

**CHILD RAPE VICTIMS EXPERIENCES IN THE
AFTERMATH OF DISCLOSURE**

By

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- The participants in this study for their cooperation.

DECLARATION

I, **Jabulile Charity Ndlovu** (Student No: 206509870) hereby declare that I am aware that plagiarism is academically unacceptable and as such I have utilised the American Psychological Association's format to acknowledge all sources used. This dissertation therefore represents my own work, unless otherwise indicated in the text.

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Date: February 2008

ABSTRACT

This study was undertaken to explore children's experiences in the aftermath of rape disclosure. A qualitative, exploratory, and descriptive study was conducted at a Durban Treatment Centre. Clinical interviews were conducted with 20 rape survivors by a Psychologist in the participants' language, namely isiZulu or isiXhosa. Data were analyzed using thematic content analysis. Most children disclosed their rape initially to their mothers and received supportive reactions from their mothers and family as well as from the community in general. The data revealed some key points which highlighted the type of support received by children in the aftermath of rape disclosure. It seems as though the children received largely supportive reactions from mothers, families and the community. However, children described their experiences with the police, social worker or other helping professions as being mostly negative. These findings are discussed in terms of their implications for policy and practice.

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CHAPTER ONE

INTRODUCTION

1.1. Background

Child rape is a profoundly distressing event or experience for the child victim on the one hand and equally on the other hand, for the community in which the child lives. What is most distressing is the increase in the incidence of child rape, which is inexplicable (Collings & Wiles, 2004; Meier, 2002; Richter, Dawes, & Smith, 2004). Despite, extensive media coverage of this epidemic in South Africa, not much is known about the causes of the phenomenon.

The literature that describes the experiences of children in the aftermath of disclosure is drawn mainly from adult accounts (Draucker, 1992; Ullman, 2003; Wade, 2001). Thus it seems that there is a gap in research which deals with the experiences of child rape victims in the aftermath of disclosure. This study, therefore, seeks to investigate what happens to children after they have disclosed child rape, with the focus being on the child's perspective. A key question which this study aims to address is: how do children experience external interventions by the family, the community, and by legal and medical professionals?

Collings and Wiles (2004) suggest that children between the ages of 10 and 14 face the highest risk of rape victimization. The most frequent reported form of rape involves offenders who are known to the child, (one third of rapes) or family members (12% of cases). According to the

National Commissioner of the South African Police Services (2002, cited in Collings & Wiles, 2004) children are the victims of 41% of all rapes and attempted rapes in South Africa. Over 14% of reported rapes are against children under the age of 11-years.

According to Human Rights Watch (2001, cited in Petersen, Bhana, & McKay, 2005) girls in the age range 12 to 17 years are particularly vulnerable “reflecting the highest rape ratio per 100,000 of the female population” (p.1234). While both boys and girls are victims of rape, the prevalence rate for girls is three times higher than that for boys. Statistics regarding boys may not be entirely accurate due to boys’ greater reluctance to disclose being raped (Maher, 1987).

Van As, Withers, du Toit, Millar, and Rode (2001) suggest that approximately 1 in 10 boys have been sexually abused by the age of 18-years.

Jewkes and Abrahams (2002) suggest that child rape is becoming more common in South Africa. This claim is supported by high levels of rape among high school aged children.

Further, the National Commissioner of the South African Police Service (2002) suggests that there has been a notable increase in the prevalence of reported child rape cases since 1996. Of particular concern is the disproportionate increase of child rape cases at provincial levels.

KwaZulu Natal is of particular concern as it represents a province where there has been a sharp rise in the incidence of child sexual abuse, with 4,797 cases reported in the year 2000 (LoBaido, 2001). The South African Crime Information Analysis (CIAS, 2003; as cited in Collings & Wiles, 2004) indicates that 52 107 cases of rape and attempted rape were reported in 2002 in South Africa.

The above statistics paint a horrifying picture of the incidence of child rape in South Africa and suggest a need for urgent national interventions. Available statistics, however, conceal, and fail to reflect, the actual traumatic experience of being raped. This study, therefore, aims at investigating the experiences of children in the aftermath of disclosure.

1.2 Motivation

There is extensive literature on the impact of rape on children and on patterns of disclosure, (Allagia, 2004; Collings, Griffiths, & Khumalo, 2005; Staller & Nelson-Gardell 2005; Ullman, 2003). However, a gap remains regarding children's experiences in the aftermath of disclosure. Most of the available literature has examined the experiences of child rape victims from the perspective of adults, researchers, or children's caregivers (Allagia, 2004; Faller, 1990; Elliot & Briere, 1994; Ullman, 2003). In this context, it would seem to be appropriate that children should be given an opportunity to voice their experiences which might otherwise be drowned out by adults or by the criminal justice system at large. As highlighted by Mandela (1996, as cited in Greene & Hogan, 2005) "children's voices should not fall on deaf ears or closed minds, they should be heard". Greene and Hogan (2005) have emphasized that it is important to consider the child's voice in research which concerns children. In this study, children will be given an opportunity to voice their views and be encouraged to participate and contribute to a broader understanding of the experiences of child rape in the aftermath of disclosure from a Southern African perspective. This research aims at exploring the experiences of children after disclosure, which according to Bussey and Grimbeek (1995) remains a relevant area for continuous research exploration.

1.3 Statement of the research problem and purpose of the study

The main focus of the research is the exploration of children's experiences in the aftermath of rape disclosure. The study is designed to gain a greater understanding of the experiences of child rape victims at the hands of various individuals. Further, this research represents an initial step towards understanding children's experiences in children's own terms. Given the opportunity, children have the capacity to voice their views about matters that affect them. Mudaly and Goddard (2006) argue that when a space is made for them, children's voices express themselves clearly.

1.4 Operational definitions

For the purpose of this study the following definitions will apply:

Child - refers to a person who may be a boy or girl under the age of 18-years of age.

Disclosure- refers to the act of simply telling someone or to a more official act of reporting the abuse to an authoritative body (Allagia, 2004).

Rape- means unlawful sexual intercourse and the penetration of the vagina or the anus without the consent of a boy or girl child (Smith, 2004).

1.5 Organisation of the thesis

- The current chapter provides an insight into the motivation and purpose of the study.
- Chapter Two provides a literature review on the experiences of raped children in the aftermath of disclosure.

- Chapter Three presents a discussion of the research methodology used in the collection of data.
- Chapter Four focuses on the findings of the study.
- Chapter Five presents a discussion of the research findings. Failures and successes of the study are also listed and recommendations are made for future research.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

According to Collings et al., (2005) disclosure in child sexual abuse tends to be the exception rather than the norm, with estimates of non-disclosure varying from 33% to 92% for girls, and from 42% to 100% for boys. Although many children experience rape victimization or other forms of violence in a familiar environment, and at the hands of people they know, they seldom disclose, and thus the seriousness of the incidence of abuse is minimized (Schrunik, Snyman, & Kruger, 1992).

Sexual abuse of children is a subject which has strong emotional undertones. While some people shy away from the topic, most people are deeply concerned about the plight of this relatively powerless and innocent category of victims (Schrunik et al., 1992). Even though many people are concerned about the victimization of children, there is very little published research on rape and child sexual abuse (Russell, 1991). Sexual abuse is a crime of emotional crisis in the life of the assaulted individual. It produces a complex set of emotions and symptoms that unfold in a predictable sequence within a specified time (McCombe, 1980). The word 'rape' elicits strong emotional reactions in people. Perhaps it evokes a greater response of outrage from the general public than any other form of victimization or violation. This is especially true when children are seen as innocent and developmentally vulnerable members of the society who must be protected and nurtured. As Alston (1994) states, it seems reasonable

to think that there are things which adults should not be permitted to do to children for the simple reason that children are young and fragile human beings.

Over the past few years, child rape has increased at a shocking and alarming rate in South Africa. Thus, the incidence tends to be higher than the incidence of other crimes against children (Umeh, 2001). According to Meier (2002), a report by BBC news, states that a female born in South Africa has a greater chance of being raped in her lifetime than of learning how to read. It is quite sobering to contemplate why it is that South Africa has such a huge problem. What is it about this country that fuels, contributes to, or breeds this kind of sexual violence against women and children? According to the Network Opposing Women and Children Abuse (NOWSA), in South Africa child rape occurs every 24 minutes (Millner, 2002). Further, Ewing (2003) argues that no one really knows how many children are raped each year, each month, and each hour. It seems as though reliable statistics don't exist, only estimates, assumptions, perceptions, and contradictions. Figures released by the South African Police Service (SAPS) suggest that one person is raped every 25 minutes (Umeh, 2001).

The definition of rape, and the possible explanations of rape, will be discussed below in order to develop a better understanding of the terms. Furthermore, this chapter will review the reactions and the experiences of children with regard to different role players in the aftermath of disclosure. These include the family, society, and various helping professionals.

2.2 Definition of rape

According to Ewing (2003), a narrow definition of rape obscures understanding of the extent and brutality of sexual violence. Rape is conventionally referred to as sexual intercourse with a female without her consent. Ewing (2003) further argues that this definition of rape is limited to penetration of the vagina by the penis. This definition excludes anal/oral rape and penetration with an object, and also excludes practices and acts defined as 'indecent assault'; which legally means that they are a lesser offence, although they can be equally, if not more traumatizing than rape. It also excludes male victimization or violation. Male victims are not uncommon and suffer the same problems and trauma as female victims. Thus, the attitude of both legal and the public systems towards the rape of boy children means that such offences are taken lightly and usually concealed or not taken seriously.

However, the South African Law Commission has proposed a new definition of rape and recommendations to codify the offence of rape in legislation. The draft Bill was introduced to parliament late in 2003. The new definition (contained in Clause 3 of the draft Sexual Offences Bill) states that any person unlawfully and intentionally committing an act of sexual penetration with another person is guilty of rape. This legislation includes three major changes: First, unnatural sexual intercourse (such as penetration of an object into the anus or genital organs to stimulate sexual intercourse) has now been included on the Bill. Second, the Law Commissions' proposals have broadened the definition of rape to include the concepts of coercive circumstances and false pretences or fraudulent means, so as to include the abuse of an assailant's power or authority to prevent the victim from indicating his or her resistance to,

or unwillingness to participate in the act (Clause 3 (3) (c) of the draft Bill). Third, the proposed legal reform will result in a broader and gender neutral definition of rape, meaning that the law now recognizes that a victim may be either male or female (Richter et al., 2004). The term 'rape' will be used in this study to include vaginal penetration as well as sodomy or anal penetration.

In terms of conventional stereotypes, rape is often assumed to involve a stranger at night in dangerous spaces or places. What we know to be true, as research has shown (Ainscough & Toon, 1993; Collings & Wiles, 2004; Umeh, 2001) is that rapists are usually known (usually a relative or someone close and trusted by the victim) and that rape is most often committed in the victims' home (a space that is thought to be safe and private). Warner (1980) defines incest as a special form of sexual victimization, which involves inappropriate sexual behaviour among family members or relatives, including inappropriate sexual intercourse, fellatio and fondling from an adult to a child who are blood relatives.

2.3 Possible explanations of rape

Richter et al., (2004) report that there have been numerous reports in the media regarding the so-called "cleansing myth" regarding rape. This myth suggests that having sexual intercourse with a virgin will cure AIDS. This myth may explain the increasing number of child rapes in the context of the South African HIV/AIDS pandemic. However, there has been no research that has explored the myth.

Richter et al., (2004) further suggests that perpetrators distortedly use cultural proverbs, or sexist ideas in order to justify their intentions of rape. For example, the Tswana proverb refers “to the importance of preparing the child for life by strengthening the child”. Therefore, the perpetrators of the rape may claim that the sexual intercourse with a child was intended to strengthen the child. Such ideas and practices reinforce the stereotype that women and especially girls are sexual objects. We also saw this in Zumas’ defense (Former South African-Deputy President) against allegations of rape. Although, he was found innocent, he misused ‘Zulu cultural’ ideas about relations between men and women. These problematic sexist ideas, (that is, children and women seen as sexual objects), are not just limited to African culture but constitute a wide-spread hetero-normative culture (Umeh, 2001).

There is a history of inequality, poverty, oppression, and community breakdown in South African townships which contributes further to the large number of children being raped. Thus, the living spaces occupied by a number of individuals and/extended families lead people to bathe, undress, and sleep in extremely small areas without partitions (Meier, 2002). Children left without any parental supervision, as well as those children who have been orphaned as a result of the HIV/AIDS pandemic, are vulnerable to all sorts of abuse or exploitation, including being raped.

Umeh (2001) posits that the governments’ failure to create jobs and provide employment has led to an increase in crime, including rape. Thus, the problem of unemployment is a contributing factor. The social effect of unemployment has driven men and women into

different social vices (that is, rape, drug addiction, robbery and fraud) (Umeh, 2001).

According to Umeh (2001), unemployment leads to “idleness and idleness induces crime, including rape and sexual assault” (p.26).

This study does not attempt to offer explanations as to why people rape children. It is rather an exploration of what happens to children after they have disclosed their abuse. The study will examine children’s experiences in relation to the reactions of professional personnel, family members, and community members.

2.4 Reactions to rape disclosure

Rape hurts; it hurts the child, the family and the community (Maher, 1987). The child goes through a great deal of trauma which the child needs to share with another person. Thus, the rape incident is not an experience that the child can deal with alone and a multidisciplinary team is needed to share the burden. Studies on childhood rape disclosures have shown a mixture of negative and positive reactions towards victims. Disclosure often evokes strong negative reactions from parents and social agencies which increases the stress level of a child. Disclosure may lead to the child being mistreated. It is also possible that people may not believe the children. As a result, victims are subjected to repeated interviews where they have to retell the story or describe the incident. Raped children are, further, exposed to medical examination from practioners who may be insensitive or inexperienced. Some children are even removed from their homes or placed in unsuitable foster homes.

They may feel more traumatized and humiliated by brutal cross-examination, court processes, and as a result of receiving inadequate or unskilled treatment (Faller, 1990).

2.4.1 Family

According to Lewis (1994), the reactions of the child's family play an important role in the child's recovery following rape and in the aftermath of disclosure. According to Morgan and Zedner (1992), research on rape victims has shown that most children first seek assistance from their families. This was illustrated in a study by Morgan and Zedner (1992) who found that child rape victims' primary concern was gaining emotional support and sympathy for their plight. It was found that at least three quarter of the children stated that the immediate families were very supportive, whilst half of the children mentioned the positive assistance received from neighbours in the community. On the other hand, it also emerged that a quarter of child victims had received very little support from their families (Morgan & Zedner, 1992). This was confirmed by Lewis (1994) who points out that the family may find it difficult to respond in a helpful way because they also feel victimized, experience emotional reactions, and are concerned about their children.

Sgroi (1982) highlights that the parent of a child who has been raped by someone who is not a member of the family is likely to react in a more protective way towards the victim. This implies that the level of protectiveness towards the child depends on the identity of the perpetrator. Generally speaking, family members are more likely to be supportive if a perpetrator is a stranger (McCahill, Meyer, & Fischman, 1979). Family members may be

empathetic, and nonjudgmental towards the victim. They may also be involved in trying to build the survivors' self-esteem and protective responses by, for example, trying to stop the rape (Ullman, 2003). Nonetheless, the family may still be concerned about the negative effects of publicity. As a result, some parents try to deny that their child was raped and try to resist any assistance that may be offered (Ullman, 2003).

The reactions of family members may differ if a child has been raped by a member of the family. This can cause conflict among family members, (that is, brothers, granddaughters, and sisters) and may put pressure on the target family to deny that rape has occurred. The extended family is likely to react negatively by trying to suppress publicity, and this may lead the child to withdraw the complaint. Siblings may also be very angry at the perpetrator, or may be resentful at the disruption to family life (Sgroi, 1982). Sgroi adds that mothers of children raped by a family member may react in different ways; some may express their concerns for the child and then deny the rape has occurred, while some mothers may already have been aware of the rape and may have actively encouraged the activity. The mother may be dependent financially and socially on the perpetrator and are therefore forced to keep quiet about the rape (Sgroi, 1982).

Ullman (2003) reviews two studies concerning social support and reactions to childhood rape disclosure. One study found that survivors disclosing abuse received supportive responses, and these samples also included incest samples (Ebert, Johnson, Foley, & Fitzgerald, 2000). Furthermore, it has been found that a victim who is believed and not blamed for the rape is

likely to feel reassured that it was not their fault, (Ebert et al., 2000). Ullman (2003) found that one third of college women, on having disclosed child rape, reported positive reactions from mothers. The remaining study reported evidence of negative reactions. The negative reactions included being blamed, disbelief, accusations of lying, or being punished.

2.4.2 Societal response

Rape victims are also likely to be blamed by the community, largely because of sexist and hetero-normative cultural ideas about sex and sexuality. Burgess and Holmstrong (1975) state that the community tends to blame victims, and even children are no exception to this response. The perpetrators' assertion that a seductive child is responsible for his sexual behaviour is often given credence by judges, attorneys, police officers, and social workers. Sgroi (1982) mentions that the rationalization seems to be that adult-child sexual behaviour is so far removed from societal norms that, when it does occur, a perverted child must have been the causative factor. According to Kroth (1979), this attitude is conveyed to the child in multiple verbal and non-verbal ways, which reinforces the youngster's tendency to assume responsibility for the inappropriate sexual behaviour.

Furthermore, a study reported by Morgan and Zedner (1992) found that child rape victims and their families are generally not satisfied with the response they received from the community. For example, many rape victims did not feel the school took them seriously, (for example, a school did not inform the parents or any other agency regarding two rape cases disclosed in school).

In another instance, the child told her teacher that she has been raped by the family's next door neighbour. The teacher only informed the head teacher after a week, who then summoned the parents to the school to tell them.

2.5 Professional intervention in the aftermath of child rape disclosure

2.5.1 *Health professionals' intervention*

Studies have been conducted to assess the extent and nature of assistance provided to rape victims by health professionals and rape centres. Feiring, Taksa, and Lewis (1998, cited in Ullman, 2003) studied 154 children who sought help from a child protection agency and received little assistance eight weeks after disclosure. Further, Elliot and Briere (1994) studied 399 children ages 8-15 years. Most of the children had not disclosed rape within the first year and had waited many years to tell someone. Other studies (Lamb & Edgar-Smith, 1994; Mudaly & Goddard, 2006; Roesler & Wind, 1994) indicate negative reactions following disclosure. Victims often feel that they are victimized by therapists who claim that the child has made up the abuse, or is fantasizing. As a result, no attempt is made to try and make the rape stop or to remove the child from the offenders' home.

Mudaly and Goddard (2006) cite further studies where children were asked to describe their experiences regarding professionals help. Some children who were interviewed expressed negative reactions. A 12 year-old girl felt that some professionals were not helpful. Such professionals found the truth too hard to deal with, and thus tended to side with adults rather than listen to the child. Thus, some professionals do not want to hear the truth. Another 12-

year old girl held the opinion that the professionals' role is to listen to a child. An 11-year old expressed his opinion that the counsellor he saw knew nothing and did not know much about counselling. Lastly, a 12-year old felt very angry at the reaction of the counsellor, who told her that she was not abused and that it was only her mother who was putting the suggestions in her mind.

2.5.2 Medical examination

The medical examination may be as traumatic as the event itself if performed insensitively. Given the intrusive nature of medico-legal examination, the child has to be accompanied by someone familiar (Cardarrel, Horowitz, & Swartz, 1990). Ferrara (2002) states that a child may experience the medical examination as another rape, which could severely, traumatize the child. Morgan and Zedner (1992) cite a study where the children described the medical examination as the worst experience. Furthermore, a boy who was raped described the medical examination with fear.

Warner (1980) adds that it is crucial that the physician explains what they are doing during the examination, as the medical examination can be frightening for the child. The long-term effect of such events may contribute to the individual's symptomatic behaviour as an adult.

McCombie (1980) further reiterates that such problems for the child rape victim may affect the perception and tolerance of the gynecological examination.

2.5.3 Police intervention

The decision by the police to intervene is influenced by many factors. Police reactions are informed by traditional ideas of what rape is, by who the rapist is, and by the extent of physical injury. According to Chappell, Geis, and Geis (1977), the relationship between a child and the offender plays a major role. If the offender is a stranger to the victim then there is generally a greater chance that the allegation will be taken seriously. Another factor is whether there was a delay in reporting the case, which detracts from provability of the case. Yet, according to Finkelhor and Browne (1984), many children do not talk about the rape immediately. The reason for this is that many offenders have ways of ensuring that the child believes that the rape is just game (i.e., normal parenting behaviour). In most cases the child's abuser is a person whom the child trusts and sometimes a person that the child depends on. Therefore, it is not surprising that a child will not report the case immediately (Finkelhor & Browne, 1984).

Wattam (1992) found that children reported difficulties relating to investigative interviews conducted by the police. These children felt that they were being harassed by the interviewer, they felt isolated in the interview room, and they felt that they were not believed in the process. Blagg (1989) argues that the formal process of the interview may reinforce feelings of guilt, self-blame, and worthlessness. Children also reported that there was a lack of preparation for the police intervention. Westcott and Davies (1995) highlight that children felt that investigative interviews seem to be something that just "happens with no warning". A 11-year old girl also describes the experience of talking to the police as scary and daunting. Furthermore, most of the children had suggestions as to how the police could improve their

practice, such as, the type of room in which the children are interviewed, (making it a happy room with a couch so to make children relaxed) (Mudaly & Goddard, 2006).

A study conducted by Morgan and Zedner (1992) on child rape victims, found that there were two major areas of weakness in the interview conducted by the police: first the attitudes of police personnel toward child victims and second that the correct procedures were not followed. Children found the time taken by the police to respond as well as waiting in the police station stressful. Further, interviews lasting between four to five hours were tiring for the children.

2.5.4 Court intervention

Children's experiences in court can be positive or negative. The positive side is that children may have a chance to relate their side of the rape. This was evident in the study by Mudaly and Goddard (2006) where some children strongly believed that they should be given an opportunity during court proceedings to talk about their experiences of rape. Henry (1997) concluded in a comparative study of 90 rape victims between the ages of 9-19 years, from different countries with different court system interventions, that children found the court system positive and experienced less trauma if they had a trusting relationship with the professionals. Lurigio, Skogan, and Davil (1990) also found that children's testimony may prove therapeutic by reassuring them that their accounts of abuse are believable and that others do care that they were raped.

There are, however, negative experiences reported regarding the court intervention, (i.e. the children may experience repeated interrogation by unfamiliar adults which is often frightening to the child). This may lead a child to feel guilty, which is likely to occur during the cross-examination by the offenders' defense attorney. The experience and the retelling of the story may retraumatise the child. Court personnel also have the potential to increase the child's trauma. Some children feel that the court does not make provisions to accommodate a children's testimony. Richter et al., (2004) concurs that a child faces many social and emotional difficulties at the time of appearance in court, as well as during the interrogation by the defendants' lawyers in an open forum that is highly stressful and damaging to the child. Professionals have also described this as "revictimisation" or "the second rape" (Richter et al., 2004: 122). Children have also complained that no one told them what they were supposed to do and felt that the defense lawyers were 'out to get them' through cross-examination (McCombie, 1980). A study conducted by Children First (2003) examined the court experiences of two young girls who were raped by the same man at Msinga District, during September 1998 (Ewing, 2003). Children First report that the case turned out to be a distressing and "tedious, arduous journey through the labyrinth that is the criminal justice system" (p.12). Children First found there were times when children were asked to give evidence in open court, because the prosecutor was under pressure to go ahead with the case (and there was no social worker to serve as intermediary). By the time the rape case was finalized (that is, after 4 years and 4 months), the victims were too drained to celebrate (Ewing, 2003).

Lurigio et al., (1990) argue that even though the court always emphasises that the child needs to be treated with sensitivity, this may be unlikely, due to many contributing factors. Court procedures have been designed with adults in mind and are not amenable to the testimony of younger victims. An adversarial system of confrontation may be confusing and frightening to children. Because child rape often occurs without witnesses, and with limited physical evidence, the child's testimony is often the only evidence available to prosecute the rapist. Although, according to Chappell et al., (1977), the courts are aware that the child may be traumatized by lengthy questioning, the court has a serious duty to prove beyond a reasonable doubt that the rape did indeed occur. Holmes (1991) states that the judge may also feel a sense of conflict in a rape situation because they are concerned about the well-being of a child and the need to give a fair trial. Judges are also charged with the legal responsibility of ensuring and determining that the child fully understands the seriousness of the court proceedings by cross-examining all witnesses for the prosecution. Chappell et al., (1977) further state that it is a difficult experience for a child to give evidence in a court of law.

2.5.5 Child protection service intervention

Cardarrelli et al., (1990) suggest that certain steps taken by child protective service may be more stressful to the child than the sexual act itself. For instance disclosure can lead to the removal of the child from the home Children may feel that child protective service interventions take control of their lives by making all the decisions for them. Further, children removed from home may show behavioral problems such as aggression and other psychological problems (Doyle, 1990).

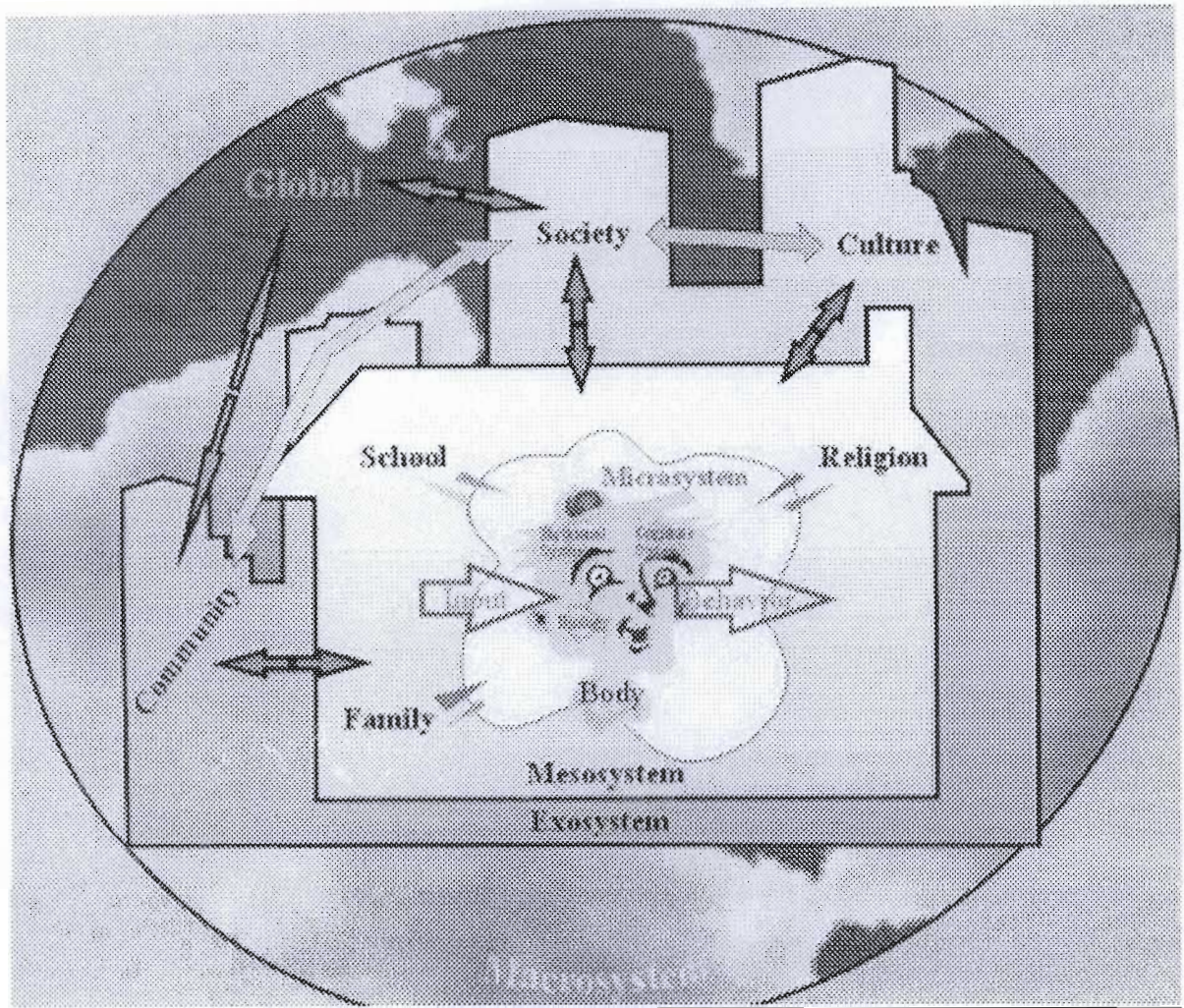
Faller (1990) maintains that children may also feel rejected if the family does not show support for the child.

Two studies were conducted to obtain information about children's views on child protection social workers. Eleven children from four families were interviewed. These children reported that they felt that many social workers' decisions were rushed. Children also complained that they were interviewed in the presence of other people and their parents instead of being interviewed privately. The children did not have any problem with the gender of the social worker and appreciated social workers who were caring, who listened to them, and who had a sense of humour (Ullman, 2003).

2.6 Theoretical framework

Ecological systems theory

This research is based on ecological systems theory, founded by Urie Bronfenbrenner. The theory focuses on the quality and the context of the child's environment (Berk, 2000). This approach views the individual as residing within a complex system of relationships affected by multiple levels of surrounding environments (see diagram).



(Illustration from Dede Paquette and John Ryan. 'Bronfenbrenner's Ecological Systems Theory'. National-Louis University. Retrieved on June, 2007, 26).

Thus, it looks at a child's development within the context of the system of relationships that form his or her environment (Addison, 1992). These levels can be conceptualized as a series of concentric rings, which include interacting systems: microsystem, macrosystem, exosystem, mesosystem, and chronosystem (Berk, 2000). Further, this theory focuses on the role played by each of these systems and the extent to which they interact in ongoing development

(Bronfenbrenner, 1990). According to Nelson and Prilleltensky (2005), all these levels are interconnected with each smaller level nested within the larger levels. Thus, each system contains roles, norms, and rules that can powerfully shape the child's development (Bronfenbrenner, 1990).

Microsystem

The first system the child comes into contact with is the microsystem. The microsystem encompasses the relationships and interactions a child has with her immediate environments. The mesosystem, exosystem, macrosystem and chronosystem, influences the child's microsystem. Bronfenbrenner called this bi-directional influence (Berk, 2000). At the initial level, the bi-directional influence has the greatest impact on the child, for example, a child's parents may affect his beliefs and behaviour and the child may also affect the behaviour and beliefs of his/her parents. According to ecological theory, if the relationship in the immediate microsystem breaks down, the child will not have tools to explore other parts of the environment in other systems. These deficiencies show themselves, especially in adolescence, as anti-social behaviour, lack of self-discipline, and an inability to provide self-direction (Addison, 1992).

Mesosystem

The mesosystem includes the child's family members and social network (i.e. school and religion). The family is regarded as important and is the primary care giver to the child. The mesosystem encompasses the relationships and channels of communication between different

microsystems responsible for raising the child. This includes the relationship and channels of communication between the school and home.

Exosystem

Exosystem refers to the social settings in which the child does not function directly. The structures in this layer impact on the child's development by interacting with some structure in his/her microsystem (Berk, 2000). This includes primary caregivers' workplace, government institutions and community-based family resources. Even though the child may not be directly involved at this level, children nevertheless experience positive or negative experiences resulting from interactions with their own system.

Macrosystem

The macrosystem refers to the broader society (that is, cultural values, customs and laws of a particular society) (Berk, 2000). The effects of the larger principles defined by the macrosystem have a cascading influence at all other levels. For, example, if it is a cultural expectation that parents should be solely responsible for raising their children, that culture is less likely to provide resources to help parents. This in turn affects the structures in which the parents function. The parents' ability or inability to carry out responsibilities towards their child within the context of the child's microsystems is likewise affected (Addison, 1992).

Chronosystem

This system relates to the patterning of environmental events and transitions over the course of life. This system encompasses the dimension of time as it relates to the child's environments. The elements within the system can be either external, such as the timing of a parent's death, or internal, such as the physiological changes that occur with the aging of a child. As a child gets older, he/she may react differently to environmental changes and may be able to determine how that change will influence them (Henderson, 1995).

Furthermore, this approach sees the development of the child as a product of the child's own environment. Thus, the child's behaviour and development are both influenced by, and influence, the behaviour and development of others. Further, Berk (2000) states that human behaviour is the product of an ongoing interaction between social environments and internal motivations (gained from previous social experiences).

The child rape victim's experiences in the aftermath of disclosure cannot be studied in isolation as the experiences are influenced by the various interacting systems. Ecosystemic theory thus stresses the need to understand the experiences of the child in the aftermath of disclosure not only in terms of intrapersonal factors, but also in terms of family systems and the broader community in which the child is integrally embedded. In other words, the experiences of the child need to be studied not only in the home, but also in schools, neighbourhoods, and communities where the abuse takes place.

2.7 Conclusion

Rape is a violation of one's self, of the inner and most private space of the individual. The child suffers severe emotional and physical injury. As a result, a child may display fear, anxiety, guilt, and shame. This may lead a child to experience some form of blame leading to distrust or victimization by family members, court personnel, and/or other professionals involved in a rape case. Thus, the nature of reactions by others can be traumatic and constitute a form of betrayal for the child. Children are also often subjected to numerous interviews and retelling of their traumatic story, and need to be handled sensitively. Moreover, the child rape victim has to undergo investigative interviews with the police who may reinforce feelings of guilt, self-blame and worthlessness. Finally, during the court proceeding the child experiences repeated interrogation by court personnel and the offenders' defense attorney. Victims are sometimes blamed for their victimization. They may be blamed by the police, who may unilaterally decide that particular cases should not go to court.

This chapter has examined the experiences of raped children in the aftermath of disclosure. It should be noted that most previous studies have been drawn from adult accounts of the experiences of childhood rape survivors. Although a number of researchers have looked for variables that might predict whether a victim experiences a more or less intense reaction to rape, few stable patterns have been found. Thus, it is clear that there is little information about the experiences of the child rape victim.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This section discusses the research design that was employed in the study, including the nature of the study and sample. Data collection processes and the mode of data analysis are discussed, as are ethical considerations and limitations of the study.

3.2 Aim of the study

The main aim of this study was to explore the experiences of children in the aftermath of rape disclosure. The study was designed to gain a greater understanding of the experiences of child rape victims at the hands of various individuals after the child has disclosed. This study is an attempt to place children at the centre of our understanding of their experiences. Given the opportunity, children have the capacity to voice their views about matters that affect them. As Mudaly and Goddard (2006) state, when space is made, children can clearly express their voices. Further it is hoped this study will impact on families and society at large, thus affecting children positively and building awareness among people.

3.3 Research questions

The research questions explored in the study were:

- Who are the first people the children disclosed to?
- How do children experience the reactions of their nuclear family after disclosure?
- How do children experience the reactions of their immediate community after disclosure?
- How do children experience the investigative interviews conducted by the police officers?
- How do children react to the examination by the District Surgeon?
- How are children treated by Court personnel (if the case was taken to court)?
- What sort of intervention do children receive from professionals (i.e., social workers, psychologists, counsellors)?

3.4 Research paradigm

This study is framed within a qualitative research methodology/strategy. Qualitative research methods allow for deeper/detailed kinds of data collection as the researcher is not simply restricted to obtaining quantifiable information. The researcher can adjust the focus of his/her research as new information becomes available. Qualitative researchers are thus in the position of being able to study the ‘changing or dynamic nature of reality’

(Stainback & Stainback, 1984, p.402), as they are able to study data in the context of the

meaning that it has for participants (Parker, 1995). Thus, a qualitative approach allows for the exploration of how people make sense or gives meaning to their lives and experiences, with the underlying assumption being that reality is subjective. What it means to disclose childhood rape is 'known' only by those who experience it personally. There is no one single kind of meaning for all people for all experiences, with meaning being constructed differently by each person (i.e., meaning itself is individually and subjectively constructed). Qualitative research allows for an exploration of how individuals construct their own meaning, understanding, and identity. Further, the advantage of using this approach is that it provides the researcher with another social reality and the researcher gains an in-depth understanding of localities, activities, and constraints experienced in particular daily lives, (Neuman, 2000, p. 73). The lived experience gives meaning to each individuals' perception of a particular phenomenon and is influenced by everything internal and external to the individual (Polit & Hungler, 2001, p. 212).

3.5 Research procedure

3.5.1 Site of the study

This research is part of a broader research study, the 'KwaZulu Natal Child Rape' (KZNCR) which examined primary and secondary victimization in child rape. The study was conducted in a "Treatment Centre" which is based on the Natal South Coast, (an

NGO). The Treatment Centre functions as a counselling facility and a community help desk for child sexual abuse. About 40-60 children attend the clinic each week and the Treatment centre serves mainly rural communities. Many of the children who attend the clinic have been victims of sexual abuse and have been infected or affected by HIV/AIDS. The main focus of the Treatment Centre is to rescue and uphold the rights of the sexually abused child and thus minimize the risk of HIV infection. Further, the treatment centre offers training and mentorship programme for Child Safety Officers (CSO). The CSOs work in conjunction with various role players, such as the criminal justice system, and community organisations, in order to mobilize and equip them with the skills needed to offer emotional support to victims of sexual abuse. The Treatment Centre also provides an on-going counseling service to enable children to cope more effectively with the abuse.

3.5.2 Participants

The sample consisted of 20 children who had been raped or sexually abused. In terms of gender, there were 6 boys and 14 girls. Participants were between the ages of 5 and 17 years. The participants were African and all were isiZulu speakers except for one child who was a Xhosa speaker. The participants were predominantly from a lower socio-economic group where children are extremely vulnerable to this crime. While rape is a phenomenon not linked to any particular population group, the incidence of rape may not be evenly distributed throughout the population. There is some indication that township

living conditions (e.g. poor lighting, lack of public transport) may exacerbate the likelihood of rape (Volgeman & Eagle, 1991: 211).

The description of the sample in terms of age and gender is illustrated in the following Table.

Table 1:

Description of sample in terms of age, gender, identity of the perpetrator and place of victimization

No.	Age	Gender	Perpetrator	Place of victimization
1	8	Girl	Known to the victim	Public place
2	12	Boy	Known to the victim	Perpetrators' home
3	12	Boy	Known to the victim	Perpetrators' home
4	14	Girl	Known to the victim	Public place
5	10	Boy	Stranger	Perpetrators' home
6	13	Girl	Father	Victims' home
7	14	Girl	Known to the victim	Public place
8	12	Girl	Uncle	Victims' home
9	7	Girl	Known to the victim	Perpetrators' home
10	15	Girl	Known to the victim	Neighborhood
11	17	Girl	Known to the victim	Perpetrators' home

12	11	Girl	Brother	Victims' home
13	16	Girl	Known to the victim	Perpetrators' home
14	14	Girl	Uncle	Victims' home
15	5	Girl	Uncle	Victims' home
16	14	Girl	Known to the victim	Perpetrators' home
17	13	Boy	Known to the victim	Perpetrators' home
18	17	Girl	Uncle	Victims' home
19	6	Boy	Known to the victim	Perpetrators' home
20	16	Boy	Stranger	Neighbourhood

3.5.3 *Sampling procedure*

The study sample was selected using non-probability sampling. Brink (2002) states that in non-probability sampling, the sampling elements are chosen from the population by non-random methods. Bless and Higson-Smith (1995) further state that non-probability sampling refers to a case where the probability of including an element from the population is unknown. A specific population (children) with specific characteristics (child rape victims) and experiences (in the aftermath of disclosure) was sought out for purposes of the present study. A minimum of 20 participants were purposively selected for the research project.

3.5.4 Data collection

Given the sensitive nature of the study and professional ethical considerations, the researcher did not have any direct contact with the participants. Thus, a registered psychologist working at the Treatment Centre for more than two years conducted the clinical interviews for research purposes. Moreover, participants were receiving ongoing psychotherapy at the time of their participation. Clinical interviews, conducted by the psychologist, were in the participants' language namely 'isiZulu and isiXhosa'. In the clinical interviews children were asked about the initial disclosure and the childrens' experiences with the family, community, police, court personnel and various professionals in the aftermath of rape disclosure. The researcher only worked with already transcribed versions of the clinical interview. The researcher translated these transcripts from 'isi-Zulu and isi-Xhosa' into English.

3.5.5 Data analysis procedure

The researcher used thematic content analysis to analyse the data. Green and Thorogood (2004) describe thematic content analysis as the most basic type of qualitative analysis which aims to report key elements of responses given by participants. According to Smith (2003) the advantages of using thematic content analysis is that it allows for quantification of data which in turn increases the credibility of the research. In this study the researcher broke down the data into underlying themes and frequencies of occurrences of themes

were noted. Information from all interviews was considered as important regardless of the overall frequency of occurrence. According to Pope, Ziebland, and Mays (2000) and Terre Blanche and Kelly (1999) the following steps are involved in qualitative data analysis:

Interpretative and understanding of research data

The researcher familiarizes herself with transcripts by reading them repeatedly in order to identify themes and categorize.

Identifying a thematic framework

The researcher identifies key issues and themes and labels them.

Indexing/Coding

The data are coded into themes and grouped together. Information from all interviews are considered important regardless of the frequency of occurrence.

3.6 Ethical consideration

- Informed consent was obtained by the Kwa-Zulu Natal Child Rape study (KZNCR) from the Treatment Centre to carry out the research.
- Any problems that arose as the result of the research questions were dealt with immediately during the ongoing psychotherapy sessions.
- In the original study participants and their caregivers provided informed consent for their participation. They were also advised that their participation was voluntary and that they could withdraw their participation from the study at any time.

- The researcher guaranteed confidentiality of information obtained from the participants. The identities of participants were not disclosed and data was reported collectively. Thus, confidentiality was secured by the use of pseudonyms. Every effort was made to remove any possible identifying information from published quotations.
- Digital recordings were stored and locked away in the researcher's supervisor's office. The transcribed material did not contain any identifying information and was only handled by the researcher.

CHAPTER FOUR:

RESULTS AND DISCUSSION

The participants' transcripts formed the database for the analysis that follows. Themes from participants' responses are listed according to the objectives of the study, that is, to develop an understanding of the experiences of children in the aftermath of disclosure with various individuals:

- a) Who are the first people the children disclosed to?
- b) How do children experience the reactions of their nuclear family after disclosure?
- c) How do children experience the reactions of their immediate community after disclosure?
- d) How do children experience investigative interviews conducted by the police officer?
- e) How do children react to the examination by the District Surgeon?
- f) How were children treated by the Court personnel (if the case was taken to court).
- g) What sort of interventions did the children receive from professionals (i.e. social workers, psychologist etcetera).

4.1 Identity of the perpetrator

Research has established that most sexual abuse or rape occurs within the family, thereby dispelling the myth that perpetrators of sexual offences are mainly strangers (MacFairlane et al., 1986; Robertson, 1989). As Collings and Wiles (2004) assert, perpetrators are usually known to the victim (i.e., someone close to or trusted by the victim). This means that the child is victimized by parents, family members, acquaintances and someone outside the family, for example, next door neighbour, or a boy living in the neighbourhood (Umeh, 2001). Jewkes and Levin (2002) confirm that it is unusual for children to be raped by strangers.

This was also evident in the findings of this study as on the whole, the perpetrator was known by the child. In most of the cases the perpetrator was known to the victim on a first name-basis. Generally, the perpetrator was not a stranger (the perpetrator was a complete stranger in only two cases) but a neighbour, a family friend, or family member. The perpetrator was a family member in 6 cases – a parent, a sibling or an uncle. Twelve of the children knew the perpetrator either as someone who lives in the neighbourhood or as a person close to the family. This means that these children trusted and respected the perpetrators and to some extent the perpetrator took advantage of them. The identity of the perpetrator is presented in Table 1 (p.31 - 32).

4.2 The place of sexual victimization

Data on the location of the rapes revealed that most children were raped or sexually abused in their everyday environment or places familiar to them. The actual event took place in four different places: home of the victim, bush/ veld, place familiar to the perpetrator and lastly, home of the perpetrator. Almost all of these incidents took place during the day, (with an exception of one case where the participant was visiting her friend at night). All the rape incidents appear to have occurred while the parents were not at home (except for one incident which happened when the mother was at home and had asked her daughter to go to the shop to buy something).

The actual rape incidents were characterised by the rapists' use of death threats (i.e. perpetrator claiming that he had a gun and a knife), verbal bribes (i.e. the perpetrator offering sweets, food and gifts), and physical violence (i.e. slapping or stabbing the child with a knife). In this research it was found that 2 participants (girls) were raped in front of each other. Another 3 boys were raped by a common perpetrator. The location of the abuse is presented in Table 1 (p.31 - 32).

4.3 Description of rape incidents

Participants were asked to describe in detail what occurred on the day they were raped. Some of the participants found it difficult to recount the events. However, all the children expressed fear and anger that the perpetrator may sexually abuse or rape other children, as most of perpetrators were not convicted for their wrongs. Some participants were also angry because the perpetrator had denied the rape.

Four participants indicated that they experienced multiple abuse (one participant was raped the whole night; the other participant was sexually exploited over four days by her own brother, while one participant reported the incident lasted for a whole week). The following excerpts provide descriptions of the rape incidents. These descriptions also provide insight into the extent of the violence and trauma experienced by these children. Although the focus of the research was not on trauma, these children's experiences highlight the suffering that the children had to endure. Bowley and Pitcher (2002) assert that sexually abused children suffer a variety of physical, emotional and developmental problems that can interfere with their ability to live healthy and productive lives. For ethical reasons, pseudonyms have been used in quotes and when discussing case material.

Boy, 12 years:

“... me and Buhle used to play the two of us, we usually play anywhere but most of the time we play at Msizi s’ place. We played and played and he called us to the house, and we went in and he said we should go to the bedroom. He told us to get into the house and we went in and he said we should go to the bedroom. He said we should lie on the bed he started with Buhle and I was the last one, he said to me I should take off my pants, I did and I put it on the floor. He said I should climb on the bed and I did and he climbed on top of me. I then said to him I heard someone coming whilst he was on top of me. He let me go and I left the other boys inside. I left them and went away. This means he did the same thing to them. In the beginning of the year, this thing was out of our minds, but that day we were just talking with our friends and out of the blue it came to me and I reminded Xolani of the incident, and all the boys heard, Sphiwe went and told his mother. Jabulani also told us of his own experiences. Sphiwe and I went to tell Jabulani’s mother. Late in the afternoon they asked Jabulani because they thought he was just joking...”

Girl - 14 years:

“...I was walking with my brother coming from my aunts’ house when we met a certain boy. He grabbed me and I screamed, he than held my mouth and told me

that if I continue to scream he will kill me. He said he will also take the boy and throw him in a manhole and he withdrew his panga. He then lifted my dress and took off my panty and he raped me. When he was finished raping me and he instructed me to run away, I ran straight home and he also ran but I don't know where he ran to and what happened. She (my mother) went to Police Station, and the police told her that she needs to go another Police Station to report the case. My mother could not go there that day rather the next day. Two of my aunts and my cousin came home in the evening and asked my mother what actually happened and suggested that my mother go to the police station next day. The next morning my mother, my aunt, I and my little brother went to the Police Station to report the case and told them what happened. The police told us that we need to go to the Hospital and when we went there and waited for the doctor to come. Eventually, the doctor came and examined me and also took the blood to check whether I did not contract HIV. The result was negative..."

Girl -11 years:

"...Mom left on the previous Friday for Mthwalume to my grandparents place. She left me, Neli (my sister) and my brother.. When I was about to sleep, my brother came and he woke me up and said I should go and sleep on his bed. When I cried he said I should not because if I cry or tell on him he will hit me. He took

me to his bed, he came wearing his “trunk” shorts, he climbed on top of me, when I cried he said I should not cry if I do he will hit me and I should not tell anyone. It was Friday when he did this, then Saturday, Sunday, and on Monday as well. My siblings asked why I always go and sleep on his bed. He said it is because he wants to wake me up first for school to wake them up afterwards. On Monday after school he asked if we were hungry and we said yes, he took out some money and said to Neli and my other sister they should go and buy bread, they went and he said I should stay, he dragged me to his bed and he climbed on top of me again. I said I will tell on him and he said we will hit me till I die, when they came back he took me outside and pretended as if he was not doing any thing. On Wednesday no on Tuesday he did it again. Neli and my sister kept quiet, Mom came on Wednesday, they did not say anything to her. On Thursday they went to her and told her that my brother keeps sleeping with me...”

4.4 Participants’ patterns of disclosure

Disclosure can be defined as sharing ones experiences with other people. In this study it refers to the child disclosing the rape incident. There are various types of disclosure, namely, intentional or purposeful, accidental, and indirect which will be discussed briefly.

Intentional/purposeful disclosure

The first type of disclosure is intentional/ purposeful which is defined as an intentional, spontaneous, unambiguous, complete verbal disclosure of the rape by the child (Collings et al., 2005; Staller & Nelson-Gardell, 2005).

Children were asked general questions like how were their parents or family members informed about the rape incident and with whom they discussed the incident in order to explore who was the first person or people the children disclosed to. Eleven participants in the study disclosed the abuse immediately after the rape incident in a direct way, (purposeful/ intentional disclosure). Thus, they disclosed to family members (mostly to their mothers). This was an interesting finding since there is a general misconception that children find it difficult to talk or disclose the sexual abuse/rape (Robertson, 1989). This was illustrated in the following excerpts:

“...I only told my mother” (Girl, 14 years).

“...I told her what happened (referring to the mother)” (Boy, 10 years).

“... Yes, I told my mother” (Girl, 13 years).

“...My mother was not at home, and later she came and I told her what had happened (Girl, 14 years).

“...I ran and told my mother everything” (Girl, 16 years)

“...My mother, she heard it from me” (Girl, 14 years).

Accidental disclosure

The second type of disclosure (accidental) refers to a situation whereby a second party accidentally becomes aware of the rape or directly witnesses the rape itself (Alaggia, 2004). Six participants claim that the disclosure was accidental as other people noticed signs of physical damage, such as, blood. The following excerpts illustrate:

“...I did not tell my mom anything; she noticed there was something wrong when she was giving me a bath” (Girl, 12 years)

“...I was going to take a body lotion and my aunt noticed” (Girl, 7 years)

“...where the house is, they caught me and asked me what I was doing there, I said that the old man is raping me,” (Boy, 13 years).

“...went for virginity testing. I was tested and they found that I was no longer a virgin. I was asked why, I did not say in front of people who were testing. Mom asked me when we got home. I told her I was scared to tell her she must go ask my friend because I told her. She went to ask her and she told her” (Girl, 17 years).

“...My mother bathed me and she saw blood coming out from me” (Boy, 6 years).

Indirect disclosure

The third type of disclosure is indirect disclosure which is defined as a “spontaneous but ambiguous verbal comment by the child which, while not constituting an explicit

disclosure of the rape, nevertheless alerts a concerned other to the fact that something may be amiss” (Collings et al., 2005:276). Two participants indirectly disclosed as shown here:

“...sis Neli is the one who told my mother before I could talk to mom. After that my mother asked me and I told her” (Boy,12 years)

“...we were just talking with the friends of ours and out of the blue it came back to my mind (rape incident) and I reminded my friend Thando about it and all the boys heard it. Msizi also told us of his own experience. Thando and I went to tell Msizi’s mother and Thando’s mother” (Boy, 12 years).

Further information regarding forms of disclosure is provided in Tables 2, 3 and 4.

Table 2: Intentional disclosure

No. of the child	Who did the child disclose to	What kind of disclosure
Girl, 14 years	Mother	Intentional disclosure
Girl, 10 years	Mother	Intentional disclosure
Girl, 13 years	Mother	Intentional disclosure
Girl, 14 years	Mother	Intentional disclosure
Girl, 15 years	Police	Intentional disclosure
Girl, 17 years	Police	Intentional disclosure
Girl, 11 years	Twin sister	Intentional disclosure

Girl, 16 years	Mother	Intentional disclosure
Girl, 5 years	Father	Intentional disclosure
Girl, 14 years	Mother	Intentional disclosure
Boy, 16 years	Police	Intentional disclosure

Table 3: Accidental disclosure

No. of the child	Who did the child disclose to	What kind of disclosure
Girl, 12 years	Observed by the mother	Accidental disclosure
Girl, 7 years	Observed by the aunt	Accidental disclosure
Girl, 14 years	Mother suspected and confronted the child	Accidental disclosure
Boy, 13 years	Neighbour	Accidental disclosure
Girl, 17 years	Mother	Accidental disclosure
Boy, 6 years	Mother	Accidental disclosure

Table 4: Indirect disclosure

No. of the child	Who did the child disclose to	What kind of disclosure
Boy, 12 years	Mother	Indirect disclosure
Boy, 12 years	Friends and the friend told his mother who then informed other mothers.	Indirect disclosure

4.5 Reactions to child rape disclosure

4.5.1. Family reactions

The family plays a pivotal role in healing following sexual abuse, rape, or any form of victimization. Child victimization affects the whole family and the family’s response in turn has a major effect on the child victim. The response of an adult or caretaker towards a victimized child has been described as critical to children’s perceptions and eventual recovery (Lewis, 1997). Thus, the reaction of parents and other significant adults will have a profound and lasting effect on the eventual outcome of the child’s experiences (Robertson, 1989).

Participants were questioned on how the family responded or reacted after disclosure. The following themes emerged which relate to the second objective, which was to develop an understanding on the children experiences of family reactions in the aftermath of rape disclosure. The following findings and themes include the experiences of the children raped by family members, by a person known to the child, and by a stranger. The family reactions to the child's disclosure were both negative and positive, but in most cases the family responded positively.

It should be noted that the Zulu word "*phatheka kabi*" has not been translated into English as it loses the depth of its meaning in translation. The word means hurting inside and is used to describe emotions the children felt during the rape incident and in the aftermath of disclosure.

(a) Positive family reactions

Supportive

The children felt that family members were supportive – mothers, parents, siblings, or uncles helped the child to open criminal cases against the perpetrator and accompanied the child to the medical examination.

"...My mother helped at the time I was reporting, she said we should go there to the police station" (Girl, 16 years).

Always there for the victim

Two children reported that their fathers and brothers were very helpful and supportive after disclosure, with mothers playing a significant role in supporting the child.

“...My mother did not go anywhere else but she went to the clinic where she received the information- on how to help me” (Girl, 12 years).

“...This uncle came home one day, and my dad chased him away... my brother chased him away and hits him when he comes home” (Boy,6 years).

Empathetic

The mother mourned the child’s pain; felt anger on behalf of the child, **baphatheka kabi**

*“...My mother) * wayephatheke kabi* that she was crying. My father also cried and my mother did not go to work and she looked like she was thinking most of the time”(Girl, 14 years).*

“...Mom was heartbroken; everyone at home was disturbed by this... ”(Girl, 17 years)

*“... *Ngaphatheka kabi* when mom asked me questions. Mom also *waphatheka kabi*. She found it difficult to listen to when she asked me. She then told me that she would feel better if someone else told her, not me” (Boy, 12 years)*

Sought justice on behalf of the child

Confidants sometimes sought informal forms of justice (i.e. wanted to kill and confronted the perpetrator). One other family sought to resolve the matter traditionally rather than through the criminal justice system but the family stood by the child and refused to drop the charges:

“...these people came home and said I should drop the charges, they will pay for the damages (referring to the Zulu culture ‘traditional fee paid to the girls’ family if a boy has pregnanted a girl) but my family refused to drop the charges. They said he did something hurtful to me he should get arrested” (Girl, 17 years)

“...They [aunt and uncle] babephatheke kabi* and my uncle wanted to shoot him [the perpetrator]. He said he was not going home because he would kill him” (Girl, 11 years)*

“...Mom reported this to the police and they opened a case...my mother traced the case” (Girl, 17 years)

The family’s positive response to the discovery of the child’s victimization may be related to the view that the family is seen by society as the protector of its members especially children (Robertson, 1989). Family members are much more likely to protect ones own rather than a stranger (Macdonald, Lambie, & Simmonds, 1995). It is little wonder that society is horrified and angry with reports of child sexual abuse by family members. Elwell

(1979) asserts that the family is the most powerful potential source of support available to the victim. One of the key factors in the child's recovery is that parents behave in a way that gives the child a sense of being protected and supported, (Evestine & Evestine, 1989; Katan, 1973; Wyatt & Mickey, 1987).

Furthermore, Lovett (1995) found that perceived warmth and affection of the mother correlates with improved competency in the abused child. The role of the mother has also been highlighted by Pellegrin and Wagner (1990) who refer to the importance of the mother in believing the child which in turn encourages the child to express feelings about the incident. Robertson (1989) further asserts that the reaction of the mother after disclosure affects the future well-being of the victim. Supportive, understanding, and accepting mothers will be of great help to the child in working through their problems. Thus, total encouragement and acceptance by the mother of the child is vital for healthy readjustment, not only for the child but also of the mother herself. Furthermore, according to Baker (2002) the degree of positive response from mothers following disclosure is often more important than the trauma of the incident itself.

(b) Negative family reactions

Seven participants experienced negative reactions from family members. Thus, children felt angry and confused about the way they were treated by the people they trusted. The

family was unsupportive, that is, disowning the child and even blaming the child. It was also noted that only the girls experienced negative reactions from the family.

The following themes emerged from the data:

Kept a secret

One mother and some of the family members were informed about the incident by the child but decided not to report or take a step in order to stop this kind of victimization.

“...I told mom. Dad denied everything. He said he was not at home, ... so after that my mom told her family about the whole incident but my dad threatened to kill her, so she kept quiet” (Girl, 13 years)

“...My family did not do nothing about the perpetrator, after my father heard- my father did nothing- my uncle raped (Girl, 5 years)

These findings are consistent with the view that families are faced with extreme pressure to keep the sexual abuse secret and to not tell (Richter et al., 2004, p. 60), a silence which is often related to the fact that the perpetrator is a breadwinner upon whom the whole family depends.

Blaming the victim

“...I told my mother she smacked me and she blamed me saying it was my fault” (Girl, 13 years).

“...At home, they said they don't want me [then] the police took me and went to

the police camp” (Boy, 13 years)

“...Kungiphethe kabi because they [the family] were not even prepared to come today...they did not support me..... [they] do not believe me. When my grandmother leaves, they say ‘come here’ and irritate me... I feel hurt like I could just leave. I think of committing suicide. Perhaps, if I can go to other relatives, it would be better” (Girl, 15 years)

Disbelief

Other family members displayed disbelief towards the victim:

“...My grandfather did not believe me, he sided with my uncle, My grandmother too was always denying that he raped me, I don't know how she can deny what he did because she was always at work and would leave me with my uncle”(Girl, 12 years)

“...my gran and relatives were saying I am too young to talk about such things, they said my mom does not like him” (Girl, 14 years)

It was noted that most of the children who experienced negative reactions were victimized by family members, thus it would seem that the identity of the perpetrator played a major role in how the family responded to the rape disclosure. This could be related to the difficulties that families experience when they learn that their child has been sexually

abused, particularly if the abuse has been committed by a family friend or family member (Durham, 2003). The family response may be determined by various perceptions each family member has about the perpetrator and the victim (Macdonald et al., 1995). Thus, discovery of the child's victimization can be devastating, especially when the abuser is a member of the family or a person trusted by the family. The family may feel stigmatized, blamed, and isolated. Their different responses may divide them against one another, or unite them against the perpetrator or even against a child who has been abused.

However, the ways in which family members respond to the rape disclosure have major implications for the child (Macdonald et al., 1995). There is nothing worse for a child than to feel disempowered and isolated from the family, and the greatest source of distress a child can experience is parental denial, anger, and rejection (Baker, 2002). Other family members may also be hostile towards the victim and deny the incident, blame the victim for what had happened, or side with the perpetrator. Lack of support by family members may lead the child to blame herself/himself which could result in negative self-perceptions (Durham, 2003).

Robertson (1989) states that some mothers may actively or passively contribute to the situation by allowing the rape to continue, or by failing to take any action when the child reports the incident. There are a number of reasons which could contribute to the mother

not supporting the child, for example, the mother could be financially dependent on the perpetrator or she may be too involved in her own personal relationships and in the process neglect any warning signs of the child being victimized. Baker (2002) mentions that mothers of the victim have been described by survivors as being, at best, ambivalent about the rape disclosure and at worst as accusing the victim of fabricating malicious lies in order to disrupt the family.

4.5.2 Community reactions

The sexual abuse of children in South Africa is deeply embedded in our society and cannot effectively be dealt with purely by seeking out and rescuing abused children one by one, or by pursuing individuals who engage in victimizing behaviour. Therefore, society needs to realise that they have a responsibility as a nation for developing safe neighbourhoods, and building a child and family-friendly society which takes the needs and the rights of children into account (Richter et al., 2004). Further, many communities blame the victim for causing the rape (Mcmenemy, 1999) and if rape is seen as “almost normal” for young men it is more likely to occur. Umeh (2001) notes that the notion of blaming the victim is largely related to sexist and hetero-normative ideas regarding sex and sexuality. The community’s reactions to child rape victims may also be related to the notion that sexual abuse poses a deep threat to a society which clings to the view that the family is the best and safest way of meeting children’s needs (Richter et al., 2004).

The following extracts illustrate positive and then negative responses by the community (neighbours):

(a) Positive community reactions

Understanding and empathetic

“... Yes, other neighbours, the Ndlovu family and the Nkabinde family came to see mom and to talk to her and they would come and ask me how I felt and how I was” (Boy, 12 years).

Supported by the teacher

In one incident a child had not disclosed at school, although she felt that her teacher knew about the rape incident as the teacher supported her visit to the social worker. *“...The teacher (Mam) said to me it is fine, if I don't come to school she understands” (Girl, 14 years).*

Protected the victim

In one of two cases, the neighbours sought out the perpetrator and beat him up. In the other case, the neighbours helped the family confront the perpetrator

“... Yes, they [the neighbours] heard and they came and my mother went to tell them. They called Oscar in [the perpetrator] and they hit him but he ran away

and the police looked for him until they found him” (Girl, 14 years).

“... Yes, they are neighbours, she [mother] told them and they came home for a meeting. In that meeting they called this guy [the perpetrator] and questioned him, he agreed to everything that he was asked, my mother called the police and the police came and took him” (Boy, 12 years).

In one incident, the grandmother and grandfather sided with the perpetrator, who happened to be the uncle of the victim and the community (including the chief of that area) also believed that the perpetrator is innocent. This is illustrated in the following extract:

“...Members of the community threw stones at grandmothers’ house because he choose to leave with his son, they told him that he will not get a house in that area as everyone saw or heard what happened”, “They went to stay to another area as the house was destroyed” (Girl,12 years).

Advise the victim

*“... Our neighbours advised us about this place that we can get assistance”
(referring to the treatment centre) (Girl, 14 years).*

(b) Negative community reactions

Child was not believed

One participant who was raped by three people received a negative response from the neighbours (i.e. perpetrators included her own father):

“...No, the neighbours did not help me, they made a laughing stock” (Girl, 14 years).

Isolated the victim

“...our neighbours do not care but some have turned against us, they differ in the manner they treat us, there are those neighbours who were mom's friends who have changed” (Boy, 12 years).

However, there are instances where neighbours were not told in an attempt to contain the matter and to deal with it as a familial issue in order to avoid gossip in the community.

“... We did not tell the neighbours, we only told my sister...the neighbours like to gossip, when you tell them something they will gossip about you” (Boy,10 years)

4.6 Professional intervention in the aftermath of child rape disclosure

In the aftermath of rape disclosure, various individuals become involved in an attempt to assist the child and family; that is, police, social workers, psychologists, medical examiners, as well as the courts. Mudally and Goddard (1992) assert that any professional intervening in a child's case has to be prepared to hear what each child is saying , and to

encourage them to speak, recognising that their language is likely to be different from their own. Once a child begins to speak, it is important to affirm what he/she is saying and encourage him/her to tell their story. Otherwise, a child may feel more traumatized and humiliated as a result of receiving inadequate or unskilled treatment.

4.6.1 Police intervention

The responsibility of the police has been described as twofold: first to protect and support the victim, with the ultimate goal of facilitating the victims' psychological recovery.

Secondly, to apprehend and successfully prosecute the culprit (McCombie, 1980). This requires the full cooperation of the victim to bring about a successful prosecution. In order to meet their responsibilities the police need to develop a bond of trust with the victim and be sympathetic to the victim. This means that the victim as well as the caregiver need to know what the investigation procedures entail and be updated about the case (Robertson, 1989).

One of the primary police responsibilities is the collection of evidence which includes fingerprints, hair, blood, semen, and clothing fibers that make up physical evidence (McCombie, 1980). The parents have to be careful not to destroy the physical clues without first checking whether these (that is, clothing fibers, semen) will be needed as

evidence (Robertson, 1989). However, some of the parents were not aware that they should not bathe or wash their children's clothes.

All of the participants in this study had reported the rape incident to the South African Police Service (SAPS). Children voiced different views about the intervention of police in the aftermath of rape disclosure (there were both negative and positive reactions experienced by the children). Overall, the children's encounters with the police seem negative. Some of the participants openly expressed feelings of disappointment at the ineffectual response of the South African Police Service. They described the police investigation and response as unsatisfactory. For example, the perpetrators were not apprehended even when the perpetrator was identified. Seeing the perpetrator constantly served as a reminder and source of fear for many children.

(a) Positive police reactions

Few participants spoke of being treated well by the police.

Talking about the incident

One child describes that she felt better talking to the police:

"...I told them the whole story and they wrote down everything and told I was going to a safe place" (Boy, 6 years).

(b) Negative police reactions

Apathy towards the victim

The child was ignored and not given attention at the police station. Victims experienced this as painful 'ngaphatheka kabuhlungu'

"...In the police station, I was crying and they ignored me. They attended to me after a while, I was crying all the time "Kwangiphatha kabuhlungu". I thought I was going to receive help at the police station even though they did not know the person [the perpetrator]" (Girl, 15 years).

Sent to different police stations

"...My mother and I went to the Police Station. They told us that they were not in a position to help us. We need to report this matter at another Police station" (Boy, 10 years).

"...My mother went to the Police Station very late and they told her that she needs to go to another police station. My mother could not go there that day rather the next day" (Girl, 14 years).

Confused about the police intervention

Four participants displayed some anger and confusion about the police intervention and lack of progress made in terms of the criminal investigation by police.

“...It makes me feel bad, that he was not arrested and he wont stop, he will do it to other children”(Boy, 6 years).

“...My uncle, was arrested but before we know it, he was out of the jail, I don't know for how many days” (Girl, 12 years)

“... What made me feel sad was that the boy was released without even informing my mother, they only told us when he was released already” (Girl, 14 years).

“...Mom reported this to the police and they opened a case. Then days went by and the case was on...They said we should wait they will call us the day they pass the judgment. So, we stayed at home. When it was June, in December we saw my uncle [the perpetrator] back at home, he was out of jail. I asked my mother how he could have got out of jail. Mom said I should go phone the investigating officer, I went to call him. He said he was released because he was sick, he will go back. Days went by I called the investigating officer again, he said he does not work where he was anymore, he is working somewhere else. My mother traced the case and she was told that the case was closed” (Girl, 17 years).

4.6.2 Medical examination

In cases of sexual assault or rape it is advisable, and in the child's best interest, to undergo a medico-legal assessment. This is done in order to ensure or detect, treat and prevent, any injury or infection that may have occurred during the rape incident (Robertson

,1989). The child may experience the medical examination as another form of rape which could severely traumatize the child (Ferrara, 2002). Therefore, it is crucial that the physician explains to the child what they are doing and how the children will benefit from the examination.

On the whole, no negative responses were reported to the medical examination. Medical examinations were conducted and medication was prescribed (for the prevention of HIV infection and in some cases for the prevention of pregnancy as well). Children did not report any problems regarding the medico-legal assessment. The majority of the participants found the medical examination to be positive and helpful to them.

“...At the hospital they treated me well, me and my mother met this white man. He asked me to lie on my back and he then checked on my anus and also asked me whether Oscar [the perpetrator] raped me in my anus and I told him, ‘yes he did’. He than checked me all over again. In the morning we went back home” (Girl, 14 years).

The following themes emerged in relation to the children’ medical examination:

Sense of relief

One participant felt a sense of relief after the medical examination confirmed that she was raped, as her mother had hit her when she tried to tell her mother about the rape incident.

“...At the hospital, they treated me well, they did a medical examination and they found out that I was truly raped” (Girl, 13 years).

Awareness of HIV/AIDS transmission

Five participants seemed to be relieved and expressed emotions of happiness after being informed that they were not HIV positive:

“...the other thing that makes me happy is that they did HIV test they found that I was negative” (Girl, 14 years)

“...Eventually, the doctor came and examined me and also took blood to check whether I did not contract HIV. The results were negative” (Girl, 13 years).

“...I was then taken to Hospital. In the hospital, they tested my blood and gave me pills as I was HIV negative when that man raped me. This pills minimised chances for me to get the virus...They told me to take the pills for 24 days in the morning and afternoon” (Girl, 15 years).

“...At the hospital, I went because they were going to examine me. To find out if this person who slept with me did not have the virus. I went to the hospital on the 15th, another policeman took me. When we got there we spent the night there...they took blood, he gave me tablets so that the person who slept with me, if I was going to get pregnant, I would not be pregnant. They gave me tablets to stop the virus from spreading. I went back another day...I went to get results

because they said go and get results; I went to get the results for the second time.

I found...I felt good because I got negative” (Girl, 17 years).

“... at the hospital they helped by testing me for the HIV and they found that I do not have it” (Girl, 14 years).

Nothing was explained to the victim

Two participants expressed disappointment when they consulted the hospital doctor who examined them without any form of explanation or support.

“...The doctor took me for a check up and we went to one place to sit there and the doctor talked with my aunt, and we went home”(Girl,7 years).

“...My mom took me to the hospital, they gave me tablets and medicine and we went back home, (Girl, 14 years).

4.6.3 Children’s experiences with the justice system

On the whole, no negative responses were reported about the justice system. Only one participant and his mother felt uncertain and anxious about what was expected of them.

“...we were scared because we did not know what was expected of us and we did not know what was expected of us and we did not know what to do. We got there early and they made us wait for a long time. When we got there, there was this

old man who asked questions, he did not take long time, but we had to wait for a long time scared not knowing what will happen after” (Boy, 12 years).

Generally the participants mentioned that they were informed that they would be called to court but did not further reveal what had happened after or what their experiences were in regard to the court proceeding:

“...I went to court and the case is over” (Girl, 17 years).

“...The police said we must wait for them to notify us, and they came and told us that on the 27th or 28th July is our Court day” (Girl, 14 years).

“...my mother kept going to the court case” (Girl, 14 years).

4.6.4 Other professional interventions

It appears that all participants in the study consulted with the police and underwent medical examinations, but there was no mention of other form of intervention by other professionals, namely, counsellors, social workers or psychologists. Generally, very few participants mentioned that they had consulted social workers or counsellors but no one had played a significant role.

Two of the participants expressed disappointment in relation to social workers' interventions, as illustrated in the following quotes:

"...At Hospital they told my mother that the social worker who was working there has left and promised that they will phone my mother when the social worker comes in. But they did not phone again. They then advised my mother to call the toll-free number and when my mother tries to call it does not go through" (Girl, 14 years).

"...My mother took me to see the Social worker, they checked me and we sat and waited but we were not assisted" (Girl, 14 years).

Comments relating to the Treatment Centre were generally positive:

"... We went to the Treatment Centre and they assisted us" (Girl, 14 years)

"...I heard from Aunt Kim about the Treatment Centre that there are people who love me and can support me and they will take good care of me, that felt good to me" (Boy, 12 years).

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

According to the World Health Organisation (WHO 2002), child abuse including child rape, neglect, and physical violence against children, is increasingly recognized as a global public health problem (Shilumani, 2004). This is also the case in South Africa as over the past years, child rape has increased at a shocking and alarming rate (Umeh, 2003). For this reasons, the South African Constitution has taken significant steps to ensure that special protection is afforded to children in terms of Section 28, which constitutes a ‘mini children’s charter’. These provisions form a framework within which the laws and policies ensure that, in the context of sexual abuse or rape, children’s rights to dignity, privacy and security of the person are respected and adhered to (Richter et al., 2004).

This chapter provides a summary of findings, conclusion and recommendations from the findings drawn from the study. The rationale of the study was to explore the experiences of children in the aftermath of disclosure. The findings and implications of this study are listed below, in relation to the research questions of the study.

Participant's pattern of disclosure

Twenty children were questioned on patterns of disclosure. It was found that in most cases, incidents were reported to family members, mainly to the mothers. Six of the participants however claim that the disclosure was accidental, as other members of the family noticed signs of physical damage, such as blood. Two participants reported that other people had informed their caregivers about the incident.

The findings of this study also established that the most common group of sexual offenders or abusers of children are male relatives, family members and neighbours, i.e. the perpetrators are known to the children. Seventeen of the children claimed the perpetrators were males living in their neighbourhood; six children said perpetrators were family members (that is, a parent, a sibling and an uncles) while only two children claimed that the perpetrator were strangers.

Children's experiences with the family members

The majority of children interviewed claimed to have had positive experiences with the family in the aftermath of rape disclosure. Children expressed that their family members were supportive and helped them to open criminal cases against the perpetrators and accompanied them for medical examinations. Most of the children felt that their mothers were mostly affected by the incident. About three participants expressed the opinion that

the family sought “informal forms of justice” like confronting and wanting to kill the perpetrator. One participant described how the family supported her and turned down the perpetrators’ family’s offer to resolve the matter traditionally rather than by means of formal criminal justice.

A few participants however experienced negative reactions from family members. These children felt angry and confused in the way they were treated by their own family and by people they had trusted. These children stated that they were blamed and disowned by the family after they had disclosed the incident. One participant mentioned that after disclosing the incident to the family, the family decided to keep it a secret and they did not disclose to anyone. Furthermore, one participant reported that after she disclosed the incident of rape (by the father) to the mother, the mother reacted by physically punishing, blaming, and accusing the participant. This left the participant confused and angry. These reactions would appear to relate to cultural scripts regarding respect and obedience to elders, in terms of which children should not speak out against abusers who are senior to them and if they do, they may even be punished (Richter et al, 2004). Thus, it seems like some families were reluctant to report the case if the perpetrator was a member of the child’s immediate or extended family. This may especially be true when the perpetrator is a breadwinner. Due to these circumstances, the perpetrator is emboldened to continue sexually abusing children (Richter et al. 2004).

Children's experiences with the community

Most of the children reported that the neighbours were very understanding and empathized with them. In a few of the incidents, the neighbours even sought out the perpetrator to punish him as they were angry with him, while in other cases the neighbours helped the family to confront the perpetrator about the incident. One participant said that the neighbour threw stones at the perpetrators' house and he was banished from the community. A few participants also revealed that the neighbours were concerned and advised them about places where they could seek assistance. Only one participant reported that neighbours did not help in any way; instead they made a laughing stock of her. In some instances neighbours were not told about the rape in an attempt to contain the matter and to deal with it as a familial issue, in order to avoid gossip in the community.

Multidisciplinary intervention

Children's experiences with the police intervention

Children voiced different views about the police reactions which were mostly negative. Only one participant seemed satisfied with the way the police handled the rape incident. Most of the other children expressed feelings of disappointment at the ineffectual response of the South African Police Service. The participants further described the police's investigation and response as unsatisfactory, that is, the perpetrators were not apprehended even when they were identified. Some of the participants also felt that they

were ignored when reporting the incident, that is, they were left unattended for a long period of time. Most of the participants felt depressed and annoyed about being sent to different police stations upon reporting the case. Furthermore, at some point the participants displayed anger and confusion about the police intervention and this was due to the fact that the perpetrators were set free even when they were identified. Only one participant expressed being treated well by the police and felt better after talking to the police and being told that he was in a safe place to talk about the incident.

Children's experiences during the medical examination

Medical examinations were conducted on almost all the participants and medications were prescribed to all children who consulted the hospital. This was done in an attempt to prevent HIV infection as well as possible pregnancy. The majority of children did not report any problems regarding the medico-legal assessment.

Most of the children found the medical examination to be positive, and felt that they were treated well during the consultations. Most participants seemed to be relieved and expressed joy after being informed that they were not HIV positive. However, a few of the participants expressed disappointment when they consulted the hospital doctor who examined the children without any form of explanation or without giving them any support.

Children experiences with the court intervention

The majority of the children expressed positive experiences in regard to the criminal justice system. However, one participant and his mother felt uncertain and anxious about what was expected of them.

Experiences of children with other professional intervention

Very few participants had received any form of counseling/social work assistance. Two participants who were offered help by a social worker expressed disappointment at the services rendered. Overall the children only received assistance at the Treatment Centre.

Conclusion

The above findings indicate that children disclose their abuse primarily to their mothers and receive support mostly from their mothers and family, as well as from the community in general. Children's experiences of police interventions were mostly negative, unlike the court intervention where most participants felt at ease. No after care was offered to the children by social workers or counselors except at the Treatment Centre. Overall it seems that the medical examination was carried out with empathy.

Limitations of the study

- This study reflects the experience of only 20 children. All data were collected through interviews. In these circumstances due to the sample size and limited information the results cannot be generalized. Also, the interviews were recorded which may have caused the participants to be less spontaneous. In addition, given that the method of this study was phenomenological and exploratory, the results cannot be generalized beyond the context of this study.
- Based on the qualitative nature of this study, and the fact that participants were only from Durban, the findings of this study cannot necessarily be generalized to the entire population of children who have been raped.
- Translation could be a limitation as some words could lose their original meaning from one language to another. In order to minimize the negative effect of translation a check by the psychologist who collected the data was used.
- The sample consisted of only African children (Zulu and Xhosa speaking). An absence of children from other races in the sample could have compromised the findings and their generalizability to other groups.
- A limitation of the present study is the fact that it was restricted to the cases of child rape that attended sessions at the Treatment Centre. The present findings are not representative of the experiences of raped children in the general population.

- This study comprised a very small number of interviews and its sampling procedure is open to criticism in that it is not random and all children were recruited through one voluntary agency. A much larger study is required which randomly samples children from all areas.
- In the context of these limitations, further research, involving large and representative samples drawn from the general population would appear to be indicated in order to assess the generalizability of the present findings.

Recommendations

As the abusers of children are mainly family members or relatives; children need to be taught a general set of rules that they can use to keep themselves safe. Children should be exposed to basic sex education that is age appropriate. In addition, children should be taught that they can speak openly about sex and that their parents are willing to do so. Further, children should be taught (at the family and school level) to use correct terminology for the various sex organs, that is, call a penis a penis and a vagina a vagina. This will assist other people in the child's life to immediately know what the child is referring to if the correct terms are used (Robertson, 1989). Parents need to believe their children when they report abuse, and respond appropriately (for example, report to the police or professionals).

Most of the children in the study raised concerns regarding their experiences when they were sent to different police stations. In this context, it is recommended that the South African Police Service(SAPS) revisits its policies in terms of reporting cases to police station (more especially cases involving rape). Furthermore police officers need to undergo training which will sensitize them to the needs of sexually abused children.

With regard to the medical examination, Ewing (2003) posits that many victims suffer unnecessary distress due to the way medical examinations are conducted. As a result of this, in 1999 the Minister of Health replaced the use of District Surgeons for medical forensic examination with a new system of Accredited Health Care Persons (forensic nurses). An Accredited Health Care Person is a medical officer, specialist or specially trained nurse who, unlike the District Surgeon is assigned to examining and treating sexually abused children. Accredited Health Care Person especially female need be trained and deployed as a matter of urgency.

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