basis of all intervention. It helps understand the child's aetiology and what methods can be used to get responses. In the road to disclosure, theory such as a person-centred approach (PCT) was suggested to help create a warm environment for the child. Bronfenbrenner's bioecological theory views the child within his or her environment. Therefore, having a safe space that encourages disclosure would make the child feel more open to talking. The child can get lost in the many systemic rings. Thus, it is crucial always to remember the child as an active role-player. Establishing the empowerment of the child can be through recognition, as one participant suggested.

Finkelhor (1987, cited in Van der Merwe, 2009), explored the processes inherent in sexual abuse forming the traumagenic dynamics. They are traumatic sexualisation, betrayal, powerlessness and stigmatisation (Van der Merwe, 2009). Thus, the child could be groomed and end up using sex as a manipulative tool (Van der Merwe, 2009). Additionally, there could develop a misrepresentation on the significance of human anatomy and sexuality (Van der Merwe, 2009). The act of sexualised behaviour could be a manifestation of the dynamic of traumatic sexualisation (Van der Merwe, 2009). The task then becomes using a theory-based intervention to assist the child.

Legislation concerning CSA is periodically under review. Therefore, it was important for the participants to be knowledgeable about the latest updates to law. Mass media was one way in which participants kept abreast with amendments.

Overall, the African paradigm was proposed when working with children who disclosed CSA. African psychology incorporates spirituality and identifies all behaviours and relationships, regardless of nationality (Nwoye, 2015; Ratele, 2017). According to Ratele (2017), using African psychology accounts for a more holistic and relevant intervention that moves away from Euro-American frameworks.

5.4.3. Innovation

The participants' years of working with CSA disclosure ranged from three to ten years. Therefore there was extensive experience in the field of CSA. Over these years, they have gained new skills, improved on skills and come up with strategies that work.

One significant observation which they brought out was that it is the child who often leads the session. One cannot force the session to take a particular direction, but the child may have his or her plan of how things will progress. Therefore, a sense of understanding and patience is required.

By being guided by the child then, outcomes may go in any direction. Consequently, goal-directed quick-thinking is involved. To gain the child as an ally, the manner of the approach used should not be intimidating or judgmental.

Several children reportedly did not come back for follow-up sessions. Therefore each session needed to be treated as the last. Thus, the quick-thinking methods used should also be enough to sustain a child for an extended period.

5.4.4. Training

Workshops, seminars, and training were all words used to explain a gathering where skills could be improved and learned. There has been training on sexual abuse which participants have attended. Participants realised that outdated methods of working with CSA could not be held on to.

As the CHWs had been in the field for several years, they could have chosen to hold on to what they knew and not be open to change. It was reassuring that they saw the relevance of learning new techniques as that showed growth and confidence in change. This was in contrast to what Naidoo (2013), reported on an unsatisfactory amount of training.

5.5. Barriers to child sexual abuse disclosure

The purpose of investigating barriers to CSA disclosure was to determine what hindered children from disclosing. It was, however, anticipated that there would cultural and structural barriers to CSA disclosure. Knowing what prevents disclosure means that those barriers can be addressed in future intervention.

The different systems hold protective and risk factors; hence this could account for some factors in the current study simultaneously being facilitators and barriers to CSA disclosure (Aucamp et al., 2014). Belsky (1993, as cited in Clayton et al., 2018), argued that the probability of a child being abused is predisposed by the way the systems that affect the child interact.

5.5.1. Identity of the perpetrator

The main reason that surfaced as to why CSA goes unreported was who the alleged perpetrator was in relation to the child. In confirmation of past research, the perpetrator was referred to in this study as often being someone who was often known by the family or the child (Ramphabana et al., 2019). It was not just a family member, but often a member who was close to the child. They could be uncles, relatives, neighbours, a trusted adult or even biological fathers. Out of fear, children might choose not to divulge the details of CSA or identity of the perpetrator (Ramphabana et al., 2019).

The identity of the perpetrator also had a link to their financial contribution to the child's livelihood. Having perpetrators as breadwinners could have been a sub-theme on its own, however, the link was seemingly glaring. Thus it implies that when the perpetrator is financially stable or is the breadwinner in the home, there are fewer prospects of a disclosure. It resonated with the recent study by Ramphabana et al., (2019). They found that in Venda families of CSA survivors perpetrators were often the financial providers in the families. Therefore reporting them to authorities was often a weighty decision (Ramphabana et al., 2019).

Participants often cited the child as going through an internal conflict of distressing the environment by disclosing such about not only a trusted person but also the only person who made sure the family had food. The dynamics of being blamed or not being believed could enter the child's mind. Additionally, mothers were still assumed to support the perpetrator. In line with this, Jewkes et al. (2005), suggested that mothers can find themselves torn between whom to support. Women might find themselves in a situation where they have to deal with the oppression and make sure the family is fed by turning a blind eye to the abuse (Ramphabana et al., 2019).

One participant described this circumstance as being equated to poverty and grooming. Poverty has driven such responses of thinking of the next meal rather than the emotional well-being of a child (Jewkes et al., 2005). Jewkes et al. (2005), conducted a study in South Africa and Namibia. Their study showed that mothers in Southern Africa found themselves having to prioritise which was more important, having a meal and a home, over reporting CSA (Jewkes et al., 2005). Grooming of children and families had conditioned them to accept the circumstance, and to fear the outcome and thus continue the cycle (Ramphabana et al., 2019).

5.5.2. Threats conveyed to the child

The sub-theme of threats relayed to the child brought on a shift in framework formulation. Having experienced threats, before, during or after the sexual abuse can prevent disclosure (Ramphabana et al., 2019). The current research has shown that numerous children do not disclose sexual abuse because the perpetrator has threatened them. Powerlessness can also manifest itself in extreme control leading to psychological outcomes of anxiety, fear, and depression, or even identifying with the perpetrator (Van der Merwe, 2009).

When emphasising their points, participants made an example of the threat to life as one tactic which was used by perpetrators, particularly that should the child choose to disclose, they [the perpetrator] would kill the child's mother. Children were then often said not to want to be responsible for the death of their loved ones, so they keep quiet about the abuse.

From this study, it seemed that perpetrators had found a way to not only threaten harm but also isolate relationships which they recognised are important to the child. Children were deemed to take such threats seriously and not question their authenticity. These findings indicate that there is a need to understand how a relationship between harm to loved ones as a threat leads to compliance.

5.5.3. Financial constraints

Therapy and court preparation are needed to facilitate disclosure. However, from the study, it was apparent that children did not have the monetary means always to attend therapy consistently. Therefore, it then hindered the disclosure of CSA. Reasons cited for missing scheduled sessions were that there was not enough money for transport to get treatment. The transport money used was for the child and the adult who accompanied the child to the appointments. The costs involved might be burdensome without the financial support of the perpetrator, who was likely the breadwinner in the family (Ramphabana et al., 2019).

Further points expressed in this study suggested that the money used for transport costs to appointments was from existing social grants. Therefore money not previously budgeted for then went towards transport costs at least once a month. That suggests that the family would have a financial shortfall.

In developing a framework, this theme needs addressing, as it not only affects the child's access to gain psychological healing, but also access to medical assistance, as they need to travel to collect follow-up post-exposure prophylaxis (PEP) medication, go to court interviews, and possibly to attend support groups.

5.5.4. Cases do not go to trial

The current research has highlighted minimal faith in judicial systems as a hindrance to disclosure. For children and families who perceived convictions as a measure of healing, the lack of cases going to trial could be a barrier to the child disclosing. The decrease in cases finalised with a verdict during 2018 to 2019 was accounted for by a shortage of prosecutors (National Prosecuting Authority, 2019).

Hence incidents such as those already mentioned, cases in the media, and experiences which happen close to home can lead several families to not disclosing CSA. Such incidents were reported by participants to affect children's rehabilitation.

5.5.5. Children are unaware they are being sexually abused

NPOs and governmental departments make it a point to engage in community awareness throughout the year. However, the realisation from this study was that there is still a population, particularly of young children, who do not know what child sexual abuse is. Alarming, this is in line with a study conducted 15 years ago by Collings et al. (2005), where patterns of CSA disclosure in KZN were identified. Results from that study also suggested that some children did not disclose because they did not know that what was happening was sexual abuse (Collings et al., 2005). In more recent studies, the same findings have been prominent (Brattfjell & Flam, 2019; Ramphabana et al., 2019). The inference then is that not much has changed to educate children on what CSA is.

Not knowing what CSA is puts children at risk of ongoing sexual abuse which could then end up being normalised by the child (Ramphabana et al., 2019). The act of grooming ends up normalising the experience where children feel they are just playing a game or that what is happening is typical for all children (Brattfjell & Flam, 2019; Ramphabana et al., 2019). The children who fall within this bracket need education so that they are aware of the violation and escape feelings of guilt for having partaken, enjoyed or even sided with the perpetrator.

In the system, the researcher refers to a survivor as *a child* because it is likely that not all children have disclosed or are aware they endured sexually abused.

5.5.6. Judgment

Children may choose not to reveal CSA due to a fear of being judged by the public or close family. The dynamic of stigmatisation can leave one feeling damaged or dirty (Van der Merwe, 2009). These existing narratives of blaming the survivor could make them refrain from disclosing. Mothers and girls have been blamed for rape, and it has been seen as something that affects only women (Jewkes et al., 2005). Low self-esteem can be a result of

traumagenic dynamics (Van der Merwe, 2009). It can incite self-blame in the survivor or leave feeling that they will not gain any support.

The results suggested that factors such as the way they were dressed, the time the incident happened, and their levels of alcohol consumption were often questioned. Previous negative responses, therefore, have prevented future disclosures. In contrast, Collings (2009), suggested that a child is more likely to get secondary victimisation from maternal figures than people outside the family.

5.5.7. Family agendas

Family agenda could be considered as an aspect of African culture. However, due to numerous responses, it stood out as a sub-theme of its own. African culture respects the sacredness of a family unit (Ramphabana et al., 2019). Moreover, each family has its traditions that it holds sacred. Cultural expectations call for children to respect their elders and family rules (Ramphabana et al., 2019). Some families may give off hidden and explicit rules they have to conduct themselves. The study participants had a unanimous response of “*It’s a family matter*” as a barrier to CSA disclosure.

The current research showed that once the child had started the process of disclosing by revealing to the family that was where it usually stopped. Children were often discouraged from going out of the family and divulging such information (Ramphabana et al., 2019). If they were fortunate, a family meeting might even take place. This finding is in line with Ramphabana et al.’s (2019) study on the influence of family in CSA disclosure in Venda people. The participants interviewed were caregivers of CSA survivors (Ramphabana et al., 2019). Their findings indicated that it was not just the child and mother who decided to report abuse, but that the extended family also had input in reporting abuse (Ramphabana et al., 2019). CSA remains a secret to protect the family name (Ramphabana et al., 2019).

Consequently, families have their agendas on how the matter should proceed. Past incidents of CSA may be prevalent in the family, or it may be the first offence. Both of these could excuse it as an act of misjudgement on the alleged perpetrators part. In the past, rape committed by a stranger was more harshly dealt with than that perpetrated by a family member (Jewkes et al., 2005). The current study brought out that this could have detrimental effects on the child's emotional wellbeing. Further to this, this study showed that it could make the child victim to future incidents of abuse.

Bux et al. (2016), investigate the experiences of ten caregivers after disclosure of CSA by the children in their care. Their investigation showed that parental figures were at times not accepted for reporting CSA (Bux et al., 2016). When the perpetrator was a family member, other members of the family were reported as not being supportive if the CSA was addressed outside the family (Bux et al., 2016). Therefore families may have received disclosure. However, did not carry on to the point of reaching medical assistance, therapy or even being reported to the police. Jewkes et al. (2005) and Ramphabana et al. (2019), mentioned that keeping the family structure intact was found to be a priority over confronting an alleged perpetrator. The call from the current study was for a need to understand disclosure as healing. It was proposed that disclosure can stop sexual abuse of the child and other children (Ramphabana et al., 2019).

5.5.8. Community responses

The responses of those closest to a child can often hinder disclosure. Schools were revealed in this study as a community which could be a source of discouragement. From this study it was reported that there needs to be more awareness in schools. Survivors may find themselves bullied through labelling and gossip which then all converts into bullying. This was said to evoke secondary trauma, at times leading to the child having to change schools.

Not surprisingly, secondary victimisation happened to many children after disclosure (Collings, 2009).

The current results indicated that geographical communities were reportedly not treated the same when it came to public awareness campaigns. Rural communities were apparently not being approached when it came to preventative awareness.

Community dynamics, such as prevalent stereotypes, increase reasons not to disclose. Thus, the level of misinformation on how people need to respond to survivors also needs to be addressed. Children have also been removed from their communities, as with schools, for their safety and emotional well-being.

5.5.9. Culture

A challenge in protecting children from CSA is when it is embedded in culture and social contexts specific to that country (Makhubela et al., 2016). Different cultures have similar practices which are prevalent. Makhubela et al. (2016), acknowledge that beliefs and practices cannot be separated from the dynamics of child abuse.

Ramphabana et al.'s (2019), themes which arose on the influence of family regarding CSA disclosure were prominent patriarchal practices, being forbidden to talk about sexual abuse or sex, valuing the family structure, the perpetrators' role in the family, the family's social standing, and secrecy within the family. These themes were also prevalent in the current study. This implies that the African context has many similarities. Therefore the information is useful for a framework going forward.

Undue emphasis on respect was brought out in the current study as an inhibitor of disclosure. According to Jewkes et al. (2005), respect in an African context often prescribes how people will carry themselves and what they can say. Respect was no doubt seen as necessary. However, the consensus in this study was that it could get to a point beyond what is needed.

Jewkes et al. (2005), found that participants gave rules of respect as a facilitator of rape. The current study showed that children get scared of showing disrespect as that would bring shame to the family and the child. To claim that an adult has engaged in forced sexual relations with a child would be offensive and perhaps even considered a lie. Jewkes et al. (2005), located respect as a part of patriarchal South African history. It is then conceivable to predict that children cannot refuse what a paternal figure asks of them (Jewkes et al., 2005).

This then ties in with the previously mentioned sub-theme of family agendas. Each family has its ways of handling matters and raising their children. That shame to the family as it was shown is referred to as *ichilo*. *Ichilo* would be extreme shame or an act of having disgraced the family name. Disclosure then, therefore, depends on their relationship with the child (Ramphabana et al., 2019).

Cultural practices of aloof parenting in order to attain respect can hinder disclosure (Ramphabana et al., 2019). In past African culture, parents were not considered as approachable. Some parents now continue with such familial traditions or are often just overwhelmed by life's expectations. Consequently, this can send inadvertent messages to the child that they cannot approach parents with any matters relating to them as children. The argument raised by participants was that in this current context, parents were in denial and now chose financial stability over their children's emotional wellbeing. Not having parents who are open to children's requests or emotional needs can make children keep quiet entirely with whatever is bothering them (Ramphabana et al., 2019).

Virginity testing is lawfully only open to children 16 years and older, provided they have been through counselling and have the permission of guardians (Children's Act, 2005). From the study, it was shown that virginity testing could impede disclosure when it did not happen under the child's terms. According to the participants, children may not be discussing their sexual encounters openly with their parents. Therefore, the practice may move them to

cry rape or even pretend to go to virginity testing in order to please their parents and escape community judgment.

Makhubela et al. (2016), conducted a study to explore how religious beliefs and practices contribute toward child abuse and neglect in the context of African apostolic sects in Zimbabwe. Their study found that CSA could be masked as marriage in churches, and it could endanger children's sexual health (Makhubela et al., 2016). The call from the current research was for women's voices to be heard. It is emancipation not just in a cultural but also an African religious context. Jewkes et al. (2005) recommended elevating the position and rights of women and girls in society.

5.5.10. Stakeholders

The current role-players in CSA and the government were seen as having an influence which may hinder disclosure. According to Naidoo (2013), staff were often apathetic, resistant to change and lax in regards to following procedures. There was agreement from participants on the ethics which were seemingly lacking when role-players professionally conducted themselves. Naidoo (2013), also reported an insufficient number of specialised staff, and too little work training and financial support.

According to Kruger et al. (2016), there is currently no standardised method to assess child witness competency in courts. All professionals need to be educated on how to respond to matters, maintaining not just professionalism, yet also empathising with those whom they work. Participants requested working cohesively as a unit when working on CSA cases and for government officials to communicate with each other.

5.5.11. Identity of the Investigating officer (IO)

Jewkes et al. (2005), acknowledged that published research has failed to reflect that CSA is affected by gender norms. It is men who are often perpetrators, and girls are often survivors (Jewkes et al., 2005). Though not a prevailing subtheme, the identity of the IO was

a subtheme which needed recognition. Results suggested it would evoke secondary trauma for an IO that was the same gender as the alleged perpetrator to interview a child.

Thus these gender dynamics involved can also be used to account for all stakeholders. To be questioned by a district surgeon or a prosecutor who reminds a person of the perpetrator would be anxiety-provoking, leading to minimal if any disclosure at all.

5.5.12. Corruption

The present study highlighted the impact of perceived corruption as a hindrance to disclosure. Not having an unbiased justice system was considered by CHWs to be a factor which made children and their families keep to themselves and not disclose. They were supposed to feel that the justice they needed in the form of a conviction would not happen. Unfair dismissal of cases and bribery can hinder disclosure. Likewise Collings et al. (2005), found that families would consider the likeliness of a conviction in a case before reporting it.

5.6. Recommendations for managing CSA to minimise psychological harm from disclosure

A pivotal part of creating a framework is making recommendations of what can be done differently, what can be included, and how CSA can be managed differently. These form part of the solution, and they are what makes the framework relevant to our African context. Further to this, they would help minimise psychological harm in the management of CSA.

5.6.1. A need for empathy

There was a call for a framework founded on practising empathy. Empathy can be shown in the manner in which professionals engage with children. The professional was described as someone who needed to be friendly who would actively listen to the child, allowing the child to be at ease with the professional before anything else because the child would be observing the professional as a stranger.

The environment in the context of the meso- and exosystem needs to be as unthreatening as possible. The role-player needs to be non-judgmental and refrain from blaming the child. The room used when getting disclosure was suggested to be accommodating and child-friendly. The emphasis on reducing stigmatisation through reactions can then empower the child (Van Eys & Truss, 2012).

5.6.2. Following the child's pace

Structure and planning are necessary for meeting the outcomes of a strategy. By having a plan or guidelines, one has an idea of what to do and when. The sub-theme, in contrast to this, was that of allowing disclosure to happen at the pace of the child. By allowing the child to lead the process of disclosure, the CHW could get even more than they could have anticipated if they forced or rushed the process of disclosure.

Often children have been groomed or forced into sexual abuse (Van der Merwe, 2009). Therefore, when considering the traumagenic dynamic of powerlessness by following the child's pace, the child's sense of power as a survivor can be restored (Van Eys & Truss, 2012).

Different role-players have their strategies and outcomes they require. Nevertheless, the research results have suggested that it is important to add a human element to processes that take place. The goal should not be to confuse children and make them second guess their disclosure. Rather, it should be to let the child define what justice is for him or her, thus restoring his or her trust (Van der Merwe, 2009).

5.6.3. All forms of disclosure matter

The suggestion going forward in an African context is to prioritise every form of disclosure, including written disclosure. Some children reportedly do not hold the ability to express themselves through talking, consequently writing could be an avenue they would prefer.

The current study revealed that emphasis on evidence should rather be regarded as an aid to the disclosure that has taken place. Currently, when there is a lack of medical evidence, it seems that many cases fail to hold as strong cases in court (Horne & Benson, 2011; Kruger et al., 2016). The majority of responses in this study pointed to the importance of all types of disclosure. Therefore, going forward, the suggestion is not to overlook any disclosure.

5.6.4. Legislative fails

Compared to the rest of the world, South Africa holds the most liberal Constitution, which protects the rights of women and children, as applied in the United Nations Convention (Mtshali, 2014). From the results, it was apparent that the macrosystem, that is, the Constitution, the government and laws which have been placed to protect children, have proven explicitly to do otherwise.

The participants in this study recommended first resolving existing issues before implementing a new policy. The call was for all role-players involved in the process of CSA disclosure first to work as a solid unit. It was believed that stakeholders not working together led to the current context of a breakdown in communication, mishandled cases, misinformation, barriers to disclosure, and more.

To rectify the experienced legislative fails, emphasis needs to be put on continually investing in training people who work with CSA (Naidoo, 2013). This could be in the form of reminders and improvements on what is happening in the field of CSA. The training also needs to have impact on the way prosecutors evaluate the readiness of children to disclose and testify in court (Horne & Benson, 2011; Kruger et al., 2016). Current systems tend to evoke feelings within the child which may cause them to blame themselves. Therefore they should be encouraged to be patient with children and understand that children have been threatened and do not recall events as adult witnesses would (Horne & Benson, 2011; Kruger et al., 2016).

The current method used when it came to bail terms and conditions was one that raised doubts in participants. The government should not continue operating seemingly unaware of people's criticisms and concerns. Therefore, by first listening in the form of research, forums, *imbizos* (gatherings or meetings, usually called by traditional leader), and paying attention to statistics, action can then take place.

The impact of therapy can be long-lasting. However, one participant said that a key feature was that no matter how good the process of healing was, if instilling legislation failed and the alleged perpetrator went back to the same home as the child, then secondary trauma occurred. The expectation of a child healing and feeling safe would be damaged.

It was also recommended that the sentence which is passed down needed to have severe repercussions, deterring others from committing the same offence. Additionally, that would make children feel they would receive just recourse.

The last problem raised by this research was the shortage of funding for efforts against GBV (Naidoo, 2013). An absence of funding results in limited resources which then means that not all people get the service or even the same level of service (Naidoo, 2013).

5.6.5. The circumstance of the abuse

When working with CSA disclosure, it is essential to consider the circumstances involved before, during, and after the abuse. The responses and the amount of time children take to disclose will differ because of this factor (Adlem, 2017). The person working with a child needs to note this and not force or expect children to react in the same manner. In addition to this, the involvement of threats can hinder disclosure. Therefore children should not be judged for their perceived unwillingness to disclose or inability to be a competent witness in court (Brattfjell & Flam, 2019; Horne & Benson, 2011).

Participants recognised that the gender expectation of only females being victims needed to be shelved. Boy children are also subject to CSA. Cases relating to boys are likely

not to be adequately represented (Clayton et al., 2018). They often fall under the radar. Their plight also needs to remain in all role-players' minds. Added to this consideration is the observation that the impact of sexual assault should not be minimised.

Ward et al. (2018), suggested that boys were more likely to disclose sexual abuse in the school context. Ward et al. (2018), noted that boys' dominant type of sexual abuse was through exposure, whereas girls reported contact sexual abuse often perpetrated by an adult known to the child. The traditional view held by people then that boys cannot be raped needs to be replaced with the notion of all children being potentially subject to CSA.

5.6.6. Cultural practices

Culture has featured as both a barrier and facilitators of sexual abuse disclosure. It can hinder or promote disclosure. Therefore this cements that in this context culture is indeed a factor in disclosure. Consequently, when working with children, culture should not be isolated from the individual or disregarded (Ramphabana et al., 2019). Accordingly, there appears to be a need for culture to be a bridge between child and his or her disclosure process.

Within their systems, few people are outside of the realm of their cultural aspect, be it school culture, community traditions or African culture (Ramphabana et al., 2019). One participant said that in the end we all become the very same people, and that implies that we all resort to the same measures. That can, however, disappoint when it does not support, encourage or protect. Therefore, the move suggested is not to do away with culture but to acknowledge its presence and adjust culture to fit the current context.

Culture has been proven to adapt or to evolve. An example is the practice of *lobola* which has evolved. The required number of cows for the bride-price was an adjustment from past practices (Mtshali, 2014). Further to this, nowadays real cows are no longer expected; cows have become a figurative representation of monetary value (Mtshali, 2014). Therefore,

one can argue that when it comes to traditional practices which are connected to the management or suspicion of sexual abuse, cultural methods of administration can also be readjusted. Furthermore Ramphabana et al. (2019), recommended that Venda families need education on the impact of African values on CSA disclosure and the survivor. This could apply to all African cultures.

One participant expressed that, “There is no ancestor who understands a goat for the fact that a child was raped.” The practice of accepting compensation in response to having engaged in sexual intercourse with a virgin needs readjustment or to be stopped. Yes, by law, people can be prosecuted if found guilty of accepting compensation for rape; nevertheless, the response from participants was that few cases actually made it to court when that transaction had taken place.

The most prominent aspect of culture which was said to need improving was the undue emphasis on respect. Indeed, it was acknowledged that respect is necessary, in fact, it is a factor which shows *ubuntu*. (*Ubuntu* means ‘humanity’, the belief in a universal bond of sharing that connects all people.) However, when it is undue respect instilled as a method to evoke fear and subjection to the alleged perpetrator (who many may not know has abused a child), it is also a barrier to disclosing sexual abuse. Consequently, to understand why children do not communicate CSA, one needs to recognise the impact of respect and the hierarchal standing of genders (Jewkes et al., 2005). Responses from participants showed that a lenient view on compliance could reportedly strengthen the bond between a parent and child, thus resulting in the child not fearing to disclose to an adult.

The discussion on context then brought in COGTA as a new role-player that needed to be added to the fight against CSA. COGTA is relevant because they engage in the management of traditional affairs. Therefore the interaction between this exosystem and macrosystem would inadvertently affect children's livelihoods. COGTA understands most

traditions relevant to South Africa, and they are connected to traditional leaders, and their knowledge can have an effect on legislation.

5.6.7. Family support

When viewing facilitators of CSA disclosure, a certain number of responses showed that a child who came from a supportive family was more likely to disclose. Therefore, an African framework needs to appeal to families and be supportive of children. According to Ramphabana et al. (2019), children fear whether they will be supported by family or not. Disclosure is not an easy process, therefore having familiar faces support the child can make a huge difference.

Under the sub-theme of support as a facilitator, participants expressed three stages of support, before, during and after disclosure. Participants recommended that parents, guardians or family needed to start showing support in everything the child did. One participant said that when a parental figure showed trust in children even concerning little things, children would use that safe space to divulge information about significant problems they faced.

Since there was a predominant transaction between the child and his or her family, there was also evidence that their reactions to how they took the news would serve as a guide for how the child would respond and cope (Aucamp et al., 2014). It was suggested that parents need to open room for children to know that they could discuss anything openly with them and willingly make themselves approachable to children.

Being a supportive parental figure also involves being alert to the signs of CSA. The suggestion was for parents to improve their parenting skills. Acts such as sending children out late at night should stop. Children need to be taught that they too can go to the nearest police station or CHW and get help.

According to Bux et al. (2016), parents experience grief after CSA disclosure. Therefore it may be challenging to parent or cope with the aftermath of the disclosure. In line with current research Ward et al. (2018), suggested that parents needed to be taught to support their children through their interactions and monitoring of children as this could prevent CSA.

5.6.8. Survivors

There is a need to understand the survivor from a holistic perspective and not at face value. The Sexual Offences Act makes room for the use of an intermediary during a trial. However, there seems to be little consideration for processes that happen before a child has to appear in court. Access to CHWs who use sign language was a need which was indicated by one participant. This aligns with a study by Clayton et al., (2018). When relating incidents of CSA, deaf adult males and females reported as much as two to three times more occurrences of CSA that happened in childhood compared to hearing participants (Clayton et al., 2018). Additionally, their participants expressed that minimal means were available for working with children with intellectual disorders and understanding their plight (Clayton et al., 2018).

The gender of the IO handling a case of CSA needs to be considered. Some participants believed that female children could experience secondary victimisation when expected to communicate with a male IO. Therefore they called to enlist more female officers to handle CSA disclosure. One participant recommended further that service firearms not be carried when IOs were with the children. The reason was that the gun could induce flashbacks or fear.

5.6.9. Community

Jewkes et al. (2005), recommend advocacy to aid with CSA. Using public awareness campaigns as a preventative strategy has been used by governmental and NPO professionals.

Results of this study did not disregard the effects of public awareness. Instead, the consensus was that there were not enough far-reaching public awareness campaigns.

Since CSA is a concern both socially and in public health awareness programmes, campaigns need to be aimed at both affluent and developing areas (Clayton et al., 2018). Rural parts of the country were cited in the study as being overlooked when it came to matters which involved progress. At a community level, Fouche (2012), identified a need to change damaging cultural practices.

Additionally, children also need to be the target when conducting campaigns. Children can find solace in group activities which empower them, normalise their feelings and provide support from their peers. CHWs said that the material used during campaigns needed to be age-appropriate as some children did not know how to read.

5.6.10. Inclusion of more stakeholders.

When observing the operation of the TCC model, the network of role-players currently involved in the fight against CSA is extensive. Therefore there is already a vast system of networks that is in place. From the study, the call was to include more stakeholders who were not in the network.

The first significant partner who is not always prominent is the Department of education (DOE). The term *in loco parentis* means ‘in place of a parent’. Educators are the primary contacts with children outside of the relationships they have with family (Aucamp et al., 2014; Seekings, 2006). Therefore teachers are influential and more aware of what is happening and are likely to be the ones who first notice changes in a child’s behaviour or school performance (Aucamp et al., 2014). Educators need to be empowered to act if CSA matters arise, but also to be present when meetings for victim empowerment programmes (VEP) take place. The suggestion was for the use of an anonymous letterbox in schools. The box would allow children the space to write freely and get help without being labelled.

Further to this, it was brought out that conducting interviews in the school setting was recommended because the threats that the child might face when interviewed at home could be eliminated.

It was recommended that the SAPS have a social worker in every police station. The justification from participants was that social workers are equipped to work with children. This is in line with Aucamp et al. (2014), who asserted that sexual abuse affects role-players in a direct and indirect manner. The demand was that CSA be a priority. It can be done by allocating SAPS vans at each police station specifically for CSA matters. To add to the suggestion of a social worker at each police station, it can be suggested that also having a social worker or school counsellor in every school would be beneficial. Social workers are equipped to work with children and they are part of the stakeholders who deal with social justice issues (Naidoo, 2013). Having access to a social worker at schools would make the child more willing to approach a CHW who is unbiased and would get them immediate assistance.

The next role-players suggested for joining the network were religious leaders. It was indicated through the study that children might confide in a religious leader. Research has omitted to focus on how spiritual practices can have an effect on child abuse (Makhubela et al., 2016). Children fall within the system, which is governed not just by culture but also by religion. The child cannot be separated from the two contexts. In line with this, Makhubela et al. (2016), conducted a study which explored the impact of religion and its practices on child abuse in Zimbabwe. The authors stated that religion could not be separated from factors which affected child abuse (Makhubela et al., 2016).

As was mentioned previously, role-players representing COGTA will also assist in mediating how culture and tradition can play an essential role in CSA disclosure.

Lastly, in adding professionals and finding a neutral empathic setting, one should also consider the identity of the person working with the child. It was suggested not just for IOs but also other professionals. Some survivors may experience difficulties communicating with a person of the same gender in the case of CSA.

5.7. Summary of the findings

The following is a summary of the results from the current study. The conclusions are based on the research questions proposed in Chapter One.

5.7.1. How do service providers conceptualise disclosure in CSA

The purpose of the research was to work towards creating a framework of CSA disclosure within an African context. In beginning the journey towards a framework, it was crucial to have a baseline of how service providers involved in CSA conceptualised disclosure in CSA in an African context. In starting the study, the premise was that service providers involved had their own ways of understanding what CSA disclosure is.

The findings of the study suggested that there is no one standard of what disclosure is (Adlem, 2017). Participants expressed that regardless of being in the same developmental stage, no two children should be expected to disclose in the same manner. Since the methods of finding out about the CSA differed, the participants suggested that it should not be discounted as disclosure. Additionally, this coincided with the findings that disclosure is a process (Brattfjell & Flam, 2019; Ramphabana et al., 2019). It takes time to disclose, and it is often affected by the experience of sexual abuse.

The judicial system often places emphasis on verbal disclosure and medical evidence (Brattfjell & Flam, 2019; Horne & Benson, 2011). The results of the study, however, showed that all evidence needs to coexist rather than to have one preferred type. Participants recommended not to overlook the weight of a written disclosure for caregivers or even in a court of law.

The participants described the kind of child who would disclose CSA. It was reported that girls were more likely than boys to disclose CSA. Boys often had to deal with the fear which came with the stigma of disclosing. Additionally, age was also suggested to have an impact on disclosure (Brattfjell & Flam, 2019). The participants' sentiments were in line with current research which indicates that younger children are more open to disclosing CSA (Ramphabana et al., 2019).

Psychological effects were reported to be experienced after the disclosure, hence the framework of disclosure would help children see themselves within the many systems in which they are embedded. It was emphasised that though disclosing improved one's psychological wellbeing, it was not imperative for healing.

The current study met the assumption of CHWs looking outside of the norm when getting disclosure when relating to the weight carried by a written disclosure. It can then be deduced that within an African context children are different, and they hold the ability to express themselves through writing. Girls were more likely than boys to disclose sexual abuse at a young age.

5.7.2. The contexts and processes which facilitate disclosure in CSA cases

To have a framework that works within an African context, it was then essential to understand the settings and processes which facilitated disclosure in CSA cases. The anticipation was that there were broad contexts and processes specific to Africa which promoted disclosure in CSA cases that often go unnoticed.

The participants in the study suggested that creating trust, having a safe environment, a supportive family structure, and collaboration between stakeholders, and informed community, minimal cultural practices and the media would all assist in facilitating disclosure.

It was suggested that the process of working with a child needed to be as unthreatening as possible. Consequently, it was important to restore the interactions between the microsystem and mesosystem which fix the trust and powerlessness. These have been lost during the incident of sexual abuse. Other research and the current study suggested security, empathy and trust as facilitators to trauma (Bux et al., 2016). Therefore, getting down to the child's level through activities such as play creates a safe environment which was suggested to open room for disclosure.

Findings from the current study support past studies that supporting at the beginning of disclosure, believing the child and acting help the child heal (Bux et al., 2016). The current study showed that all could offer support and support took place in three phases, before abuse ever happens, once a child has disclosed, and after disclosure. The MDT of role-players was reported to have an impact on disclosure. Their support, providing awareness and even transporting survivors was conducive towards disclosure.

An informed community and mass media were believed to empower the process of the disclosure. Participants, however, did not elaborate on many cultural practices, as had been previously assumed, which could facilitate disclosure. A lack of research on the positive impact of culture in CSA highlighted a need for more research in the field.

5.7.3. The different methods used by service providers to obtain disclosure

The current study also aimed to find out the different methods used by service providers to attain disclosures. The intention was to know what was currently happening in the field of CSA and if it was working. It was anticipated that service providers would tend to make use of innovative methods to attain disclosures.

CHW's were adamant about making use of the age-appropriate guidelines which were set out for CLKZN employees when working with children. Training was provided on the

latest amendments to laws and therapy techniques to supplement current knowledge and skills.

Finkelhor (1987, cited in Van der Merwe, 2009) explored processes inherent in sexual abuse, and developed the four traumagenic dynamics. Bronfenbrenner's bioecological theory views the child within their environment, therefore, having a safe space that encourages disclosure would make the child feel more open to talking. Overall, when working with children in an African context, it was proposed that the African paradigm be considered when working with children who disclosed. Therefore the current study viewed the child and culture as embedded in the microsystem interacting with all systems.

Innovative methods involved being guided by the child during therapeutic interactions. It was said that the child should lead the interaction, and this required patience and understanding. Lastly, the task was reported to be able to integrate that in such a way that it sustained a child who may or may not return for a follow-up session.

5.7.4. Barriers to child sexual abuse disclosure

When devising the framework, it was then necessary to identify the barriers to CSA disclosure. It was expected that there were many cultural and structural barriers to CSA disclosure. By knowing what the current barriers are to CSA disclosure, the hope is that these can be addressed and overcome in a new framework so that children can effortlessly disclose sexual abuse.

The participants' feedback which stood out was the role of the perpetrator in the child's life. The implication was that when the perpetrator was financially stable or was the breadwinner in the home, there were fewer prospects of disclosure (Ramphabana et al., 2019). A participant brought it down to the effects of poverty and grooming. Additionally, when coupled by threats which were given by a perpetrator, this affected whether the child would disclose.

The current study found that children and their families did not always have the money to attend therapy consistently. This was considered to hinder disclosure of CSA. Participants said that money often used for transport to appointments came from already burdened social grants. Furthermore, there have been fewer finalised cases of recently (National Prosecuting Authority, 2019). This could give a bleak outlook to children and who considered disclosing. Hence they may have chosen not to reveal CSA.

Past research reported CSA as a concept which some children were not aware of as happening at the time to them (Collings et al., 2005). Disturbingly, from the current study and previous studies, some young children do not know what sexual abuse is (Brattfjell & Flam, 2019; Ramphabana et al., 2019). Not being aware inadvertently puts children at risk of ongoing sexual abuse (Ramphabana et al., 2019).

The stigma that follows after the disclosure was an issue which the participants believed children and families feared. Responses suggested that matters are often swept under the carpet, and later referred to as a family matter. Therefore the process of disclosure usually stopped at the mesosystem in interaction with the family (Ramphabana et al., 2019).

Culture was a factor which stood out as carrying some practices which placed undue emphasis on respect, aloof parenting and patriarchy (Jewkes et al., 2005; Ramphabana et al., 2019). Additionally, the role of religion was mentioned occasionally by some participants. The factor of culture was considered one which made children second-guess reporting sexual abuse so as not to step away from cultural expectation. Other researchers and the current participants have recommended the need for the emancipation of females (Jewkes et al., 2005).

Responses of role-players in the exosystem and the fear of corruption highlighted a plight which seemed to be beyond the control of the participants and child survivors. Current

role-players were considered to be indifferent to their jobs and lacking in empathy.

Departments did not act cohesively.

Factors which acted as barriers to CSA disclosure outweighed the facilitators. This should be a concern going forward as it implies that there are cases of CSA which go unreported due to impediments which need to be addressed.

5.7.5. Recommendations to manage CSA to minimise psychological harm from disclosure

The lastly aim was to devise recommendations to aid in managing CSA disclosure to minimise psychological harm in the management of CSA. Due to the participants' vast knowledge, it was expected that they would provide recommendations which could be used to manage CSA disclosure.

The current recommendations called for role-players working with children to exercise empathy in their interactions with children. The aim when working with children should be to repair damage done to the child. One such way to do this was suggested as building trust and empowering the child through following his or her pace of healing and interacting. No matter the form of disclosure from the child, the participants believed that was enough to go on rather than to second-guess his or her competency as a witness. Additionally, role-players need to bear in mind that circumstances of sexual abuse differ and are often laden with threats (Adlem, 2017). Therefore the disclosure processes of children will differ.

It has been suggested that the implementation of the current legislation has been let down children's trust in the judicial system. Recommendations pointed first to implementing existing policy well and training stakeholders on working with children. After that, amendments to legislation should be informed by communicating with those to whom it matters. The present results suggested that the funding initiatives aimed at combating GBV should be earmarked for CSA and that harsher measures should be put in place for perpetrators of CSA.

Culture is a prominent dynamic of a child. It should therefore be a bridge between the child and the process of disclosure (Ramphabana et al., 2019). As culture has evolved, certain practices around child-rearing and disclosure need readjusting (Mtshali, 2014). Communities need awareness of CSA and its impact. The emphasis on respect was also suggested to require remodelling. According to Ramphabana et al. (2019), children feared whether they would receive support from their family. Therefore, in this framework the family also has a task to implement support. This can be support before, during and after disclosure.

The current study brought out that it is not just about helping a child holistically. The African child is complex. CSA is not something which happens to only girls as boy children are survivors as well. Children who have special needs are often marginalised not only by society but also the macrosystem which does not implement the measures they say they will provide for children. An example from the current study was that of children with hearing difficulties. There are not enough services with trained professionals who know how to help children with special needs.

Further recommendations were to include more stakeholders in the network of CSA role-players. It was suggested that the DOE educators have a significant hands-on role to play. Since they have been equipped with skills, social workers were seen as a need in all schools and SAPS stations. Religious leaders were also understood to have a role to play that could help with CSA disclosure. Additionally, COGTA was suggested as one department that could help in making informed decisions and bridging the gap between tradition and CSA disclosure. Finally, the setting used when attaining disclosure was described as one which should be full of empathy and consideration for the factors which might evoke secondary trauma.

5.8. Implications of this Study for Clinical Practice

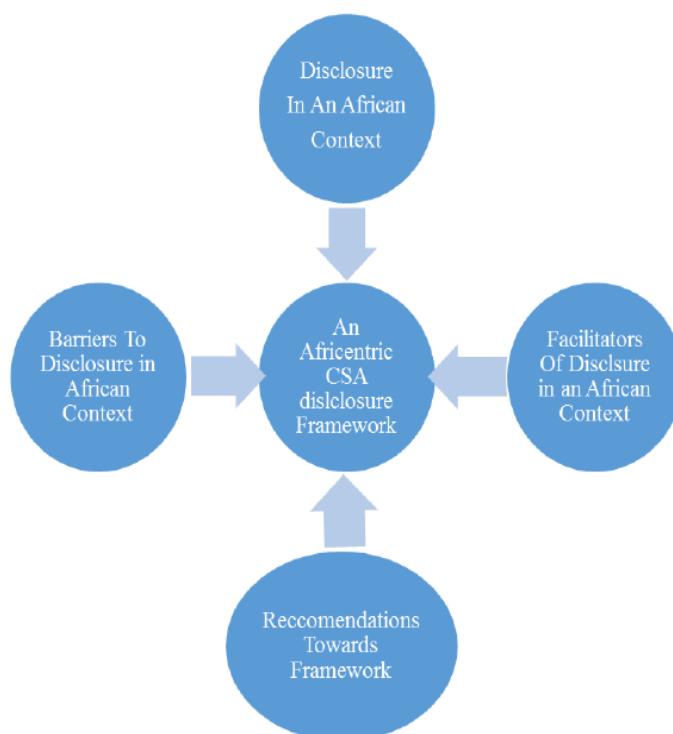
The purpose of this study was to work towards creating a framework for CSA disclosure in an African context. Five research questions were proposed. These questions were intended to lead towards the development of a framework relevant to the African context. The use of semi-structured interviews provided results which may hold specific implications for clinical practise. Figure 5.1 overleaf is an illustration of how the new framework would be compiled.

The findings showed the need for a common Africentric understanding of what disclosure is. There are numerous barriers to CSA disclosure. These barriers need to be addressed at all systemic levels so that children can feel safe enough to disclose CSA. The emphasis on awareness of factors which were facilitators of disclosure requires expansion with additional input from all role-players involved so that it can be utilised in practice.

Based on their expertise and what is in the best interest of the African child, participants made recommendations for what they believed an ideal framework of disclosure should look like within an African context. Consequently, by gathering all the above-mentioned findings an Africentric framework came to address the current gaps in practice. This framework is presented in Figure 5.1 overleaf. It centres on an Africentric CSA disclosure framework which is built on disclosure in an African context, facilitators to such disclosure, barriers to disclosure, and recommendations for this framework. The ultimate purpose is to serve the best interests of child survivors of CSA.

Figure 5.1

Creation of a framework



5.9. Implications of the study for policy

The study used Bronfenbrenner's bioecological model as one of its theories. Use of this model showed that a lot needs to be done to support children within their respective environments.

Critique from the current study called for existing South African legislation to be appropriately implemented. Participants further emphasized the need for a united collaboration between government departments. That would ensure that role-players know what is happening and the child does not become a statistic lost in the many systems.

A further implication for policy is a requirement of additional skilled staff to support receiving and handling of CSA disclosure. Therefore continued professional development should be mandatory and also be accessible and facilitated by policymakers. This was

evidenced by the participants' call for more awareness of sexual abuse in communities and the need for more stakeholders to be added as role-players in CSA disclosure.

There needs to be open discussions and adjustment to policy concerning cultural practices. Cultural practices need to build up and not marginalise populations. It was seen through the study that women and children are often at the mercy of culture, Therefore culture needs to be a bridge and empower all.

Research has demonstrated consistently that CSA disclosure is a process (Brattfjell & Flam, 2019; Ramphabana et al., 2019). However, there is often a financial burden on the child and their caregiver when accessing continued assistance. The Bill of Rights in the Constitution of South Africa indicates that every child has a right "*to basic nutrition, shelter, basic health care services and social services*" (South African Constitution, 1996, Section 13). If children cannot access their right to health care services and social services due to not having transport money, that can hinder the process of disclosure and affect their human rights. Therefore considering the information given, it is recommended that there be a short-term social grant for child survivors of sexual abuse. This would contribute to the psychological and physical wellbeing of child survivors.

5.10. Limitations of the study

The limitations of this study are related to the sample. The sample was small and consisted of CHWs representative of one NPO working with CSA disclosure. Thus their experiences could differ from other NPOs nationally as they are presumed to encounter different African cultures. Therefore, sampling a more extensive range of CHWs would allow for better comparison and strengthen transferability.

The results found in this study cannot be generalised to the country because the sample was representative of one organisation in KwaZulu-Natal which has minimal national interactions. However, the recommendations can be used as a guide going forward.

The sample consisted of one NPO and no departmental role-players. Time and resources were not enough to enlist other NPOs and role-players in the province or nationally. It would be useful to have interviews with other role-players such as prosecutors, educators, district surgeons, psychologists and investigating officers. This would allow for a more holistic approach, and it would reach all the systems concerned with the child.

5.11. Recommendations for further research

A recommendation for future research is to conduct the same study on a broader scale. Various role-players and the survivors need to be included in the study. Ideally, this should be conducted at a national level to have autonomy, diversity and a holistic approach.

Further research can be carried out regarding the relationship between perpetrators financial stability and the ability to coerce or groom children. The main aim of this research would be to investigate whether perpetrators choose their victims based on their financial need and relationship to the child.

Research should also look at the impact of culture and religion as moderators of CSA disclosure. There has been inadequate research on the role of the two dynamics reported in the current literature. This would add to the body of knowledge and inform Africentric interventions. Likewise, future research needs to look into the role culture and religion have in CSA disclosure. This is to devise a way to engage in adjustments to religious and cultural practices.

A study on the general public's awareness on how to respond to CSA disclosure, and particularly their knowledge of the TCC model should be conducted. This could be used to infer whether there is a need to educate people and which contexts need more awareness. This would add to reducing the level of non-responsiveness and stigma in communities.

Finally further studies can explore the feasibility of preventative measures used to provide knowledge of sexual abuse in communities.

5.12. Conclusion

The purpose of the study was to work towards creating a framework for CSA disclosure in an African context. Hence, the aim of the study was to inform current practices and highlight practices which are indigenous to South African people. An Africentric framework would help to get just recourse and enhance children's mental health. The implementation of a framework which is tailored to South African needs means much more can be done to change the current condition of CSA disclosure.

Through the use of ten semi-structured in-depth interviews with CHWs who receive CSA disclosure information was gathered to explore what works and what can be done differently (Kelly, 2012). Hence, this study acted sequentially by funnelling down reasoning which could lead to a core framework. This final chapter was a theoretically integrated discussion of the findings. The study indicated current facilitators of disclosure and also made recommendations on what can be added for future use. Suggestions for future research are envisaged to provide a holistic Africentric framework which puts the best interest of the child above all.

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Appendix 1: Ethical Clearance



8 December 2017

Ms Nondumiso Mbhele 200500008
School of Applied Human Sciences
Pietermaritzburg Campus

Dear Ms Mbhele

Protocol reference number: HSS/2052/17M

Project Title: Towards a framework to facilitate child sexual abuse disclosure within an African context: A qualitative study

Full Approval – Expedited Application

In response to your application received 20 November 2017, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisors: Ms Nontobeko Buthelezi
Cc Academic Leader Research: Professor D Wassenaar
Cc School Administrator: Ms Nondumiso Khanyile

Humanities & Social Sciences Research Ethics Committee

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Future Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

Appendix 2: Gate Keepers Approval

Childline KwaZulu-Natal

"A person never stands so tall as one who kneels to help a child."



123 Percy Osborne

Morningside

3200

31 July 2017

Ms N. Mbhele

P. O Box 28500

Sezela

4215

Dear Madam:

Application: Acceptance to conduct research at Childline Kwa-Zulu Natal

The following is in reference to your application to conduct research at Childline Kwa-Zulu Natal. The topic of the research is: *Towards a framework to facilitate child sexual abuse disclosure within an African context: A qualitative study.* Permission has been granted to for you to conduct research with the employees of Childline Kwa-Zulu Natal.

For additional information please contact Ms Adeshini Naicker on 031-3120904

Yours Faithfully



Ms Adeshini Naicker:

Provincial Head Office
163 Percy Osborne Road
Morningside, Durban
P.O. Box 37875, Overport
4067

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383 Bulwer Street
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Morningside, Durban

Satellite Offices:
Umlazi, KwaMashu
Chatsworth, Inanda
Mahatma Gandhi Hospital
Pinetown
Prince Mshiyeni Hospital
Ndwedwe, Maphumulo

**Toll free Crisis Line:
08000 55 555**

Telephone Contact:
(031) 312 0904
(031) 303 2222

Fax:
(031) 312 6008

Email:
director@childlinekzn.org.za

Website:
www.childlinekzn.org.za

Registration No.
NPO: 004-156

VAT No.
4140163504

Banking Details
Nedbank, Victoria Street
Durban
Account No: 1003111971
Branch Code: 148626

Section 18A
Public Benefit Organization
PBO Ref No: 18/11/13/1184

Section 18A
Public Benefit Organization
PBO Ref No: 18/11/13/1184

Blog Address
<http://childlinekzn.wordpress.com/>

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Appendix 3: Informed Consent

INFORMED CONSENT

I.....
 have been informed about the study entitled *Towards a framework to facilitate child sexual abuse disclosure within an African context: A qualitative study* by Nondumiso Mbhele.

I understand the purpose and procedures of the study.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any treatment or care that I would usually be entitled to.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at (The provided details).

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact the ethics committee.

Signature of Participant

Date

CONSENT FOR VOICE RECORDING

I hereby agree to the voice-recording of my interview participation in the study.

The recording will be used as a means to transcribe the interview conducted.

Signature of Participant

Date

Appendix 4: Request for Participation

Childline KZN

123 Percy Osborne

Morningside, Durban

19 April 2017

Dear Sir/Madam

RE: Request to conduct research at Childline KwaZulu-Natal (KZN): Towards a framework to facilitate child sexual abuse disclosure within an African context: A qualitative study.

I am Nondumiso Mbhele currently a registered psychology Masters student at the University of KwaZulu-Natal (UKZN). I am conducting my research under the supervision of Ms. Nontobeko Buthelezi. I would like to make a formal request to conduct research with the staff at Childline KZN as part of my Masters' research.

I have an interest in child sexual abuse disclosure particularly within a South African context. The reason for approaching you is because Childline KZN reaches most parts of the province, has been running for many years and operates in the field of child sexual abuse (CSA). The proposed research will help guide a possible framework that can be developed in order to facilitate CSA.

In this letter I have attached:

- 1) A gatekeeper's letter which gives an in-depth explanation of the purpose of the research and a contract of how I will conduct myself if granted the permission to access data you're your organisation.
- 2) An information sheet and consent forms which will explain to the role of participants in the research.
- 3) An interview schedule which will be used during the interviews.

I kindly request that this application to conduct the proposed research with Childline KZN be considered. I look forward to receiving your response.

Yours sincerely

Miss Nondumiso Mbhele

208500008@stu.ukzn.ac.za Contact No.: 0720365024

Appendix 5: Semi-Structured Interview Schedule

Nondumiso Mbhele

Semi-Structured Interview Schedule

1. What is your job title/role at Childline KZN (CLKZN)?
2. What is your gender?
3. Tell me about your experience (such as no. of years) of working with CSA?
4. What is your definition of a disclosure?
5. Can you outline the process of disclosure from your experience and the experience of others that you have worked with in this field?
6. In your experience as a community health worker (CHW), can you identify stages in the child sexual abuse cases that you and your colleagues have dealt with over time.
7. Can you provide a typical profile of children who are most likely to disclose CSA to you? (how do they get there, are they alone, just a profile of the child, where are they from)
8. In your line of work, if survivors are expected to have follow up sessions, do they come back? What do you think would stop them from coming back?
9. What method or model do you generally use to get disclosure?
10. In what way do you think that this method or model helps to attain a disclosure?
11. What are some of the latest useful methods that you and other CHW have used to in the past to facilitate disclosure?
12. What are the factors in South Africa which you believe affect CSA disclosure?
13. What do you think can be done differently when getting disclosure?
14. How important do you think disclosure is when it comes to psychological healing?
15. Which form of attaining disclosure do you feel should be given preference and why do you think so? (verbal, observation, medical examination, witness, etc)
16. Looking at the survivor of CSA in their environment (home, school, community), how do you think that the processes that come after disclosure affect the child?
17. What/who do you think encourages survivors to disclose?
18. What cultural factors have you found to inhibit disclosure?
19. What cultural factors have you found promote disclosure?
20. How have the survivor's intrinsic values affected disclosure?

21. Going forward what do you think needs to happen in South Africa for there to be CSA disclosures that are beneficial for the survivor and their family?
22. Feel free to mention anything else we may have not discussed which you feel will be beneficial towards the study and framework creation?

Appendix 6: Permission for Containment



30 March 2017

To whom it may concern






This letter serves to provide the assurance that should any participant interviewed by Ms Nondumiso Mbhele (Psychology Masters student) require psychological assistance as a result of any distress arising from the research project titled *"towards a framework to facilitate Child Sexual Abuse disclosure within an African context: A qualitative study"*, the service will be provided by Masters one Psychology students and intern psychologists at the University of KwaZulu-Natal, Pietermaritzburg Campus Child and Family Centre – phone 033-2605166.

Yours sincerely,

Y. Chilumazi
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