

Chapter 5

Closing statement and recommendations

5.1 Introduction

The study undertaken by researcher was investigative in nature directed at explaining the role child sexual abuse plays in prostitution. In the theoretical statement of the problem (see paragraph 1.2.3) it was noted that information from a criminal perspective relating to the role played by child sexual abuse in the involvement in prostitution, was scarce, and that in South Africa no such study has been undertaken. It was thus the purpose of this study, to fulfill this deficit. The fact that child sexual abuse and prostitution had only previously been studied as separate entities, led to an absence of an integrated theory for the explanation of the role that child sexual abuse can play in the entrance into prostitution.

For this purpose the **Child Sexual Abuse Counter-Active Model** (see Figure 2.1) was developed and was used as a basis for the interpretation and analysis of the accumulated data. With reference to these research findings, this chapter indicates to what extent the expectations of this study were met. Recommendations pertaining to the role child sexual abuse can play in the involvement in prostitution will also be made.

5.2 Conclusion

5.2.1.1 Conclusions pertaining to the circumstances surrounding child sexual abuse

Aim 1.3.1 was to determine the role child sexual abuse can play in the involvement in prostitution as a problem relevant to society. From the research it appeared that child sexual abuse did indeed play a role in the respondent's choice to become involved in prostitution, thus researcher succeeded in reaching this aim. The following conclusions can be drawn with respect to the sub-aims:

Aim 1.3.1.1 supposes that the psychosexual stage of development during the commencement of the abuse plays a role in the choice to become involved in prostitution. According to the research findings of this study all respondents except one who had been sexually abused as a child, the abuse had occurred within one of the psychosexual developmental phases as per the **Child Sexual Abuse Counter-Active Model** (see Figure 2.1), thus researcher is of the opinion that this aim was met as there is a correlation with the research findings.

Aim 1.3.1.2 highlights the effects child sexual abuse holds for the victim and the extent to which it influences the decision to become involved in prostitution. Both initial and long term effects, still present a year after the commencement of the abuse, were sought from respondents. With the majority of both initial as well as long term effects being present and having been identified by respondents as having played a negative effect in the victim's perceptions researcher was able to draw a correlation between child sexual abuse and the entrance into prostitution. Researcher could thereby conclude that this aim was successfully reached.

Aim 1.3.1.3 attempts to determine the extent to which the effects of child sexual abuse are influenced by the identity of the abuser, the frequency of the abuse as well as the environment in which the abuse occurred. After identification of the actual abuser, an indication to the frequency of the abuse and the environment in which the abuse occurred, by each sexual abused respondent, researcher was

able to conclude that each entity viewed as being detrimental in nature by the respondent influenced the individual to become involved in prostitution, thus successfully reaching the expectations as set out by this aim.

Aim 1.3.1.4 sets out to determine to what extent positive social bonds can counteract the entrance into prostitution. A complete absence of social bonds, which if present could play an enriching and positive effect on the victim of sexual abuse, was not apparent. Thus the absence of such bonds supports the entrance into prostitution and Aim 1.3.1.4 was conclusively reached in determining that the absence of bonds would thus not be able to counteract the entrance into prostitution.

Aim 1.3.1.5 evaluates the effects labelling has on the choice to enter into and remain within prostitution. Of the victims who reported having been sexually abused, a conclusive number of respondents had been labeled, either through a formal institution or informally, and of which all labels were negative in nature, thus not playing a positive role in the respondent's outlook and thereby contributing negatively to the victim's self esteem. This in turn may be viewed as contributory to the choice to enter or remain in prostitution.

5.3 Recommendations

5.3.1 Recommendations pertaining to child sexual abuse and the role it can play in the entrance into prostitution.

A need clearly identified by respondents during this study was for the victims of child sexual abuse to be able to readily access help. This, as viewed within the South African context and in conjunction with the effects child sexual abuse holds for the victim, ascertain for practical recommendation to be made by researcher, namely:

5.3.1.1 Professionals and Professional Institutions

Researcher is of the opinion that particular professionals such as medical professionals, clerics and educationalists, as well as institutions can play a potentially vital role in the identification and subsequent help for abused children. According to the Child Care Act 74 of 1983 particular professionals are compelled to report suspected incidences of child abuse to the Regional Director of Health Services and Welfare. Of the aforementioned professionals, teachers are not included. As more than a third of a child's day is spent in the care of a teacher, their role in detecting any abuse as well as playing a contributory role in helping the child seems to be understated. The legal liability which a teacher may face from parents who stand accused of sexually abusing their child would thus prevent the reporting of possible abuse to authorities. Nonetheless, it rests within the integrity of those professionals within the field of education to create an opportunity for disclosure as well as the necessary support throughout the process. A medical practitioner is however bound by the aforementioned law and it thus rests upon each individual doctor, dentist or nursing staff member to ensure that they are up to date with the latest findings in order to correctly diagnose child sexual abuse and make recommendations for the appropriate action to be taken.

A religious upbringing may facilitate the child to seek advice and help from a religious institution. Confidentiality between the victim and a religious adviser may pose a problem, however the necessity for legal action to be taken must be considered or as an alternative the abuse may continue. It is also of importance for the religious adviser to be aware of the signs and symptoms of child sexual abuse so as to ultimately benefit both the victim as well as the community at large.

Treatment of the victim as well as the possibility of the victim becoming a future offender should be prevented, as well as the possibility of the victim becoming a future abuser. The psychologist and the other mental health professionals thus play a contributory role in addressing these problems, and necessary and appropriate action in the best interest of the child, needs to be identified and executed. Voluntary organizations such as Rape Crisis, Life Line and Child Line

also offer extensive resource facilities manned by trained individuals who offer references and advice not only to the victim but also to other interested individuals who seek support and guidance. Crisis Service workers are however trained to give support and not therapy and a further reference is needed either to a social worker or to a psychologist.

5.3.1.2 Parents and victims

Researcher is of the opinion that a greater awareness on the part of parents as well as the child victims of sexual abuse, can play a contributory role in preventing any future such abuse from occurring. It is the opinion of researcher that the following guidelines can help prevent the abuse.

- Children must be made aware of the dangers of sexual abuse and be given information on how to combat it.
- In order to prevent child sexual abuse suspicious individuals as well as incidences of sexual abuse must be reported.
- Education regarding child sexual abuse, the prevention as well as the effects thereof are of utmost importance.
- Children must be taught that they can and must disclose abuse to a trusted adult. Likewise, when the abuse is reported the child must be believed and something must be done to report it to the necessary professionals where help can be acquired.

5.3.1.3 Recommendations with respect to further victimological studies

It became apparent through the under-mentioned study that the role child sexual abuse plays in the entrance into prostitution is a complex phenomenon which cannot be comprehensively explained or grasped by means of a single study. Researcher is thus of the opinion that the following subjects pose as possibilities for further victimological research:

- A comparative study into the nature of each of the phases of psychosexual development and their individual effects and influences on the victim of

child sexual abuse.

- To analyse each of Hirschi's social bonds, independently, namely: attachment, commitment, involvement and belief, as separate entities in determining the effects of child sexual abuse.
- A comparative study into the effects of formal labelling on prostitutes who had been arrested, tried in a court of law and been found guilty as opposed to prostitutes who had been arrested, tried in a court and been found not guilty and those that had only been arrested and then released.
- To investigate the role of significant others, in a particular family, in labelling, and the effects thereof on the victim of child sexual abuse.
- To evaluate the possibility of a support group for the victims of child sexual abuse.
- Further research into the different cultures within South Africa, with respect to their perceptions regarding child sexual abuse and the entrance into prostitution.

5.4 Conclusion

The study highlighted the role that child sexual abuse can play in the involvement in prostitution. The aim of this study was to determine the role played by child sexual abuse within specific psychosexual developmental phases. Secondly, the counteractive role played by the presence of social bonds was investigated and lastly the role that labelling played in the choice to enter into and remain within prostitution was evaluated. The aforementioned were all examined whilst pertaining to the **Child Sexual abuse Counter-Active Model**. From the study it became evident the child sexual abuse, within any phase of psychosexual development carried negative effects for the victim which in turn played a contributory role in the entrance into prostitution. This in turn highlighted a need for interventionary action in order to counter-act the detrimental effects that child sexual abuse holds for the victim. The study also confirmed the need for further related studies within the South African context, in order to play a contributory role in combatting child sexual abuse and the negative consequences it carries.

Thus the role played by social bonds and the impact of labelling cannot be studied in isolation, but should rather be seen in interaction, playing a role in the choice to enter into and remain within prostitution. The **Child Sexual Abuse Counter-Active Model** (see Figure 2.1) was developed to explain the interaction between all these influences.

In closing researcher quotes from Robertson (1989:2) who gives an appellation of the necessity for the change needed within the South African context to combat child sexual abuse and thus prevent its maleficent effects:

"Nearly every single newspaper carries the bad news. Television also carries the bad news. Radio stations also regularly give the listeners updates. The public reaction is unprecedented. Over 750 calls flood into police stations countrywide daily, Life Line and Welfare organizations are overwhelmed. (However) avoid panic and instead educate every one so that child sexual abuse can be stamped out."