

**CHILD SEXUAL ABUSE:
PSYCHOSOCIAL ASPECTS OF CASES SEEN IN
THE GREATER DURBAN
METROPOLITAN REGION**

BY

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DECLARATION

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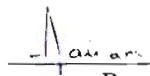
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for any other degree or to any other University.



Researcher



Date

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ABSTRACT

The sexual abuse of children is recognised worldwide as a problem of significant proportions. It is generally acknowledged that South Africa has one of the highest rates of sexual crime in the world. Despite high prevalence figures for child rape in South Africa, there has been no systematic attempt to explore the nature and scope of the problem in this country. The identification of factors which increase a child's risk for sexual abuse is of considerable importance in the design and implementation of appropriate prevention interventions.

With this in mind, this investigation set out to identify psychosocial aspects associated with child sexual abuse in an urban sample of South African children. The main question that guided this investigation was: What were the psychosocial factors that might have contributed to the sexual abuse in the study sample?

An integrated conceptual framework with some of the most frequently occurring etiologic factors across existing theoretical perspectives was used as a lens for understanding the various factors that might have contributed to child sexual abuse in the study sample?

The identification of psychosocial aspects involved a file review of 245 cases of child sexual abuse reported to the Crisis Centre Unit at the Mahatma Gandhi Memorial Hospital during the period of November 2002 – April 2003. The site for data collection for this study was the Durban Region which is located in KwaZulu Natal and which has the second highest incidence rate for child sexual abuse in South Africa. A recording sheet was completed by the researcher with which data from the sample of content was taken. A wide range of variables was tapped, including ethnic distribution, socioeconomic status of the family, age and sex distribution of the child, type of family constellation, relationship of perpetrator to the child and probable psychosocial factors or mechanisms that contributed towards the sexual abuse. Descriptive statistics and the chi-square test of significance were used to analyse the data.

The results showed clearly that situational factors (absence of other adults at home, poor or no supervision, child alone or unprotected and abduction) appeared high on the list among the psychosocial aspects. Other factors included child factors (child mentally retarded), perpetrator factors

(psychiatric illness, unemployment and drug and alcohol abuse) and parental factors (marital problems in parents). Though the results showed clearly that situational factors appeared high on the list among the reported probable factors, whatever information obtained through socioeconomic status, family constellation, ethnicity and relationship of perpetrator to the child has thrown some light on understanding the various factors related to child sexual abuse in a South African setting. Living in a housing condition that was not protective, living in a family with a low income and living in a broken family setup, all of which have been associated with higher risks of abuse, were factors that were prevalent in most cases in the study sample. The results of this study indicated that sexual abuse is a complex phenomenon caused by the interaction of a wide variety of equally complex variables which is congruent with the conceptual framework for this study (based on a content analysis of different theories) that views child sexual abuse as a complex multifactorial phenomenon and not a simplistic cause and effect event.

The research, therefore, concludes with recommendations to policy makers on primary prevention of child sexual abuse. This would mean actively involving themselves in programmes that assist in the eradication of poverty and, provision of better housing, recreational and after-school care.

TITLE: Psychosocial aspects of child sexual abuse

KEY TERMS: Sexual abuse; Psychosocial factors; Risk.

CHAPTER 1

INTRODUCTION

1.1 The study in context

“I remember the Sunday you stayed after Sunday School
to talk to me.
I was seventeen, then,
And you were only nine.
You had blue eyes and white-blond hair,
And you came to me as the only grown-up you could talk to.
You told me what your daddy made you do.
We didn’t have words for those things, then
And I didn’t know what to do or say.
I know now
What I wish I had known then.”
(Hancock & Mains, 1987, p. 1).

When the above dedication to a book was written in 1987, it describes a time when professionals as well as lay people were relatively uninformed on matters concerning the abuse of children in general, and sexual abuse in particular. The sexual abuse of children – as revolting as it is mystifying – has been brought into sharp focus in South Africa with the recent spate of incidents of child rape. In a case, reported in the press about 2 years ago, a two-month-old baby girl in Port Shepstone was left torn and bleeding after being raped. Two men, aged 74 and 26, were charged with rape and the woman who was caring for the infant was charged with child neglect. The sexual abuse of children seems to have become commonplace, a distressingly frequent item on news broadcasts. According to the most recent figures, provided by the National Commissioner of the South African Police Service (Saloojee, 2002), 52 860 cases of rape were reported to the police nationally in 2000, and a further 37 711 rapes were reported in the period January to September 2001. An analysis of reported rapes by age-category indicates that children face a particularly high risk of sexual abuse, with the rape ratio for children in the 12 to 17 year-old category (471.1 rapes per 100 000 female population) being nearly double the national ratio of 285.6. In the period 1996 to 1998 rape was the most prevalent reported crime against

children, with the prevalence of reported child rape having increased notably in the past two years (Saloojee, 2002).

What is the nature and scope of the problem in this country? Are there reasons to believe that the incidence of abuse in South Africa is on the increase? Are there reasons to believe that South Africa has the highest rate of sexual crime in the world? What are the factors contributing to the occurrence of sexual abuse so that they can be addressed? These are but some of the questions that intrigued the researcher and triggered her interest in pursuing this study.

1.2 Historical background

In attempting to gain an understanding of child sexual abuse as a social problem it is necessary to explore the genealogy of this phenomenon and the various movements that have facilitated its significance today?

It is essential that we understand that child abuse is not a recent phenomenon. Researchers contend that child abuse has occurred throughout human history and only emerged in professional discourse in the late 1960s. The phenomenon of child sexual abuse is documented to have existed long before the creation of the construct of child sexual abuse. When locating child sexual abuse historically, one realises that throughout history, children world-wide have been subjected to domination, murder, mutilation, beatings and forced labour, to name a few of the many examples of the maltreatment of children (Lachman, 1993). Olafson, Corwin and Summit (1993) trace an awareness of child sexual abuse in the 17th century when incest was practised and condoned in Greece, Rome, Arabia and China. Further information reflecting the history of child sexual abuse comes from court records. For example in 18th century London many believed that sexual intercourse with a child would cure venereal disease, a belief, which worryingly, appears to have gained some currency in contemporary AIDS discourse in South Africa and in North America, union investigations reveal numerous incidents of sexual assault against child labourers while slave girls were often subjected to rapes and forced breeding (Hellerstein, Hume & Offen, 1981).

Freud's seduction theory of 1896 constituted a departure from prior medical discourse about sexual abuse. Freud's later retraction of this theory facilitated the suppression of awareness of child sexual abuse in particular, however, a greater interest grew amongst many of Freud's contemporaries with the issue of the effects of childhood trauma (Kuhn, 1997). With the exception of Ferenczi, few early

psychoanalytic authors explored the issue of childhood sexual trauma. Ferenczi's 'Confusion of Tongues' in which he discussed child sexual abuse was a landmark paper that was suppressed and only re-emerged in 1949.

The turn of the 17th century saw the development of the feminist movement (Levett, 1995 cited in Lubek, Van Hezewijk, Pheterson & Tolman, 1995). A focus on the family, gender and sexuality developed. This movement continued but only heightened in the 1950s. A number of other movements developed alongside feminism in the United States at this time. The emergence of the Civil Rights Movement in the 1950s facilitated an increase in the study of victims and led to the appearance of the term 'victimology'. This resulted in a greater sense of equity and social responsibility (Nelson, 1984). The radical feminist slogan 'personal is political' became prominent and a greater awareness of the rights of women and children developed, although the conflation of the two has been understandably problematised by feminists since then (Burman, 1994). During the post Second World War period these professions developed bodies of research on trauma and its effects, and focus turned to the treatment of victims. Health professionals drew greater attention to child sexual abuse as an instance of patriarchal power abuse. Public lobbying led to child sexual abuse being taken up more actively, both clinically and academically.

In South Africa, a similar set of developments endorsed an increase in awareness of the plight of victims of trauma. The Child and Family Welfare Society assisted victims of child maltreatment as early as 1918, however, it was not until the 1970s that victimology, child abuse, and child sexual abuse in particular became more apparent (McKendrick & Hoffman, 1990). In 1976 the first Child Abuse facility in South Africa was established at Addington Children's Hospital in Durban but it was not until the early eighties that the sexual abuse of children was recognised as a serious and ever increasing paediatric problem. The plight of victims in general began to be taken up by the Human Sciences Research Council (HSRC) in South Africa and research studies were conducted focusing on criminal victimisation as well as the development and evaluation of treatment programmes for rape victims. Historical literature on child sexual abuse in South Africa tended to focus, largely on the plight of victims who were white South Africans. The study and literature available on victimology with reference to African communities in South Africa is a field of research that has only become prominent in the last few decades. The recognition of child abuse has evolved slowly in our South African society in more or less recognizable stages:

- The denial that child abuse existed at all.
- Child abuse was considered to be an extension of psychiatric illness and alcohol or drug abuse.

- The recognition of child physical abuse.
- The acceptance of the concept of emotional abuse.
- The acknowledgement of the existence of sexual abuse.
- The recognition of the rights of each child to loving care and a protected period of childhood (McKendrick & Hoffman, 1990).

A problem one is confronted with when attempting to explore the development of this phenomenon lies in the fact that available literature and records stem, predominantly from an Euro-American context. Little if any records or literature is available with reference to African societies.

1.3 Purpose of the research and research questions

The present study was aimed at identifying psychosocial aspects associated with child sexual abuse in an urban sample of South African children, and as such focuses on the previously excluded. A number of specific research questions were addressed:

1. What was the incidence rate of child sexual abuse cases seen during the period of November 2002 – April 2003 in the study sample?
2. What were the psychosocial factors that might have contributed to the sexual abuse in the study sample?
3. Were the psychosocial factors different across the ethnic groups?
4. Were the psychosocial factors different between males and females?

1.4 Rationale for the research

Despite high prevalence figures for child rape in South Africa, there has been no systematic attempt to explore the nature and scope of the problem in this country. While we know that South African children are at a higher risk for abuse we have no clear understanding of contextual factors which place children at a higher risk for abuse. These factors are, however, generally not reflected in the South African literature, suggesting that a truly South African body of research does not exist. The greater part of the literature into child sexual abuse stem from an Euro-American context.

Recent reviews of the literature indicate that while patterns of child sexual abuse in this country appear

to differ in important respects from patterns of abuse in other countries, and while there appear to be temporal changes in the dynamics of abuse, there has been no systematic attempt to explore these dynamics in South Africa (Collings, 2003). Various authors have documented the effects of living under the system of apartheid and political violence (Dawes & Donald, 1994; International Defence and Aid Fund, 1980; Killian, 1993; McKendrick & Hoffman, 1990; Rock, 1997). These authors have noted in particular that black South Africans have suffered forms of structural violence due to previous politically enforced inequalities.

The paucity of research into the factors contributing to the occurrence of sexual abuse, seen as related to the historical influences of apartheid, is striking. There is a paucity of research documenting the factors contributing to the occurrence of sexual abuse in certain communities in South Africa, in particular, areas such as townships and informal settlements. Thus, there is a need to identify the factors associated with child sexual abuse in a South African context. The present study, therefore, attempts to explore these current gaps pertaining to researching these factors within a South African setting. The study will provide important baseline data which is necessary to provide a basis for exploring risk factors associated with child abuse in other areas of South Africa.

1.5 Significance of the study

Sexual abuse by its very nature causes significant harm to a large proportion of children and it is a problem that cannot be considered insignificant but demands many human and physical resources to combat. South Africa has one of the highest rates of sexual crime in the world (Saloojee, 2002). While we know that South African children are at a higher risk for abuse we have no clear understanding of factors which place children at a higher risk for abuse and, therefore, no rational basis for developing focused and effective primary intervention strategies. The identification of factors which increase a child's risk for sexual abuse is of considerable importance in the design and implementation of appropriate efforts to prevent child sexual abuse. A systematic understanding of factors which place children at a higher risk for abuse constitutes a prerequisite for the development of rational and effective primary prevention strategies.

This study, therefore, identifies risk factors for abuse and provides important baseline data which is necessary to assess the extent to which available policies are adequate for, or implemented in a manner that best serves the interests of, children. It will add to the existing body of knowledge about the prevention of this pervasive problem. The study will also provide a basis for exploring risk factors

associated with child abuse in other areas of South Africa. It will contribute to theory and policy debates regarding strategies and victim empowerment structures, required for effective primary prevention of abuse, specifically among urbanized children in the South African context.

1.6 Methodology

The site for data collection was the Durban region, which is located in KwaZulu Natal and which has the second highest prevalence rate for abuse in South Africa. The identification of psychosocial aspects involved a file review of 245 cases of child sexual abuse reported to the Crisis Centre Unit at the Mahatma Gandhi Memorial Hospital during the period of November 2002-April 2003. A recording sheet was completed by the researcher with which data from the sample of content was taken. Descriptive statistics and the chi square test of significance were used to analyze the data.

1.7 Results

The results showed clearly that situational factors (absence of other adult at home, poor or no supervision, child alone or unprotected and abduction) appeared high on the list among the psychosocial aspects. Other factors included child factors (child mentally retarded), perpetrator factors (psychiatric illness, unemployment and drug and alcohol abuse) and parental factors (marital problems in parents). However, whatever information obtained through socioeconomic status, family constellation, ethnicity and relationship of perpetrator to the child has thrown some light on understanding the various factors related to child sexual abuse in a South African setting. Most of the children in this study sample belonged to the African ethnicity and to the low socioeconomic class. Absence of the mother from the family and lack of supervision are common in Black families due to domestic work away from the family. These constraints lead to children taking on roles of self-protection. In the absence of parental supervision by adult caregivers children are forced to fend for themselves thereby adding to the risk factors for child sexual abuse.

Most of the children came from a household with total monthly earnings of <R1000 and were found to be living in shacks and illegally built homes and most of the natural parents of the children were divorced and separated, all of which have been associated with higher risks of abuse.

The results of this study are congruent with the conceptual framework for this study that views child sexual abuse as a complex multifactorial phenomenon and not a simplistic cause and effect event. They indicated that child sexual abuse is a complex phenomenon caused by the interaction of a wide variety of equally complex variables and that we have to, therefore, look at all the factors that underpin sexual violence against children.

1.8 Limitation of the study and significance of results

Though the researcher did not have direct control over the keeping of the case files, the file review provided valuable information in respect of the factors associated with child sexual abuse which is of considerable importance in the design and implementation of prevention efforts. An analysis of data indicated the following points of significance:

- Poor or no supervision appeared high on the list among the psychosocial aspects
- Living in a housing condition that was not protective and living in a family with a low income were factors that were prevalent in most cases in the study sample.
- Most of the children came from a household with total monthly earnings of <R1 000 and were found to be living in shacks and illegally built homes.

This would mean policy makers actively involving themselves in programmes that increase parental capacity for effective supervision of children and programmes that assist in the eradication of poverty and, provision of better housing, recreational and after-school care.

1.9 Preview of forthcoming chapters

Chapter Two comprises a review of the literature pertaining to the conceptualisation of child sexual abuse, the incidence rate of child sexual abuse cases, the causes of child sexual abuse as well as the characteristics of victims and offenders.

In Chapter Three, the dominant discourses surrounding the phenomenon of child sexual abuse are explored along with a constructed integrated conceptual framework for understanding child sexual abuse based on a content analysis of different theories that have been proposed to explain child sexual abuse.

Chapter Four discusses the methodology of this research, in an attempt to find appropriate methods for the gathering and interpreting of information relevant to the aims of the study.

Chapter Five details the specific findings of the research, and attempts to discuss these findings within the broad context as laid out in earlier chapters. An understanding of the meaning of the findings is attempted, and consequently some interpretation is employed.

Chapter Six considers the conclusions of this research as well as implications of the results, and suggests a number of recommendations based on the implications. The chapter also focuses on some of the limitations of the research, in order to place the research findings into a realistic and relevant context.

CHAPTER 2

LITERATURE REVIEW

2.1 Orientation to chapter two

This chapter is a literature review of the conceptualisation of child sexual abuse, the incidence rate of child sexual abuse cases including incidence with regard to age and gender, the causes of child sexual abuse as well as the characteristics of victims and offenders. The focus of the review is related to aspects of literature salient to the purpose and critical questions of the study.

The purpose of this study is to identify psychosocial aspects associated with child sexual abuse in an urban sample of South African children. The critical questions are:

- What is the incidence rate of child sexual abuse cases seen during the period of November 2002 – April 2003 in the study sample?
- What are the psychosocial factors that might have contributed to the sexual abuse in the study sample?
- Are the psychosocial factors different across the ethnic groups?
- Are the psychosocial factors different between males and females?

2.2 The conceptualisation of child sexual abuse

In reviewing the literature, there is no concrete or universal definition upon which individuals involved in the field of child sexual abuse agree (Driver & Droisen, 1989; Glaser & Frosh, 1993). In fact, it is essential to note that proponents of various perspectives have vociferously contested every definition of child sexual abuse. This is likely to be, in part, the result of the varying nature of constructs across time and cultures. There is considerable debate at the international level over the definitions used in the field and South Africa is no exception.

A fundamental dilemma faced when defining sexual abuse is that of the age and developmental level of the child (Friedman, 1990; Glaser & Frosh, 1993). Many definitions often state that sexual abuse occurs when a 'sexually mature person' takes advantage of a 'child' (Finkelhor, 1990; Glaser & Frosh, 1993). Chronological age and legal definition of childhood are all that we are able to use to determine what is meant by the concept of 'child' (Driver & Droisen, 1989; Finkelhor, 1986;

Friedman, 1990). While Western societies tend to construct childhood as a time of innocence, this discourse of childhood is not a universal or static one (Korbin, 1980). For example, the role of children during the age of industrialisation was that of child labourer while today children tend to be associated with innocence and a need for protection (Olafson et al., 1993).

In black South African society (along with many other non-western communities) children and their roles are in strong contrast to the views held in Western settings. An unknown number of children in South Africa are involved in the care of younger children (Killian, 1993; Korbin, 1980). Western folk wisdom would argue that a child of eight, ten or eleven who has to care for a younger child is deprived of his or her “age of childhood”, while the younger child is seen as deprived of adult caretaking (Korbin, 1980). In certain, non-western cultures, however, sibling caretaking is viewed as a positive role and one that prepares the child for his or her future role as parent (Korbin, 1980). Amongst many black South African parents, significant socioeconomic constraints are placed on parental capacity for effective supervision of children (McKendrick & Hoffman, 1990; Killian, 1993). Absence of the mother from the family and lack of supervision are common in Black families due to domestic work away from the family. These constraints lead to children taking on roles of self-protection. In the absence of parental supervision by adult caregivers children are forced to fend for themselves thereby adding to the risk factors for child sexual abuse (Dawes & Donald, 1994). Furthermore, black children living in informal settlements are often expected to take on other adult roles much earlier than their Western counterparts (Dawes & Donald, 1994). These adult roles include management of the home and entering the labour market in order to support the family (Killian, 1993; McKendrick & Hoffman, 1990). This is often at the expense of the child’s education. Thus within African society defining ‘child’ is a problematic endeavour.

Conceptualising of ‘sexual’ is problematic for a number of reasons. A problem with defining ‘sexual’ is that ‘sexual’ is often assumed to be an act of sexual intercourse (Glaser & Frosh, 1993). However, sexual abuse may range from ‘non-contact insults to penetrating violations’ (Knutson, 1995). Much of child sexual abuse involves acts that would be regarded as subtle in comparison to intercourse. Sexual abuse of children often constitutes touching the child, or asking the child to touch oneself, exposing the child to pornographic material, requiring the child to look at parts of the body, sexual acts or any other material which is arousing to oneself (Driver & Droisen, 1989; Finkelhor, 1986; Glaser & Frosh, 1993). Most definitions of child sexual abuse encapsulate child rape with other forms of abuse. Another difficulty faced in conceptualising ‘sexual’ is that literature on child sexual abuse seldom acknowledges children’s active sexual life and their interest in adult and taboo behaviours (Levett,

1994, cited in Dawes & Donald, 1994; Weeks, 1985). Defining the boundaries of normal childhood sexual behaviour is an ominous task since so much of what is deemed 'normal' is determined by the social, cultural and familial context of the times (Heiman, Leiblum, Esquilin & Pallitto, 1998). Literature about children's sexual knowledge, interests, and experiences in relation to their own bodies and interaction with others is limited. There is a growing body of literature that documents sexual interaction between children (Driver & Droisen, 1989; Finkelhor, 1986). Research suggests that children do engage in sexual play and masturbation and experience feelings of sexual excitement and arousal with these activities (Heiman et al., 1998; Weeks, 1985). Acknowledging children as active sexual beings forces us to deconstruct the romanticised notion of children as naïve and innocent. This in turn creates difficulties with regard to issues of consent (Driver & Droisen, 1989, Heiman et al, 1998). The age at which a child becomes an adult is obviously a matter of cultural convention, not to mention philosophical dispute (Driver & Droisen, 1989). Issues of consent are therefore likely to be the most problematic with regard to defining child sexual abuse (Driver & Droisen, 1989; Friedman, 1990). It is in explaining what is meant by consent that yet another obstacle in the definitional process arises since there is no agreement across cultures and laws as to the exact age at which it is possible for a child to consent to sexual interaction. This dilemma relating to age of consent is clearly illustrated by Olafson et al. (1993) when they reviewed the changing legal age of consent in Great Britain. The age of consent was raised from ten to thirteen years in 1875, and to sixteen in 1885. South African Law stipulates that a girl below the age of 12 is incapable of consenting to sexual intercourse. The stipulation of the age of 12 is problematic in that, for example, the ability of a 13-year-old to provide consent to sexual relations may be contested. The age at which consent is possible is also contingent on the way in which childhood and childhood sexuality is constructed (as has been explored above).

In attempting to define abuse we are required to examine what is 'proper' as opposed to what is 'improper', since abuse is characteristically defined as 'to use wrongly or improperly, to misuse, to hurt or injure by maltreatment' (Friedman, 1990). Definitions of proper and improper treatment are not culturally consistent. Furthermore, how the terms 'proper' and 'improper' are defined and constructed rests largely on the dominant discourses of the time (Burr, 1995; Friedman, 1990). South African Law defines rape as a male having unlawful and intentional intercourse with a woman without her consent. Furthermore, penetration of the vagina by the penis must occur for this to be classified as rape (SAPS, 2002). One of the problems associated with this definition of rape is that according to this definition using an object to penetrate the vagina would not be considered rape. Other sexual offences defined by the law include sodomy, incest and indecent assault.

Indecent assault is defined as the unlawful, intentional assaulting of another with the object of committing indecency (SAPS, 2002). It is under this category that most sexually abusive acts against children (excluding rape and sodomy) would be incorporated. While categorising sexual offences is useful in legal terms, it is not so psychologically. According to Levett and MacLeod (1991), the law lags behind the current attitudes and understandings concerning child sexual abuse which are present in the medical and psychiatric fields. Most researchers and practitioners use sociological and psychologically informed definitions, in which aspects such as coercion, lack of informed consent from the child and the power differential between adults and children are given more emphasis. Cultural differences are also not given attention in legal definitions. Thus the large schism between legal and psychological definitions of childhood sexual abuse become problematic when attempting to define this concept.

2.2.1 A definition appropriate to this research

Having explored the debates surrounding the conceptualisation of child sexual abuse, it now becomes possible to look at references to child sexual abuse scattered throughout various research studies, in which researchers have attempted to formulate definitions which are broad enough to cover a wide range of meanings and interpretations involved in abusive acts (Glaser & Frosh, 1988), and adopt a definition appropriate to this research. The most widely referred definition is that given by Schechter and Roberge (1976) which refers to the sexual exploitation of children as “the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, are unable to give informed consent to, and that violate the social taboos of family roles” (Schechter & Roberge, 1976, p. 127). The term child sexual abuse may mean anything from child pornography to genital manipulations to sexual intercourse between a child and adult. Should we seek definitions that have universal application? Garbarino, Guttman and Seeley (1986) caution: “Any observation of maltreatment depends heavily upon social and cultural context. Behaviour is considered abuse when it conveys a culture-specific message of rejection or impairs a socially relevant process” (cited in Thompson & Kaplan, 1999, p. 454).

One of the difficulties in defining child abuse in the African context, is that cultural attitudes toward abuse vary a great deal. Following the ideas of Finkelhor (1984) and Korbin (1980), the researcher defines child abuse in a way that makes it applicable across cultures, as the portion of harm to children that results from human action that is proscribed, proximate and preventable. The research thus adopts the following definition of the concept of child sexual abuse: Any sexual act between a child, a person

below the age of 18 years (this definition is consistent with the South African Child Care Act, 1983), and a person who is more powerful in terms of age, assertiveness or physical strength. It includes sexual acts, which do not involve direct physical contact, for example exhibitionism and exposure of children to pornography or their involvement in its production.

The debates alluded to in this section highlight the fact that definitions of child sexual abuse are not static and universal but rather contextually bound. In South Africa, the context of an informal settlement presents economic and social considerations in locating and defining child sexual abuse, rendering conventional Euro-American constructions of child sexual abuse less relevant. Definitions are important in that they affect the reporting of incidents and inform subsequent actions, and having adopted a definition appropriate to this research it now becomes necessary to look at the research literature pertaining to the incidence rate of child sexual abuse cases. The following section examines this.

2.3 The incidence rate of child sexual abuse cases

In this section, some of the available literature pertaining to the incidence rate of child sexual abuse cases between 1985 and 2003 within Euro-American and South African contexts are presented including incidence with regard to age and gender. In reviewing the literature, sexual abuse is the most recently recognised form of abuse and is now believed to be far more prevalent than was previously thought (Bentovim, 1992). However, it is impossible to determine the incidence of child sexual abuse accurately (Robertson, 1989b). Firstly, because the differences in reported incidences in various parts of the world depend on the recognition of abuse, how it is defined and the focus of each society. In developing countries, physical abuse is given more attention, whereas in developed countries there is greater concern about neglect, sexual abuse and emotional abuse (Bentovim, 1992). Secondly, the large discrepancies in quoted incidence rates may be the result of differing diagnostic criteria and methods of data collection by researchers. Thirdly, the scarcity of South African material on the incidence rate of child sexual abuse cases may be a result of many cases going unreported (Glaser & Frosh, 1993). Van Niekerk (2002) notes that many incidents of sexual crime against children, particularly in rural areas, are simply not reported to formal structures. The extreme poverty that exists in rural areas may make the payment of compensation to the child's family an attractive option for the family of the rural child victim. At times the lack of facilities in rural areas inhibits the reporting of crimes against children. The offender may be the breadwinner of the family to which the child and/or family needs access for resources. Rural poverty thus contributes to the silence around

the crime. Very often reporting is discouraged by adult caretakers in the home because of the economic dependence of an entire family group.

In South Africa, where Calvinistic attitudes prevail, the subject of child sexual abuse elicits overwhelmingly negative feelings of fear and repulsion. These attitudes which are prevalent in the community and often amongst professionals, may encourage suppression (Sandler & Sepel, 1990) and consequently a lack of research material. Nevid, Rathus and Greene (2000) agree that people may not be willing to report sexual abuse. As a result, most epidemiological data in South Africa replicates research studies from the United States, Canada and Britain. Instead, research from other countries should be used as a basis for comparing South African data. In countries such as the United States (Finkelhor, Hotaling, Lewis & Smith, 1990), Britain (Baker & Duncan, 1985), and Australia (Goldman & Padayachi, 1997), to name but a few, the high incidence of sexual abuse has been documented through careful research. In the early 1990s incidence rates reported by population surveys from numerous countries suggested that many children – up to one in every four girls and one in every ten boys – had been subjected to serious forms of sexual abuse (Bagley & King, 1990; Gillham, 1991). Incidence rates for South Africa tallied with these findings (Conroy, 1993; Rauch, 1992). Two studies focussing on female university students in South Africa (Collings, 1997) confirmed to the statistics and profiles of abuse as seen in studies from other countries. Within Euro-American contexts, reports of incidence indicated that child rape was one of the least common forms of child sexual abuse (Loffell, 1996). In South Africa the opposite holds true. While incidence statistics in South Africa reflect little more than reporting patterns, child rape is considered one of the most common forms of child sexual abuse (Loffell, 1996; Williams, 2002).

According to the Child Abuse Prevention Foundation, Washington DC, in the United States of America, one out of every four females were sexually abused before the age of 18 years. Consequently, 22 percent of all Americans, totalling 38 million people, were abused as children (Sandler & Sepel, 1990). In comparison, according to questionnaires which were circulated to 1 559 doctors, police surgeons, paediatricians and child psychologists, three per 1 000 children had been sexually abused in the United Kingdom, while Robertson (1989a) found that one in every 1 000 children, documented on the child protection register in England in 1988, had been sexually abused. However, if the actual rate was 10 times higher than the reported rate, as was believed, then between one and three children in every 100 cases had actually been sexually abused (Robertson, 1989a). According to Nevid, Rathus and Greene (2000), in the United States, the number of reported cases of

child sexual abuse jumped threefold during the 1980s and early to mid-1990s, to about 150 000 annually.

Although no widespread epidemiological study has been carried out in South Africa, a number of small surveys have been undertaken, mainly in hospitals and child welfare agencies (Levett & MacLeod, 1991). Sandler and Sepel (1990) reported on available statistics from various hospitals and clinics in South Africa. During 1985, of the 232 cases of child abuse seen at the Red Cross War Memorial Children's Hospital in Cape Town, 88 percent were due to sexual abuse.

Robertson (1989b) presented the following table with the number of cases reported to the Child Protection Unit of the South African Police in Cape Town during the period January to December 1988. (The difference between indecent assault and indecent acts is that force is used in the former).

Rape	106	(14%)
Indecent assault	217	(28,9%)
Sodomy	78	(10,2%)
Incest	41	(5,4%)
Indecent acts	151	(20%)
Assault	88	(11,7%)
Child Care Act	74	(98%)
Total number of cases	755	

From May 1988 to May 1989 at the Transvaal Memorial Institute for Child Health and Development (TMI) Child Abuse Clinic in Johannesburg, 90 percent of the 227 cases were diagnosed as sexual abuse cases. One hundred sexual abuse cases were examined at Chris Hani Baragwanath Hospital and other clinics in Soweto during 1989, while at the Coronation Hospital in Johannesburg for Indian and Coloured persons, 56 percent of cases of child sexual abuse were seen for the period October 1988 to September 1989 (Sandler & Sepel, 1990). In a study in 1994 and 1995 (HSRC, 1995 cited in Hamber & Lewis, 1997) information was generated on the types of crimes to which children were exposed and children reported. This study indicated in terms of reported crimes, approximately 62% were sexual crimes. More recent updates on child sexual abuse were reported. Makhado and Zwane (1996) reported that The Child Protection Unit of the South African Police, had dealt with more than 80 000 cases of child abuse over four years. Of the 80 000 cases, 17 000 were reported during the first six months of 1996, suggesting that by the end of 1996, the number could have risen to record figures. The highest figure in 1993 was 4 736 for rape and 3 439 for indecent assault, both of which include

incestuous acts. These figures increased to 7 559 rapes and 3 904 indecent assaults in 1994 while in 1995, 10 037 rape cases and 4 044 indecent assault cases were reported. By June 1996, police had handled 6 400 child rape cases and 2 124 indecent assault cases.

According to Captain Strydom of the Child Protection Unit, Bloemfontein, the following table reflects the figures of reported child sexual abuse cases for the year 1995 (Jan-Dec) and for the first seven months of 1996. Of the total number of sexual abuse cases reported to the Child Protection Unit, Bloemfontein, 70% reflected the Black and Coloured population, while the White population made up the remaining 30%.

	1995	1996
Rape	375	249
Indecent assault	8	23
Sodomy	11	13
Incest	10	3
Indecent acts	1	15
Molestation	<u>99</u>	<u>58</u>
Total	<u>504</u>	<u>361</u>

In the period 1996 to 1998 rape was the most prevalent reported crime against children, with the incidence of reported child rape having increased notably in the past two years (Saloojee, 2002). More recent statistics compiled by the Child Protection Unit (The Citizen, 1999), showed that crimes against children included 14 223 cases of rape, 697 of sodomy, 171 of incest, 3 451 of indecent assault and 750 unspecified sexual offences.

Statistics compiled for KwaZulu-Natal (The Zululand Observer, 2002) on child sexual abuse illustrates quite clearly that child sexual abuse is on the increase. The following table reflects the statistics for the period April 1998 to March 1999.

KwaZulu-Natal Statistics: April 1998 – March 1999.

CASELOAD	1997/8	1998/9
Number of sexually abused children already on caseloads	381	453
New cases of sexually abused children reported (increase)	564	832

SOURCE: The Zululand Observer, 2002.

During 1999 the South African Police dealt with 30 000 children who had either been abused, neglected, raped or sodomised. It may be beneficial to note that by all accounts child sexual abuse is getting worse (McClain, 2002). Referring to this issue McClain (2002) explains that in 18 months from January 2000, there were almost 32 000 reports of child rape and sexual attacks on children countrywide. The number of children presenting with HIV/AIDS as a result of sexual abuse is also increasing. Rape Crisis South Africa (2002) argues that there are 2 rapes per minute in South Africa. According to the most recent figures provided by the National Commissioner of the South African Police Service (Saloojee, 2002), 52 860 cases of rape were reported to the police nationally in 2000, with a further 37 711 rapes being reported in the period January to September 2001. Mntungwa (2002) considers the week from 3rd to 9th March to have been another shocking seven days for the children of South Africa with more rapes of young children, including babies being reported. Recent statistics from the public hearings probing rampant child and baby rape in March 2002 in Cape Town by the parliamentary task team were:

- South African Police Services (SAPS) figures for 2000 showed recorded sexual crimes against children at more than 25 000. It is estimated that in 2000 alone, 21 438 rapes and attempted rapes of children under the age of 18 were reported.
 - Some experts estimated that more than half a million children were violated annually.
 - There has been a 400 percent increase in reported cases of sexual abuse of children over 10 years.
- The South African Human rights Commission found that almost one-third of children in South Africa had been sexually abused (Hospersa Nursing Today, 2003)

2.3.1 Incidence with regard to age

According to Sandler and Sepel (1990), the average age of child sexual abuse victims world wide was ten years old. However, the victim's age may have varied from three months to 18 years. At the Red Cross War Memorial Children's Hospital, studies found that the victims' ages ranged from 10 months to 13 years while at the Transvaal Memorial Institute for Child Health and Development (TMI) Child Abuse Clinic in Johannesburg, the majority of victims presented were below the age of 10. An article in the *Servamus* (1992) confirmed these figures.

The medico-legal clinic at Chris Hani Baragwanath Hospital in Soweto reported that more than half the rape victims seen at the clinic were less than sixteen years of age (Woods cited in Loffell, 1996). According to results obtained from a South African national awareness programme of child sexual abuse, the incidence with regard to age were as follows: 0-3 years (10%), 4-6 years (18%), 7-9 years (36%), 10-12 years (23%) and 13-15 years (13%). At the Child Protection Unit, Bloemfontein, The average age of child sexual abuse victims was approximately 12 years old (Servamus, 1992). An analysis of the most recent reported rapes by age-category indicated that children face a particularly high risk of sexual victimisation, the rape ratio for children in the 12 to 17 year-old category (471,1 rapes per 100 000 female population) was nearly double the national ratio of 285.6 (Saloojee, 2002). Forty one percent of South African rape victims were under 18 years of age three years ago and 15 percent were under the age of 12 (Terreblanche, 2002).

2.3.2 Incidence with regard to gender

Results obtained from a South African national awareness programme showed that female victims comprised 84% of child sexual abuse cases and 16% reflected male victims (Servamus, 1992). These results were confirmed at the Red Cross War Memorial Children's Hospital and the TMI Child Abuse Clinic in Johannesburg, respectively. The boy/girl victim ratio at the Child Protection Unit, Bloemfontein, reflected similar figures. In comparison, internationally, De Jong, Hervada and Emmett (1983), found at the Thomas Jefferson Hospital in Philadelphia that 81,8% of victims were female and 18,27% were male.

The high incidence regarding females may depend on a number of factors such as women are more likely to report sexual abuse, or researchers tend to focus more on sexual abuse involving women, or because women are more often victims of abuse than men. According to Gills (1999), estimates in

South Africa suggested that one out of every three females and one out of every 6 males suffered some form of sexual abuse before the age of 16 years. Reports indicated that black and female children are at highest risk for violence, particularly rape (Hamber & Lewis, 1997; SAPS, 2002). A social audit involving 27 000 youths by Community Information, Empowerment and Transparency (CIETafrica) found that one in every 20 school girls, aged 15 to 18, had been raped, and many more had suffered sexual harassment at school (Horspersa Nursing Today, 2003). Many male youths had also been sexually abused, while male and female youths were at almost the same risk of unwanted sexual touching.

2.4 Factors associated with child sexual abuse

This section is a literature review of the causes of child abuse from a global perspective. It indicates that the causes of child abuse are multifold and complex. In reviewing the literature, no one single factor can explain why child abuse occurs. There are factors, which in combination increase the likelihood of child abuse.

Kirlisch (1978) divides the causes of child abuse in four main categories, namely cultural factors; psychological factors on the part of the parents; the pregnancy and postnatal period; and a dysfunctional family. Pretorius (1990) categorises the main factors of child abuse as follows: community factors; parental factors; child factors and cultural factors. Labuschagne (1997) also emphasises the role of cultural belief in child abuse. In the discussion below, the categories developed by Pretorius (1990) and Kirlisch (1978) will be employed.

2.4.1 Community factors

Researchers are *ad idem* that the main causes of child abuse are to be found in the community itself. Kellerman (1979) and Soni (1997) identify poor housing accommodation and environmental conditions as factors that can precipitate child abuse. These authors are of the opinion that the enervating effect of continuous poverty and the helpless frustration of social discrimination undeniably contribute to life-long patterns of failure. There are linkages between child abuse and more specifically child neglect and poverty. Children living in impoverished conditions are more likely to present as victims of abuse and neglect than children from better-off households. This does not, however, suggest that poverty directly causes child abuse, but that poverty increases the risk of child

abuse. In households where there is little or no income, children's basic needs are unlikely to be met. In extreme cases, children are forced into prostitution by parents or caregivers in order to survive. Conditions associated with poverty, such as inadequate housing and lack of privacy, expose children to abusive behaviour by adults. In rural areas where poverty and lack of fundamental services such as access to housing, running water and electricity is limited, the problem of child sexual abuse is likely to be a secondary consideration (Dawes & Donald, 1994).

Disintegrating, poverty-stricken and demoralised communities in South Africa have high rates of alcohol consumption and drug abuse, both of which have been associated with the incidence of sexual abuse (Westaway, 1994). Many South African children, as a result of widespread social and economic problems, also become trapped in dysfunctional families faced with adverse circumstances, which often results in children of all ages leaving home voluntarily and becoming street children (Mc Clarty, 1994). The phenomenon of sexual abuse amongst street children is another alarming problem in South Africa. According to Cockburn (1994), this group of children is particularly vulnerable to adult exploitation and sell cheap sex to customers who are not primarily paedophiles, but who seek sexual gratification of any kind at the lowest possible price.

2.4.2 Family factors

Even though conflict occurs within each and every family, not every family develops the skill to resolve this conflict meaningfully. Finkelhor (1990) emphasises that unresolved conflict can make the urge to strike out almost irresistible. Family members are dependent on one another for emotional support. Disharmony within the intimate relationships between family members consequently leads to a high potential for conflict within such a family (Klopper, 1992)). Disharmony in the family also has the effect that communication between family members assumes a pattern of interpersonal conflict and aggression. Le Roux (2000) indicates that the child is thereby caught in a poor learning environment. Families with a high potential for conflict are characterised by a lack of family connectedness and disorganisation (Hurley, 1999). The result of this is that the child who finds himself/herself in such a family becomes extremely vulnerable to abuse (Swanepoel, 1992; Jones, 1999).

In reviewing the international literature, substantial research has revealed a variety of problems in the dynamics of families where there is abuse. Study findings include dysfunctional internal and external boundaries, poor communication skills, low expressiveness and high family conflict: chaotic or rigid interaction patterns, role distortion and role reversal and generally low levels of family competence

and adverse family environments. A composite picture of families studied on a community – wide basis shows that in New York City, abusing families have these characteristics:

- Social and mental problems are common, including drug addiction.
- There is frequent family disunity.
- The majority of the families live in poor, overcrowded housing.
- There are high crime rates (Finkelhor, 1980).

Finkelhor (1980, p. 266-270) identified a few social variables, through his research, which appear to be significantly conducive to sexual victimisation. These variables are:

- Living in a family with a stepfather.
- Having lived at some time without a mother.
- Having no physical affection from the father.
- Living in a family with a low income.

A study of the literature revealed that child abuse occurs more frequently in families with a lower socioeconomic status. Finkelhor (1990) also supports this view: “Deprived families are more likely to abuse their children.” Kempe and Kempe (1984) listed family factors which could possibly initiate child sexual abuse and these factors include:

- Illegitimacy
- Attitude towards pregnancy – unwanted infant
- Rare contact with parents
- Social class
- Worries (financial, illness)
- Family size
- Family disharmony
- Accommodation available
- Unemployment or stability of income

Peltzer (1999) supports the view that a parent who is unemployed is a risk factor for child abuse. A finding which has been well supported in the research literature is the fact that most child sexual abuse cases occur in the family household. Other associated factors include general marital problems and absence of mother or of other adult at home with the perpetrator being a parent, stepparent or a parent figure (Bentovim & Boston, 1988; Herman, Russel & Trocki, 1986; Mrazek, 1981).

Finkelhor (1979) notes that in the case of incest, family isolation tends to increase the opportunity for sexual exploration. An aspect which involves potential sexual victimisation of the child, is that the perpetrator will have more opportunities to be alone with the child. Social skills will not be as well developed in a family which is isolated. The child's social conscience may be underdeveloped. Social isolation is perhaps the single most common finding of studies comparing maltreating families (Vondra, 1990). This finding is supported in the opinion expressed by Dercksen (1989 cited in Le Roux, 2000) where the author declares that the family where child abuse occurs is often characterised by social isolation, with the family having no one to turn to in times of stress and no one to see what's happening within the family.

It is evident from the literature that father-daughter incest is the most common form of incest. Most research has focussed on father-daughter incest. According to Mrazek (1981), research studies pertaining to incest among relatives do not always paint a complete picture because of the infrequency of reported cases. There are very few reported cases on mother-son incest because it is a very rare type of relationship. Research on father-son incest is apparently limited due to the scarcity of cases which have been reported, yet Robertson (1989a) reports this form of incest as next most common after father-daughter incest. The reports of mother-daughter incest are extremely rare and very little is known about the contributing factors. Findings with regards to grandparent-grandchild incest prove that the majority of perpetrators are grandfathers rather than grandmothers who abuse their granddaughters. Stepgrandchildren are at a greater risk than blood-related grandchildren. The greatest share of abuse occurred during temporary child care such as overnight visits to the grandparents' home (Margolin, 1992). Incest occurs in families at all socioeconomic levels (Kendall & Hammen, 1998). It often arises in the context of a poor marital relationship, for example, wife may be rejecting the husband's sexual advances. The mother often knows about the sexual activity with the child but for various reasons tolerates it. The father may have alcoholism or some other mental illness, and often the family is highly stressed by economic hardships and unemployment (Kendall & Hammen, 1998). William and Finkelhor (1990) cited in Kendall and Hammen (1998) point out that although incestuous fathers may be different from each other, they often report frequent histories of childhood sexual abuse or rejection by their own parents.

A family factor which might lead to child abuse is stress within the family. Wolfe (1988) describes stress as a disequilibrating event that temporarily disturbs the functioning of family member(s) and initiates a chain of adaptive or maladaptive responses. Wolfe declares in this regard that a stressful environment dramatically increases the potential for conflict between family members and abuse.

Little (1989) reports that families characterised by high stress levels are more likely to include abused members. Research indicates that where child abuse is accompanied by the misuse of alcohol, the perpetrator usually drinks excessively in an attempt to alleviate the stress he/she is experiencing (Roberts, 1984; Fleming, 1979; Deschner, 1984).

In reviewing the literature, one is struck by the mounting evidence that children reared in chemically dependent families are more likely to be exposed to abuse than children in the general population. For example, Famularo, Kinscherff and Fenton (1992) report that 67% of significant child maltreatment cases in a large juvenile court involved parents who abused alcohol and/or other drugs. Research (Russell, 1984) indicates a high correlation between abuse and the imbibition of alcohol. Kaplan, Sadock and Grebb (1994) report that 50 percent of abusers have consumed alcohol to excess at the time of the incident. In a Malaysian setting, Kassim (1995) reports that history of drug abuse among the perpetrator contributed to 10,8% of the associated probable factors. In some cases unemployment, drug abuse and absence of another adult at home were overlapping “contributing” factors. High on the list among the probable factors contributing to the occurrence of sexual abuse was the absence of other protective adults at home. It was clear that when there were opportunities (example, a female child was left alone with a male adult who was unemployed and had a history of drug abuse, living in a housing condition that was not protective or safe), the risk of sexual abuse in that female was considered high. An insight offered by the public hearings in March 2002 in Cape Town by the parliamentary task team probing rampant child and baby rape was that the high level of alcohol abuse was one of the most significant contributory factors in child abuse.

A finding which has been well supported in the research literature is the fact that abusive parents were themselves abused children. Approximately 30% to 60% of abusive parents were themselves abused children. The abusive parent of today is thus the abused child of yesterday (Carmi & Zimrin, 1984). According to Meier (1985) research indicates that parents who abuse their children had been assaulted as children. Children who live in circumstances of abuse develop a disharmonic opinion of the parent-child relationship, as a result of which, once they become parents themselves, they return to this deep-rooted exercising of parenthood to which they became accustomed during their childhood (Finkelhor, 1990). This argument is supported by Spinetta and Rigler (cited in Calam & Franchi, 1987) and Finkelhor (1990) where they emphasise that parents who abuse their children themselves have a history of abuse.

2.4.2.1 Socio-political factors and family disintegration in the South African context

It was pointed out in Chapter One that available literature and records stem, predominantly from an Euro-American context. Little if any records or literature is available with reference to African societies. The researcher was successful in obtaining information on socio-political factors from the experience of practitioners and social workers, from newspaper reports and from a report in an official magazine for members of the Health and Other Service Personnel Trade Union of South Africa (Horspersa). The information received will be used as national literature in this study.

In the experience of practitioners, many victims of child abuse come from fractious family backgrounds, as do many offenders in child abuse cases. The absence of the biological father or the absence of positive male role models typifies household structures. Families without support systems do not function due to various challenges, is subjected to the least empowering circumstances and expose their family members to circumstances that are detrimental to their development. The disintegration on family life impacts on the well being of family members and leads to moral decay in families affecting the fibre of society. African values such as the notion that “Every child is my child” (traditional communal support systems) have by and large been eroded. This has precipitated a spiralling moral decay that now threatens the very fibre of society and needs to be redressed by all South Africans. The Apartheid era saw the systematic disintegration and dislocation of families in South Africa. Child abuse and child neglect are almost certainly attributable to the social dislocation caused by rapid urbanisation and the weakening of values and cohesions which occurs in the process. This is often aggravated by poverty (The Mercury, 2003).

Adding to the legacy of disintegrated families is the impact of HIV/AIDS on households. The death of breadwinners, child-headed households causes children to be more at risk and vulnerable towards exploitation and abuse. Dhabicharan (2002), one of eight social workers in the Durban branch of Childline in KwaZulu-Natal says the reasons for the increase in cases of sexual abuse of children are many and varied, including the myth that sex with a virgin cures HIV/AIDS. Other contributory factors are a breakdown in family life, the culture of violence in the country and the inability of overstressed people to correctly deal with their problems (Horner, 2002).

A recent report compiled by United Nations officials who visited South Africa in 2002 to investigate the high incidents of abuse, rape and child prostitution found:

- South Africa has become a market for children sold into prostitution from Africa, Europe and the Far East.
- Hunger, poverty and the apartheid legacy all impacted on crimes involving children.
- Lack of public freedom and equality under apartheid is among the causes of abuse.
- Hatred and violence have accumulated. The traditional relations of family harmony were seriously damaged by decades of oppression and contempt, and their present manifestations in various forms are shocking (Hospersa Nursing Today, 2003).

Should we seek factors that have universal application? The researcher cautions that there are socio-political factors unique to the South African situation. Socio-political factors may affect the frequency, nature and effects that sexual abuse has in the lives of South African children (Russell, 1994). According to Killian (1994), the everyday experience of violence amongst Black township communities appears to have had an effect on the frequency and expression of child sexual abuse. Due to the long history of apartheid and migrant labour that forced millions of African families to live apart, as well as the high rate of criminal and political violence in this country, the number of broken families in South Africa is exceptionally high (Elof, 1988). Research conducted by Russell (1994) indicates that broken families (which result in more stepfathers and adoptive fathers) have been associated with higher rates of incestuous abuse. Of particular relevance to sexual abuse in South Africa is the patriarchal nature of this society, in which male supremacy creates the social conditions that favour the development of father-daughter incest and other forms of child sexual abuse.

The results of South African studies focusing on the nature and effects of child sexual abuse are similar to the international literature, indicating that most incidents of sexual abuse do not involve abduction or physical violence, and that they are not committed by anti-social personalities or psychopaths (Marais, 1990; Sangster, 1988; Winship, 1989). In fact, the predominant form of sexual abuse in South Africa takes place within the home, is committed by a member of the family (Elof, 1988; Marais, 1990; Robertson, 1989a) and is not confined to particular geographical areas, races or classes (Marais, 1990).

2.4.3 Parental factors

A finding which has been well supported in the research literature is the fact that a parent who is unemployed is a risk factor for child abuse (Peltzer, 1999; Kassim, 1995; Little, 1989). Children who were living without one or both of their natural parents were also found to be at greater risk for abuse. This risk applies to abuse by family members and those outside the family (Kassim, 1995). An unsatisfactory sexual relationship between parents and other marital problems are factors that can precipitate child abuse, according to Swanepoel (1992). Niewoudt (1998) found that the abusive parents themselves experienced a lack of maternal love as children and thus feel inadequate as parents. The parents then turn to the children for gratification of their own emotional needs: for the children to provide love as if they were adults. Consequently, unrealistic demands are made on the children (Pretorius, 1990; Klopper, 1992). Lanyon (1991) asserts that the basic causal factors contributing to the sexual abuse of children include “the need to cope with feelings of powerlessness and attempts to process their own abusive childhoods and misplaced needs for affection” (Lanyon, 1991, p. 45 cited in Hollin & Howells, 1991).

2.4.4 Child factors

Research on victim blame has found that there is a tendency to hold sexually abused children, like rape victims, responsible for their own victimisation (De Young, 1981). The reason for such harsh judgement is that it is thought that the child should have resisted (Waterman & Goodman, 1984). When it comes to forming opinions as to who is to blame, it appears that the child’s behaviour or attitude towards the perpetrator, upon revelation, plays an important part in the eye of the public (Broussand & Wagner, 1988). From the viewpoint of the perpetrator the child is sometimes seen as a seducer, or the parent (in the case of incest) gives the excuse that the child needs the education (Glaser & Frosh, 1988). Finkelhor (1979) points out that there are two theories as to what the predisposing factors are that lead the child to become the seducer of an adult. One is that the child does not receive the affection that he desires through the conventional channel. He gains it through arousing adult sexuality, thereby actively seducing the adult. The other theory is that the child passively colludes in the continuation of an incestuous relationship in order to receive the affection he has become accustomed to. On average children are naturally curious about sexual matters. How much more so are children who have been rejected and deprived of affection. Through seeking love and acceptance they expose their vulnerability and unconsciously become the pickings of a potential perpetrator (Weeks, 1985). Glaser and Frosh (1988) claim that children who look for affection are looking for

precisely that. They are not asking for sexual acknowledgement. Those children who do try to sexualise affectionate relationships do so because they have acquired certain techniques due to previous experiences, usually those of being sexually abused. The South African National Council for Child and Family Welfare (1988) also refers to victim blame as a precipitating factor to sexual abuse. The victim is described as seductive and provocative by the offender. Jenkins (1990) provides an example of an explanation given by sexual abusers with respect to victim blame: "She wanted me to do it – she used to initiate it" (Jenkins, 1990, p. 26).

The media plays a powerful role in the representation of the social reality of child sexual abuse (Gough, 1996; Atmore, 1996). In one study, Benedict (1992) analysed the language used in printed media reports of sex crimes. She identifies the tendency of the press to label victims of sex crimes as either virginal or loose, while the offenders were labelled as monstrous or unwilling. Clark (2002), in her study of the linguistics of blame, showed that language used in reports on sexual offences conveyed blame very blatantly, subtly and even subliminally. Clark (2002) claims that offender blame and responsibility are minimised, ensuring that the offender is not shown as an active agent affecting a victim. In another recent study, Goddard and Saunders (2000) demonstrate that certain newspaper reports reframe child sexual abuse as consensual by the choice of words used in the article. Goddard and Saunders (2002) argue that the use of such consensual lexical description serves to reframe child sexual abuse as a consensual relationship between adults. Mental and physical retardation are, according to Biller and Solomon (1986) and Little (1989), factors that can lead to child abuse.

Researchers (Glaser & Frosh, 1988; Little, 1989; Russell, 1994; Sampson, 1994) on the subject of pornography attempt to determine the effects of such literature on the incidence and intensity of sexual crime. Glaser and Frosh (1988) find a correlation between the portrayal of the child as the seductress in child pornography and the reasoning of child sexual abusers when they claim that the victim enticed them. Sampson (1994) asserts that there is a link between the availability of pornography and the occurrence of abuse. Finkelhor (1984) attributes deviant sexuality to the wider sexual orientation and culturalisation which are contributed to by pornographic material. An insight offered by the public hearings in March 2002 in Cape Town by the parliamentary task team probing rampant child and baby rape was a lack of recreational and after-school care and easy accessibility to child pornography on the internet. According to Russell (1994), the increase in pornographic material allowed into this country recently also undermines men's internal inhibitions, resulting in their acting out of their desires to sexually abuse girls and/or women. In contrast to this, however, Murrin and Laws (1990 cited in Marshall, Laws & Barbaree, 1990, p. 77) state that "there does seem to be some evidence that free

availability of pornography, even violent pornography, does not lead inevitably to higher rates of sexually violent crimes". In summarising the views of researchers with respect to pornographic materials it can be concluded that some evidence indicates a direct correlation between pornography consumption and sexual crime while other evidence finds no such correlation. Murrin and Laws (1990) contend that a causal relationship between the incidence of rape and the consumption of pornography cannot be established on the basis of concurrent increase which may be merely coincidental.

2.4.5 Cultural factors

It is evident from the literature that traditional cultural values and beliefs are influential in shaping the behaviour of members of the culture. The feminist theory regarding abuse proposes that the permissive moral values of the Western society, coupled with the double standards that apply to male and female sexuality in this cultural context, are responsible for sexual abuse. "A man's sexuality is something to be enjoyed and freely given when it pleases him, whereas a woman's sexuality has to be persuaded or forced out of her" (West, Roy & Nichols, 1978, p. 137). Women and children have been considered the property of husbands and fathers (Glaser & Frosh, 1988), with few if any rights and the attitude of sexual entitlement that characterises many abusers thus finds some support in the values of the patriarchal Western culture. We have inherited a cultural tradition that parents have the right to do what they please to their offspring. Coupled with the notion of parental immunity is the fact that our society is basically a violent one. A culture sets the stage for violence in the attitude it passes on to its citizens.

At the Durban launch of National Child Protection Week in May 2003 Childline director Joan van Niekerk said that there was a disturbing recent trend of pupil-on-pupil violence in the school playground, which she attributed, in part, to a lack of adult supervision during breaks at many schools. A breakdown in family systems and children's exposure to domestic violence, sexual and physical abuse in the home had consequences for them at school where this was being played out, she said. "We are amazed, when we interview children, how many are exposed to quite disturbing amounts of violence," (cited in Bisetty, 2003, p.4.). This included violence portrayed in the media and in movies. "Inappropriate" role models made matters worse, such as popular local musician Mandoza, whose picture, until recently, adorned a poster in Durban with the accompanying words: "What I want. When I want." It was subliminal messages like these that children were getting, Van Niekerk warned.

A social audit by Community Information, Empowerment and Transparency (CIETafrica) (cited in Horpersa Nursing Today, 2003) found that even more shocking is the opinions expressed by school children about sexual violence. Eight out of every ten boys said woman who were raped 'asked for it' and two out of every ten said they thought woman enjoyed being raped. Twelve percent of school-going girls believed that they had no right to avoid sexual abuse. More than half the school-going respondents said forcing sex with someone you know was not sexual violence (Hospersa Nursing Today, 2003).

Although many interpretations of child sexual abuse are dispersed throughout various articles, very few cross-cultural studies on child sexual abuse and more specifically incestuous abuse, have been undertaken in South Africa. Most of the available research has simply replicated North American assumptions (Levett, 1994). There is a need to develop an understanding of child sexual abuse across cultures.

2.4.6 Situational

It is evident from the literature that certain situations have been identified as more conducive to the occurrence of abuse than other situations (Hall & Hirschman, 1992; Humphries, 1992; Sarason & Sarason, 1987). Sgroi (1982) discusses several issues that may contribute to an abuse situation. These are: poor supervision, poor choice of surrogate caretakers or babysitters and inappropriate sleeping arrangements. Finkelhor (1982) discusses crowding or sleeping together, social isolation, opportunities to be alone together and geographical isolation. A study (Conte, Wolfe & Smith, 1989) looks at situational factors such as child was alone or unprotected.

2.4.7 Perpetrator activity

Research on convicted child sex offenders has found that a) they often use children to meet demands for emotional intimacy and/or sexual contact because children are easier to control and make fewer demands than adults b) they have little empathy for their victims, and c) they employ cognitive distortions to deny or avoid seriously considering the harmful consequences of abuse for their victims. Some perpetrators imagine their acts of abuse as harmless pleasuring of a child within the context of an affectionate, caring and/or reciprocal relationship, and insist that they love the children they abuse or that the child invited him or deserved the abuse or they gently guided the children through the difficult terrain of puberty (sex exploiter/ 2nd world congress, 2001 cited in Skweyiya, 2003). In

reviewing the literature, psychosocial factors known to be associated with child sexual abuse include psychotic illness, alcohol and drug abuse, unemployment, senility and problems of intellectual achievement in the perpetrators (Finkelhor, 1984; Kaplan, Pelcovitz & Salzinger, 1983; Murphy, Jellinek, Quinn, Smith, Poitras & Goshko, 1991; Spinetta & Rigler, 1972; Virkkunan, 1974).

2.5.1 Characteristics of victims

All children to a greater or lesser extent are at risk of abuse. Children who are abused fall into a heterogeneous group, and cannot be characterised by any single factor. Research has shown, however, that in broad terms there are some factors which can assist with differentiating between larger subsets. The strongest differentiating factor is gender. In a review of eight random sample community studies, Finkelhor (1986) found a rate of 71% female and 29% male. These findings have been replicated in almost every other major study published, and clearly indicate that girls are more at risk than boys. There are some authors, however, who believe that boys are just as likely as girls to experience sexual abuse (Faller, 1989a; Kempe & Kempe, 1984). They contend that boys are merely more reluctant to report abuse. Although factors discouraging boys from reporting have been identified (Nasjleti, 1980; Nielson, 1983), "... the consistent data from ... surveys cast doubt on this assertion [that incidence rates for boys and girls are similar]" (Finkelhor, 1986, p. 62). This contention has been supported by more recent studies, which "provides further evidence that girls are more frequently among victims of child sexual abuse" (Sobsey, Randall, & Parrila, 1997, p. 718). This is not to suggest, however, that the number of boys who are abused is negligible. To the contrary, figures from research show a significant percentage of the male population has suffered abuse at some time.

A number of studies have looked at the question of age, and attempted to determine whether children at certain ages are more prone to abuse (Finkelhor, 1986; Finkelhor, 1990; Fleming, Mullen & Bammer, 1997; Kendall-Tackett & Simon, 1988; Russell 1983). Results indicate that years 6 and 7, and pre-adolescence are particularly vulnerable times. In addition, most studies show that abuse continuing into or beginning in adolescence is common. Kendall-Tackett and Simon (1988) indicated that over 50% of their sample reported that abuse had continued into adolescence, with 30% continuing beyond the age of 15. Most studies show a lower rate of abuse for children under the age of 6. However, because most data gathering techniques employ self reporting methods, usually when the person is an adult, these findings may not be reliable. Many adults may simply not be able to remember what happened in earlier years, or may have been too young and therefore lacking necessary cognitive structures necessary to place the abuse into a meaningful framework.

2.5.2 Characteristics of offenders

“The majority of perpetrators of sexual abuse of children are men” (McGregor, 1993, p. 37). This fact has been well established in the research literature. Although there has been argument that the incidence of sexual abuse by women is significantly under-reported (Banning, 1989; Sgroi, 1982; Wilkins, 1990), there is almost no research evidence to support this contention. In cases where women are the abusers, there is much evidence to show that many of these women are working under the influence of a man (Armstrong, 1996; Finkelhor, 1986; Finkelhor & Hotaling, 1983; McCarthy, 1986; Wolfe, 1985). An 80% and upwards representation of males in the population of abusers has been demonstrated in almost all studies that have considered the gender of the perpetrator (Finkelhor, 1990). This holds true even when sub-groups of the perpetrator population are considered, such as adolescents (Margolin & Craft, 1990), siblings (Smith & Israel, 1987), grandparents (Margolin, 1992) and non-related caregivers (Margolin, 1991). So strong and consistent is this finding that Finkelhor (1982) was led to conclude that “sexual abuse should ... be described as a problem of masculine socialization” (Lisak, 1995, p. 101), and calls have been made to integrate a critique of gender socialisation into psychotherapy.

Child molesters come from all walks of society, and are generally not particularly represented in any one sector, for example less educated people (Finkelhor, 1986). In addition it has been shown that many live outwardly normal family lives, although they tend towards more rigid, authoritarian, traditional and religious family structures (Hancock & Mains, 1987). Research shows that abusers have no higher levels of psychopathology than non-abusers (Dadds, Smith, Webber & Robinson, 1991), and that they are generally considered to be what society calls “normal” (Turner, 1989).

A further finding which was established quite early in the research process, and which has since been well supported, is that the majority of abusers are known to the victim, and are not strangers (Bagley & King, 1990; Conte & Berliner, 1981; Brownmiller, 1975; Driver & Droisen, 1989; Finkelhor, 1980; Glaser & Frosh, 1993; Weeks, 1985). Therefore, the more traditional fear of “stranger-danger” is less relevant in this situation. Most cases of child sexual abuse involve assailants who have some kind of relationship with the child or the child’s family, typically a relative, a family friend or a neighbour (Faller, 1989). In more than 90% of the cases, the perpetrator is a trusted male known to the victim. Authors (Finkelhor & Russell, 1984 cited in Finkelhor, 1979; Master, 1992) estimate that the great majority of abusers are men. In many cases the molester is a family member, typically a father or

uncle (Nevid, Rathus & Green, 2000; Bentovim & Boston, 1988; Herman, Russel & Trocki, 1986; Mrazek, 1981). The natural father is the perpetrator in more than 50% of reported child sexual abuse cases and in 20%, the perpetrator is the stepfather (Levett, 1994). Faller (1989) reported that girls are more likely than boys to be abused by a family member or acquaintance.

A recent survey conducted by the Human Sciences Research Council (HSRC), has found that 80 per cent of crimes against children are perpetrated by family members, relatives, friends and acquaintance known to the victim (Makhado, 1996). More recent statistics from the public hearings probing rampant child and baby rape in March 2002 in Cape Town by the parliamentary task-team were:

- Police indicate that research over the past five years suggests that in 83 percent of sexual abuse cases the survivors knew the perpetrators.
- Some experts estimated that a third of rapes were gang rapes. A third of school-going girls were raped by teachers.
- Twelve percent of offenders in Gauteng were classified as “parents” and twelve percent as other family members. (Terreblanche, 2002).

Studies of perpetrators have traditionally focussed on the adult population, where the majority of offenders are found. Recently, however, the discovery of abuse by adolescents (often glossed over in the literature) and even younger children has been noted (James & Neil, 1996; Rubinstein, Yeager, Goodstein & Lewis, 1993; Driver & Droisen, 1989; Levett, 1995 cited in Lubek et al., 1995). This finding is also more commonly witnessed in the South African context, with reports from Childline services reflecting that a steadily increasing number of offences are committed by adolescents (J. Van Niekerk, personal communication, 2003). In 2000, 43 percent of all cases of sexual assault reported to Childline were committed by offenders under the age of 18 (Terreblanche, 2002). This indicates that people of any age are potentially dangerous. More recent studies indicate that a significant proportion of South African high school males (up to two-thirds of respondents in one study) (Magojo & Collings, 2002 cited in Collings, 2003) report that they have sexually abused a child.

They are the custodians of the innocents but more and more teachers stand accused of physically and sexually abusing their young charges. A number of studies (cited in Collings, 2003) indicate that a significant proportion of sexual abuse cases in South Africa involve teachers as perpetrators. A grim picture was painted at the Durban launch of National Child Protection Week in May 2003 – of starry-eyed children entering school for the first time who are hit, touched, groped or worse by their teachers. In 43% of reported cases of sexual abuse, both perpetrator and victim were children (Bisetty, 2003).

2.6 Conclusion

The incidence rate alluded to in this section highlights the fact that South Africa has one of the highest rates of sexual crime in the world. There are several reasons to believe that the incidence of abuse is higher in South Africa than in other countries due to a rape rate which is almost double that in the United States, an exceptionally high divorce rate, and high rates of alcoholism and other drug addictions, all of which have been associated with higher risks of abuse (Russel, 1994). The most recent figures provided by the National Commissioner of the South African Police Service (2002) is certainly high in comparison to earlier statistics alluded to in this section which illustrates quite clearly that by all accounts child sexual abuse in South Africa is on the increase.

The research findings on incidence regarding age revealed that the victim's age worldwide varied from three months to 18 years. Findings with regard to abuse by age-category indicated that children in the 12 to 17 year-old category faced a particularly high risk of sexual victimisation. The high incidence regarding females was confirmed in almost every other major study published and clearly indicated that girls were more at risk than boys. Research findings on incidence with regard to ethnic group revealed that black children were at highest risk for violence, particularly rape.

It is evident from the literature that the causes of child abuse are multifold, and complex. Child sexual abuse is a complex phenomenon caused by the interaction of a wide variety of equally complex variables. In reviewing the literature, factors known to be associated with child sexual abuse include overcrowded housing, poverty, family disunity, marital problems, absence of mother or other adult at home, alcohol and drug abuse, psychotic illness, unemployment, stress within the family, a culture of violence in a society and poor or no supervision. The situation can be summarised by saying that child sexual abuse stems from a network of cultural and community factors that influence the family in its behavioural patterns, and ultimately culminates in violent incidents within the family. These research findings will provide the direction needed to identify psychosocial aspects associated with child sexual abuse in this study sample and to answer the critical questions. The critical questions are:

- What was the incidence rate of child sexual abuse cases seen during the period of November 2002 – April 2003 in the study sample?
- What were the psychosocial factors that might have contributed to the sexual abuse in the study sample?

- Were the psychosocial factors different across the ethnic groups?
- Were the psychosocial factors different between males and females?

CHAPTER 3

CONCEPTUAL FRAMEWORK

3.1 Orientation to chapter three

This chapter provides a broad introduction to some of the discourses surrounding child sexual abuse emerging, predominantly from an Euro-American context, after which a conceptual frame of reference for this study is provided including an explanation of why this conceptual frame of reference is the most appropriate. A constructed integrated conceptual framework, based on a content analysis of different theories that have been proposed to explain child sexual abuse including a brief overview of the constructions of child sexual abuse within African societies, will provide a lens towards understanding the psychosocial factors that might have contributed to the sexual abuse in the study sample and towards providing the answers to the purpose and critical questions in this study. The purpose of this study is to identify psychosocial aspects associated with child sexual abuse in an urban sample of South African children and the critical questions are:

- What is the incidence rate of child sexual abuse cases seen during the period of November 2002 – April 2003 in the study sample?
- What are the psychosocial factors that might have contributed to the sexual abuse in the study sample?
- Are the psychosocial factors different across the ethnic groups?
- Are the psychosocial factors different between males and females?

3.2 Some of the discourses surrounding child sexual abuse emerging, predominantly from an Euro-American context

In classifying the sexual abuser of children as a paedophile and explicating guidelines for treatment, the medical discourse succeeds in 'medicalizing' the phenomenon of child sexual abuse. The phenomenon is thus constructed as a disease located only amongst a minority of the male population (Brownmiller, 1975; Driver & Droisen, 1989; Nelson, 1984; Weeks, 1985). This presentation of child sexual abuse as an illness allows the construction of the abuser of children as a victim of a disorder rather than a perpetrator of abuse. Constructing sexual abuse through the medical discourse

thus, in relative terms, absolves perpetrators (usually male) of responsibility for their actions, and instead attempts to facilitate sympathy by depicting them as victims of an illness.

By adopting the discourses stemming from psychoanalytic writings, the perpetrator of child sexual abuse is constructed as a deviant individual who has failed to fulfil the normal developmental processes necessary to achieve heterosexual adjustment (Kaplan & Sadock, 1987). Constructing the perpetrator in this manner leads to the psychoanalyst's position becoming a powerful one in which he or she is the expert who is able to recognise deviance. Furthermore, when exploring the construction of the victim of child sexual abuse, a picture of the 'child seductress' emerges (Brownmiller, 1975; Glaser & Frosh, 1993; Weeks, 1985). In constructing the victim in this manner, the psychoanalytic discourse tends to invalidate the child's experience of sexual misuse. This discourse tends to shift the responsibility for the abuse from the man, who exploits the child, to the child. Consequently being the victim is at least to have colluded in being victimised and the child is thus blamed for its victimisation (Browne & Finkelhor, 1986; Glaser & Frosh, 1993).

Positivist psychological inquiry into the phenomenon of child sexual abuse has taken on many forms. This therapeutic discourse has at times shared many of the views stemming from the psychoanalytic and medical discourses, but has also explored alternative constructions of child sexual abuse. A large body of psychological inquiry into the aetiology surrounding intrafamilial child sexual abuse has explored the notion of the 'dysfunctional' family (Driver & Droisen, 1989; Sandler & Sepel, 1990). The 'dysfunctional' family is one wherein the 'normal' family hierarchies have broken down. This breakdown according to the literature is almost solely attributed to the mother, who is seen as failing to fulfil her nurturing and protective role (Driver & Droisen, 1989; Glaser & Frosh, 1993; Sandler & Sepel, 1990). With regard to research on extra-familial child sexual abuse, the plight of the non-offending mother has not been much better with various studies exploring the role of the mother (Coffey, Leitenberg, Henning, Turner & Bennet, 1996; Finkelhor, 1990; Lynskey & Fergusson, 1997; Quamma & Greenberg, 1994; Spaccarelli & Kim, 1995; Tremblay, Herbert & Piche, 1999).

With the development of the victimology movement there has been a shift from the focus on familial factors onto the perpetrators and victims of such abuse. Psychological literature has developed examining personality factors of perpetrators and much of the literature has painted the picture of a child molester as a stranger and derelict who preys on helpless young children (Driver & Droisen,

1989; Glaser & Frosh, 1993; Levett, 1994. Levett (1995 cited in Lubek et al., 1995) proposes that in South Africa a popular emphasis has been on stranger danger (with racist implications).

Exploring the etiological literature pertaining to the 'dysfunctional' family theory, raises many issues regarding the functions such theories serve. Various authors have criticised this approach since much of the responsibility for the abuse has been placed squarely on the shoulders of the non-offending mother (Burman, 1994; Driver & Droisen, 1989; Glaser & Frosh, 1993; Hook & Cockroft, 2001; Sandler & Sepel, 1990). It has been argued that the family dysfunction theories have served to protect perpetrators of sexual abuse of children (usually men) (Driver & Droisen, 1989; Glaser & Frosh, 1993; Sandler & Sepel, 1990). In protecting the perpetrator this theory inevitably functions in support of patriarchy and assists in maintaining the status quo of male supremacy (Driver & Droisen, 1989). In conjunction, placing blame with the non-offending mother further reinforces the powerlessness of women within the patriarchal social system.

With regard to the literature pertaining to characteristics of the perpetrator, these serve a similar function to the medical discourses surrounding child sexual abuse. In defining a personality type who is prone to sexually exploit children, the therapeutic discourse highlights that child abusers form part of a distinct group of deviants (Driver & Droisen, 1989; Glaser & Frosh, 1993; Levett, 1995 cited in Lubek et al, 1995). In so doing this discourse separates the pathological abuser from 'normal' men despite a growing amount of literature that claims that men who abuse children sexually form a 'completely heterogeneous picture'. It is, thus, important to consider how social constructions of child sexual abuse are influenced by dominant discourses of the time (Levett, 1994).

Social, political and cultural theories, mainly proposed by feminists, view other discourses and constructions surrounding child sexual abuse as maintaining the status quo of patriarchy (Driver & Droisen, 1989). Patriarchy is the worldview that seeks to create and maintain male control over females – it is a system of male supremacy in which men as a class dominate women as a class (Brownmiller, 1975; Burr, 1998; Driver & Droisen, 1989). Feminist literature proposes that men's dominance over women is maintained by their organisation of and control over the structural systems that constitute the society we exist in, for example, the health, legal, welfare, educational, economic, judicial, religious and family systems (Brownmiller, 1975; Burr, 1998; Driver & Droisen, 1989). Thus, from the feminist perspective child sexual abuse is viewed as an extension of men's sexual exploitation of women. Stated differently, experiences of childhood sexual abuse contribute to early

notions of what Levett terms gendered identity (Levett, 1995 cited in Lubek et al., 1995; Levett, 1994). The feminists' view of child sexual abuse, has therefore been to view this phenomenon as an instance of patriarchal misuse of power.

3.3 A constructed integrated conceptual framework as a conceptual frame of reference for this study

In Chapter Two a study of the literature revealed that child sexual abuse is a complex phenomenon caused by the interaction of a wide variety of equally complex variables. Various theories have attempted to explain why child sexual abuse occurs. The problem has always been that single-factor theories have been found to be unsatisfactory, probably because of the complex nature of this phenomenon. It is evident that no single-factor theory can completely explain sexual abuse. The researcher is *ad idem* that although the above theories explain sexual abuse, it is evident that no single-factor theory can completely explain sexual abuse, particularly child sexual abuse in a distinctly South African situation. Child sexual abuse is a complex multifactorial social phenomenon, not a simplistic cause and effect event and with reference to South Africa one cannot disregard vital contextual and social issues that underpin sexual violence against children and that are individual to the South African context. There is the tendency of South African researchers to, at times, inappropriately import Euro-American frameworks into a distinctly South African situation. There is a need, therefore, to integrate various factors including the constructions of child sexual abuse within African societies in order to provide a conceptual frame of reference appropriate to this study. This chapter, therefore, presents a constructed integrated conceptual framework based on a content analysis of different theories that have been proposed to explain child sexual abuse including a brief overview of the constructions of child sexual abuse within African societies.

A comparison of different theories suggests that some common factors increase the probability of child abuse. An integrated conceptual framework for understanding child sexual abuse is presented with some of the most frequently occurring etiologic factors across existing theoretical perspectives. The broad categories used to organize the most prominent explanatory factors are:

3.3.1 Exposure to child abuse

A review of the theoretical approaches shows that an abusive parent's own abusive childhood is believed to be an important factor for predicting child abuse. Psychiatric and learning theories, in particular, underscore the direct relationship between being abused, as a child and abusing one's own children as an adult over other etiologic factors. Abusive parents often have histories of abuse, rejection, deprivation and inadequate parenting during their own childhood. Child abuse is a self-perpetuating disorder in which the abused child grows up to be an abusing parent.

3.3.2 Exposure to stressors

General stress theory contends that stressors are occurrences, chronic or acute, that tend to add stress to our daily lives. Chronic occurrences typically refer to the potentially stressful living conditions of an individual that occur over a longer period (e.g., long term unemployment, poverty). Acute occurrences or life events occur at specific points in time. Different theories focus on different types of stressors when explaining pathways to stress and child sexual abuse (e.g., death or poor health of a member in the parent's network, divorce or separation from a partner, birth of a child). Mental disorders can play a role in child abuse in so far as a parent's judgment and thought processes may be impaired. Parents who are depressed or psychotic or who have severe personality disorders may view their children as bad or as trying to drive them crazy.

The socio-cultural model explores the cultural values that are prevalent in a society concerning expected and accepted modes of adult-child interaction. The socio-situational model addresses ecological variables such as neighbourhood characteristics, family structure and other potential stress-inducing factors. The common interest in both the models is that the social environment is regarded as an important variable in influencing behaviour. The learning position contends that particular social-ecological stressors incite abuse. It suggests that certain external or extra familial stressors provoke abuse. For instance, many studies argue that lower class families are more inclined to be citadels of abuse. Poor housing, poor supervision of children, unemployment, lack of recreational activities and general restriction and limited access to options, it is reasoned, contribute to abuse. With reference to South Africa the socio-situational factors seen as related to child sexual abuse are common in most black communities in South Africa (Dawes & Donald, 1994).

3.2.3.1 The South African context

Up to 1980, a narrow concept of child abuse was used in the social service agencies. Loffell (1992) links the rise of the human and children's rights movement to the broader view on child abuse and studies have moved to issues of structural abuse and the effects of political policies on child abuse. The danger in this approach is that all abuse cannot be attributed to societal factors. A key factor in child abuse in South Africa has been the breakdown of family structure as a result of deliberate State policy (migratory labour system, forced removals, poor housing and low income) and ongoing civil wars. This resulted in the alienation of most black families and the disintegration of the social system. McKendrick and Hoffman (1990) state this succinctly – "When a nation becomes severely polluted by violence, the corrosive effect perforate all layers of society, damaging national institutions, community life and family living so that no individual within the society remains untouched by its insidious presence" (McKendrick & Hoffman, 1990, p. 544).

Many authors claim that the distinction between political and others forms of violence has in recent times become blurred and a "culture of violence" pervades South African society (Magwaza, Killian, Petersen & Pillay, 1993; McKendrick & Hoffman, 1990). This situation has resulted in the creation of high-risk environments within which literally millions of children are raised (Hamber & Lewis, 1997; Magwaza, Killian, Petersen & Pillay, 1993). Hamber and Lewis (1997) argue that crime in South Africa is localised to some degree and higher incidences of crime exist in areas such as townships and informal settlements. These areas are often characterised by higher crime incidences than elsewhere due to social inequality and deprivation (Hamber & Lewis, 1997). Although the advancement of African people is a priority of the South African government, the historical influences of apartheid continue to impact on children within these communities today since they have facilitated an environment of economic deprivation and disadvantage. Within an informal settlement, the lack of basic provisions such as water and electricity, health care, education and basic infrastructure along with an environment wherein poverty, homelessness and unemployment are rife creates a complex web within which child sexual abuse becomes another of the large array of issues (Dawes & Donald, 1994).

The importance of male domination and female subservience is emphasized by a number of authors as being at the root of child sexual abuse in South Africa. The decade of the 1970s ushered in a new outspokenness on the part of the women's movement. The feminist perspective on sexual abuse has

made an enormous contribution to an understanding of some of the dynamics of the problem. The central theme of the feminist approach is the issue of power. It is argued that the patriarchal family system and societal structures support men's power over women and children, and that sexual abuse fundamentally must be seen as an abuse of power (Freudenberger, 1987; Gordon, 1988; Lisak, 1995; Malloy & Berkery, 1993).

There is a need for a conceptual framework that views child abuse as a complex multifactorial social phenomenon and not a simplistic cause and effect event. Saloojee (2002), the chairperson of the Portfolio Committee on Social Development and convener of the multiparty task group that conducted the hearings into the sexual abuse of children in March 2002 in Cape Town said that we have to look at all the social, political and economic factors that underpin sexual violence against children (Terreblanche, 2002). Socioeconomic factors and political instability has resulted in drastic effects on the position of the child in the African society. These include war, poverty and economic deprivation. Levett (1994) also states that child sexual abuse in South Africa is of particular significance when studying the workings of power, since many socio-political processes, as well as a range of powerful structures, are involved with this phenomenon.

A brief overview of the constructions of child sexual abuse within African societies alluded to in the above discussion attempts to explore some of the current gaps within South African literature pertaining to researching this phenomenon within African settings. However, we do not have the database to arrive at a distinctly South African model. In suggesting a framework for South Africa one has to go further. A closer look at how sexual abuse is constructed, understood and plays itself out in all communities in the country will be required before we can come to a distinctly South African framework.

3.3.3 Access to resources

Resources are the means to accomplish one's goals. They include the knowledge, skills, financial assets and physical strength possessed by the parent, his or her partner and other interaction partners. Thus, they may be found within the person (intrapersonal) or in the parent's network (interpersonal). Most theoretical perspectives suggest that abusive parents lack certain psychological or intrapersonal resources (e.g., knowledge of child development, self-esteem, social skills). Deprived of good parenting, abusive parents don't know how to be good parents to their own children. They are often

grossly ignorant of normal child development, holding unrealistic expectations. Some theorists have noted that many abusive parents lack impulse control or make decisions quickly without considering the full range of factors that impinge upon a situation. Social isolation of a family also play a role. Families in which violence occurs tend to be those that cut themselves off from neighbours, other relatives and friends and consequently have no one to turn to in times of stress and no one to see what's happening within the family.

3.4 Conclusion

Given the various theories of child sexual abuse, it is evident that no single-factor theory can completely explain sexual abuse, probably because of the complex nature of this phenomenon. Corey (1991) claimed that, "eclectism should be thought of as a way to harmoniously blend theoretical concepts and methods into a congruent framework" (p. 426). As the dominant discourses of child sexual abuse can be recognized, this study uses a constructed integrated conceptual framework based on a content analysis of different theories that have been proposed to explain child sexual abuse including a brief overview of the constructions of child sexual abuse within African societies.

CHAPTER 4

METHODOLOGY

4.1 Orientation to chapter four

In Chapter Two a study of the literature revealed that the causes of child sexual abuse are multifold, and complex. Chapter Three examined some of the discourses surrounding child sexual abuse emerging from an Euro-American context and a constructed integrated conceptual framework based on a content analysis of different theories that have been proposed to explain child sexual abuse, including a brief overview of the constructions of child sexual abuse within African societies. The purpose of this research was spelt out, namely to identify psychosocial aspects associated with child sexual abuse in an urban sample of South African children. This chapter details the methodology utilised to achieve this aim and to answer the critical questions of this study. It also details an explanation of why this methodology is the most appropriate through a brief review of the ethical aspects of research involving secondary victimization. The critical questions of this study are:

- What is the incidence rate of child sexual abuse cases seen during the period of November 2002 – April 2003 in the study sample?
- What are the psychosocial factors that might have contributed to the sexual abuse in the study sample?
- Are the psychosocial factors different across the ethnic groups?
- Are the psychosocial factors different between males and females?

4.2 Ethical issues

The ethical aspects of research have, at times, been given minimal formal consideration. Humphreys' (1970) sociological study of clandestine homosexual behaviour, where he secretly observed men in public toilets without their consent, demonstrates this. (Dominowski, 1980). It has increasingly come to be the case, though, that research involving child sexual abuse requires careful consideration of ethical issues. It is in fact crucial to ensure that research is conducted in a manner that doesn't, in itself, constitute a source of secondary victimization (Collings, 1997). It is important that no harm, physical or psychological, will come to anyone taking part in research.

In health services research, researchers are often required to submit proposals to an ethical committee for review in order to gain access to the field because ethical issues are particularly pertinent to research in health-related areas. To this end, the following procedure was followed:

- The research complied with the research protocols of the University of Durban-Westville Ethics Committee, the Ethics Committee of the Department of Health, and the Ethical Code for Psychologists (Health Professions Council of South Africa, 2002), in order to safeguard the rights of children and to ensure ethical standards of research.
- Access to medical files were restricted to the researcher who is a registered intern psychologist working under the direct supervision of a registered psychologist and the file review took place at the hospital offices.
- Rights of children were safe-guarded in relation to the preservation of confidentiality and access to research information and findings by ensuring that individual children were identifiable only by the researcher through a coding system. These children will not be identifiable when the researcher presents her findings.
- The research did not involve any direct contact between the researcher and victimized children as it is in fact crucial to ensure that research is conducted in a manner that doesn't, in itself, constitute a source of secondary victimization (Collings, 1997). Seeing as this was precisely what this study set out to do, the method of unobtrusive measurement was, therefore, clearly appropriate (Webb, 1966 cited in Dominowski, 1980).

4.3 The design

A major work on unobtrusive observation was written by a team of interdisciplinary authors headed by Eugene J Webb. Webb and his associates emphasize that a relatively unobtrusive method of gathering data is to make use of the information contained in existing records. Various agencies accumulate records for many different purposes, and it is always possible that such records might contain information relevant to a particular research question. Since such records are ordinarily obtained "in the normal course of events", using them minimizes the problems of reactivity associated with people knowing that they are subjects in an investigation. The general idea is that a researcher can employ analyses of existing records to substitute for other data collection techniques. For example, over time a clinic will amass records that are likely to allow an investigator to review the clinical histories of children as it is described in their case files.

In this study the analysis of psychosocial aspects involved a file review of 245 cases of child sexual abuse reported to the Crisis Centre Unit (CCU) at the Mahatma Gandhi Memorial Hospital during the period of November 2002 – April 2003. Permission to access files had been granted by the head of the Provincial Department of Health, Professor R. W. Green Thompson, head of the hospital, Dr A. Sewlall and the district surgeon of Durban, Dr S. Naidoo. Each of the 245 case files consisted of reports of information of the victim by the district surgeon and social workers mostly after the sexual abuse had taken place. The information consisted of:

1. Demographic characteristics of the victim.
2. The victim's general scholastic impression.
3. A social worker's evaluation of the victim's home and family conditions.
4. Relevant medical information, past and present.
5. An evaluation of support systems.
6. A psychological evaluation of the child after sexual abuse. Intelligence and personality evaluation were available.
7. A summary of the type and duration of the abuse.
8. All the details concerning the sexual abuse.
9. Estimated results of the molestation.
10. A prognosis of the victim's recovery.
11. Particulars of the perpetrator.

4.4 Data collection site

The site for data collection for this study was the Durban Region which encompasses Durban North, Kwa Mashu, Greenwood Park, Inanda, Ndwedwe, Ntuzuma, Newlands East, Phoenix, Verulam and Tongaat. The Durban region is located in KwaZulu Natal, which has the second highest prevalence rate for abuse in South Africa.

4.5 Sample frame and sample size

The researcher collaborated with the Crisis Centre Unit at the hospital to identify cases of abuse. Since October 2001, all reported cases of abuse in the Durban Region are referred to the CCU for medical examination by the district surgeon and to the social workers who are attached to the unit for monitoring the child's psychosocial well being (psychological status, referrals for counselling, safety from abuse). The CCU has opened medical files on approximately one thousand child

abuse cases since October 2001 and is currently dealing with approximately 60-70 new cases per month. In this study 245 case files of child sexual abuse reported during the period of November 2002 – April 2003 were reviewed by the researcher.

4.6 The measure

Webb classified all their unobtrusive measures into four broad categories:

1. Archival records;
2. Physical traces;
3. Simple observations; and
4. Contrived observations.

Seeing that ethical issues surrounding issues about sexual health is much more sensitive than issues about work patterns, using archival records can therefore be seen to satisfy the methodological needs of this study as they minimize the problems of reactivity associated with people knowing that they are subjects in an investigation, and they do not involve any direct contact between the researcher and victimized children, thus, ensuring that research is conducted in a manner that doesn't, in itself, constitute a source of secondary victimization. Generally speaking, an archive is any relatively permanent depository of data. A popular method of decomposing written messages in archives and then evaluating and classifying their content is called content analysis. Proposed by a political scientist (Harold Lasswell) and with details worked out by a sociologist (Bernard Berelson), the general procedure consists of burrowing through written records in order to discover their characteristics. Content analysis calls for systematic observation to classify the materials precisely and objectively.

Specifically, a content analysis requires the development of appropriate data collection instruments and has its peculiar set of procedures. To begin with, it is not necessary to construct a questionnaire or interview schedule, since a set of respondents is not involved. Instead, the researcher developed a recording sheet with which data from the sample of content was taken. In doing a content analysis, it is important to develop specific categories (into which content can be placed) and coding units (exact units of content that the researcher seeks to measure) relevant to the questions of the study.

4.6.1 The recording sheet

In doing a content analysis, the researcher kept three general guidelines in mind:

1. Coding units were selected. In this study a wide range of variables was tapped, including ethnic distribution, socioeconomic status of the family, age and sex distribution of the child, type of family constellation, relationship of perpetrator to the child and probable psychosocial factors or mechanisms that contributed towards the sexual abuse.
2. Categories were developed. Once the coding units had been selected, the researcher came up with a measurement strategy. Content analysis relies very much in this regard upon the construction of categories into which content can be placed.
3. Coding entails the procedure whereby the data are collected and the sample of content is actually categorized. In order to assure the objectivity of a content analysis – especially of an analysis carried out by a single coder – the researcher carefully defined all categories and expanded the number of categories making them exhaustive and mutually exclusive.

4.7 The procedure

Because existing records are maintained for purposes other than research, their use does involve special problem. It is of course possible for an investigator to find that the records do not contain the information he or she desires in the appropriate form. Perhaps some information that the researcher would like to have has not been recorded, or the categories used in creating the records are not quite those that would provide the best information. In this study, in order to assure the objectivity of a content analysis – especially of an analysis carried out by a single coder – and the producing of reliable and valid data, the researcher carefully defined categories and expanded the number of categories not initially incorporated, making them unambiguous, exhaustive and mutually exclusive, after ten files were reviewed as a pilot-test. The clarity, completeness, difficulty and sequencing of each unit was analysed by 1 district surgeon and 2 social workers. When the records did not contain the information the researcher desired in the appropriate form, the researcher depended on a different index of the concept that she was interested in. An example will clarify this point. With regard to marital status she had to rely on measures such as “same surnames” and “different surnames” whereas if she engaged in direct data collection she might have asked “if they were married”. Nevertheless, existing records provided useful and relatively nonreactive information. Files were reviewed at the hospital offices, data coded and entered in the

computer using SPSS and descriptive statistics were used to obtain demographic profiles of victims.

4.8 The data analysis

Descriptive statistics are “ways of reducing a large number of scores or observations down to interpretable numbers such as averages and percentages” (Leary, 1991, p. 19). This is done in order to be able to describe patterns of behaviour in the most meaningful and useful manner possible. In contrast, inferential statistics are used “to draw conclusions about the reliability and generalizability of one’s findings” (ibid. p. 19). These types of statistics provide information concerning the variables that may have a cause/effect relationship with the behaviour under study. This present quantitative investigation has the primary intent of summarising and describing the psychosocial aspects of cases under consideration and, therefore, the computation of descriptive statistics will be sufficient for the purposes of this study.

4.9 Conclusion

This chapter provides a detailed explanation of the entire process involved in conducting this research from its conception. Only one measure, existing records, had to be used because they do not involve any direct contact between the researcher and victimized children, thus, ensuring that research is conducted in a manner that doesn’t, in itself, constitute a source of secondary victimization.

CHAPTER 5

RESULTS AND DISCUSSION

5.1 Orientation to chapter five

In this chapter, the research findings regarding the urban study sample of South African children identified in the previous chapter are presented and discussed under investigated variables, aimed at identifying psychosocial aspects associated with child sexual abuse in the study sample. The findings are presented and discussed in the light of the purpose and the research questions of the study, the conceptual framework from which they have been derived and the findings of earlier studies, the goal of which is to either confirm or dispute a relationship between the findings of earlier studies and the finding of this study. The critical questions are:

- What is the incidence rate of child sexual abuse cases seen during the period of November 2002 – April 2003 in the study sample?
- What are the psychosocial factors that might have contributed to the sexual abuse in the study sample?
- Are the psychosocial factors different across the ethnic groups?
- Are the psychosocial factors different between males and females?

After the results are presented and discussed, conclusions are carefully drawn from the analysis of results with the aid of devices such as frequency tables and contingency tables. Such conclusions will be explicitly stated with reference to the research questions of the study.

5.2 Results

This section is a presentation of the research findings regarding the study sample under investigated variables such as ethnicity, socioeconomic status, family constellation, relationship of perpetrator to the child, and reported psychosocial factors that could have contributed towards the abuse. Key variables such as age, sex and ethnic group are used for subgroup analysis.

**Table 5.1: The number of cases during
November 2002 – April 2003**

	Count	Percent
November 2002	61	24.9
December 2002	54	22.0
January 2003	38	15.5
February 2003	12	4.9
March 2003	37	15.1
Apr 2003	43	17.6
Total	245	100.0

The above table indicates that a total number of 245 cases of children aged 17 years and below, who were abused sexually, were seen between November 2002 and April 2003.



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Table 5.2.1: Sex distribution

Sex		Frequency	Percent
Valid	Male	17	6.9
	Female	225	91.8
	Uncertain	3	1.2
	Total	245	100.0

The above table shows the high incidence regarding females, with female victims comprising 91.8% of cases and 6.9% reflecting male victims, with a ratio of 1 boy to 13 girls (male:female is 1:13) having been sexually abused in this study sample.

Table 5.2.2: Ethnic distribution

Ethnic Identification		Frequency	Percent
Valid	White	3	1.2
	African	209	85.3
	Coloured	5	2.0
	Asian	28	11.4
	Total	245	100.0

Ethnically, the sample consisted of 209 (85.3%) African children, 28 (11.4%) Asian children, 5 (2.0%) Coloured children and 3 (1.2%) White children.

Table 5.2.3: Sex and ethnic distribution

			Ethnic Identification				Total
			White	African	Coloured	Asian	
Sex	Male	Count		9	2	6	17
		% within Ethnic Identification		4.3%	40.0%	21.4%	6.9%
	Female	Count	3	197	3	22	225
		% within Ethnic Identification	100.0%	94.3%	60.0%	78.6%	91.8%
	Uncertain	Count		3			3
				1.4%			1.2%
Total			Count	3	209	5	28
			% within Ethnic Identification	100.0%	100.0%	100.0%	100.0%

An analysis of incidence with regard to ethnic group and sex indicate a high incidence regarding female children across the groups. More children from African ethnicity were found to be sexually abused. Nine (3.7% of total; 4.3% within ethnic) were African boys and 197 (80.4% of total; 94.3% within ethnic) were African girls, with a ratio of 1 African boy to 22 African girls (male:female is 1:22) having been sexually abused in this study sample. The chi square test of significance showed that a statistically significant result at the 5% level had been obtained ($\chi^2=20.405$, $df=6$, $p=0.002$).

Table 5.3.1: Age distribution

		Age	
		Frequency	Percent
Valid	0-2	14	5.7
	3-4	32	13.1
	5-9	89	36.3
	10-18	110	44.9
	Total	245	100.0

An analysis of incidence with regards to age were as follows:

0-2 (5.7%), 3-4 years (13.1%), 5-9 years (36.3%) and 10-17years (44.9%), with children in the 10 to 18 year-old category (44.9%) showing a particularly high incidence of sexual victimisation.

Table 5.3.2: Age and sex distribution

			Sex			Total
			Male	Female	Uncertain	
Age	0-2	Count	3	11		14
		% of Total	1.2%	4.5%		5.7%
	3-4	Count	1	29	2	32
		% of Total	.4%	11.8%	.8%	13.1%
	5-9	Count	8	81		89
		% of Total	3.3%	33.1%		36.3%
	10-17	Count	5	104	1	110
		% of Total	2.0%	42.4%	.4%	44.9%
Total	Count	17	225	3	245	
	% of Total	6.9%	91.8%	1.2%	100.0%	

The above table indicates that female children (104:42.4%) in the 10 to 17 year-old category face a particularly high risk of sexual victimisation. The chi square test of significance also showed that this result was statistically significant at the 5% level ($\chi^2=14.673$, $df=6$, $p=0.023$).

Table 5.3.3: Age and ethnic distribution

			Ethnic Identification				Total
			White	African	Coloured	Asian	
Age	0-2	Count		11	2	1	14
		% of Total		4.5%	.8%	.4%	5.7%
	3-4	Count		28	2	2	32
		% of Total		11.4%	.8%	.8%	13.1%
	5-9	Count	1	79		9	89
		% of Total	.4%	32.2%		3.7%	36.3%
	10-17	Count	2	91	1	16	110
		% of Total	.8%	37.1%	.4%	6.5%	44.9%
Total	Count	3	209	5	28	245	
	% of Total	1.2%	85.3%	2.0%	11.4%	100.0%	

The above table indicates that African (91:37.1%) children in 10 to 17 year-old category face a particularly high risk of sexual victimisation.

Table 5.4.1: Marital status (parents)

Marital Status (Parents)		Frequency	Percent
Valid	Married (First spouse)	82	33.5
	Remarried	27	11.0
	Separated	22	9.0
	Divorced	32	13.1
	Widower	24	9.8
	Single cohabiting	8	3.3
	Deceased	19	7.8
	Single	30	12.2
	Uncertain	1	.4
	Total	245	100.0

The above table shows that 82 (33.5%) of the children had both of their natural parents married to and living with each other while 162 (66.2%) had natural parents who were not living with each other because of divorce, separation or the death of one or both of their natural parents.

Table 5.4.2: Marital status (parents) across the ethnic groups

			Ethnic Identification				Total
			White	African	Coloured	Asian	
Marital Status (Parents)	Married (First spouse)	Count % within Ethnic Identification		66 31.6%	1 20.0%	15 53.6%	82 33.5%
	Remarried	Count % within Ethnic Identification	1 33.3%	23 11.0%		3 10.7%	27 11.0%
	Separated	Count % within Ethnic Identification		18 8.6%		4 14.3%	22 9.0%
	Divorced	Count % within Ethnic Identification		30 14.4%	2 40.0%		32 13.1%
	Widow/er	Count % within Ethnic Identification	1 33.3%	22 10.5%		1 3.6%	24 9.8%
	Single, Cohabiting	Count % within Ethnic Identification		5 2.4%		3 10.7%	8 3.3%
	Deceased	Count % within Ethnic Identification		18 8.6%		1 3.6%	19 7.8%
	Single	Count % within Ethnic Identification	1 33.3%	26 12.4%	2 40.0%	1 3.6%	30 12.2%
	Uncertain	Count % within Ethnic Identification		1 .5%			1 .4%
	Total	Count % within Ethnic Identification	3 100.0%	209 100.0%	5 100.0%	28 100.0%	245 100.0%

The above table indicates that most of the natural parents of the Coloured (4:80%), and African (142:67.9%) children and all of the White (3:100%) children were divorced, separated or dead.

Table 5.5: Total family income (monthly) across the ethnic groups

			Ethnic Identification				Total
			White	African	Coloured	Asian	
Total family income (monthly)	< 1000	Count	3	188	2	4	197
		% within Ethnic Identification	100.0%	90.0%	40.0%	14.3%	80.4%
	1000 - 2000	Count		5		1	6
		% within Ethnic Identification		2.4%		3.6%	2.4%
	2001 - 3000	Count		15	2	22	39
		% within Ethnic Identification		7.2%	40.0%	78.6%	15.9%
	3001 - 4000	Count		1	1	1	3
		% within Ethnic Identification		.5%	20.0%	3.6%	1.2%
Total		Count	3	209	5	28	245
		% within Ethnic Identification	100.0%	100.0%	100.0%	100.0%	100.0%

The above table indicates that 197 (80.4%) of the sexually abused children came from a household with total monthly earnings of <R1000. The Indian and Coloured were the richer groups with most of the children coming from a household with total monthly earnings of >R2000 (Indian: 23:82.2%%; Coloured: 3: 60%).

Table 5.6.1: Living conditions

Living Conditions		Frequency	Percent
Valid	Low cost flat	1	.4
	Illegally built home with only one or no room available	20	8.2
	Brick house	49	20.0
	Shack	174	71.0
	Uncertain	1	.4
	Total	245	100.0

Looking at the living conditions of the sexually abused child, the above table indicates that most of the children (174:71.0%) came from shacks.

Table 5.6.2: Living conditions across the ethnic groups

			Ethnic Identification				Total
			White	African	Coloured	Asian	
Living Conditions	Low cost flat	Count			1		1
		% within Ethnic Identification			20.0%		.4%
	Illegally built home with only one or no room available	Count	2	15		3	20
		% within Ethnic Identification	66.7%	7.2%		10.7%	8.2%
	Brickhouse	Count		22	2	25	49
		% within Ethnic Identification		10.5%	40.0%	89.3%	20.0%
	Shack	Count	1	171	2		174
		% within Ethnic Identification	33.3%	81.8%	40.0%		71.0%
	Uncertain	Count		1			1
		% within Ethnic Identification		.5%			.4%
Total		Count	3	209	5	28	245
		% within Ethnic Identification	100.0%	100.0%	100.0%	100.0%	100.0%

The above table indicates that the African (186:89.0%) and White (3:100%) were found to be the poorer groups with unsatisfactory living conditions. The Indian (125:89.3%) and Coloured (3:60%) were the richer groups with satisfactory living conditions. This result was statistically significant at the 5% level ($p=0.000$).

Table 5.6.3: Relationship between living conditions and total family income (monthly)

			Total family income (monthly)				Total
			<1000	1000-2000	2001-3000	3001-4000	
Living Conditions	Low cost flat	Count			1		1
		% of Total			.4%		.4%
	Illegally built home with only one or no room available	Count	20				20
		% of Total	8.2%				8.2%
	Brickhouse	Count	4	6	36	3	49
		% of Total	1.6%	2.4%	14.7%	1.2%	20.0%
	Shack	Count	172		2		174
		% of Total	70.2%		.8%		71.0%
	Uncertain	Count	1				1
		% of Total	.4%				.4%
Total		Count	197	6	39	3	245
		% of Total	80.4%	2.4%	15.9%	1.2%	100.0%

The above table indicates that families earning <R1000 per month were found to be living in shacks (172:70.2%) and illegally built homes (20:8.2%) with only one or no room available (considered as unsatisfactory living conditions). The relationship between living conditions and family income was statistically significant at the 5% level. ($\chi^2=210.553$, $df=12$, $p=0.000$).

Table 5.6.4: The relationship between living conditions and total family income (monthly) across the ethnic groups

Ethnic Identification				Total family income (monthly)				Total
				<1000	1000-2000	2001-3000	3001-4000	
White	Living Conditions	Illegally built home with only one or no room available	Count % of Total	2 66.7%				2 66.7%
		Shack	Count % of Total	1 33.3%				1 33.3%
	Total		Count % of Total	3 100.0%				3 100.0%
African	Living Conditions	Illegally built home with only one or no room available	Count % of Total	15 7.2%				15 7.2%
		Brickhouse	Count % of Total	3 1.4%	5 2.4%	13 6.2%	1 .5%	22 10.5%
		Shack	Count % of Total	169 80.9%		2 1.0%		171 81.8%
		Uncertain	Count % of Total	1 .5%				1 .5%
	Total		Count % of Total	188 90.0%	5 2.4%	15 7.2%	1 .5%	209 100.0%
Coloured	Living Conditions	Low cost flat	Count % of Total			1 20.0%		1 20.0%
		Brickhouse	Count % of Total			1 20.0%	1 20.0%	2 40.0%
		Shack	Count % of Total	2 40.0%				2 40.0%
	Total		Count % of Total	2 40.0%		2 40.0%	1 20.0%	5 100.0%
Asian	Living Conditions	Illegally built home with only one or no room available	Count % of Total	3 10.7%				3 10.7%
		Brickhouse	Count % of Total	1 3.6%	1 3.6%	22 78.6%	1 3.6%	25 89.3%
	Total		Count % of Total	4 14.3%	1 3.6%	22 78.6%	1 3.6%	28 100.0%

The above table indicates that most of the African and all of the white children came from a household with total monthly earnings of <R1000 (African:188:90.0%; White:3:100%) and were found to be living in shacks and illegally built homes (African:184:88.1%; White:3:100%).

Table 5.7: Areas of residence across the ethnic groups

			Ethnic Identification				Total
			White	African	Coloured	Asian	
Areas of Residence	Tongaat	Count	1	15		2	18
		% of Total	.4%	6.1%		.8%	7.3%
	Verulam	Count		11	1	5	17
		% of Total		4.5%	.4%	2.0%	6.9%
	Inanda	Count		83	1		84
		% of Total		33.9%	.4%		34.3%
	Greenwood Park	Count		1	1		2
		% of Total		.4%	.4%		.8%
	Kwa Mashu	Count	1	41			42
		% of Total	.4%	16.7%			17.1%
	Newlands East	Count		3	1		4
		% of Total		1.2%	.4%		1.6%
	Ntuzuma	Count		24	1		25
		% of Total		9.8%	.4%		10.2%
	Ndwedwe	Count	1	10			11
		% of Total	.4%	4.1%			4.5%
	Phoenix	Count		9		21	30
		% of Total		3.7%		8.6%	12.2%
	Uncertain	Count		12			12
		% of Total		4.9%			4.9%
Total		Count	3	209	5	28	245
		% of Total	1.2%	85.3%	2.0%	11.4%	100.0%

Table 10 shows the high incidence of sexual victimisation in areas such as townships and informal settlements (Inanda, Kwa Mashu, Ntuzuma and Ndwedwe:162:66.1%) Most of the African (158:64.5%) and most of the white (2:0.8%) children came from these areas. This result was statistically significant at the 5% level ($\chi^2=178.693$, $df=27$, $p=.000$).

Table 5.8.1: Family description of the sexually abused child

Family description		Frequency	Percent
Valid	Nuclear family	80	32.7
	Step family	26	10.6
	Single parent (Divorced/Separated)	40	16.3
	Cohabitation	10	4.1
	Extended family in same household	27	11.0
	Foster family	10	4.1
	Single parent (widow/er)	24	9.8
	Single	26	10.6
	Uncertain	2	.8
	Total	245	100.0

***Note:**

1. Nuclear family and extended family considered as intact family setup.

The above table indicates that 107 (43.7%) of the children were living in an intact family setup while 136 (55.5%) were living in a broken family setup.

Table 5.8.2: Family description of the sexually abused child across the ethnic groups

			Ethnic Identification				Total
			White	African	Coloured	Asian	
Family description	Nuclear family	Count		66	1	13	80
		% within Ethnic Identification		31.6%	20.0%	46.4%	32.7%
	Step family	Count	1	22		3	26
		% within Ethnic Identification	33.3%	10.5%		10.7%	10.6%
	Single parent (divorced/separated)	Count		35	2	3	40
		% within Ethnic Identification		16.7%	40.0%	10.7%	16.3%
	Cohabitation	Count		7		3	10
		% within Ethnic Identification		3.3%		10.7%	4.1%
	Extended family in same household	Count		22	1	4	27
		% within Ethnic Identification		10.5%	20.0%	14.3%	11.0%
	Foster family	Count		10			10
		% within Ethnic Identification		4.8%			4.1%
Family description	Single parent (widow/er)	Count	1	22		1	24
		% within Ethnic Identification	33.3%	10.5%		3.6%	9.8%
	Single	Count	1	23	1	1	26
		% within Ethnic Identification	33.3%	11.0%	20.0%	3.6%	10.6%
	Uncertain	Count		2			2
		% within Ethnic Identification		1.0%			.8%
	Total	Count	3	209	5	28	245
		% within Ethnic Identification	100.0%	100.0%	100.0%	100.0%	100.0%

***Note:**

1. Nuclear family and extended family considered as intact family setup.

The above table indicates that a total of 119 (56.8%) African children were living in a broken family setup. Three (60%) Coloured and 3 (100%) White children were living in a broken family setup.

Table 5.9: Frequency of abuse

	Count	Percent
First time	181	73.9
Two occasions	24	9.8
More than two occasions	40	16.3
Total	245	100.0

Table 5.9 shows that 181 children (73.9%) were abused sexually for the first time, 24 (9.8%) were sexually abused on two occasions and 40 (16.3%) were sexually abused repeatedly, at least on more than two occasions.

Table 5.10: Relationship of perpetrator to victims

	Count	Percent
Relative	38	15.5%
Father	7	2.9%
Family friend	12	4.9%
Neighbour	72	29.4%
Step/Adopted father	10	4.1%
Sibling	6	2.4%
Mother's lover	7	2.9%
Tenant/Landlord	6	2.4%
Stranger	17	6.9%
Unknown	65	26.5%
School caretaker	2	.8%
Teacher	1	.4%
Domestic worker	1	.4%
Employer	1	.4%
Total	245	100.0%

***Note:**

1. Relative, father and sibling considered as members of the child's family.

Looking at the relationship of the perpetrator to the sexually abused child, the above table indicates that 163 (66.5%) cases involved assailants known to the victim and who had some kind of relationship with the child or the child's family. A significant proportion of sexual abuse (72:29.4%) was committed by the neighbour, while 51(20.8%) perpetrators were members of the child's family.

Table 5.11: Age of perpetrator

	Count	Percent
Child	17	6.9
Teenager	33	13.3
Young adult	84	33.9
Middle age	34	13.7
Old age	19	7.7
Uncertain	61	24.6
Total	248	100.0

Looking at the ages of the perpetrators, the above table indicates that 137 (55.3%) were adults, in comparison to 17 (6.9%) children and 33 (13.3%) teenagers. It also shows that the majority of perpetrators were young adults (84:33.9%).

Table 5.12: Differences in the psychosocial factors across the ethnic groups**Probable contributing factors * Ethnic Identification Crosstabulation**

			Ethnic Identification				Total
			White	African	Coloured	Asian	
Probable contributing factors	Parental factors	Count		6		3	9
		% within Ethnic Identification		2.9%		10.7%	3.7%
	Child factors	Count		1		1	2
		% within Ethnic Identification		.5%		3.6%	.8%
	Situational factors	Count	3	189	4	22	218
		% within Ethnic Identification	100.0%	90.9%	80.0%	78.6%	89.3%
	Perpetrator factors	Count		12	1	2	15
		% within Ethnic Identification		5.8%	20.0%	7.1%	6.1%
Total		Count	3	208	5	28	244
		% within Ethnic Identification	100.0%	100.0%	100.0%	100.0%	100.0%

***Note:**

1. Frequencies for contributing factors do not add up to the sample total due to one unknown factor.
2. Probable contributing factors have been divided in four main categories, namely parental factors; child factors; situational factors and perpetrator factors.

Table 5.12 shows the categorized probable psychosocial factors that may have contributed to the sexual abuse in the study sample and the ethnicity breakdown. High on the list among the factors were situational factors (218:89.3%). Situational factors (absence of other adults at home, poor or no supervision, child alone or unprotected and abduction) contributed to a significant proportion of sexual abuse among the African (189:90.9%), White (3:100%). Coloured (4:80.0%) and Asian (22:78.6%) populations. Marital problems in parents (parental factors) contributed to 9 (3.7%) cases of the probable factors, child factors (child mentally retarded) to 2 (.8%) and perpetrator factors (psychiatric illness, unemployment and drug and alcohol abuse) were present in 15 (6.1%) cases in the study sample. There were 12 (5.8%) cases of perpetrator factors among the African population, 6 (2.9%) cases of parental factors and only 1 (.5%) case of child factors. Among the Coloured population perpetrator factors contributed to only one (20%) case of the probable factors. Parental factors contributed to 3 (10.7%) cases of the probable factors, perpetrator factors to 2 (7.1%), while child factors were present in only 1 (3.6%) case among the Asian population.

Table 5.13: Differences in the psychosocial factors between males and females

Probable contributing factors * Sex Crosstabulation

			Sex			Total
			Male	Female	Uncertain	
Probable contributing factors	Parental factors	Count		9		9
		% within Sex		4.0%		3.7%
	Child factors	Count		2		2
		% within Sex		.9%		.8%
	Situational factors	Count	16	199	3	218
		% within Sex	94.1%	88.8%	100.0%	89.3%
	Perpetrator factors	Count	1	14		15
		% within Sex	5.9%	6.3%		6.1%
Total		Count	17	224	3	244
		% within Sex	100.0%	100.0%	100.0%	100.0%

***Note:**

1. Frequency for contributing factors do not add up to the sample total due to one unknown factor.
2. Probable contributing factors have been divided in four main categories, namely parental factors; child factors; situational factors and perpetrator factors.

The above table indicates that a significant proportion of sexual abuse among the male (16:94.1%) and female populations (199:88.8%) were caused by situational factors. However, child factors and parental factors were common in only females. The table also shows a significant difference between situational factors and perpetrator factors regarding male children.

Table 5.14: Differences in the psychosocial factors across the age groups**Probable contributing factors * Age Crosstabulation**

			Age				Total
			0-2	3-4	5-9	10-17	
Probable contributing factors	Parental factors	Count		1	2	6	9
		% within Age		3.1%	2.2%	5.5%	3.7%
	Child factors	Count				2	2
		% within Age				1.8%	.8%
	Situational factors	Count	14	30	81	93	218
		% within Age	100.0%	93.8%	91.0%	85.3%	89.3%
	Perpetrator factors	Count		1	6	8	15
		% within Age		3.1%	6.7%	7.3%	6.1%
Total	Count	14	32	89	109	244	
	% within Age	100.0%	100.0%	100.0%	100.0%	100.0%	

***Note:**

1. Frequency for contributing factors do not add up to the sample total due to one unknown factor.
2. Probable contributing factors have been divided in four main categories, namely parental factors, child factors, situational factors and perpetrator factors.

The above table indicates that a significant proportion of sexual abuse in the 10 to 17 year-old category (93:85.3%) involved situational factors. Situational factors were also present in other categories, with 81 (91.0%) cases in the 5 to 9 year-old category.

Table 5.15: Degree of risk

	Frequency	Percent
At risk	239	97.6
Not at risk	6	2.4
Total	245	100.0

The above table indicates that 239 (97.6%) children were at risk, in comparison to 6 (2.4%) children not at risk.

5.3 Discussion

This section is a discussion of the research findings regarding the study sample in the light of the research questions of the study, the conceptual framework from which they have been derived and the findings of earlier studies, the goal of which is to either confirm or dispute a relationship between the findings of earlier studies and the findings of this study.

5.3.1 Discussion regarding incidence of sexual abuse in the study sample

Sandler and Sepel (1990) reported on available statistics on child sexual abuse from various hospitals and clinics in South Africa. During 1985 (1 year), 232 cases of child sexual abuse were seen at the Red Cross War Memorial Children's Hospital in Cape Town. From May 1988 to May 1989 (1 year) at the Transvaal Memorial Institute 204 cases were seen. One hundred sexual abuse cases were examined at Chris Hani Baragwanath Hospital and other clinics in Soweto during 1989 (1 year), while at the Coronation Hospital in Johannesburg, 56 percent of cases of child sexual abuse were seen for the period October 1988 to September 1989 (1 year). In this study 245 cases seen in the period November 2002 to April 2003 (6 months) by the Crisis Centre Unit at the Mahatma Gandhi Memorial Hospital is certainly high in comparison to the above earlier statistics (Red Cross War Memorial Children's Hospital: 232 cases in 1 year; Transvaal Memorial Institute: 204 cases in 1 year; Chris Hani Baragwanath Hospital: 100 cases in 1 year; Coronation Hospital: 56 percent of cases in 1 year) which illustrates quite clearly that by all accounts child sexual abuse in South Africa is on the increase.

According to results obtained from this study the incidence with regard to age were as follows: 0-2 years (5.7%), 3-4 years (13.1%), 5-9 years (36.3%) and 10-17 years (44.9%), with the victim's age varying from 2 months to 17 years and with children in the 10 to 17 year-old category showing a particularly high incidence of sexual victimisation. According to Sandler and Sepel (1990 cited in McKendrick & Hoffman, 1990), however, the victim's age worldwide may vary from three months to 18 years, but the finding that children in the 12 to 17 year-old category face a particularly high risk is well-established in an analysis of the most recent reported rapes by age-category that indicates that the rape ratio for these South African children is nearly double the national ratio (Saloojee, 2002).

An analysis of incidence with regard to gender in this study indicate a high incidence regarding females, with female victims comprising 91.8% of the cases and 6.9% reflecting male victims, with a ratio of 1 boy to 13 girls having been sexually abused in this study sample. This high incidence regarding females is confirmed in almost every other major study published, and clearly indicates that girls are more at risk than boys (Finkelhor, 1986, 8 random sample community studies; South African National awareness programme, Servamus, 1992; Hamber & Lewis, 1997; Gills, 1999; SAPS, 2002). There are some authors, however, who believe that boys are just as likely as girls to experience sexual abuse (Faller, 1989 a; Kempe & Kempe, 1984). They contend that boys are merely more reluctant to report abuse. This is not to suggest, however, that the number of boys who are abused is negligible. To the contrary, figures from research show a significant percentage of the male population has suffered abuse at some time.

In this study when incidence with regard to ethnic group was looked at more children from African ethnicity were found to be sexually abused. Nine (3.7%) were African boys and 197 (80.4%) were African girls, with a ratio of 1 African boy to 22 African girls having been sexually abused in this study sample. These results tally with Hamber and Lewis' (1997) and SAPS' (2002) findings that black and female children are at highest risk for violence, particularly rape. The high incidence regarding children from African ethnicity could be explained by the fact that the majority of children in this country are African children. The high incidence regarding children from African ethnicity could also be explained by the everyday experience of violence amongst Black township communities that have had an effect on the frequency of child sexual abuse. Therefore, the social context in which many Black South Africans live could create abusive conditions for child sexual abuse. Hamber and Lewis (1997) argue that crime in South Africa is localised to some degree and higher incidences of crime exist in areas such as Black townships and informal settlements than elsewhere due to social inequality and deprivation. This study confirms the high incidence of sexual victimisation in these areas (162:66%). When the ethnicity breakdown was looked at most of the African (158:64.5%) and most of the White (2:0.8%) children came from these areas. Socio-political factors, therefore, may also affect the frequency of child sexual abuse in the lives of South African children (Russell, 1994).

5.3.2 Discussion regarding biographical, characteristical and psychosocial aspects in the study sample

5.3.2.1 Socioeconomic factors

Socioeconomic factors also have drastic effects on the frequency of child sexual abuse in the African society. These include poverty and economic deprivation. In this study when findings regarding the socioeconomic status of the study sample were looked at 197 (80.4%) of the sexually abused children came from a household with total monthly earnings of <R1000. Families earning <R1000 per month were found to be living in shacks (172:70.2%) and illegally built homes (20:8.2%) with only one or no room available (considered as unsatisfactory living conditions). The African and White were found to be the poorer groups with unsatisfactory living conditions. Most of the African and all of the White children came from a household with total monthly earnings of <R1000 (African:188:90%; White:3:100%) and were found to be living in shacks and illegally built homes (African:186:88.1%; White:3:100%). Some changes in the apartheid laws, for example, the Group Areas Act implies that people have the right to live wherever they want. However, decent housing is still completely out of reach of the majority of the black South Africans even in their townships which is illustrated quite clearly in this study sample by the majority of children in this study living in shacks and illegally built homes. There is, therefore, at present no significant difference in the lives of the majority of blacks in these communities.

5.3.2.2 Family constellation

International literature has revealed that adverse family environments have been associated with higher rates of abuse (Finkelhor, 1980; Kempe, 1980 cited in Cook & Bowles, 1980). Research conducted by Russell (1994) indicates that broken families (which result in more stepfathers and adoptive fathers) have been associated with higher rates of abuse. In this study findings regarding the family constellation of the study sample showed that 107 (43.7%) of the children were living in an intact family setup while 136 (55.5%) were living in a broken family setup. Of the 26 (10.6%) children living with stepparents in this study, 9 or 3.7% were sexually abused by their stepfathers. Ten children (4.1%) were living with mothers who cohabited and 5 (2.0%) of the cohabittees were the perpetrators. These results support the finding of a correlation between intrafamilial abuse and the presence of a non-biological father-figure. Difficulties in the marital

relationship may precede the commission of molestation. In this study sample 82 (33.5%) of the children had both of their natural parents married to and living with each other while 162 (66.2%) had natural parents who were not living with each other because of divorce, separation or the death of one or both of their natural parents. When the ethnicity breakdown was looked at most of the natural parents of the Coloured (4:80%) and African (142:67.9%) children were divorced, separated or dead. In this study when the ethnicity breakdown was looked at a total of 119 (56.8%) African children were living in a broken family setup. Three (60%) Coloured and 3 (100%) White children were living in a broken family setup. A key factor in child abuse in South Africa has been the breakdown of family structure as a result of deliberate state policy and ongoing civil wars. The apartheid era saw the systematic disintegration and dislocation of families in South Africa.

5.3.2.3 Relationship of perpetrator to the child

A finding which was well-established quite early in the research process, and which has since been well supported, is that the majority of abusers are known to the victim, and not strangers (Bagley & King, 1990; Conte & Berliner, 1981; Brownmiller, 1975; Driver & Droisen, 1989; Finkelhor, 1980; Glaser & Frosh, 1993; Weeks, 1985; Makhado, 1996). Most cases of child sexual abuse involve assailants who have some kind of relationship with the child or the child's family, typically a relative, a family friend or a neighbour. In this study, 163 (66.5%) cases involved assailants known to the victim and who had some kind of relationship with the child or the child's family, typically a relative, a family friend or a neighbour. In fact, a significant proportion of sexual abuse (72 cases: 29.4%) was committed by the neighbour, while 51 (20.8%) perpetrators were members of the child's family. These findings, therefore, strongly support the findings of the previous research discussed here.

Studies of perpetrators have traditionally focused on the adult population, where the majority of offenders are found. This study's findings tally with the findings of the above studies. One hundred and thirty-seven (55.3%) were adults, in comparison to 17 (6.9%) children and 33 (13.3%) teenagers. Recently, however, the discovery of abuse by adolescents and even younger children has been noted internationally (James & Neil, 1996; Rubinstein, Yeager, Goodstein & Lewis, 1993; Driver & Droisen, 1989; Levett, 1991) and in the South African context.

The identification of factors which increase a child's risk for sexual abuse is of considerable importance in the design and implementation of appropriate efforts to prevent child sexual abuse.

In this study when looking at the degree of risk of the study sample, 239 (97.6%) children were at risk, in comparison to 6 (2.4%) children not at risk. One hundred and eighty-one children (73.9%) were abused sexually for the first time, 24 (9.8%) were sexually abused on two occasions and 40 (16.3%) were sexually abused repeatedly at least on more than two occasions. The challenge, therefore, becomes more difficult and the plight of children can be perceived to be at a critical stage.

5.3.2.4 Reported psychosocial factors

In the current study, high on the list among the probable factors contributing to the occurrence of sexual abuse are associated situational factors. A significant proportion (218:89.3%) of sexual abuse took place when there was poor or no supervision, the child was alone or unprotected, the child was abducted and when there was the absence of other protective adults at home. This means the presence of the biological mother or the female caretaker is crucial in preventing sexual abuse at home. These high risk factors of child sexual abuse could be explained by the everyday experience of mothers who worked because of financial difficulties and do not have enough time for their offspring. This stressful situation under which mothers find themselves would obviously affect supervision of children. The child is left alone most of the time or there is a poor choice of surrogate caretakers or babysitters. An unknown number of children in South Africa are involved in the care of younger children (Killian, 1993; Korbin, 1980). Amongst many black South African parents, significant socioeconomic constraints are placed on parental capacity for effective supervision of children (McKendrick & Hoffman, 1990; Killian, 1993). In the absence of parental supervision by adult caregivers children are forced to fend for themselves thereby adding to the risk factors for child sexual abuse (Dawes & Donald, 1994). This high risk factor of poor or no supervision could also be explained by the impact of HIV/AIDS on households. The death of breadwinners, child-headed households causes children to be more at risk and vulnerable towards exploitation and abuse. In this study the finding regarding the high risk factor of poor or no supervision is confirmed in other studies published (Sgroi, 1982; Humphries, 1992).

In this study, other factors included child factors (child mentally retarded), perpetrator factors (psychiatric illness, unemployment and drug and alcohol abuse) and parental factors (marital problems in parents).

Though marital problems in parents contributed to only 9 (3.7%) cases of the reported probable factors, it is a source of concern. In this study findings regarding marital status (parents) showed

that 82 (33.5%) of the children had both of their natural parents married to and living with each other while 166 (66.2%) had natural parents who were not living with each other (19 children had deceased parents : 7.8%). Findings regarding the family constellation of this study sample showed that 107 (43.7%) of the children were living in an intact family setup while 136 (55.5%) were living in a broken family setup. These findings are in accordance with the findings of the research literature that there is a correlation between marital conflict and abuse and that parent and other marital problems are factors that can precipitate child abuse. They are also in accordance with an associated finding that children living without one or both of their natural parents are also found to be at greater risk for abuse (Kassim, 1995). These findings also, therefore, support the conceptual framework for this study which sees the breakdown of family structure as a key factor in child abuse. Due to the long history of apartheid and migrant labour that forced millions of African families to live apart the number of broken families in South Africa is exceptionally high (Elof, 1988).

A study of the literature revealed that child abuse occurs more frequently in families with a lower socioeconomic status (Glachan, 1990; Finkelhor, 1990). In this study when findings regarding socioeconomic status of the study sample were looked at most of the children came from a household with total monthly earnings of <R1000 (197: 80.4%) and were found to be living in shacks and illegally built homes (194: 79.2%). When the ethnicity breakdown was looked at most of the African (186: 89.0%) and all of the White (3: 100%) children were found to be living in shacks and illegally built homes. The fact that black South Africans have been forced to live under such unsatisfactory living conditions because of apartheid can be seen as an aggravating situation on its own. Although there have been changes in the apartheid laws, overcrowded household conditions (such as family members sleeping in one room) are still common among families in informal settlements and townships today. In many ways poor housing has a detrimental effect on the orderliness, refinement and morality of family life. Many of the dwellings inhabited clearly show a low standard of living unsuitable for civilised life. The issue of living conditions is, therefore, very pertinent for prevention of child sexual abuse.

Whatever information obtained through socioeconomic status, family constellation, ethnicity and relationship of perpetrator to the child has thrown some light on understanding the various factors related to child sexual abuse in a South African setting. We have to, therefore, look at all the social, political and economic factors that underpin sexual violence against children. These results should not be understood to suggest that child sexual abuse is a phenomenon common in the lower income group only but would support the conceptual framework for this study that looks at all the

social, political and economic factors that underpin sexual violence against children. The historical influences of apartheid continue to impact on children within informal settlements and townships today since they have facilitated an environment of economic deprivation and disadvantage. Within these communities, the lack of basic provisions such as water and electricity, health care, education and basic infrastructure along with an environment wherein poverty, homelessness and unemployment are rife creates a complex web within which child sexual abuse becomes another of the large array of issues. This study, therefore, supports the conceptual framework that views child sexual abuse as a complex multifactorial phenomenon and not a simplistic cause and effect event.

5.4 Summary of the research findings

1. From November 2002 to April 2003 at the Mahatma Gandhi Memorial Hospital, 245 sexual abuse cases were seen by the Crisis Centre Unit.
2. The incidence with regard to age were as follows:
0-2 years (5.7%), 3-4 years (13.1%), 5-9 years (36.3%) and 10-17 years (44.9%), with the victim's age ranging from 2 months to 17 years and with children in the 10 to 17 year-old category showing a higher rate of abuse.
3. The incidence with regard to gender indicated a high incidence regarding females, with a ratio of 1 boy to 13 girls having been sexually abused in this study sample.
4. The incidence with regard to ethnic group indicated a high incidence (209 : 85.3%) regarding African ethnicity.
5. High on the list among the probable factors contributing to the occurrence of sexual abuse were situational factors (218 : 89.3%). Parental factors (marital problems in parents), child factors (child mentally retarded) and perpetrator factors (psychiatric illness, unemployment and drug and alcohol abuse) was another source of concern.
6. There were no significant differences in the psychosocial factors across the ethnic groups. Situational factors contributed to a significant proportion of sexual abuse among the African (189 : 90.9%), White (3 : 100%), Coloured (4 : 80%) and Asian (22 : 78.6%) populations. There were 12 (5.8%) cases of perpetrator factors among the African population, 2 (7.1%)

cases among the Asian population and only 1 (20%) among the Coloured population. Parental factors contributed to 3 (10.7%) cases of the probable factors among the Asian population and 6 cases (2.9%) among the African population. Among the African population child factors contributed to only 1 (.5%) case of the probable factors and to only one (3.6%) case among the Asian population.

7. There were no significant differences in the psychosocial factors between males and females. A significant proportion of sexual abuse among the male (16 : 94.1%) and female population (199 : 88.8%) were caused by situational factors. Perpetrator factors were common in males (1 : 5.9%) and females (14 : 6.3%). However, child factors (2 : 0.9%) and parental factors (9 : 4.0%) were common in only females.

These results provide important information regarding the psychosocial aspects associated with child sexual abuse in an urban sample of South African children. The following chapter will attempt to place these findings into the larger context, and make recommendations for further action.

CHAPTER 6

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS OF THIS RESEARCH

6.1 Orientation to chapter six

The purpose of this research was to identify psychosocial aspects associated with child sexual abuse in an urban sample of South African children. From the findings, recommendations concerning the design and implementation of policies and programmes become possible. With this in mind, a number of specific research questions were addressed:

1. What was the number of sexual abuse cases seen during the period of November 2002 – April 2003 in the study sample?
2. What were the psychosocial factors that might have contributed to the sexual abuse in the study sample?
3. Were the psychosocial factors different across the ethnic groups?
4. Were the psychosocial factors different between males and females?

The following section makes conclusions carefully derived from the data presented and discussed in the previous chapter in the light of the above research questions and the conceptual framework from which they have been derived.

6.2 Summary of the research findings

Although it is generally acknowledged that South Africa has one of the highest rates of sexual crime in the world, there has been no systematic attempt to explore the nature and scope of the problem in this country (Collings, 2003). This study makes a contribution to South African literature in the field of child sexual abuse and in comparison to earlier South African statistics illustrates quite clearly that by all accounts child sexual abuse in South Africa is on the increase. However, it is impossible to determine the incidence of child sexual abuse accurately. The differences in the reported incidences depend on the recognition of abuse, how it is defined and the focus of each society. The extreme poverty that exists in the context of an informal settlement may make the payment of compensation to the child's family an attractive option and thus contributes to the silence around the crime.

Although the advancement of African people is a priority of the South African government, child sexual abuse in South Africa is on the increase. Why? Is this perhaps a result of the long history of apartheid and migrant labour that forced millions of African families to live apart and also facilitated an environment of economic deprivation and disadvantage? In South Africa, the legacy of more than 300 years of colonialism and apartheid created a unique burden for most Black families, who have had to struggle with both economic and political oppression expressed in an endless cycle of unemployment, poor housing, overcrowding and inadequate community services. Although the majority of overseas studies have found that socioeconomic status and 'race' are not important differentiating factors in child sexual abuse, in South Africa the circumstances that still prevail in informal settlements and townships today may create high-risk conditions for Black children. This study confirms the high incidence of sexual victimization in these areas (66%). Most of the African (64.5%) children came from these areas.

Most of the children in this study sample belonged to the African ethnicity and to the low socioeconomic class. The high incidence regarding children from African ethnicity could be explained by the fact that the majority of children in this country are African children. Amongst many black South African parents, significant socioeconomic constraints are placed on parental capacity for effective supervision of children. Absence of the mother from the family and lack of supervision are still common in Black families due to domestic work away from the family. These constraints lead to children taking on roles of self-protection. In the absence of parental supervision by adult caregivers children are forced to fend for themselves thereby adding to the risk factors for child sexual abuse. Most of the children came from a household with total monthly earnings of <R1000 and were found to be living in shacks and illegally built homes and most of the natural parents of the children were divorced and separated, all of which have been associated with higher risks of abuse.

It was clear from the research findings regarding this study sample that when there were opportunities (example, very poor or no supervision, poor choice of surrogate caretakers or babysitters, absence of other protective adults at home, a child left alone or unprotected), the risk of sexual abuse in that child was considered high. In this study though situational factors appeared high on the list among the reported probable factors, whatever information obtained through socioeconomic status, family constellation, ethnicity and relationship of perpetrator to the child has thrown some light on understanding the various factors related to child sexual abuse in a South African setting. Whether sexual abuse occurred because of living in a housing condition that was not protective or safe (inappropriate sleeping arrangements, crowding or sleeping

together), living in a family with a low income and living in a broken family setup, was not clear in this study sample. However, the results of this study indicated that these factors that may create high-risk conditions for Black children appeared to be prevalent in most cases in this study sample and that that we have to, therefore, look at all the factors that underpin sexual violence against children. This study, therefore, supports the conceptual framework that views child abuse as a complex multifactorial phenomenon and not a simplistic cause and effect event.

6.3 Recommendations

The value of this study, is that a contribution has been made to South African literature in the field of child sexual abuse, and additionally, it is a cross-cultural study. Cross-cultural studies on child sexual abuse in South Africa are rare and most researchers have replicated North American and British ideologies and assumptions, which restrict professionals from discovering effective ways of preventing child sexual abuse which are appropriate to the different ethnic groups in the South African context.

It is essential that we understand that child sexual abuse occurs in a wide variety of contexts, across social classes and population groups in South Africa. However, the majority of children in this study were African children. This finding must be interpreted cautiously as this study did not involve an equally representative sample of the different ethnic groups. The limitation raised above, therefore, suggests ideas for conducting further research. There is a need for more cross-cultural studies on child sexual abuse in South Africa. A replication of this study with an equally representative sample of the different ethnic groups would be more enlightening.

This research indicated that most of the children in this study sample belonged to the low socio-economic class. It also indicated that a significant proportion of sexual abuse took place when there was poor or no supervision. This research, therefore, recommends that for far more meaningful intervention of child sexual abuse to take place, attempts should be continuously made to influence policy makers on primary prevention of child sexual abuse. This would mean actively involving themselves in programmes that assist in the eradication of poverty and, provision of better housing, recreational and after-school care.

The results of this investigation can be used to improve theoretical explanations and to create a distinctly South African model of risk factors associated with child sexual abuse which can be used to:

- Provide a rational basis for the development of effective primary prevention programmes.
- Provide a conceptual basis for exploring risk factors associated with child sexual in other areas of South Africa.
- Contribute to theory and policy debates regarding strategies and victim empowerment structures, required for effective primary prevention of abuse, specifically among urbanized children in the South African context.

6.4 Limitations of this research

No study is perfectly conceived, designed and executed. Every research project has its weaknesses as well as its strengths. Only if the reader is alerted to the limitations of a study can the conclusions of that study be viewed in their proper perspective. The first obvious limitation of this study relates to the specific measure used. In using an unobtrusive measure, using existing records, the difficulties stemmed from the fact that the researcher did not have direct control over the keeping of records. The researcher found that the records did not contain the information she desired in the appropriate form and the categories used in creating the records were not quite those that would provide the best information primarily because the records are maintained for purposes other than research. Nevertheless as was discussed in Chapter 4, these methodological constraints were overcome by the researcher depending on a different index of the concept that she was interested in.

A further 'limitation' of this study relates to using only one measure. The collection of more explicit data by the researcher from the abused child, an accompanying adult, other family members of the victim, confession by the perpetrator and the police involved in the case would have corroborated the information. However, data contained in existing records were professionally collected from these sources and recorded by protective service workers (district surgeons and social workers), with special training and vast experience in dealing with child sexual abuse cases. Moreover, this limitation of using only information contained in existing records must be weighed against its advantages of:

- Working with aggregate data.
- Not involving any direct contact between the researcher and victimized children which ensured that research did not constitute a source of secondary victimization.
- Providing useful and relatively nonreactive information for knowledge-gathering purposes.

6.5 Conclusion

It has been shown that child sexual abuse in South Africa is far more prevalent than was previously thought and is a complex phenomenon caused by the interaction of a wide variety of equally complex variables. The researcher summarises the situation by saying that child sexual abuse stems from a network of social, political and economic factors that influence the family in its behavioural patterns, which ultimately culminates in sexual violence against children. It is a social evil which knows no racial or demographic boundaries, nor is it only a modern day phenomenon. It is a problem that cannot be considered insignificant but demands many human and physical resources to combat. This study is intended to be a small yet significant part of this, in the hope that it will add to the existing body of knowledge about the prevention of this pervasive problem.

REFERENCES

- Armstrong, L. (1996). Rocking the cradle of sexual politics: What happened when women said incest. London: The Women's Press.
- Atmore, C. (1996). Cross cultural mediations: Media coverage of two child sexual abuse controversies in New Zealand/Aotearoa. Child Abuse Review. 5, 334-345.
- Bagley, C. & King, K. (1990). Child sexual abuse: The search for healing. London: Tavistock/Routledge.
- Baker, A.W. & Duncan, S.P. (1985). Child sexual abuse: A study of prevalence in Great Britain. Child Abuse & Neglect. 9, 457-467.
- Banning, A. (1989). Mother-son incest: Confronting a prejudice. Child Abuse & Neglect. 13, 563-570.
- Benedict, H. (1992). Virgin or vamp. How the press covers sex crimes. New York: University Press.
- Bentovim, A. (1992). Child abuse. Medicine International. 95, 3953-3958.
- Bentovim, A. & Boston, P. (1988). Child sexual abuse within the family: Assessment and treatment. Norfolk: Wright.
- Berelson, B. (1980). In Dominowski, R.L. (1980). Research methods. New Jersey: Prentice-Hall.
- Biller, H.B. & Solomon, R.S. (1986). Child maltreatment and paternal deprivation – a manifesto for research, prevention and treatment. London: Lexington Books.
- Bisetty, K. (2003, May). Teachers stand accused. The Mercury, p. 4.
- Boesak, A. (1984). Poverty: The moral challenge: Get up and walk. Cape Town: SALDRU.

- Broussard, S.D. & Wagner, W.G. (1988). Child sexual abuse, who is to blame? Child Abuse & Neglect. 12, 563-569.
- Browne, A. & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. Psychological Bulletin. 99(1), 66-77.
- Brownmiller, S. (1975). Against our will. New York: Simon & Schuster.
- Burman, E. (1994). Deconstructing developmental psychology. London: Routledge.
- Burr, V (1995). An introduction to social constructionism. London: Routledge.
- Burr, V. (1998). Gender and social psychology: Psychological focus. London: Routledge
- Cameron, D. (1998). The feminist critique of language. London: Routledge.
- Calam, R.E. & Franchi, C. (1987). Child abuse and its consequences Observational approaches. Cambridge: University Press.
- Carmi, A. & Zimrin, H. (1984). Child abuse. Berlin: Springer.
- Clark, N. (2002, March). Deal with the scourge. Daily News, p. 7.
- Cockburn, A. (1994). From concern to concrete action: The story of the homestead. Children for Africa: Second conference on child abuse and neglect. Cape Town: The Printing Press.
- Coffey, P., Leitenberg, H., Henning, K., Turner, T. & Bennett, R.T. (1996). Mediators of the long-term impact of child sexual abuse: Perceived stigma, betrayal, powerlessness and self-blame. Child Abuse & Neglect. 20(5), 447-455.
- Collings, S. (2003). Child sexual abuse prevention: The need for a more comprehensive approach. South African Professional Society on the Abuse of Children. 5(1), 1.
- Collings, S.J. (1997). Psychotherapy as abuse: Sexual abuse in psychotherapy and counselling. Psychology in Society. 22, 83-84.

- Conroy, C. (1993). Preventing and dealing with 'the nightmare': Sexual abuse in the residential setting. Child Care Worker. 11(11), 3-5.
- Conte, J.R. & Berliner, L. (1981). Sexual abuse of children: Implications for practice. Social Casework. 62, 601-606.
- Conte, J.R., Wolf, S. & Smith, T. (1989). What sexual offenders tell us about prevention. Child Abuse & Neglect: The International Journal. 13, 293-301.
- Cook, J.V. & Bowles, R.T. (1980). Child Abuse: Commission and omission. Toronto: Butterworth.
- Corey, G. (1991). Theory and practice of counselling and psychotherapy. Pacific Grove: Cole.
- Dadds, M., Smith, M., Webber, Y & Robinson, A. (1991). An exploration of family and individual profiles following father-daughter incest. Child Abuse & Neglect. 15 (4), 575-587.
- Dawes, A. & Donald, D. (1994). Childhood and adversity: Psychological perspectives from South African research. Cape Town: David Phillips.
- De Jong, A.R., Hervada, A.R. & Emmet, G.A. (1983). Epidemiologic variations in childhood sexual abuse. Child Abuse & Neglect. 7, 155-162.
- Dercksen, D. (1989). In Le Roux, J. (2000). Causes of child abuse: What does the literature indicate? CARSA. 1 (2), 36-40.
- Deschner, J.P. (1984). The hitting habit: Anger control for battering couples. New York: Free Press.
- De Young, M. (1981). Case reports: The sexual exploitation of incest victims by helping professionals. Victimology. 6, 92-101.
- Dhabicharan, L (2002). In Homer, B. (2002, June). Coaxing anger out of sexually abused youngsters is not child's play. Sunday Times, p. 5.

- Dominowski, R.L. (1980). Research methods. New Jersey: Prentice-Hall.
- Driver, E. & Droisen, A. (1989). Child sexual abuse: Feminist's perspectives. London: MacMillan.
- Duke, R. & Herbert, M. (1988). Sexual abuse of children under 12 years of age: A review of 511 cases. Child Abuse & Neglect. 12, 321-330.
- Editor. (1999, March). Sexual Abuse. The Citizen, p. 2.
- Editor. (2003, May). Child protection. The Mercury, p. 11.
- Editor. (2002). Statistics. The Zululand Observer, p. 2.
- Elof, J. (1988). Sexual abuse. Braamfontein: South African National Council for Child and Family Welfare.
- Faller, K.C. (1989a). Characteristics of a clinical sample of sexually abused children: How boy and girl victims differ. Child Abuse & Neglect. 13, 281-291.
- Faller, K.C. (1989b). Child sexual abuse: An interdisciplinary manual for diagnosis, case management and treatment. Basingstoke: McMillan.
- Famularo, R., Kinscherff, R. & Fenton, T. (1992). Parental substance abuse and the nature of child maltreatment. Child Abuse & Neglect. 16, 475-483.
- Ferman, G.S. & Jack, L. (1975). Social science research: A handbook for students. Toronto: John Wiley & Sons.
- Finkelhor, D. (1979). Sexually victimised children. New York: Free Press.
- Finkelhor, D. (1980). Risk factors in the sexual victimisation of children. Child Abuse & Neglect. 4, 265-273.
- Finkelhor, D. (1982). Child sexual abuse: Theory and research. New York: Free Press.

- Finkelhor, D. (1982). Sexual Abuse: A sociological perspective. Child Abuse & Neglect. 6, 95-102.
- Finkelhor, D. (1984). Child sexual abuse: New theory and research. New York: The Free Press.
- Finkelhor, D. (1986). A sourcebook on child sexual abuse. California: Sage Publications.
- Finkelhor, D. (1990). Early and long-term effects of child sexual abuse. An update. Professional Psychology: Research and Practice. 71 (5), 325-330.
- Finkelhor, D. (1994). The international epidemiology of child sexual abuse. Child Abuse & Neglect. 18 (5), 409-417.
- Finkelhor, D. & Hotaling, G. (1983). Sexual abuse in the national incidence study of child abuse and neglect: An Appraisal. Child Abuse & Neglect. 8, 23-33.
- Finkelhor, D., Hotaling, G., Lewis, I.A. & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics and risk factors. Child Abuse & Neglect. 40 (1), 19-28.
- Fleming, J., Mullen, P. & Bammer, G. (1997). A study of potential risk factors for sexual abuse in childhood. Child Abuse & Neglect. 21 (1), 49-58.
- Fleming, J.B. (1979). Research on women battering. New York: Anchor Books.
- Freudenberger, H.J. (1987). Today's troubled men. Psychology Today. December, 46-47.
- Friedman, S.R. (1990). What is sexual abuse? Journal of Clinical Psychology. 46 (3), 372-375.
- Garbarino, G., Guttman, G. & Seeley, S. (1986). In Thompson, A.E. & Kaplan, C.A. (1999). Emotionally abused children presenting to child psychiatry clinics. Child Abuse & Neglect. 23 (2), 191-196.

- Gergen, K.J. (1983). The social constructionist movement in modern psychology. American Psychologist. 40, 266-275.
- Gillham, B. (1991). The factors about child sexual abuse. London: Cassell.
- Gills, H. (1999). Counselling young people. Cape Town: Kagiso Education.
- Glachan, M. (1990). Power: A dimension of family abuse. Early Child Development and Care. 60 (1), 1-8.
- Glaser, D. & Frosh, S. (1988). Child sexual abuse. London: Mac Education.
- Glaser, D. & Frosh, S. (1993). Child sexual abuse. Hong Kong: MacMillan Press.
- Goddard, C.R. & Saunders, B.J. (2002). The gender neglect and textual abuse of children in the printed media. Child Abuse Review. 9, 37-48.
- Goldman, J.D.G. & Padayachi, U.K. (1997). The prevalence and nature of child sexual abuse in Queensland, Australia. Child Abuse & Neglect. 21(5), 489-498.
- Goodwin, J., Cormier, L. & Owen J. (1983). Grandfather-granddaughter incest: A trigenational view. Child Abuse & Neglect. 7, 163-170.
- Gordon, L. (1988). The politics of child sexual abuse: Notes from American history. Feminist Review. 28, 57-64.
- Gough, D. (1996). The literature on child abuse and the media. Child Abuse Review. 5, 363-376.
- Hall, G.C.N. & Hirschman, R. (1992). Sexual aggression against children: A conceptual perspective of etiology. Criminal Justice and Behaviour. 19(1), 8-23.
- Hamber, B. & Lewis, S. (1997). An overview of the consequences of violence and trauma in South Africa. Johannesburg: Centre for the study of Violence and Reconciliation.

- Hancock, M. & Mains, K.B. (1987). Child sexual abuse: A hope for healing. East Sussex: Highland Books.
- Harper, J. (1992). Prepubertal male victims: A clinical study. Child abuse & Neglect. 17, 419-421.
- Health Professions Council of South Africa. (2002). Ethical code of professional conduct. Pretoria: HPCSA.
- Hedderston, J. (1987). SPSS made simple. California: Wadsworth.
- Heiman, M.L., Leiblum, S., Esquilin, S.C. & Pallito, L.M. (1998). A comparative survey of beliefs about "normal" childhood sexual behaviours. Child Abuse & Neglect. 22(4), 289-304.
- Hellerstein, E.O., Hume, L.P. & Offen, K.M. (1981). Victorian women: A documentary account of women's lives in nineteenth-century England, France and the United States. California: Stanford University Press.
- Herman, R, Russell, D. & Trocki, K. (1986). Long term effects of incestuous abuse in childhood. American Journal of Psychiatry. 143, 1293-1294.
- Hollin, C.R. & Howells, K. (1991). Clinical approaches to sex offenders. Chichester: John Wiley & Sons.
- Horner, B. (2002, June). Coaxing anger out of sexually abused youngsters is not child's play. Sunday Times, p. 5.
- Hook, D. & Cockroft, K. (2001). Cognitive and psychosocial developmental psychology: A workbook. Johannesburg: Wooden Tree Publishers.
- Hospersa Nursing Today (2003). Child abuse: Surveys reveal shocking results. 6(2), p. 35.
- Humphreys, D. (1970). In Dominowski, R.L. (1980). Research methods. New Jersey: Prentice-Hall.

- Humphries, C.L. (1992). High risk variables and indicators associated with the sexual abuse of boys. Bloemfontein: University of the Orange Free State.
- Hurley, J.A. (1999). Child abuse: Opposing viewpoints. San Diego: Greenhaven Press.
- International Defence and Aid Fund. (1980). Children under apartheid: In photographs and text. London: A.G. Bishop and Sons.
- Iverson, T.J. & Segal, M. (1990). Child abuse and neglect: An information and reference guide. New York: Garland Publishing.
- James, A.C, & Neil, P. (1996). Juvenile sexual offending: One year period prevalence study within Oxfordshire. Child Abuse & Neglect. 20 (6), 477-485.
- Jenkins, A. (1990). Invitations to responsibility. Adelaide: Dulwich Centre Publications.
- Jones, J.T.R. (1999). Liability in delict for failure to report family violence. South African Law Journal. 116 (2), 37-385.
- Kaplan, H.I. & Sadock, B.J. (1987). Kaplan and Sadock's synopsis of psychiatry behavioural sciences/clinical psychiatry. Maryland: William & Wilkins.
- Kaplan, H.I., Sadock, B.J. & Grebb, J.A. (1994). Synopsis of psychiatry. Baltimore: Williams & Williams.
- Kaplan, S.J., Pelcovitz, D. & Salzinger, S. (1983). Psychopathology of parents of abused and neglected children and adolescents. Journal of Child Psychiatry. 22, 238-244.
- Kassim, K. (1995). Child sexual abuse: Psychosocial aspects of 101 cases in an urban Malaysian setting. Child Abuse & Neglect. 19(7), 793-799.
- Kellerman, F.J.S. (1979). In Le Roux, J. (2000). Causes of child abuse: What does the literature indicate? CARSA. 1 (2), 36-40.

- Kempe, R.J. & Kempe, C.H. (1984). The common secret: Sexual abuse of children and adolescents. New York: W.H. Freeman and Company.
- Kendall, P.C. & Hammer, C. (1998). Abnormal psychology. New Jersey: Mifflin_Company.
- Kendall-Tackett, K.A. & Simon, A.F. (1988). Molestation and the onset of puberty: Data from 365 adults molested as children. Child Abuse & Neglect. 12, 73-81.
- Killian, B. (1993). The disintegration of family life in black people of South Africa. Children for Africa: SASPCAN Conference Proceedings. Cape Town: The Printing Press.
- Killian, B. (1994). The disintegration of family life in black people of South Africa. Children for Africa: Second African Conference on Child Abuse and Neglect. Cape Town: The Printing Press.
- Kirlich, B.J. (1978). Child abuse and neglect – an annotated bibliography. Connecticut: Library of Congress Cataloging in Public Publication Data.
- Klopper, J.M.A. (1992). In Le Roux, J. (2000). Causes of child abuse: What does the literature indicate? CARSA. 1 (2), 36-40.
- Knutson, J.F. (1995). Psychological characteristics of maltreated children: Punitive risk factors and consequences. Annual Review of Psychology. 46, 401-431.
- Korbin, J.E. (1980). The cultural context of child abuse and neglect. Child Abuse & Neglect. 4, 3-13.
- Kuhn, P. (1997). Sigmund Freud's discovery of the etiological significance of childhood sexual traumas. Journal of Child Sexual Abuse. 6 (2), 107-122.
- Labuschagne, J.M.T. (1997). In Le Roux, J. (2000). Causes of child abuse: What does the literature indicate? CARSA. 1 (2), 36-40.
- Lachman, P. (1993). Reporting of child abuse. In Children for Africa, SASPCAN conference proceedings, Cape Town.

- Lanyon, R.I. (1991). In Hollin, C.R. & Howells, K. (1991). Clinical approaches to sex offenders. Chichester: John Wiley & Sons.
- Leary, M.R. (1991). Behavioural research methods. Belmont: Wadsworth.
- Lasswell, H. (1980). In Dominowski, R.L. (1980). Research methods. New Jersey: Prentice-Hall.
- Le Roux, J. (2000). Causes of child abuse: What does the literature indicate? CARSA. 1 (2), 36-40.
- Levett, A. (1991). Contradictions and confusions in child sexual abuse. South African Journal of Criminal Law. 4, 9-20.
- Levett, A. (1994). In Dawes, A. & Donald, D. (1994). Childhood and adversity: Psychological perspectives from South African research. Cape Town: David Phillips.
- Levett, A. & McLeod, C. (1991). Child sexual abuse. South African research on incidence, prevalence and intervention (1984-1990). South African Journal of Child and Adolescent Psychiatry. 3, 2-13.
- Lisak, D. (1995). Integrating a critique of gender in the treatment of male survivors of childhood sexual abuse. Psychotherapy. 32 (2), 258-269.
- Little, C.B. (1989). Deviance and control. Itasca: Peacock Publishers.
- Loffell, J. (1992). Intervention in child abuse in the South African context-dilemmas and potentially abusive aspects. The Social Worker Practitioner/Researcher. 3, 3-8.
- Loffell, J.M. (1996). Social work intervention in child sexual abuse. Johannesburg: University of the Witwatersrand.
- Lubek, I., Van Hezewijk, R. & Tolman, C. (1995). Trends and issues in theoretical psychology. New York: Springer Publication.

- Lynskey, M.T. & Fergusson, D.M. (1997). Factors protecting against the development of adjustment difficulties in young adults exposed to child sexual abuse. Child Abuse & Neglect. 21(12), 1172-1190.
- Magwaza, A.S., Killian, B.J., Petersen, I. & Pillay, Y. (1993). The effects of chronic violence on preschool children living in South African townships. Child Abuse & Neglect. 17, 795-803.
- Makhada, K. & Zwane, S. (1996). Child abuse shock. Sowetan, 1, p. 1.
- Makhado, K. (1996). HSRC survey reveals abuse patterns. Sowetan, 2, p. 2.
- Malloy, G.B. & Berkery, A.C. (1993). Codependency: A feminist perspective. Journal of Psychosocial Nursing. 31(4), 15-19.
- Marais, C. (1990). Children of sorrow: Child sex abuse in South Africa. Johannesburg: Ashanti Publishing.
- Margolin, L. (1991). Child abuse by non-related caregivers. Child Abuse & Neglect. 15, 213-221.
- Margolin, L. (1992). Sexual abuse by grandparents. Child Abuse & Neglect. 16, 735-741.
- Margolin, L. & Craft, J.L. (1990). Child abuse by adolescent caregivers. Child Abuse & Neglect. 14, 365-373.
- Marshall, W.L., Laws, D.R. & Barbaree, H.E. (1990) Handbook of sexual assault. New York: Plenum Press.
- Master, N.J. (1992). Treating the adolescent victim-turned-offender. Adolescence. 27, 441-450.
- McCarthy, L.M. (1986). Mother-child incest: Characteristics of the offender. Child Welfare. 65, 447-458.
- McClain, C.V. (2002). A safe society starts with each of us. Children First. 6(41), 32-34.

- McClarty, D. (1994, June). Home, street home. Women's Value, p. 48-50.
- McGregor, D. (1993). A high school guidance programme aimed at the primary prevention of sexual abuse of children as part of a national strategy for the prevention of child sexual abuse in South Africa. Grahamstown: Rhodes University.
- McKendrick, B. & Hoffman, W. (1990). People and violence in South Africa. Cape Town: Oxford University Press.
- Meier, J.H. (1985). Assault against children: Why it happens. How to stop it. London: Taylor and Francis.
- Mtungwa, L. (2002, March). Child rape – the horror continues. Sunday Tribune.
- Mrazek, P.B. (1981). The nature of incest: A review of contributing factors. New York: Pergamon Press.
- Murphy, J., Jellinek, M., Quinn, D., Smith, G., Poitras, D. & Goshko, M. (1991). Substance abuse and serious maltreatment: Prevalence, risk and outcome in a court sample. Child Abuse & Neglect. 15, 197-211.
- Murrin, M.R. & Laws, D.R. (1990). In Marshall, W.L., Laws, D.R. & Barbaree, H.E. (1990) Handbook of sexual assault. New York: Plenum Press.
- Nasjleti, M. (1980). Suffering in silence. The male incest victim. Child Welfare. 59, 269-275.
- Nelson, B. (1984). Making an issue of child abuse: Political agenda setting for social problems. Chicago: University of Chicago Press.
- Nevid, J.S., Rathus, S.A. & Green, B. (2000). Abnormal Psychology: Abnormal psychology in a changing world. New Jersey: Prentice-Hall.

- Nielson, T. (1983). Sexual abuse of boys: Current perspectives. Personnel and Guidance Journal: November, 139-142.
- Niewoudt, M.S. (1998). In Le Roux, J. (2000). Causes of child abuse: What does the literature indicate? CARSA. 1 (2), 36-40.
- Olafson, E., Corwin, D.L. & Summit, R.C. (1993). Modern history of child sexual abuse awareness: Cycles of discovery and suppression. Child Abuse & Neglect. 17, 7-24.
- Parker, I. (1992). Discourse dynamics: Critical analysis for social and individual psychology. London: Routledge.
- Peltzer, K. (1999). Perceptions of child abuse and neglect in the Northern Province. South African Journal of Child and Adolescent Mental Health. 11 (1), 67-79.
- Power, M. (2002, March). Help me, he's hurting me. Sunday Tribune, p. 8.
- Pretorius, J.W.M. (1990). In Le Roux, J. (2000). Causes of child abuse: What does the literature indicate? CARSA. 1 (2), 36-40.
- Quamma, J.P. & Greenberg, M.T. (1994). Children's experience of life stress: The role of family support and social problem – solving skills as protective factors. Journal of Clinical Child Psychology. 23(3), 295-305.
- Ralph, L.R. & Rosenthal, R. (1996). Beginning behavioural research: A conceptual primer. New Jersey. Prentice-Hall.
- Rape Crisis. (2002). <http://www.rapecrisis.co.za>.
- Rauch, H.J. (1992). Multidisciplinary intervention in respect of sexually abused children in Port Elizabeth. Port Elizabeth: University of Port Elizabeth.
- Recovery (1997). Research and co-operation on violence, education and rehabilitation of young people. A Publication by Practical Ministries. 2 (13).

- Roberts, A.R. (1984). Battered women and their families: Intervention strategies and treatment programs. New York: Springer Publishing.
- Robertson, B.A. (1989a). Child sexual abuse. South African Journal of Child and Adolescent Psychiatry. 1, 32.
- Robertson, G. (1989b). Sexual abuse of children in South Africa: Understanding and dealing with the problem. Hammanskraal: Unibook Publishers.
- Rock, B. (1997). Spirals of suffering: Public violence and children. Pretoria: HSRC.
- Rubinstein, M., Yeager, C.A., Goodstein, C. & Lewis, D.O. (1993). Sexually assaultive male \ juveniles: A follow up. American Journal of Psychiatry. 150 (2), 262-265.
- Rush, F. (1980). The best kept secret: Social abuse of children. New York: McGraw Hill Book Company.
- Russell, D.E.H. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of children. Child Abuse & Neglect. 7, 133-146.
- Russell, D.E.H. (1984). Sexual exploitation. Beverly Hill: Sage.
- Russell, D.E.H. (1986). The secret trauma: Incest in the lives of girls and women. New York: Basic Books.
- Russell, D.E.H. (1994). A political approach to incestuous abuse. Children for Africa: Second African Conference on Child Abuse and Neglect. Cape Town: The Printing Press.
- Saloojee (2002). In Terreblanche, C. (2002, March). Hearing the horror. Sunday Tribune, p. 9.
- Sampson, A. (1994). Acts of abuse: Sex offenders and the criminal justice system. London: Routledge.

- Sandler, H. & Sepel, N. (1990). In McKendrick, B. & Hoffman, W. (1990). People and violence in South Africa. Cape Town: Oxford University Press.
- Sangster, N. (1988). Protect our children. Prisma. 3 (10), 6.
- SAPS. (2002). <http://www.sap.co.za>.
- Sarason, I.G. & Sarason, B.R. (1987). Abnormal psychology. London: Prentice-Hall International.
- Schechter, M.D. & Roberge, L. (1976). Child Abuse & Neglect: The Family and the community. Cambridge: Bellinger.
- Schurnick, W.J., Snyman, I., Krugel, W.F. & Slabbert, L. (1992). Victimology: Nature and trends. Pretoria: Gutenberg Book Printers.
- Servamus (1992). Kindermishandeling: Statistieke skok steeds, p. 49.
- Sgroi, S.M. (1982). Handbook of clinical intervention in child sexual abuse. Lexington: D.C. Heath and Company.
- Sheridan, M.J. (1995). A proposed intergenerational model of substance abuse, family functioning and abuse/neglect. Child Abuse & Neglect. 19(5), 519-530.
- Silver, R.L., Boon, C. & Stones, M.H. (1983). Searching for meaning in misfortunes: Making sense of incest. Journal of Social Issues. 39(2), 81-102.
- Skweyiya, Z.S.T. (2003). Strategic plan on child abuse., WST: Chief Directorate.
- Smith, H. & Israel, E. (1987). Sibling incest: A study of the dynamics of 25 cases. Child Abuse & Neglect. 11, 101-108.
- Sobsey, D., Randall, W. & Parrila, R.K. (1997). Gender differences in abused children with and without disabilities. Child Abuse & Neglect. 21 (8), 707-720.

Soni, P.D. (1997). Various forms of violence: Guidelines for educators. Acta Criminologica. 10 (2), 31-37.

South African National Council for Child and Family Welfare (1988). Sexual abuse. South Africa: South African National Council for Child and Family Welfare.

Spacarelli, S. & Kim, S. (1995). Resilience criteria and factors associated with resilience in sexually abused girls. Child Abuse & Neglect. 19, 1172-1182.

Spinetta, J.J., & Rigler, D. (1972). The child abusing parent: A psychological review. Psychological Bulletin. 77, 296-304.

Strelitz, L & Riddle, C. (1992). Child sex abuse in South Africa: The role of the media in constructing reality. Communication. 18 (2), 50-56.

Summit, R.C. (1983). The child sexual abuse accommodation syndrome. Child Abuse & Neglect. 7, 177-193.

Sunday Sun. (2002, January). Dramatic increase in child abuse.

Swanepoel, H. (1992). In Le Roux, J. (2000). Causes of child abuse: What does the literature indicate? CARSA. 1 (2), 36-40.

Terreblanche, C. (2002, March). Hearing the horror. Sunday Tribune, p. 9.

Thompson, A.E. & Kaplan, C.A. (1999). Emotionally abused children presenting to child psychiatry clinics. Child Abuse & Neglect. 23 (2), 191-196.

Tremblay, C., Hebert, M. & Piche, C. (1999). Coping strategies and social support as mediators of consequences in child sexual abuse victims. Child Abuse & Neglect. 23(9), 925-945.

Turner, J. (1989). Home is where the hurt is. Northamptonshire: Thorsons.

Van Niekerk, J. (2002). Unseen, unreported, unprotected. Children First. 6 (41), 28-31.

- Van Niekerk, J. (2003). In Bisetty, K. (2003, May). Teachers stand accused. The Mercury, p. 4.
- Virkkunan, M. (1974). Incest offenses and alcoholism. Medical Sciences Law. 14, 124.
- Vondra, J.I. (1990). The community context of child abuse and neglect. Marriage and Family Review. 15 (1-2), 19-38.
- Waterman, C.K. & Foss-Goodman, D. (1984). Child molesting: Variables relating to attribution of fault to victims, offenders, and non participating parents. The Journal of Sex Research. 20, 329-349.
- Waterman, J. & Lusk, R. (1986). Scope of the problem: Sexual abuse of young children. New York: Guilford Press.
- Webb, E.J. (1966). In Dominowski, R.L. (1980). Research methods. New Jersey: Prentice-Hall.
- Weeks, J. (1985). Sexuality and its discourses: Meanings, myths and modern sexualities. London: Routledge and Kegan Paul.
- West, D.J., Roy, C. & Nichols, F.L. (1978). Understanding sexual attacks. London: Heineman.
- Westaway, J. (1994). Specialised care for sexually abused children. Children for Africa: Second conference on child abuse and neglect. Cape Town: The Printing Press.
- Wild, N. (1989). Prevalence of child sex rings. American Academy of Pediatrics. 83, 553-558.
- Wilkins, R. (1990). Women who sexually abuse children. British Medical Journal. 300(5), 1153-1154.
- Williams, J.A. (2002). An analysis of the drawings of sexually abused, traumatised and a non-clinical population of girls. Johannesburg: University of the Witwatersrand.
- Winship, W.S. (1989). The detection of child abuse. The Transvaal Educational News. 87 (1), 14-15.

Wolfe, D.A. (1988). Child abuse: Implications for child development and psycho-pathology.
California: Sage Publications.

Wolfe, F.A. (1985, March). Twelve female sexual offenders. Paper presented at New Steps in
Research on the assessment and treatment of sexually aggressive persons (Paraphiliacs), St-
Louis.

APPENDIX A
RECORDING SHEET

1 – CASE: _____

2 – MONTH:

- 1 – NOVEMBER 2002
- 2 – DECEMBER 2002
- 3 – JANUARY 2003
- 4 – FEBRUARY 2003
- 5 – MARCH 2003
- 6 – APRIL 2003

3 – ETHNIC IDENTIFICATION:

- 1 – WHITE
- 2 – AFRICAN
- 3 – COLOURED
- 4 – ASIAN
- 5 – OTHER (SPECIFY) _____
- 6 – UNCERTAIN

4 – MARITAL STATUS (PARENTS):

- 1 – MARRIED (FIRST SPOUSE)
- 2 – REMARRIED
- 3 – SEPARATED
- 4 – DIVORCED
- 5 – WIDOW/ER
- 6 – SINGLE, COHABITING
- 7 – DECEASED
- 8 – SINGLE
- 9 – UNCERTAIN

5 – RELATIONSHIP TO VICTIM (PARENTS):

- 1 – NATURAL PARENT
- 2 – STEPPARENT
- 3 – UNRELATED
- 4 – DECEASED
- 5 – UNCERTAIN

6 – TOTAL FAMILY INCOME (MONTHLY):

- 1 - <1000
- 2 – 1000-2000
- 3 – 2001-3000
- 4 – 3001-4000
- 5 – 5000

7 – SEX:

- 1 – MALE
- 2 – FEMALE
- 3 – UNCERTAIN

8 – AGE:

- 1 – 0-2
- 2 – 3-4
- 3 – 5-9
- 4 – 10-17

9 – LIVING CONDITIONS:

- 1 – LOW COST FLAT
- 2 – ILLEGALLY BUILT HOME WITH ONLY ONE OR NO ROOM AVAILABLE
- 3 – BRICKHOUSE
- 4 – SHACK
- 5 – OTHER
- 6 – UNCERTAIN

10 – AREAS OF RESIDENCE:

- 1 – TONGAAT
- 2 – VERULAM
- 3 – INANDA
- 4 – GREENWOOD PARK
- 5 – KWA MASHU
- 6 – NEWLANDS EAST
- 7 – NTUZUMA
- 8 – DURBAN NORTH
- 9 – NDWEDWE
- 10 – PHOENIX
- 11 – UNCERTAIN

11 – FAMILY DESCRIPTION OF THE SEXUALLY ABUSED CHILD:

- 1 – NUCLEAR FAMILY
- 2 – STEP FAMILY
- 3 – SINGLE PARENT (DIVORCED/SEPARATED)
- 4 – COHABITATION
- 5 – EXTENDED FAMILY IN SAME HOUSEHOLD
- 6 – FOSTER FAMILY
- 7 – SINGLE PARENT (WIDOW/ER)
- 8 – SINGLE
- 9 – UNCERTAIN

12 – FREQUENCY OF ABUSE:

- 1 – FIRST TIME
- 2 – TWO OCCASIONS
- 3 – MORE THAN TWO OCCASIONS

13 – RELATIONSHIP OF PERPETRATOR TO VICTIMS:

- 1 – RELATIVE
- 2 – FATHER
- 3 – FAMILY FRIEND
- 4 – NEIGHBOUR
- 5 – STEP/ADOPTED FATHER
- 6 – SIBLING
- 7 – MOTHER'S LOVER
- 8 – TENANT/LANDLORD
- 9 – STRANGER
- 10 – UNKNOWN
- 11 – SCHOOL CARETAKER
- 12 – TEACHER
- 13 – DOMESTIC WORKER
- 14 – EMPLOYER

14 – AGE OF PERPETRATOR:

- 1 – CHILD: AN INFANT THROUGH AGE 12
- 2 – TEENAGER: AGES 13 THROUGH 19
- 3 – YOUNG ADULT: 20 THROUGH THE MIDDLE THIRTIES
- 4 – MIDDLE AGE: PAST THE MIDDLE THIRTIES THROUGH MIDDLE FIFTIES
- 5 – OLD AGE: PAST THE MIDDLE FIFTIES
- 6 – UNCERTAIN

15 – PROBABLE FACTORS CONTRIBUTING TO SEXUAL ABUSE IN STUDY SAMPLE:

- 1 – MARITAL PROBLEMS IN PARENTS
- 2 – ABSENCE OF OTHER ADULT AT HOME
- 3 – PSYCHIATRIC ILLNESS (PERPETRATOR)
- 4 – DRUG ABUSE (PERPETRATOR)
- 5 – UNEMPLOYMENT (PERPETRATOR)
- 6 – CHILD MENTALLY RETARDED
- 7 – ABDUCTION
- 8 – POOR/NO SUPERVISION
- 9 – UNKNOWN
- 10 – CHILD ALONE OR UNPROTECTED
- 11 – ALCOHOL ABUSE (PERPETRATOR)

16 – DEGREE OF RISK:

- 1 – AT RISK
- 2 – NOT AT RISK

PROVINCE OF
KWA ZULU NATAL
DEPARTMENT OF HEALTH



APPENDIX B

MAHATMA GANDHI
MEMORIAL HOSPITAL

Ucingo/Telephone : 031-5021719
Ifakisi/Telefax:031-5021869

PRIVATE BAG X13 MOUNT EDGECOMBE 4300

Imbuzo/Enquiries : Dr C. Sewlal

Ref:Mg/Research
Usuku/Date : 6 May 2003

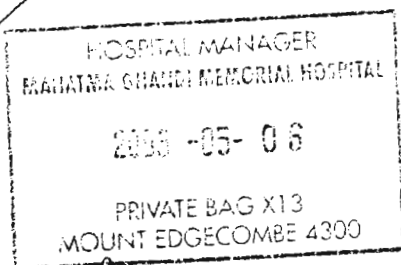
**TO ALL CRISIS CENTRE
SOCIAL WORKERS**

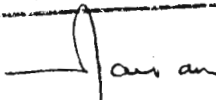
MRS V. JAIRAM

Please assist above Researcher, who has been given permission by Prof. RW Green Thompson to conduct Research at our Institution.

Thanking you


**DR C. SEWLAL
HOSPITAL MANAGER**





PROVINCE OF
KWA ZULU NATAL
DEPARTMENT OF HEALTH



MAHATMA GANDHI
MEMORIAL HOSPITAL

Ucingo/Telephone : 031-5021719
Ifakisi/Telefax:031-5021869

PRIVATE BAG X13 MOUNT EDGEcombe 4300

Enquiries : Dr C. Sewlal

Reference No:MG/RESEARCH
Your Reference: 9/2/3 R-Vol 11
Date: 25 April 2003

Mrs V. Jairam
25 Eastwood Road
Centenary Park
Phoenix
4068

Dear Madam,

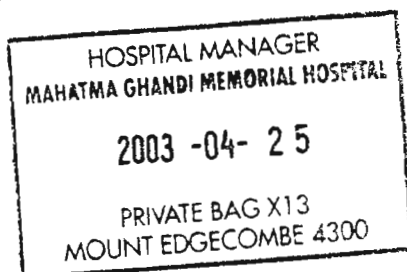
RESEARCH AT MAHATMA GANDHI MEMORIAL HOSPITAL

With reference to your application and the letter from the Superintendent – General-Head: Department of Health dated 23/04/03, authority is granted for you to conduct research at Mahatma Gandhi Memorial Hospital.

I wish to emphasise that points *b*, *c* and *d* of the letter dated 23/04/03 be adhered to.

Yours Faithfully


Dr C. Sewlal
HOSPITAL MANAGER





University of **APPENDIX D**
Durban-Westville

PRIVATE BAG X54001 DURBAN
4000 SOUTH AFRICA
TELEGRAMS: 'UDWEST'
TELEX: 6-23228 SA
FAX: (031)204-4383
☎ (031)204-4111

FACULTY OF HUMANITIES

SCHOOL OF EDUCATIONAL STUDIES

DIRECT LINE : (031)204-4604
FAX : (031)204-4866

For Attention: Dr S. B. Akoojee
Director : Forensic and Bio-Ethical Services
Kwa-Zulu Natal Provincial Administration- Department of Health
Private Bag X9051
Pietermaritzburg
3200

18/03/03

Sir,

Ms V. Jairam is a student in The M. Ed. (Ed. Psych.) Degree. As part of her degree programme, she has to conduct research for a dissertation. She has identified the need to research psychosocial factors that contribute to child sexual abuse. Her methodology involves perusal of records and a semi-structured interview with selected social welfare officials. Her proposal has been examined with regard to ethical issues. There will be no direct contact with abused children. I am her supervisor. I will provide any other details you may require.

Dr Z. Naidoo
Supervisor & Coordinator : M. Ed. (Ed. Psych.)

SCHOOL OF EDUCATIONAL STUDIES
FACULTY OF HUMANITIES
UNIVERSITY OF DURBAN-WESTVILLE
P/BAG X54001, DURBAN 4000

18 MAR 2003

TEL : 204-4604 / 4602

APPENDIX E

PROVINCE OF
KWAZULU-NATAL
HEALTH SERVICES

ISIFUNDAZWE
SAKWAZULU-NATALI-
EZEMPILO

PROVINSIE
KWAZULU-NATAL
GESONDHEIDDIENSTE

NATALIA
330 LONGMARKET STREET
PIETERMARITZBURG

TEL. 033-3952111
FAX 033-3426744

Private Bag : X9051
Isikhwama Seposi : Pietermaritzburg
Privaatsak : 3200

REFERENCE : 9/2/3/R – Vol.11
ENQUIRIES : Mr G. Tromp
EXTENSION : 2761

23 APR 2002

25 Eastwood Road
Centenary Park
PHOENIX
4068

For Attention: Mrs V. Jairam

Dear Madam

APPLICATION TO REQUEST TO CONDUCT AT MAHATMA GANDHI HOSPITAL

Your letter dated 18 March 2003 refers.

Please be advised that authority is granted for you to conduct a research at Mahatma Gandhi Hospital, provided that:-

- (a) Prior approval is obtained from Heads of relevant Institutions;
- (b) Confidentiality is maintained;
- (c) The Department is acknowledged; and
- (d) The Department receives a copy of the report on completion.

Yours sincerely



SUPERINTENDENT-GENERAL
HEAD : DEPARTMENT OF HEALTH
M/research.jairam

TEL. 033-3952111
FAX 033-3426744

Private Bag :X9051
Isikhwama Seposi : Pietermaritzburg
Privaatsak : 3200

REFERENCE : 9/2/3/R – Vol.6
ENQUIRIES : Mr G. Tromp
EXTENSION : 2761

28 MAR 2003

25 Eastwood Road
Centenary Park
PHOENIX
4068

For Attention: Mrs V. Jairam

Dear Madam

REQUEST TO CONDUCT RESEARCH

Your letter dated 18 March 2003 refers.

Kindly be advised that before your request can be considered , the following documentation will be required:-

- (a) A copy of any questionnaire that is to be used; and
- (b) Approval from the Ethics Committee of a tertiary institution.

Yours sincerely



SUPERINTENDENT-GENERAL
HEAD: DEPARTMENT OF HEALTH
FM/research.jairam

~~APPENDIX~~ Road
CENTENARY PARK
Phoenix
4068

18 March 2003

THE DIRECTOR OF FORENSIC SERVICES
DR S B AKOOJEE
KZN NPA
Department of Health
DURBAN
4001

**RE: APPLICATION FOR SITE FOR PERMISSION TO DO RESEARCH AT
HOSPITAL FOR A POST-GRADUATE DEGREE**

I, MRS V JAIRAM, am registered with the University of Durban-Westville for the Masters in Education: Educational Psychology degree which requires the completion of a dissertation in the year 2003. The title of the dissertation is: Child sexual abuse: Psychosocial aspects of cases seen in the greater Durban metropolitan region. I am keenly interested in carrying out my study at the above institution. In order to carry out my study I require access to data that are contained in files as well as data from protective service workers through face-to-face semi-structured interview protocols. I am also aware of the sensitivity of my proposed study and have therefore submitted my proposal to the University ethical committee for approval. This will be made available to you as soon as ethical clearance is obtained. Ethical issues such as the preservation of confidentiality, the privacy and anonymity of the cases involved will be ensured at all times. The data obtained will contribute to knowledge about sexual abuse particularly factors which increase children's risk for sexual abuse. This is of considerable importance in the design and implementation of organized efforts to prevent child sexual abuse, a problem that cannot be considered insignificant and that demands many human and physical resources to combat. My proposed study is considered to be a small yet significant part of this. It will add to the existing body of knowledge about the prevention of this pervasive problem.

Should you require further information I will make the information available to you. Please find enclosed the following documents:

1. Letter of confirmation by M. Ed. (Ed. Psych.) coordinator, Dr Z Naidoo
2. Certificate of registration as student psychologist with the Health Professions Council of South Africa.
3. Confirmation of registration as a student at University.

Thanking you

Yours faithfully

MRS V JAIRAM



University of APPENDIX H
Durban-Westville

PRIVATE BAG X54001 DURBAN
4000 SOUTH AFRICA
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☎ (031)204-4111

FACULTY OF HUMANITIES

SCHOOL OF EDUCATIONAL STUDIES

DIRECT LINE : (031)204-4604
FAX : (031)204-4866/4003

2003-04-01

For Attention:
Mr Nelson Moodley
Research Administration

Sir,

Ethical Clearance: V. Jairam

Mrs Jairam has submitted her proposal for a mini-dissertation towards the M. Ed. (Ed. Psych) Degree. Her topic is: Child Sexual Abuse : Psychosocial Aspects of Cases seen in the greater Durban Metropolitan region. She requires ethical clearance urgently which has to be submitted to the Head of the District Surgeon Service to obtain permission to undertake this research. I would appreciate your assistance in this regard.

Dr Z. Naidoo

~~APPENDIX I~~ Wood Road
CENTENARY PARK
Phoenix
4068

18 March 2003

THE HOSPITAL MANAGER
DR C. SEWLALL
MAHATMA GANDHI HOSPITAL
PHOENIX
DURBAN
4001

**RE: APPLICATION FOR SITE FOR PERMISSION TO DO RESEARCH AT
HOSPITAL FOR A POST-GRADUATE DEGREE**

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Thanking you

Yours faithfully

MRS V JAIRAM