

CHAPTER 3

THEORETICAL ORIENTATION ON THE CAUSES OF CHILD ABUSE

3.1 INTRODUCTION

The causes of child abuse are complex as reflected by many models that have been proposed to explain child abuse and the various causal factors of the different types of child abuse, together with the impact of these types of child abuse on the optimal growth and development of the abused child. Theories on the causes of child abuse fall into essentially different categories such as: the psychodynamic; learning, environmental, biosocial and the psychosocial system models. The various types of child abuse have different causal factors related to parents, the environment and the abused child. These various types of child abuse have different impacts on the growth and development of the abused child.

This chapter will focus on the above models of explaining child abuse, the causes of the various types of child abuse and the impact of child abuse on the abused child. A discussion follows below:

3.2 MODELS EXPLAINING THE CAUSES OF CHILD ABUSE

Below follows the discussion of the following models: the psychodynamic, learning, environmental, biosocial and the psychosocial system models.

3.2.1 The psychodynamic model

According to Justice & Justice (1993:25) this model attributes the sources of child abuse to the parental inadequate psychological functioning and understanding of their parental roles. Justice & Justice (1993:25) saw the lack of a "mothering imprint" as the basic dynamic of the potential to abuse. In other words, a person has been reared in a way that precluded the experience of being mothered and nurtured. Therefore as adults, such persons cannot mother and nurture their own children.

Combined with this inability to nurture is an interplay of other dynamics such as:

- Lack of trust in others;
- tendency towards isolation;
- non-supportive marital relationship;
- excessive expectations towards the child;
- a special child in which the abusing parent view the child as retarded, hyperactive or in some other different way; and
- a crisis which might be in the form of a major stress or something as minor as a broken washing machine.

An important implication of the psychodynamic model is that an act of abuse will not occur unless the psychological potential is present.

The psychodynamic model also focuses on the character of the parents who abuse their children (Schroeder, 1996:6). The reason for abusing children is due to the parents' psychological makeup, i.e. this is just the way they are. These parents are described as immature, self-centred, lonely, impulse-ridden, chronically aggressive, highly frustrated, suspicious and untrusting.

Merryl (1992:77) divided abusive mothers and fathers according to their psychological characters into five groups, namely:

- The first group consists of parents who are described as chronically hostile and aggressive. They show traits that often result in conflict with the world in general.
- The second group is made up of parents who are rigid, compulsive, lack warmth and a reasonable approach to things.
- The third group consists of parents who demonstrated a high degree of passivity and dependence. They are also depressed, irresponsible and immature.
- The fourth group consists of young fathers who are unemployed and stayed at home to take care of the children. They are characterised by frustration, which often vent itself in child abuse.
- The fifth group consists of parents who are mentally ill. Contrary to this, a study by Kempe (1991:339) showed that no more than 5% of abusive parents were psychotic, and a study by Tracy (1991:31) concluded that the attacking adult can rarely be fitted into a psychotic or parapsychotic grouping. This study held that approximately 2% of

abusing parents were psychotic and this is supported by research conducted by Blumberg (1993:13) which stated that psychosis is rarely a factor in child abuse.

Schroeder (1996:8) added the following features of the psychodynamic model:

- Role reversal.
- Scapegoating.
- Disengagement.

A discussion of the above features follows below:

3.2.1.1 Role reversal

Role reversal refers to parental expectations that the child will act like an adult and give the parent love and care rather than vice versa (Schroeder, 1996:8). The reason for this behaviour can be traced to the parents' own childhood, when their parents did not provide them with sufficient mothering and care resulting in their need for dependency being unfulfilled. Schroeder (1996:9) explains the role of this early psychological deprivation as a cycle, which is as follows:

The cycle begins with a child being born to parents who, for a variety of reasons, do not meet its needs but hold unrealistic expectations that the child is there to meet the needs of the parent. The child grows up being ineffective in getting its own needs met, disturbing people and feeling that he is not good. These experiences affect the choice of a mate and the consequent relationship. When a child is born of the union, the parent thinks "at last! there is someone who will love and take care of me", and the cycle of abuse repeats itself.

Role expectations of the child, alliance, coalitions, enmeshments and disengagement among family members are part of a family system's view of child abuse. The repeated finding by Helfer (1997:43) that illegitimate and unwanted children are high risks in terms of being abused. This is related to the concept of coalitions, e.g. a coalition may involve a parent who sides with one child against the abused child or both parents may side against the abused child.

3.2.1.2 Scapegoating

Justice & Justice (1993:29) indicated that scapegoating is another behaviour, which is often cited as resulting in child abuse. Scapegoating may refer to the following situations:

- When a parent takes out his frustration on a child;
- a power struggle in which a child gets caught up because of his parents' wish;
or
- an alliance that one spouse resents and makes the child pay for through physical injury (Justice & Justice, 1993:29).

3.2.1.3 Disengagement

Disengagement may occur on the part of either the mother or father who may decline to play a significant role in the family (Justice & Justice, 1993:29). Disengagement can also be central to child abuse when a father assumes little or no responsibility for managing the child. The wife often boils with resentment towards both her husband and child. Since the child is the one who demands the mother's attention and an easy target for her resentment, he is the one who gets hurt.

3.2.2 Learning model

Justice & Justice (1993:33) argued that learning theories of child abuse emphasise the failure of abusive persons to acquire the skills and knowledge to adequately parent their children. These individuals are seen as lacking social skills to gain little satisfaction from their roles as parents. They are also frequently ignorant of child development, expect behaviour to be too advanced for young children and use physical discipline to discipline their children.

These abusers lack knowledge of the following:

- Stages of child development;
- the needs of children at different stages;
- how healthy parents respond; and
- management of children (Justice & Justice, 1993:33).

Learning theories also include attachment theory according to which the early infant-caregiver attachment relationship provides the prototype of later relationships. Through the early experiences with the caregiver, the child evolves expectations of the availability of others in time of need and a complementary model of the self as worthy of care (Schroeder,

1997:12).

The child who has formed a secured attachment is likely to possess a representational model of attachment figures as being available, responsive and helpful. A securely attached child is more likely to enter into a loving and trusting relationship with confidence in oneself and others than the one who did not develop such attachment. In contrast, infants whose needs have not been appropriately met develop expectations that care is not available and others cannot be trusted. As adults, they are more likely to have difficulty in entering into supportive relationships with others and providing adequate care for their offspring.

Blumberg (1991:24) argued that abusing parents have learned to abuse, as they were themselves abused, neglected and deprived of love and mothering when they were children. Because of their early rejection, they did not develop the ability to love. Therefore, as adults, they are narcissistic, immature, have poor ego control, demand nurturing themselves, have a poor self-image, low self-esteem, cannot accept any criticism, react with impulsive violence and experience inner conflict.

3.2.3 The environmental model

Browne (1998:111) argued that environmental approaches to child abuse take account of external factors that can promote child abuse such as: economic stress, unemployment, social isolation, overcrowding, poor housing, poor education and/or occupational stress. The implication of the model is that if it were not these adverse environmental factors there would not be any child abuse.

According to research by Mouzakitis (1995:78) economic stress on poor people is seen as weakening their self-control and leading to child abuse. Poverty and child abuse have a causal relationship. There is a high incidence of child abuse among the poor as confirmed by research undertaken by Mouzakitis (1995:79). The vast majority of fatalities occur among the very poor.

Fontana (1991:97) noted that as stress increases, so does child abuse. As economic pressures mounted, child abuse increases. This increase to the stresses and strains that is experienced by our society, is attributed to the frustrations, poor quality of life, increase in the addiction of drugs and alcoholism.

Bennie (1996:99) viewed child abuse as a lower-class phenomenon. This is supported by the view of Blumberg (1997:29) who argued that interfamilial child abuse is more common among the working class and that physical abuse is part of the style of discipline that poor people use.

While there is no doubt that environmental stresses do play a role in many instances of child abuse, these theories leave thousands of cases of child abuse occurring in the homes with no economic or environmental stresses. In contrast Spinatta (1991:197) pointed out that the elimination of environmental stress factors and battering may reduce the amount of child abuse.

3.2.4 The biosocial model

Justice & Justice (1993:25) argued that the biosocial model considers abuse from the standpoint of factors that influence the amount of investment that a parent is willing to make in a child. These include the benefits as well as the costs that a child is seen as presenting to the parent. This model is also called the parental investment theory, which is defined as any investment by a parent in an offspring that increases the recipient's fitness at the cost of parental capacity to invest elsewhere.

The theory emphasises the limited amount of parental resources, such as time, energy and attention that can be apportioned to offsprings over the course of the life span of both parents and offspring. At each step of parenthood, parents are reassessing the current and future prospects of each child. Faced with limited resources and unfavourable circumstances, parents may decide to limit or cut off their investment.

Justice & Justice (1993:37) suggested that certain groups of children are more likely to be undervalued and consequently be seen as a poorer investment of parental resources than others. Such broad groups are as follows:

- inferior health status;
- handicapped children;
- sex of children;
- developmental stage;
- unusual births; and
- behavioural characteristics.

A discussion of the above mentioned aspects follows below:

3.2.4.1 Inferior health status

Children whose health is inferior are more likely to receive poorer care. In societies with high infant and child mortality, the stronger child is more likely to receive preferential treatment (Justice & Justice, 1993:37).

This observation is supported by research conducted by Mouzakitis (1995:79) which showed that premature children are difficult to care for and are at higher risk for abuse. Malnourished children have also been found to be vulnerable. It is theorised that apathetic, anorexic, and unresponsive behaviours of malnourished children may fail to evoke a nurturing response that would improve their health as well as their behaviour. This would certainly be true with abusive parents who are looking to be nurtured and affirmed by their offspring. To nurture a non-responsive, ill child would probably demand of these parents more altruistic giving than most could put forth.

3.2.4.2 Handicapped children

Whether or not a handicapped child is targeted for abuse seems to depend on the cultural appraisal of the child (Justice & Justice, 1993:37). In some societies, handicaps are seen as indicating supernatural gifts and the child is accorded special status and care, while in others the child is seen as a burden, an ill omen or non-human. Understandably, with this sort of low value placed on the child, he is not likely to be cared for adequately.

3.2.4.3 Sex of children

The value placed on a male or female child in a particular culture influences the treatment of the child (Justice & Justice, 1993:38). Female children are at greater risk of abuse in societies with strong son preference, such as India or China. Woman's economic participation and rights of land inheritance have been linked to regional differences in female infanticide and to differential access to food and medical resources.

Girls are less likely to be fed than their brothers are or to receive the same standard of medical care, but those who survive are more likely to be treated warmly by their mothers in

later childhood than are the sons. It is possible to assume that these mothers are more willing to invest in their daughters when they can see a greater potential return for the investment, e.g. helping the mothers to do housework or finding a son-in-law to help care for the family.

3.2.4.4 Developmental stage

Children appear to be at greater risk of being abused as toddlers and adolescents. Toilet training accidents, broken curfews and oppositional behaviours of both these stages lead all parents to question, if only momentarily, whether or not the parenting struggle is worth the effort. For parents who have unrealistic expectations and diminished emotional or social support, the answer may be a violent “no”.

3.2.4.5 Unusual births

Children may be assessed to be a poor investment from the moment of their births or even before birth in some societies. Among the Machiquenga, a difficult birth indicates an excessively angry child, which is then more likely to be killed, abandoned or given to another family. If an infant is born face down or with a smile into the Bariba tribe of West Africa, it is labelled “witch baby”, and killed or sold off. In some societies, multiple births are considered a good omen, and in others the offspring may be regarded as animal litters rather than human beings. If these infants are not killed at birth, they may be abused later. Too many children can push a parent to withhold limited resources from one or more of the offspring.

3.2.4.6 Behavioural characteristics

Parental assessment of the behaviour of the child is influenced not only by the parents’ own experience of having been parented but also by cultural appraisal of different behavioural characteristics (Justice & Justice, 1993:39). This make it clear that it is useful to look at the broad context of available investment resources in order to understand all the factors that play a role in child abuse.

3.2.5 The psychosocial system model

According to this model, child abuse cannot be explained by a single factor but by certain stress factors and adverse background influences which may serve to predispose the

individual to child abuse which will occur in the presence of precipitating factors such as a misbehaving child (Frude, 1998:121).

This model takes into account the shifting dynamic forces at work in the abusive family, in the environment and in the culture in which the family lives. The abuse of a child is the end result of a system of interaction between the spouses, the parent and the child, the child and the environment, the parent and the environment, and the parent and society that affects another.

Since the family is the main system in which all interactions take place, it is impossible to speak of child abuse without mentioning the abusing family, the forces that operate in that total unit, and the influences that impinge on it. According to Helfer (1993:7) the family must be considered as a unit and child abuse be considered as a family affair. The precursors of child abuse will be found in the individual parent, the child, the crisis, which they face and in the system and subsystems of which they are a part. Child abuse can therefore be understood by first understanding the abusing family system.

According to Bowen (1997:17) the relationship between family members constitute a system in the sense that a reaction in one family member is followed by a predictable reaction in another, and that reaction is followed by a predictable chain reaction pattern. Therefore, when a parent competes with a small son or daughter for nurturance, all the other family members become part of the competition.

Jenkins & Lystad (1992:87) pointed out that child abuse often occurs generation after generation in the same family as if a cycle of violence is inherited. What is inherited is not a genetic propensity for abuse but a particular kind of emotional and relationship system that requires the family to absorb large amounts of tension. One expression of this tension is violence, whereby one target of this violence is the child.

The abusing family is characterised by the kind of emotional and relationship system that is one of great intensity, force, and fusion, i.e. it is dysfunctional. The spouses are tightly bound to one another, one parent is fused with the child or the husband or wife is still intensely tied to his/her family of orientation. This kind of fusion is healthy and necessary only when it exists between a mother and her baby. It is imperative that an infant fuse with its mother or some mother surrogate for service. Bowen (1991:400) calls these people undifferentiated in the sense of being fused into others who make up the nucleus or extended family. They do not have a separate self and problems may occur during stress.

Such problems may be expressed in three areas, namely:

- Marital conflict;
- dysfunction in a spouse; or
- transmission of the problem to one or more children.

An explanation of the above mentioned aspects follows below:

Marital conflict takes the form of fights between the spouses as if to see which one will obtain more of a common self-dysfunction. Dysfunction in one of the spouses usually means that one has given in to the other. This dysfunction may be physical, emotional or social. Physical dysfunction includes acting out behaviour such as violence, which may be transmitted to the child in the form of child abuse. The family system must absorb so much undifferentiation that there may not only be violence by the father or mother, but a problem in all three areas, i.e. conflict between spouses, dysfunction of one spouse and something wrong with the child.

The root of the problem is competition within the family system. The spouses fight over who will give in to whom, who will wait on whom, who will do more for whom. The winner is taken care of and the loser turns to more extreme behaviour to obtain care. The acting out is directed at the child who is perceived by parents as being most in need of attention or care and is therefore the most threatening competitor to the parent seeking the same thing. The parent's violent behaviour towards the child represents an extreme effort to get somebody to step in and give that parent the attention and care that he/she seeks (Bowen, 1991:403).

In a single parent family, there is nearly always a fusion between the single parent and a relative in the family of orientation. If that relative does not provide the single parent with the desired attention and care, that single parent turns to the child who cannot possibly meet these demands and abuses him.

Blair (1996:8) argued that single parents are over represented among abusive and neglectful parents. Nkuna (1996:71) who argued that single parents must perform the functions of two parents supports this. If such parents are in the area of child rearing, then the parent can be defined as neglectful. Alternatively, the strain of trying to perform two roles may lead to child abuse. Problems are likely to exist in terms of meeting children's needs for both nurturance and control.

The single parent may also be at a disadvantage in disciplining children. It is easier to exert control over the children if two people are doing it rather than one. In addition, collaboration on what the limits should be and what kind of punishment should be used can be very helpful. Without this, the single parent may not have the energy to control the children, may overreact to children's behaviour and punish them excessively or may alternate between these two responses (Walters, 1990:69).

Steele & Pollok (1994:128) argued that the attacked child in the family can also act as a precipitating factor towards abuse, e.g. sex, time of birth, health status and behaviour. The child may innocently and unwillingly contribute to the attack that is unleashed upon him. Bowen (1991:420) suggested that children who were abused by their parents might possess characteristics, which either attract abuse or make them more vulnerable to abuse.

Research by Lynch (1997:113) gave the following characteristics of children in high risk of abuse:

- Premaritally conceived;
- babies conceived by accident;
- a child of a sex other than that expected by the parents;
- a child who exhibits behaviour patterns unlike those that the parents expected;
- babies born with congenital defects who require much medical care; and
- perfectly normal infants who are always ill or cry to indicate hunger.

3.3 THE CAUSES OF THE TYPES OF CHILD ABUSE

Mouzakitis (1995:36) examined the causes of the various types of child abuse by giving the possible contributory factors related to parents, the environment, the abused child, the impact of the unborn child as a result of maternal use and abuse of alcohol and drugs. A discussion of the causes of the various types of child abuse will be discussed below:

3.3.1 The causes of physical abuse

Mouzakitis (1995:37) argues that the causes of physical abuse are receiving increasing amounts of attention. Focus is on the following causes: fatal alcohol syndrome, addiction during pregnancy, inflicted burns, intentional poisoning of children and child factors as

discussed below:

- **Fatal alcohol syndrome**

Fatal alcohol syndrome is defined by Mouzakitis (1995:38) as a pattern of multiple congenital abnormalities that occurs in varying degrees in children of mothers who chronically ingest alcohol during pregnancy. It is characterised by prenatal growth retardation which results in low birth weight, subsequent postnatal growth retardation, central nervous system dysfunction, mental retardation, malformed eyes, cardiac defects, cleft palate, ocular abnormalities and limb deformities.

Research by Wright (1995:71) indicated that children born to alcoholic women have a 30 to 50% risk of foetal alcohol syndrome. Studies by Palmer (1996:93) indicated that 10% of women who drink alcohol in the first trimester of their pregnancy produce infants with recognisable abnormalities.

Wright (1995:79) argued that although the effects of foetal alcohol syndrome are permanent, abstinence or a reduction in alcohol intake even as late as the third trimester of pregnancy lowers the risk of damage to the foetus. In most cases endangerment of the foetus is inadvertent and information about the effects of alcohol is sufficient to curtail maternal drinking during pregnancy.

- **Addiction during pregnancy**

Mouzakitis (1995:39) argued that drug addiction during pregnancy also poses a major threat to the developing foetus. This is in agreement with Wilson (1996:103) who stated that the problem of chemical dependency is increasing and estimated that about 10% of children in South Africa are at risk. Infants born to addicted mothers experience potentially life threatening withdrawal syndrome and are at high risk for prematurity, low birth weight and lack of prenatal care. The problem of addiction during pregnancy raises the issue of foetal abuse and is compounded by the point that drug use is illegal. This combined with the poverty that is characteristic of the addict's life style poses a formidable barrier to prenatal care.

- **Inflicted burns**

Research by Feldman (1990:103) indicated that burns are a common form of physical abuse

in children. This finding is similar to the findings of Cook (1991:13) which indicated that over 40% of the cases of child abuse at the Jubilee Hospital in the North West Province were the result of inflicted burns. Similarly, more than 50% of all burn victims under 10 years of age were found to be abused in South Africa, and abuse was suspected in another 4% of the cases (Stone, 1994:90).

Most victims of burns are under four years of age. Infants and toddlers are at the highest risk, with abuse peaking in the 13 - 24 months' range (Hight, 1994:69). Families of children with inflicted burns are characteristically from the lower economic classes, although probable reporting bias must be kept in mind. Researchers such as Balalar (1991), Moore (1993) and Hight (1994) have documented a high incidence of broken homes, absence of a primary caregiver, severe environmental stress, inappropriate expectations of children and poor parent-child relationships in families of burn victims.

The high number of inflicted burns occurring during the toddler period and the family characteristics noted above suggest that such injuries may result when an unsupported and highly stressed parent is faced with a child who is developmentally unable to meet the parent's unrealistic demands (Mouzakitis, 1995:43).

- **Intentional poisoning**

Shnaps (1991:120) argued that intentional poisoning as a form of child abuse has received little attention in the literature. This is probably due to lack of recognition, but recent studies by Dine (1998:34) suggest that abuse by poisoning is common.

Child abuse by poisoning is likely to occur during the pre-school years and is usually carefully planned and manipulative. In many cases, the poisoning has been going on for several months and is continued by the abuser, usually the child's mother or caretaker after the child is hospitalised for treatment of symptoms. The mother is frequently described as co-operative with the hospital staff, pleasant and concerned about the child's symptoms.

A high incidence of serious mental disorders has been noted in these parents and Shnaps (1991:121) suggested that chemical abuse may represent an escape from the parent's own problems and a means of eliciting attention and support that the parent is unable to obtain elsewhere.

- **Child factors**

Mouzakitis (1995:46) argued that the role played by the child in physical abuse is controversial because of the difficulties in separating the effects of abuse from pre-existing characteristics of the child that may have contributed to the abusive situation. Siefert (1993:111) have identified the following characteristics of the child as possible causal factors in physical child abuse:

- Prematurity;
- low birth weight;
- physical illness;
- difficult infant temperament; and
- developmental deficits resulting from faulty parenting in early childhood.

Siefert (1993:112) has documented an increased risk of abuse in children who have been born pre-term or small for gestation age or who have suffered serious illness requiring hospitalisation in the neonatal period. Investigations of causal factors in the abuse of these children has focused on biological factors as discussed below.

- **Biological factors**

Studies of biological factors as potential contributors to abuse have observed that premature and low birth weight infants may be more difficult to care for than full-term infants. This is due to the point that premature infants exhibit delays in motor and mental development. Studies by Sugar (1997:80) indicated that although certain characteristics of pre-term and low birth weight infants may contribute to abuse. Other factors intervene to enhance or suppress the effects of biological impairment in determining the outcomes, e.g. factors such as environmental factors and prolonged parent-infant separation due to the newborn's hospitalisation in a neonatal intensive care unit with restricted visiting hours and family characteristics, such as poor housing, unemployment and single-parenthood.

Children with handicaps, mental retardation and congenital anomalies are at greater risk of abuse (Friedrich, 1996:589). Research by D'Orban (1997:569) indicated that in most of the cases of child homicide studied, the child's crying, screaming, vomiting or feeding problems precipitated fatal battering.

Similarly, Helfer (1992:223) indicated that infant temperament play a role in physical child abuse. The infant who is difficult to care for or who does not meet the parent's expectations

may inhibit the process of parent-infant attachment. A cycle of disturbed parent-child interactions may ensure, producing developmental deficiencies in the child that increase the likelihood of abuse. It should be noted, however, that the majority of parents cope well with the task of caring for premature, handicapped or difficult children and that the characteristics of the child do not alone explain abuse.

3.3.2 The causes of emotional abuse

Mouzakitis (1995:75) argued that there is little systematic research regarding the causes of emotional abuse. Researchers such as Cohn (1998), Garbarino (1998) and James (1999) agreed that perpetrators have at least two traits in common which predispose them to abuse the child emotionally, namely:

- A pervasive sense of worthlessness; and
- underlying feelings of rage.

These two emotions are blended together in such a way that which came first cannot be determined. These two emotions are discussed below:

- The sense of worthlessness

The sense of worthlessness results in an insatiable need to establish control. Emotionally abusive parents have an overwhelming urge to control even the least important facet of their children's lives.

- The underlying feelings of rage

The underlying rage of the emotional abuser is part of the intent to hurt. It is also possible that the true objective of the rage and the effort to hurt is the abuser him/herself. In bringing shame or ridicule on the child, the abuser may be symbolically punishing him/herself.

Research by Martin (1996:101) showed that the parent's inability to cope with the growing child is a cause of emotional abuse, e.g. their reaction to the different stages of child development, and the unexpected acute difficulties that parents may face as the child progresses from one stage to another.

Parents may be annoyed, or even angry about the fumbling assertiveness of their children,

e.g. sexual exploration, teenage defiance and the beginning of heterosexual interests.

Emotional child abuse is therefore a reaction to normal child development. Parents reacting to these sensitive periods have no conscious wish to punish or hurt the child.

Emotional abuse is also part of a reaction to difficult life events, e.g. grief following the birth of a defective child may lead to the parents' psychological withdrawal from the infant. This will compound the original problem by adding difficulties in the important early bonding (Mouzakitis, 1995:76).

- **The child as a cause of emotional abuse**

The child can also be the cause of emotional abuse. The child's characteristics such as powerlessness and dependence on the parent are making the child a prime target to emotional abuse (Shengold, 1998:421). Kinard (1998:97) adds to this by arguing that the child is further forced by his normal intense need for a good parent which damps down the impulse to question or complain and fosters the delusion that the parent is indeed loving and protective.

3.3.3 The causes of sexual abuse

Mouzakitis (1995:82) discussed the causes of sexual abuse with reference to the different types of perpetrators. According to Mouzakitis (1995:83) total strangers, adults known by the children prior to the abuse, peers, parents and siblings, can perpetrate sexual abuse. Similarly, Hayman (1991:483) examined the causes of sexual abuse by classifying abuse as offences perpetrated by others outside the immediate family (non-familial sexual abuse) and offences perpetrated by members within the family (familial sexual abuse or incest). The discussion of the causes of sexual abuse will focus on non-familial and familial sexual abuse as indicated by Hayman (1991:483):

3.3.3.1 The causes of non-familial sexual abuse

Non-familial sexual abuse frequently includes abuse by adults known to the child from a variety of sources such as neighbours, family friends, school friends, parents' friends as well as abuse within sex rings (Pettet, 1997:26). Several theories are offered by Langa (1991:333) to describe the motivation of non-familial perpetrators to engage in sexual

activities with children, namely:

- The adults' position of dominance;
- bribes of material goods;
- threats of physical violence; or
- misrepresentation of moral standards.

Children often co-operate out of need for love, affection, attention or a sense of loyalty to the adult perpetrators. Dulton (1995:25) suggested that children may engage in sexual activities with adults to defy parental figures or to express anger about chaotic home lives. De Vine (1992:78) indicated lack of adequate supervision by parents and the failure to set proper controls for children's behaviour as contributing factors to sexual abuse. To this end, De Francis (1999:129) indicated that about 41% of the families in his study of the causes of sexual abuse showed behaviour indicative of psychosocial disturbances.

Costel (1995:86) suggested that sexual abuse offences against children and adolescents occur both in circumstances where the offenders' behaviours are expressions of abnormal sexual preferences and in situations where normal preferred sexual outlets are thwarted. In situations where normal preferred sexual outlets are thwarted, incest often results.

Adolescents can also perpetrate non-familial sexual abuse (Mouzakitis, 1995:83). Two profiles emerge from the offences committed by adolescents against other children, as indicated below:

In the first type of adolescents, offenders may show signs of immature psychosexual development and do not progress beyond childhood sexual play and exploration. Their sexual activity with other children is an extension of earlier permissible developmental sexual curiosity and play.

The other type of adolescent offenders is classified in a more serious light. In these cases, their sexual behaviour may be an early manifestation of paedophilia or aggressive sexual behaviour. Typical responses of these offenders are force, control and aggression, which by adult sexual assault standards are typically classified as rape (Mouzakitis, 1995:84).

3.3.3.2 The causes of familial sexual abuse

Pettet (1997:26) argued that familial sexual abuse refers to abuse within the nucleus and

extended family and may involve relatives such as uncles, grandparents, siblings, parents, adoptive parents or foster parents. Incest is the most emotionally charged and socially intolerable form of sexual abuse. It is the one type of sexual abuse that is the most threatening, difficult to understand, accept and detect because it tends to remain a family secret by its nature. Incest can take various forms such as:

- Sibling incest or sexual activity among young children.
- Incest between older children which is indicative of dysfunction in healthy social and emotional development.
- Incest between children and adults particularly parental figures (Mouzakitis, 1995:84).

The discussion of the causes of incest will be limited to members of the nucleus family, i.e. the father, mother, daughter and son as indicated below:

- **Father-daughter incest**

According to May (1998:99) father-daughter incest is the most frequently reported type of incestuous relationship, as well as the most researched, discussed and treated form of sexual abuse. There are many factors that contribute to the development of father-daughter incest sufficient to cause the incest.

It is generally recognised that in father-daughter incest, a triad of participation occurs among the father, mother and daughter. Each has a role to play in the development and perpetration of the incest without which the incest would not occur. The examination of the triad describes how and why father-daughter incest occurs (Mouzakitis, 1995:84):

* **The father**

Incestuous fathers are characterised as average to below average in intelligence, very timid and cautiously passive in social relationships outside their families (Mouzakitis, 1995:85). Spencer (1998:585) reported that a high number of incestuous fathers are from lower socio-economic levels. This finding supports the earlier research of Weinberg (1995:99) whereby it was indicated that 65% of the families investigated were in the low socio-economic bracket, and the work of Kaufman (1994:266) which noticed that the incestuous fathers came from poverty backgrounds typically characterised by inadequate housing and little education.

Brown (1989:441) reported that incestuous fathers lack a strong masculine identity, often the result of a domineering and over controlling mother and a corresponding weak or absent father who demonstrated little warmth during the early periods of development. This lack of identity, coupled with a concomitant low self-esteem may be greatly magnified during a period of mid-life adjustment, often referred to as middlecence (Summit, 1998:241).

During middlecence, all semblance of sameness is gone and men may seek a re-endorsement of youth and masculine vitality via love affairs with younger women. Due to their intrafamilial orientation, incestuous fathers seek to have their sexual needs met within their marriage. When attempts to rekindle their love affair with their wives fail, the oldest daughters are often used as objects for sexual gratification. Attempts to re-establish their self-worth and self-identity are made through their incestuous relationships with their daughters. The affair almost always ends during the adolescent years when the daughters begin to struggle for independence and seek to establish close relationships with their peers (Molner & Cameron, 1995:373).

Summit & Kryso (1993:245) suggested that incestuous fathers exhibit a lack of impulse control due to stress and poor superego development. They become unable to stop or control their actions and incest continues.

Burgess & Holmstrom (1991:559) suggested that incest occurs on a level called "pressured" sex whereby physical force or the threat of physical force is seldom the vehicle by which incest occurs. Father-daughter pressured sex usually involves the process of conditioning by the father towards the daughter. There is frequent body contact and caressing by the father, evolving into genital contact and play, which exists for a period of time before culminating in actual coitus. These actions may be stimulated by the habitual absence of the wife due to the following reasons:

- Work;
- social recreations;
- loss of the wife by divorce;
- separation;
- death;
- inordinate amounts of time spent with the daughter due to long term unemployment of the father; and
- sexual rejection of the husband by the wife.

Cases of pressured sex incest may be marked by the belief that it is the father's duty to teach the daughter the facts of life. As an educational practice, fathers righteously believe that sexual activity with their daughters is the best technique to teach sex education.

Sarles (1995:640) described incestuous fathers as chronically brutal, demanding and alcoholic. They have psychopathic personalities characterised by indiscriminate promiscuity and are in turn unable to form any tender attachment with their wives and children, viewing them as sexual objects. They tend to be domineering, rigid, restrictive and exhibiting over-protective parenting practices towards their daughters with whom they chose to initiate sexual contact.

* **The mother**

Mouzakitis (1995:86) characterise the mother who operates within a father-daughter incestuous family as passive, infantile, dependent, possessing a poor self-image, emotionally immature and depressed. She feels worthless as a mother and as a woman, is unhappy in her marriage and grows increasingly disenchanted with her husband. She rejects the sexual role of a wife and the maternal role as a mother.

A mother-daughter role reversal occurs in which the mother assumes with the daughter the relationship she wishes she had with her own rejecting mother. The mother shows general denial of sexuality, which makes it easy for her to deny the sexuality changed intimacy she has encouraged, perhaps unknowingly between her husband and daughter.

Sarles (1995:640) indicated that the mother in a father-daughter incest family promotes the relationship by abandoning and frustrating her husband sexually or by actually altering the living arrangements to foster the incest. Once the incestuous relationship is in place, the mother will usually tolerate the incestuous activity with little protest or she will use denial to deny any thoughts of the incest. She may be motivated to deny the reality of incest because she had a hand in unconsciously setting up the incest situation and wishes it to continue in order to relieve her of her sexual role in the marriage. The denial may commonly be the result of avoiding divorce, loss of financial support, humiliation in the community and legal proceedings against her husband (Merselman, 1998:99).

* **The daughter**

Mouzakitis (1995:87) argued that the daughter who falls victim to her father's sexual advances can be of any age. Researchers like Luther (1990:161) and Price (1991:55) suggested that the average onset of the incestuous activities occur when the girls are between the ages of eight and fifteen.

Bovolek (1994:77) suggested that the girl is usually approached between the ages of six to nine years and the relationship reaches the critical stage of awareness outside the family during adolescence. The girl is often the oldest of several children, usually of average intelligence, although abnormal intelligence of the daughter may be present in some cases.

The emergence of the daughter as the central female figure of the household plays a key role in the development and perpetration of the incestuous activity (Roth, 1988:19). The daughter is set up by her mother to assume the role of lover and surrogate wife to the husband, coupled with subtle or overt rejection by the mother of the daughter's beauty, youth and energy, the daughter becomes available prey for her father's sexual advances. The daughter may unknowingly contribute to her own demise through her normal developmental physical growth and increasing curiosity towards sex. The father then uses this opportunity to satisfy his own deteriorating identity and image through approving, admiring and being responsive to his daughter's sexual attraction.

- **Mother-son incest**

According to Merselman (1998:91) incest between mother and son is regarded as being the least common and most intensely taboo form of heterosexual incest. May (1998:12) argued that although there may be instances in which the son has sex with his mother without serious emotional disturbances, emotional disturbance must be considered a likely factor in all cases of mother-son incest.

Weinberg (1995:77) pointed the role of repressed incestuous feelings of the son towards the mother. The son in his oedipal fantasy wishes to destroy his father and marry his mother.

Mouzakitis (1995:88) classified mother-son incest into two types, namely: mother-initiated and son-initiated incest. In mother-initiated incest the mother may deeply love her son and rationalise incest as the highest expression of that love. Mother-initiated incest may also occur under the following circumstances:

- The guise of sex education;
- the guise of personal hygiene;
- the mother who is shut off from the world and turn to her son for human contact;
- little age discrepancy between mother and son;
- the lack of other sexual objects available to the son;
- a general history of incest in the family;
- serious emotional disturbance; and
- alcoholism.

In son-initiated incest the son is almost always classified as seriously emotionally disturbed, brain damaged or psychotic.

- **Father-son incest**

Mouzakitis (1995:89) argued that father-son incest is rarely recognised but it is the most common form of homosexual incest reported. Rare accounts of father-son incest may be due to the double stigma it causes, namely: incest and homosexuality. Characteristic traits of the father which generally suggest that he is the one who almost always initiates the sexual behaviour are as follows:

- He may be alcoholic or using alcohol to justify the behaviour;
- he may have had strong homosexual desires since childhood;
- he may have experienced incest or witnessed incest during early childhood;
and
- he has unresolved adolescent sexual conflicts (Mouzakitis, 1995:89).

The incestuous son does not resist the father, despite damaged feelings. Father-son incest is usually short-lived, ending when the son begins to develop strong negative feelings towards his father and their relationship.

- **Mother-daughter incest**

Mother-daughter incest occurs but is rare (Merselman, 1998:102). Female homosexual relationships within the nucleus family are the most understudied area of incest. The occurrences of mother-daughter incest focuses on the speculation that the mother is

expressing deep-seated repressed homosexual feelings to her daughter, or that she (the mother) avoids any further contact with her husband and chooses to initiate sexual activity with her daughter as a prelude to father-daughter incest.

- **Sibling incest**

Sibling incest is defined by Mouzakitis (1995:90) as either heterosexual or homosexual activities among brothers and sisters that exceed allowable and normal developmental sexual play and experimentation. It is the most frequently occurring type of incest. In cases of the reported sibling incest, older children almost always initiate the act with younger children. The younger sibling often perceives the relationship and sexual activity as exploitative and unpleasant. In heterosexual incest between brother and sister, the younger sister often perceives the older brother as a father figure.

Most of the sexual behaviour, which takes place among young children, seems to be motivated primarily from natural curiosity. This behaviour often occurs in the context of a game that is designed to provide children with a mutually permissible mechanism by which their sexual curiosity can be expressed. Both children participate freely and the intent is usually limited to playful examination and manipulation of body parts (Mouzakitis, 1995:91).

Finkelhor (1999:12) reported that many cases of sibling incest were exploitive and the participation of one sibling was usually by force.

Mouzakitis (1995:93) classified sibling incest into three categories, namely:

- Brother-sister incest
- Brother-brother incest
- Sister-sister incest

A discussion of the above categories follows below:

* **Brother-sister incest**

Several types of families have been described in cases where brother-sister incest has occurred. It is suggested that unique characteristics of the family structure serve as catalysts for the escalation of normal sexual play between siblings into incest.

Merselman (1998:107) argued that brother-sister incest occurred in families where children lack adult supervision, particularly with regard to their sex play. In this family type, the father is either physically or symbolically absent, i.e. he lacks the ability to control his adolescent son due to his own weak personality structure, alcoholism or old age. When this occurs, the oldest son is often deviated to the role of father and the ensuing sexual activities, which occur with his sister, are clinically comparable to actual father-daughter incest.

Weinberg (1995:111) described families in which brother-sister incest occurs as exhibiting little regard or concern for the children's sex play. In these families, parents speak openly about sex with their children and do little to prevent children from seeing them engage in sexual intercourse. The sexual knowledge and overt stimulation is manifested in children attempting to replicate the adult sexual activity.

* **Brother-brother incest**

Finkelhor (1999:15) argued that brother-brother incest is rarely reported and little is known about the behaviour. Speculations exist that brother-brother incest results from either prior sexual stimulation by the father or homosexual interests between the brothers (Cory, 1993:232).

* **Sister-sister incest**

Reported cases of incest between sisters are extremely rare. Cory (1993:235) offers two theories as rationale for the absence of information on sister-sister incest, namely:

- Affection and physical contact between sisters is more acceptable and therefore carries less stigma and psychological trauma resulting in fewer actual cases reported.
- Incestuous activities between sisters is a rare occurrence and therefore relatively unreported in the literature.

- **Child pornography**

Child pornography is defined as films, photographs, magazines, books and motion pictures which depict children under a certain age involved in sexually explicit acts, both heterosexual and homosexual (Mouzakitis, 1995:95).

Child pornography is often considered a more perverse form of sexual abuse. According to Gerber (1997:177) there were at least 64 different magazines in South Africa which depicted sexual acts among children. In 1997 the use of children under the age of sixteen in the production of pornographic materials mailed or transported in interstate commerce was prohibited.

Many of the children who run away from home become involved in child pornography, e.g. victims of physical or sexual abuse at home who escape from the intolerable conditions of home life. From this population, adults who seek to exploit children in pornography are able to attract willing participants through the promise of food, money, shelter and/or drugs. Other children exploited in pornography are recruited from the offender's own family or from other families (Lloyd, 1998:112).

There are adults who are willing to sell their children for financial gain. The vast majority of adults who engage children in pornography may be parents who are drug addicts, pornographic performers themselves, prostitutes or more frequently, parents having incestuous relationships with their children whom they wish to memorialise in photographs or movies.

Summit (1998:241) suggested that adults who engage in child pornography needed to explore whatever is considered the most forbidden sexual activity. They wanted to record their achievements and put their fantasies into action, which seems to heighten the excitement.

- **Child prostitution**

Child prostitution refers to sexual abuse for profit. Child prostitution differs from other forms of sexual abuse due to the element of repayment usually in the form of drugs, gifts, clothing, money, food or other items.

Children engage in prostitution for a variety of reasons. A substantial number of child prostitutes are runaways. Many children leave homes to escape physical and/or sexual abuse, some because they are bored and unchallenged, still others because their families have become too distant and pre-occupied. Runaways turn to prostitution for survival, which ultimately can lead them to lives characterised by drug and alcohol abuse (Fisher, 1992:211).

Bovolek (1994:111) suggested that the buyers of children for sex are almost exclusively men from all classes and races, many are married, although they often feel inadequate and are unable to relate to peer sexual partners meaningfully. They also seek the love and affection from the child prostitute, which is lacking from their own developmental period with their parents.

3.3.4 The causes of child neglect

Mouzakitis (1995:55) mentioned the following factors as causes of neglect:

- Societal values;
- poverty;
- the social context;
- early life experiences;
- parental knowledge;
- parental isolation; and
- characteristics of parents.

A discussion of the above causal factors is given below:

3.3.4.1 Societal values

Gil (1991:231) argued that negative, hostile and dehumanising societal values, beliefs and attitudes that shape both individual and organisational behaviours could result in child neglect. Societal values are found in three levels, namely:

- In the child's own home;
- in institutional and community services; and
- in the societal readiness and sanction to use force in general including adult-child relations in particular.

3.3.4.2 Poverty

Numerous authors affirm that poverty is a key cause of neglect, as indicated below:

Gil (1991:299) stated that poverty is a major source of insecurity, frustration and stress, and that poor parents have fewer options than affluent ones for dealing with these and for making

alternative child care arrangements. Poor households have less space and this may lead to neglect.

Pelton (1991:103) took the position that poverty is one of the major causes of neglect. He maintained that neglectful families are overwhelmingly poor and have multiple problems. Polansky (1992:712) argued that poverty does expose parents to additional stress that may impair their capacity to care for children.

3.3.4.3 Social context

The social context of neglect refers to the interactions between parents and their environment (Mouzakitis, 1995:58). According to research conducted by Wolock (1992:17) neglecting parents saw their neighbourhood as more unfriendly, crime-ridden and rundown. There was lack of support for parents and their chaotic lives led to substantial stress and disrupted relationships.

Giovannoni & Billingsley (1990:99) concluded that severely deficient income and material resources caused great parental stress and these stresses may have deterring effects upon their capacities to care adequately for their children.

3.3.4.4 Early life experiences

The childhood of neglecting parents, particularly the mother, have been filled with distress and unhappiness. Substitute caretakers have raised these parents. Raised partly out of the natural home, living on welfare, having no or few clothes, being hungry, physically beaten, severely beaten, sexually abused and neglected, feeling unwanted, not sure of being wanted and the presence of a heavy drinker in the home (Mouzakitis, 1995:59).

3.3.4.5 Parental knowledge

Cantwell (1994:67) pointed out that neglect is caused by parental lack of knowledge, judgement and motivation. Parents may:

- Be unaware that a young infant has to be fed every three to four hours;
- have no knowledge of how to prepare a meal;
- not know the nutritional content of foods;

- not know the developmental stages;
- be uninformed about the ways of encouraging learning;
- fail to recognise a child's need to be seen by a physician;
- fail to understand that every child must receive emotional nurture;
- lack parenting skills;
- have little chance to rehearse the role of caregiver; and
- have trouble to learn the role of the parents.

3.3.4.6 Parental isolation

The parent's feeling of isolation from the larger community is the cause of child neglect. These parents may isolate themselves from the community's support and therefore become unable to use community resources. Stresses within the family may reduce one's ability to go out of the house and seek help from the existing community resources (Wolock, 1992:25). Neglecting parents also have fewer contacts with both relatives and friends whom they can call upon when in need.

3.3.4.7 Characteristics of parents

Mouzakitis (1995:63) gave the following characteristics of parents as causes of neglect:

- Limited intelligence (IQ below 70);
- has failed to achieve more than an eighth grade education;
- has never held public employment;
- has a vague or limited idea of what the children need emotionally and physically;
- has grown up in a family in which parents were retarded or showed deviant or criminal behaviour;
- is less able to love;
- is less capable of working productively;
- is less open about feelings;
- is more prone to living impulsively;
- is susceptible to psychological symptoms;
- cannot cope well with life in general;
- lacks competence in many areas of living; and
- is verbally inaccessible to others.

3.4 THE IMPACT OF CHILD ABUSE ON THE ABUSED CHILD

The impact of child abuse on the abused child evokes public outrage and substantial professional concern. Responses to the impact of child abuse show that it is totally not good for children, as it is detrimental to their optimal growth and development. According to research by Engeland (1991), Stroufe (1992) and Spitz (1994) child abuse affects children differently and such children experience different developmental problems depending on the type of abuse they suffered. A discussion of the impact of the different types of child abuse on the abused child is given below:

3.4.1 The impact of physical abuse

Green (1991:11) argued that the impact of physical abuse on the developing child has been extensively studied. It appears to be multidimensional and may present with psychological components, behavioural patterns, personality characteristics, cognitive aspects and neurological consequences as discussed below:

3.4.1.1 Psychological components

Kernberg (1994:79) considered the actual or threatened acute physical or psychological assault as equivalent to a traumatic neurosis, often accompanied by ego disorganisation, regression, narcissistic injury, a painful affective state, primary defence mechanisms, compulsion to repeat the trauma, severe panic and a feeling of helplessness. Green (1991:15) suggested that in most cases of child abuse the post-traumatic stress disorder is satisfied, namely:

- A recognisable stressor, i.e. the short- and long-term results of abuse;
- re-experiencing of the trauma is observed, i.e. recurrent dreams and intrusive recollections of the abusive experience;
- reduced involvement with the external world is noted, i.e. constriction of affect and detachment; and
- traumatic symptoms, consequences of the abuse are clinically evident, e.g. disturbance of sleep and avoidance of situations or activities which may lead to exaggeration of symptoms of repetition of the trauma.

Other authors also emphasise the traumatic nature of child abuse. Kris (1994:91) suggested that the abused child with an overwhelming trauma or a shock trauma might perceive the actual physical assault with the inherent threat of destruction and abandonment. Khan (1993:108) argued that the underlying harsh, punitive parenting and the eventual neurological damage from physical abuse would be the components of a strain or cumulative trauma.

According to Green (1991:21) the following primitive defence mechanisms can be observed among abused children: avoidance, distancing behaviour, raising of sensory thresholds, denial, projection and splitting. These defences are reinforced by the denial of the abusive episodes by the parents, threats of additional punishment, the child's effort to protect himself and the fear of retaliation or annihilation if the child would acknowledge the reality of the situation. The use of denial, projection and splitting allows the child to maintain a good parent fantasy in that the parental malevolence is projected and displaced onto others or onto the child himself. The child experiences splitting of self-representation into good and bad parts which seem similar to the adult borderline personality organisation (Kernberg, 1994:87).

Abused children frequently avoid eye contact, may exhibit frozen watchfulness, i.e. sitting passively and immobile but alert and hyper vigilant so as to watch for any danger, or avoid their parents. These behaviours may be the precursors of denial, projection and splitting observed in some of these children in later childhood (George, 1998:112).

Abused children may show a tendency for repetition of the trauma in dreams, fantasies, play - and object relationships. They may act either as helpless and overwhelmed passive victims or actively repeat the original traumatic experience by assuming an active, aggressive role in fantasy or play with peers. Other evidences of this repetition may be seen through self-destructive activity, behaviour that may provoke attack or accident proneness (Green, 1991:30).

According to Sandgrund (1994:91), impaired self-concepts, depressive affect or self-destructive behaviour may be frequently encountered among abused children. These situations may be secondary to the child's scapegoating which induces self-blame and the feeling that he deserves the punishment. Scapegoated children may manifest projection or externalisation. It is also common to observe isolation, denial, gradual constriction and numbing of affect. Johnson & Morse (1998:133) found that abused children were

unresponsive, negativistic, stubborn and depressed. Goldstone (1995:91) noticed that they were apathetic, unappealing, fearful, with a poor appetite and a blunting for human contact.

Martin (1992:65) reported that abused children show low frustration tolerance, are impulsive, suspicious, mistrusts adults, tend to control, manipulate and exploit objects. These children have a need for immediate gratification, exaggerated aggression, preference to use motor activity for expression, tend to provoke others, violent fantasies, pseudo independence, precocious achievements in some areas, fear, feelings of worthlessness, helplessness, depression, bad self-image, a sense of guilt, anger and low self-esteem.

Aggressive fantasies and activities represent defences against these painful states. The anger towards the abusing adult is displaced on others such as teachers, peers and siblings or against themselves as suicidal behaviour. Further punishment and rejection by adults follow these behaviours and a vicious cycle ensues with repetition of the original trauma. Abused children also appear to have marked difficulty with impulse control and the control of anger (Elmer, 1991:97). Sandgrund (1994:113) suggested that abused children exhibited problems with impulse control, body image, reality testing, thought processes, defence, object relations and overall ego competency.

According to Martin (1992:79) chronic abuse may lead to the development of primary identification with the aggressor, impaired impulse control and a proneness towards violence. The fears of helplessness and annihilation induced by the traumatic experience are replaced by a sense of power and omnipotence when the abused child identifies with the aggressor. The same mechanism may also represent a displacement of the child's rage towards the abusive parent, as well as means for counteracting painful affects and relieving tension. Furthermore, the imitation of parental impulsive and aggressive attitudes may eventually lead to aggressive behaviour as the main way for object relationships (Alfaro, 1993:5). Similarly, Duncan (1988:301) suggested the existence of a relationship between child abuse and subsequent violent behaviour.

Parke & Collmer (1995:219) believed that children who have grown up in an abusive and violent environment have an increased tendency to become abusive parents and spouses. Similarly, Sarles (1996:17) argued that if the child views violence in a home as a method of problem solving, that child may then incorporate this value. Also, the mechanism of identification with the aggressor, i.e. the parent who is a model for the child's super ego formation, seems to play a significant role in this context (Steele, 1990:80).

When abused adolescents become parents, they are likely to continue the vicious cycle of child abuse towards their own children by identifying with their own abusive parents and projecting towards their own children by identifying with their own deficiencies, incompetence and unmet needs (Oliver, 1991:109).

3.4.1.2 Behavioural patterns of abused children

Research by Yates (1991:90) observed three distinct patterns of behaviour shown by physically abused children, namely:

- Destructive behaviour
- Frightened behaviour
- Private behaviour

A discussion of these patterns of behaviour follows below:

- Destructive behaviour

Physically abused children destroyed property, disobeyed rules and assaulted other children. Their ego functions were limited, they reacted to their parents with recriminations, screamed or showed violent affection, restlessness, hyperactivity, had overt identification with the aggressor, elicited abusive fantasies in their caretakers, failed at school, exhibited poor peer relationships and showed paranoid, borderline or overly depressive features.

- Frightened behaviour

Physically abused children appeared passive, withdrawn, anxious, avoided contact, seemed compliant, remained in bed, were fussy, obstinate, compulsive stealers, picky eaters, showed deficiencies in ego functions, growth, speech, cognition, and had underlying identification with the aggressor.

- Private behaviour

Physically abused children in this group were pleasing, attractive and appeared bright. On

the other hand, they were manipulative and had poor peer relationships. In some areas they exhibited precocious ego functions while in others they exhibited serious defects. Some cognitive skills were very advanced, they did well at school, adapted well in foster homes, and showed good impulse control and attention span. They showed an ability to tolerate frustration, sublimate in autonomous functions, demonstrated lack of separation anxiety, mild behaviour problems, had no transitional objects and seemed to be able to predict behaviours of adults towards them.

Their reactions to parents were guided by their parent's needs as opposed to their own. Their precocity and charm masked their internal emptiness. Their obeying rules and pleasing adults were adaptive mechanism toward an environment perceived as threatening and their ego appeared "fluid". They either did not value relationships or the latter had no effectual significance for them (Compare Yates, 1991:90).

3.4.1.3 Cognitive aspects of abused children

Rodeheffer (1996:81) argued that other results of child abuse may be a compromised ability for learning. According to Gregg (1993:137) there is an increased incidence of mental retardation among abused children.

Quite frequently, it is difficult to ascertain whether mental deficit preceded the abuse, whether the abuse was responsible for mental deterioration or whether the impaired mental ability was secondary to the abuse. In the latter, physical abuse may lead to cerebral damage resulting in mental deficiency.

Conversely, various psychosocial impediments may contribute to the possibility of mental retardation, namely: unpredictable non-nurturing environment, reduced opportunities for learning, impaired stimulation, inadequate support, pre-occupation with fears, anxiety, fantasy world, mental energies focused on survival, danger of age-appropriate performance and non-performance (Beezley, 1994:117).

Gregg (1993:141) stated that physically abused children demonstrated above-average or even superior intelligence, explaining this phenomenon as the children's need to acquire information, to be perceived as capable and to sublimate their aggressive and libidinal drives into learning.

3.4.1.4 Neurological sequelae of abused children

According to Green (1991:80) a variety of neurological signs have been noticed among physically abused children, these included: spasticity, paresis, impaired cranial nerve function, paraplegia, focal signs, deficiency in proprioceptive, tactile, blindness, hyperactivity, delay in motor skills and increased muscle tone.

The physically abused children's inhibitions of speech and mobility may be a consequence of learned avoidance to protect themselves from further abuse or may be an adaptation to the abusive environment (Green, 1991:93). The observed speech and language disorders consist of delayed speech development and problems in articulation and expression. Problems of motor development consists of motor clumsiness, transitory, reversible disorders in body tone, co-ordination reflexes and inhibitions of age-appropriate motor acts e.g. crawling, walking, reaching and getting into things (Green, 1991:95). Hanson (1994:110) suggested that language retardation was found in younger abused children in which they demonstrated more striking delays and deficits in speech and language while older children had learned substantive and communicative language.

3.4.2 The impact of emotional abuse

According to Mouzakitis (1995:71) the pain of emotional abuse is more damaging than assault against the body. Emotional abuse expose children to a number of fears, e.g. fears of abandonment, injury and loss of love. It also arouses more anxiety and emphasises the child's helplessness. Many parents do not allow the young victim to register his/her distress. He may not question, complain or even verbalise his state of mind. This repeated suppression of feelings is apt to lead to inability to recognise one's own reactions, therefore the normal range of emotions is compressed and distorted.

The emotionally abused child's fragile self-esteem are wilted and he blames himself for the attacks and experience self-hatred. The aggression that rightfully should be aimed at the perpetrator is instead directed inward at himself. One result may be prolonged depression, another may be self-punitive behaviour e.g. an excessive number of accidents, or more direct self-mutilation (Shengold, 1995:70).

Main (1991:130) argued that emotionally abused children may show the following behaviours:

Fail to thrive, uncommunicative, cry a lot, withdrawn, low self-concept, drop out from school, passive, unhappy, depressed, consider suicide, feel hopeless, fail to acknowledge mistakes, pessimism, mistrust, rebellious, aggressiveness, impulsiveness, unfriendly towards friends, suspicious, self-destructiveness and hyperactiveness.

3.4.3 The impact of sexual abuse

The impact of sexual abuse has been the focus of many studies such as the research by Bass & Davis (1998:33), Sanderson (1990:57) and Spies (1996:1). Sexual abuse permeates everything: sense of self, intimate relationships, sexuality, parenting, work life and even a person's sanity. Bass & Davis (1998:37) specifically constructed the following description of the impact of sexual abuse on the abused child: "When children are sexually abused, their natural capacity is stolen. They are introduced to sex on an adult's timetable, according to the adult's needs. They never had a chance to explore naturally, to experience their own desires from the inside. Sexual arousal became linked to feelings of shame, disgust, pain and humiliation".

Mzarek (1994:17) argued that there is a serious concern regarding whether sexual abuse is causally related to the later disturbances in development or whether these children were already presenting with various problems. Several researchers such as Rasmussen (1990:70), Bender & Blau (1994), Rascovsky (1995) and Merselman (1996) agreed that sexual abuse has both short- and long-term effects as discussed below:

3.4.3.1 Short-term impact of sexual abuse

According to Rasmussen (1990:11) there is evidence that sexual abuse is harmful to the abused child. It is psychologically harmful to children. Bender & Blau (1994:19), Rascovsky (1995:39) and Merselman (1996:15) argued that sexual abuse has a variety of ill effects. Various psychological and behavioural manifestations were described, namely:

regressive symptoms e.g. nail biting, enuresis, and encopresis, sleep problems including nightmares, fears and phobias, anxiety states and acute anxiety neurosis, loss of self-esteem, pessimistic or callous attitude, guilt or shame, suicidal ideation, impulsive, self-damaging behaviour, tendency to withdraw from activities of normal childhood, character disorder, obesity and depression.

In an area of interpersonal relationships, abused children were frightened by contact with

adults, showed increased seeking of affection from adults, developed hostile dependent relations, demonstrated bewilderment in regard to social relations, were shocked by parental reaction to the discovery of the assault, ran away from home and had homicidal ideation (Dixon, 1988:103; Maisch, 1992:17 and Burton, 1995:3).

Isaacs (1993:31) argued that sexually abused children showed disturbance in their psychosexual development, e.g. increased masturbatory activity, rush into heterosexual activities, prostitution, homosexuality, pregnancy, promiscuity, molestation of younger children, impaired feminine identification, desperation secondary to the inability to control sexual urges, purposelessness and non-enjoyable sexual acting out.

Browning & Boatman (1997:49) reported school problems of sexually abused children, namely: truancy, learning disorders, and mental retardation

3.4.3.2 Long-term impact of sexual abuse

Authors such as Katan (1993), Werner (1993), Rhinehart (1995) and Medlicott (1996) agreed on the long-term impact of sexual abuse. They reported the following psychological disturbances: non integrated identity, neurosis, chronic depression, low self-esteem, psychosis, suicidal ideation, homicide, character disorder and obesity.

Goodwin (1999:32) reported the following impact on interpersonal relationships: social isolation, difficulty in establishing close human relationships and fear of or conflict with parents or in-laws.

There are also various references to the long-term effects of sexual abuse on psychosexual adjustments: problematic sexual relationships, various sexual dysfunctions, prostitution, sexual molestation of children, aversion to sexual activity, illegitimate pregnancy, homosexuality, involvement with other incestuous relationships and impulses to sexually assault children (Armstrong, 1988:29).

The specific familial sexual abuse have their own impacts as discussed below:

3.4.3.3 The impact of familial sexual abuse

Flugel (1993:43) discussed the impact of the types of familial sexual abuse on the children as follows:

- **Father-daughter incest**

In these cases, the impact on the victims ranged from no apparent ill effects to promiscuity, psychopathic traits, frigidity, frank psychiatric symptoms, depression, learning difficulties, running away, poor sense of identity, behaviour problems, delinquency and prostitution.

- **Mother-son incest**

Mother-son incest may lead to problems in identification and tendency to repeat the traumatic experience.

- **Father-son incest**

Father-son incest may result in further homosexual experiences among the victims, male prostitution or sexually abusing their own sons.

- **Mother-daughter incest**

Lidz & Lidz (1997:121) described three cases in all of which the daughter became schizophrenic.

- **Sibling incest**

Karpinski (1992:207) observed promiscuity and guilt feelings among siblings.

3.4.3.4 The impact of neglect

Parental neglect in the form of deprivation (physical or emotional), inadequate care (psychological, physical, medical, educational, social), separation or malnutrition has been the focus of many studies such as by Brenneman (1990), Bakwin (1992), Ribble (1992) and Goldfarb (1995).

These authors agreed on the wide range of implications of neglect on the physical, psychological and social development of children. Breneman (1990:7) and Ribble (1992:15) wrote about the child's needs for maternal stimulation, the loneliness of children deprived from their mothers and the correlation of effects of hospitalisation to inadequate mothering. Bakwin (1992:21) suggested that deprivation of mothering in institutions might be related to behaviour problems, neurologic disturbances, mental retardation or even death.

Goldfarb (1995:19) emphasised the crucial importance of deprivation on the mental health of the child. The lack of loving care, warmth, intimacy, and a continuous relationship with the mother has ill effects on the child's development. Partial deprivation leads to anxiety, feelings of revenge, guilt, depression, disturbance of psychic organisation, neurosis and instability of character. Complete deprivation has even a more deteriorating impact on personality development, leading to an inability to form relationships.

Psychological malnutrition as exemplified by high-strung authoritarian parenting and inadequate approval of children shows a significant correlation with behaviour problems such as later school failure, truancy, stealing and destructiveness (Talbot, 1993:7).

3.5 SUMMARY

3.5.1 The causes of child abuse are complex as reflected in the models that have been proposed to explain them.

3.5.2 Five models have been used to explain the causes of child abuse, namely:

- The psychodynamic model
 - Learning model
 - Environmental model
 - Biosocial model
 - Psychosocial model
-
- The psychodynamic model attribute the causes of child abuse to the parent's inadequate psychological functioning and understanding of their parental role. The following factors are emphasised:

- Lack of trust in others;
 - tendency towards isolation;
 - non-supportive marital relationship;
 - excessive expectations towards the child;
 - chronically hostile and aggressive parents;
 - rigid and compulsive parents;
 - passive and dependent parents;
 - unemployed fathers;
 - mentally ill parents;
 - role reversal;
 - scapegoating; and
 - disengagement.
-
- Learning theories with the premise that parents abuse their children because of having had abuse role models in their own childhood or because they have inadequate skills for appropriate parenting. The following characteristics of parents were suggested as causal factors:
 - Lack of knowledge of the stages of child development, the needs of children, how healthy parents respond and child management.
 - Attachment theory emphasising early relationships between the infant and the caregiver.
 - Learning experience by parents who were themselves abused and neglected.
-
- The environmental model suggesting that a lack of material resources or social support is the main contributor to child abuse. The following factors were mentioned:
 - Economic stress;
 - unemployment;
 - social isolation;
 - overcrowding;
 - poor housing;
 - poor education; and
 - occupational stress.
-
- The biosocial model that considered abuse from the standpoint of factors that influence the amount of investment a parent is willing to make in a child. These

included the benefits as well as the costs that a child is seen as presenting to the parent. This model focused on the following broad groups of children seen as poorer investment of parental resources:

- Inferior health status;
 - handicapped children;
 - sex of children;
 - developmental stage; and
 - behavioural characteristics.
- The psychosocial system model which consider child abuse to be caused by multiple factors such as:
- The abusing family system, characterised by dysfunctions by parents and children;
 - marital conflict;
 - transmission of the family problems from parents to children;
 - competition among family members;
 - the child as a causal factor in abuse due to the following child characteristics:
 - premaritally conceived
 - unplanned babies
 - babies born with congenital defects
 - babies with behaviour that is not expected by parents
 - infants who cry abnormally

3.5.3 The various types of child abuse also have specific causes as indicated below:

- The causes of physical abuse were analysed in terms of the following:
 - Fatal alcohol syndrome;
 - addiction during pregnancy;
 - inflicted burns;
 - intentional poisoning; and
 - child factors.

- The causes of emotional abuse were given, such as:

- A pervasive sense of worthlessness, which includes an overwhelming urge by parents to control the important facet of their children's lives.
 - An underlying feeling of rage which is part of the abuser's intent to hurt.
 - Reaction to difficult life events such as grief or sexual exploration by children.
 - Child's characteristics such as powerlessness and dependence on the parents.
- The causes of sexual abuse were discussed with reference to non-familial and familial sexual abuse:
- Non-familial child sexual abuse include abuse by adults known to a child from a variety of sources such as neighbours, family, friends, parent's friends and/or school friends.
 - Perpetrators to familial sexual abuse such as the father, daughter, mother, son and/or siblings.
 - Other casual factors of child sexual abuse are child pornography and child prostitution.
- The causes of neglect are as follows:
- Societal values;
 - Poverty;
 - the social context;
 - early life experience;
 - parental knowledge;
 - parental isolation; and
 - characteristics of parents.

3.5.4 The various types of child abuse has different impacts on the abused child as discussed below:

- The psychological impairment, behavioural problems, disturbed emotional-cognitive development and physical disabilities present the impact of physical abuse.
- Emotional abuse expose children to a number of fears such as fears of abandonment, injury or loss of love.

- Emotionally abused children may generally be withdrawn, hyperactive, depressed, feel hopeless, cry a lot, drop out from school, rebellious, passive, unhappy, pessimistic or fail to thrive.
- Sexual abuse permeates everything, e.g. sense of self, intimate relationships, sexuality, parenting, work life and a person's sanity. It steals the children's natural capacity by introducing them to sex on an adult's time table without having a chance of exploring naturally.
- Sexual abuse has both short and long-term effects
 - Short-term effects are observed on the psychological and behavioural components, interpersonal relationships, psychosexual development and on school performance.
 - Long-term effects are observed as the psychological disturbances, difficulty in establishing relationships and psychosexual adjustments.
 - The impact of the types of familial sexual abuse were discussed, with the impact on the victims ranging from no apparent ill-effects to apparent ill-effects such as psychopathic, delinquency, prostitution, homosexuality, poor sense of identity and being schizophrenic.

CHAPTER 4

SOCIAL WORK SERVICE RENDERING CONCERNING CHILD ABUSE

4.1 INTRODUCTION

Child abuse can be life threatening and is regarded as society's most critical area of concern. This is due to its high rate and its devastating effects. It therefore creates an urgency that is unparalleled in our society. A wide range of families is in need of social work services regarding this problem area. This chapter will therefore focus on the following aspects:

Social work functions concerning child abuse. This includes service rendering concerning child abuse.

4.2 SOCIAL WORK FUNCTIONS IN CHILD ABUSE

Richard (1991:156) argued that social work has developed specific functions for managing the widespread problem of child abuse. Such functions are as follows:

- Identification;
- investigation;
- intervention; and
- prevention.

A discussion of the above functions and service rendering concerning child abuse follows below:

4.2.1 Identification

Child abuse must be identified before intervention of any kind can be rendered. The report of abuse must therefore reach the appropriate person. The reporting phase is dependent on the following:

- Public awareness of what constitutes child abuse;
- public awareness of reporting procedures;
- the willingness and ability of the person or agency that has identified the incident of child abuse to initiate a report; and
- the availability of a qualified person to receive a report, i.e. a person who can obtain necessary information and initiate an appropriate response (Richard, 1991:156).

When the report is finally made, the social worker then faces the first action to be taken in a reported case of suspected child abuse, to give the case a priority based on two criteria: the allegations in the report and the seriousness of the incidents. Richard (1991:157) argued that the priority of reports could be classified into three, priority one, two and three as discussed below:

- Priority one includes death, brain damage, subdural haematoma, wounds, poisoning, bone fractures, abandonment, sexual molestation, sexual penetration, incest, failure to thrive and burns.
- Priority two includes cuts, bruises, human bites, dislocations, tying, substance abuse and medical neglect.
- Priority three includes mental injury, malnutrition, inadequate shelter, inadequate clothing, educational neglect and inadequate supervision.

The social worker involved must weigh the seriousness of the incident and risk of harm to the child. Priority two and three allegations may actually be moved to priority one, based on the seriousness or potential risk of the child.

When any priority one or two allegations of harm is listed on the report, the report is priority one or two respectively. When the incident is serious or a child has been taken into temporary protective custody, the report is a priority one report regardless of the allegations. Allegations are considered to be priority three only when the social worker has determined that there is no risk of injury to the children, there is no need for temporary protective custody and there are no priority one or two allegation in the report.

The identification function of social work concerning child abuse includes interviewing, as discussed below:

4.2.1.1 Interviewing

To acquire the necessary information for a report, the social worker interviews many people involved in the child's situation, namely: the child, parents or caretakers, all adults in the home, witnesses, the initial reporter and professionals such as teachers, nurses or physicians.

The two interviews, which are most demanding of the social worker's sensitivity, insight and withheld judgement are with the parents and the child. Broadhurst (1989:17) gave the following suggestions to assist in conducting such delicate interviewing:

What the social worker must do when talking with the parents, they must:

- Select interviews appropriate to the situation;
- conduct the interview in private;
- tell the parents why the interview is taking place;
- be direct, honest and professional;
- tell the parents that the interview is confidential;
- reassure the parents of the support of the program;
- tell the parents if a report has been made or will be made; and
- advise them of the worker's legal responsibilities to report.

What the social worker must not do when talking with the parents, they must not:

- Try to prove abuse or neglect by accusations or demands;
- display horror, anger, or disapproval of parents, child or situation;
- focus on family matters unrelated to the specific situation; and
- place blame on the parents or child.

When talking with the child, who can understand the interview, the social worker must do the following:

- Make sure the interviewer is someone the child trusts;
- conduct the interview in private;
- sit next to the child, not across the table or desk;
- tell the child that the interview is confidential;
- conduct the interview in the language that the child understands;

- ask the child to clarify words or terms that are not understood; and
- tell the child of any future action that will be required.

When talking with the child, the social worker must not do the following:

- Allow the child to feel in trouble or at fault;
- criticise the child's choice of words or language;
- suggest answers to the child;
- probe or press for answers which the child is not willing to give;
- display horror, shock or disapproval of parents, child or the situation;
- force the child to remove clothing;
- conduct the interview in a group of interviewers; and
- leave the child alone with a stranger.

4.2.2 Investigation

Investigation of a suspected child abuse case is carried out through assessment of the child, parents and the family circumstances (Richard, 1991:160). Assessment contributes towards effective planning or intervention to resolve the case. Social workers need to have a knowledge of family dynamics, human development and environmental factors for making decisions regarding intervention and of each type of abuse, i.e. physical, sexual, emotional and neglect in terms of having its own different character and dynamic patterns. Below follows the issues to be explored regarding the parent and the child from a general perspective:

4.2.2.1 Parent assessment

In assessing the abusive parent, the social worker must try to determine what degree of risk to the child lies in allowing the child to remain with the parents. Certain special considerations must be taken into account to make a decision, e.g. in the case of physically abusive parents, the major emphasis is on the parents' reaction to the injuries incurred. The following are important: the family's attitude towards corporal punishment and the role this may have played in the injury, the ease with which the parents lose control of their behaviour and the amount of stress required to trigger this and the role of the non-abusive spouse in abuse.

In cases of neglect, the social worker first needs to know what caused the parents to neglect their children. She must try to discover which needs of the parents caused them to turn away from the child. Secondly, it is also important to know which needs of the parent interferes with nurturing the child, and lastly a distinction between environmental stress and psychological stress must be made.

In cases of emotional abuse, professionals agree that there must be an action or series of actions or omissions by the parents that can be shown to have caused emotional harm or injury. Qualified mental health professionals can only determine the cause and extent of injury.

An assessment of sexually abusive parents must evolve from considerations of very complex issues of both parents such as relationship with the abused child, e.g. is he a stepchild or not, interaction between the parent and the child and/or type of housing in which they are accommodated.

4.2.2.2 Child assessment

According to Finkelstein (1992:70) questions which are most commonly asked in assessing an abused child focus on the child's role in the parent/child interaction that resulted in abusive or neglected actions and on the extent of harm to the child. This data is basic for planning treatment. Individual variations in data obtained generally reflect the age of the child. With the age factor in mind, the social worker surveys the psychosocial functioning of the children relative to their own development, to their family and to the particular abusive incident. There are several core issues when assessing children as well as special issues relevant to particular age groups as discussed below:

Some of the special issues of infancy are the degree of attachment between parent or parent surrogate and the child and developmental delays. Physically abused infants as well as neglected infants often demonstrate failure to thrive and developmental delays.

In evaluating the pre-school child, it is important to note whether the child is a problem child, i.e. a child whose developmental delay manifests in provocative behaviour, such as rigidity negativism and hyperactivity. These children often become targets of abuse or neglect. Normal developmental tasks of this period such as separation and toilet training can over stress the inadequate parent, resulting in abuse. Precocious separation or hyper maturity is sometimes secondary to abuse and neglect and may mask a significant lack of depth in

interpersonal relations.

Latency or school age children who presented developmental delays or personality traits such as difficult toilet training and negativity in their pre-school period may now manifest refusal to attend school. At this stage problems such as school failure, poor peer relations and cranky behaviour at home play a role in abuse. Childhood depression is another prevalent result of abuse and neglect. The social worker is dealing with children who may defend the parent out of fear of loyalty and this may be guarded against.

Adolescents are more likely to report abuse or neglect than younger children either to the school authority, police or social workers. These adolescents want help but not at the expense of alienating parents or destroying the family. They are more subject to guilt feelings about the effects of the report on their parents. Changing their minds or their stories regarding abuse manifests this ambivalence. The adolescent may be out of control and actually be of an age to victimise the parents but whatever the provocation for parental abuse, the abusing parent is also out of control.

4.2.3 Intervention

The New Dictionary of Social Work (1995:77) is defining intervention as professional behaviour of a social worker to bring about change in the person-environment situation to achieve the objectives of the agreement of co-operation, which has been entered into with the client.

Howing (1999:330) argues that the focus of intervention in child abuse has been the primary caregiver, usually the mother. The goal of intervention with such parents is to assist them to deal with a range of problems associated with child abuse. Authors such as Goldstein (1994:271), Rothery (1995:81) and Palmer (1996:20) examined intervention methods that can be used in child abuse and agreed on the following methods:

- Social work with the individual;
- social work with the family;
- social work with the group;
- social work with the community;
- social work research; and
- an integrated application of these methods.

The above intervention methods are discussed below with special focus on child abuse:

4.2.3.1 Social work with the individual

The New Dictionary of Social Work (1995:8) define social work with the individual as a method of social work aiming primarily at helping individuals on a person-by-person basis to attain the fullest degree of social functioning. Social work with the individual in child abuse cases encompasses a broad range of intervention aimed at restoring, maintaining and enhancing the individual's personal and social functioning. It is mostly employed with parents/caregivers of abused children and can help such parents to:

- Enhance their ego functioning, particularly in the areas of impulse control and judgement;
- acquire better coping skills;
- develop the self-esteem and empathy that are so essential to good parenting;
- improve role functioning and interpersonal relationships;
- learn better child management techniques;
- develop more realistic and age appropriate expectations of children;
- modify long-standing behaviour patterns;
- compensate for early developmental arrests;
- gain greater self-awareness; and
- improve relationships with the community (Goldstein, 1995:40).

Social workers involved with individuals concerning child abuse can employ various intervention approaches. Authors such as Baas (1994:4), Goldstein (1995:42) and Whiteman (1997:469) agree that five main types of approaches are mostly employed in intervening concerning child abuse, namely:

- Problem solving;
- behaviour modification;
- cognitive restructuring;
- ego psychology; and
- crisis intervention.

These approaches overlap and must be used flexibly with the individuals involved.

A discussion of the above given approaches follows below:

- **Problem solving**

The basic assumption of this approach is that human existence is a continual problem-solving process. This approach is aimed at helping the person to solve whatever problems he cannot solve at the present moment and the by-product is that he will be able to solve future problems (Butrym, 1993:25).

The problem solving approach emphasises training in the development of problem solving skills. According to Durlack (1993:35) problem solving skill training has received much attention to date and may have wide applicability in cases of child abuse whereby parents/caregivers can be trained to develop skills in problem solving. This training involves providing them with the necessary skills to accurately identify a difficult situation and to effectively manage it, thereby preventing or avoiding an abuse. Kifer, Sally & Ralph (1994:360) argues that the problem solving approach have been used effectively to help parents negotiate intrafamily conflicts which could have resulted in child abuse.

Durlack (1993:35) states that the major emphasis of the problem solving approach is the training of parents in problem solving skills following specific steps, namely:

- Identifying the problem of child abuse;
- generating alternative solutions to solve the problem;
- exploring the consequences of each proposed alternative;
- choosing the best plan and implementing it; and
- evaluating the outcomes of the plan and its relevance with similar future situations of child abuse.

- **Behaviour modification**

Studies by Vasta (1992:143), Scott *et al.*, (1994:321) and Brunk (1997:175) indicate that the behaviour modification approach is predicated on a theoretical proposition that maladaptive behaviour is learned and can be unlearned under controlled situations.

Child abuse is argued to be the result of inadequately or inappropriately learned parenting

behaviour. Much intervention with parents/caregivers of abused children had led to the contemporary approaches to training parents/caregivers in developing more effective parenting strategies (Scott et al, 1994:322). There is consensus among social workers employing this approach concerning child abuse that child abuse can be accounted for in terms of specific social interactional variables such as:

- Lack of non-violent child management skills;
- inadequate knowledge concerning child behaviour, anger control deficits, over-arousal to cues of child misbehaviour; and
- limited resources for solving problems that exacerbate stress and hinder adaptive functioning (Lutzker, Jellen & Linda, 1994:65; Furniss, Muller & Roberts, 1994:866 and Brunk, 1997:175).

Intervention focus on observable behaviour, the context in which these behaviours occur, with the objective of modifying the behavioural interchanges among persons in the target system. Focus is on the individual child who has been abused, the identification of child abuse, the antecedents to child abuse and the consequences that followed the occurrence of child abuse.

An assessment of the child's behaviour in its context relative to the parent's directives and responses to that behaviour is done. Intervention therefore focuses on the training of parents to modify the manner in which they gave instructions to their children and the enhancement of the parent's skills in child management.

This intervention can affect the parent's attitudes towards their children positively and produce positive changes in the behaviour of siblings of the abused child as parents will generalise their new skills to the siblings.

Different techniques of intervention may be employed for various behavioural objectives, namely:

- Direct instruction, role-playing or modelling which can be used to train parents in parenting skills; and
- relaxation training or communication exercises can be used for the development of social skills, reduction of stress, assertiveness training or anger control training (Scott et al, 1994:330).

Behaviour changes achieved are maintained after termination through strategies such as cognitive testing regarding the level of understanding which the individuals have concerning the processes by which they have acquired their new skills. Follow-up is made at predetermined intervals focussing on identifying any regression in the acquired behavioural skills (Furniss *et al.*, 1994:869; Lutzker *et al.*, 1994:69 and Brunk, 1997:180).

- **Cognitive restructuring**

According to authors such as Fennel (1992:129), Vondracek (1995:120) and Palmer (1996:77) the cognitive restructuring approach focuses on changing the incorrect thought patterns, beliefs and attitudes of the clients which is believed to lead to lasting behaviour change.

Child abuse is addressed in terms of incorrect premises and a proneness to distorted imaginable experiences, which lead to incorrect emotions and responses to external events. One of the features which is common to the acts of abuse is the underlying emotion of anger. Anger is therefore the most evident parental response to what is seen as the child's provocative behaviour. The aims of the cognitive restructuring approach is therefore to alleviate parental anger in the face of perceived provocation by children, and to improve child management skills.

The application of this approach will help parent's to learn the following skills:

- Desirable coping skills to cope with provocation;
- the ability to give a less negative meaning to the provoking child, e.g. taking provocation as unintentional;
- relaxation techniques to have the means to alleviate the intense pressure of provocation towards immediate and impulsive action engendered by the physiological arousal accompanying the experience of anger; and
- problem solving entailing more effective ways of preventing and ameliorating perceived provocations than impulsive actions (Fennel, 1992:130; Vondracek, 1995:125 and Palmer, 1996:79).

- **Ego psychology**

Authors such as Goldstein (1995:42) and Vondracek (1995:12) agree that ego psychology deals with the relationship of personality to reality with the basic goal of supporting and strengthening the clients' ego so that they can function and cope more effectively with their problem areas. Goldstein (1995:42) gives the aims of ego psychology regarding parents of child abuse cases as follows:

- Helping parents function more comfortably in their role as parents;
- better control of behaviour and feelings;
- improving parent-child, and other interpersonal relationships;
- developing better coping skills when problems arises;
- remedying early parental developmental defects that may be part of the pattern of child abuse;
- acquiring greater understanding of the children's needs; and
- learning better ways of managing the children's needs.

Ego psychology can be provided through the provision of information, advice and direction and can focus on the following aspects:

- Child development;
- child rearing techniques;
- special problems; and
- parents' needs.

- **Crisis intervention**

Crisis intervention is defined by the New Dictionary of Social Work (1995:16) as an approach in social work which is directed towards the restoration and promotion of the social functioning of individuals who experience a crisis as a result of an unexpected and disruptive event and who do not have the problem solving abilities and resources to cope with the increased level of tension and anxiety.

Baas (1994:4) argues that child abuse is a crisis to many individuals and requires the intervention of a social worker through the employment of crisis intervention.

Authors such as Baas (1994:5) and Furniss *et al.*, (1994:866) agree that the employment of crisis intervention in child abuse cases is aimed at the following:

- Ending the abuse through the removal of the abuser or the victim of abuse from the abusive situation;
- helping the victim to deal with his emotions;
- strengthening the parents' ability to protect the child; and
- assisting the abuser, victim and other family members to establish appropriate role boundaries.

4.2.3.2 Social work with the family

The New Dictionary of Social Work (1995:25) define social work with the family as the treatment of a client involving all the members of the family in interaction, in an effort to change the problem behaviours with a view of promoting the client's and the family's social functioning.

Social work with the family is based on the assumption that a family is a system which consists of interrelated and interdependent subsystems (members) whereby change in one subsystem will lead to change or changes in the other subsystems (Goldstein, 1995:63).

In child abuse cases, the entire family system including the abused child, non abused siblings and parents is affected by the abuse of a child and is seen together by the social worker. The family is thus seen as a unit of attention and intervention will address the family as a whole. Goldstein (1995:64) gives the following advantages of seeing the family as a unit:

- The social worker can assess family interactions and the roles family members take with one another;
- the family's interaction can help the parents to learn to communicate more directly, to solve problems jointly, and to empathise with other family members including the abused child; and
- the family can learn and experiment with more effective child management techniques.

Social work with the family focuses on two goals regarding child abuse, namely:

- Support of adaptive functioning whereby the social worker can support instances of good child rearing practices on the part of parents that could help prevent or modify the abuse of the child, e.g. helping the child to do homework rather than blaming the

child for not doing homework.

- Help in problem solving in which parents are taught to solve problems.

In abusive families, members are often not able to solve problems but instead become frustrated, angry and abusive. Parents usually attack the child when he made a mistake. The social worker can help the family to listen to one another instead of attacking each other. The family is helped to solve the problem together by following the steps of the problem solving model which are as follows:

- Identifying the problem, e.g. child abuse;
- generating alternative solutions to solve the problem;
- exploring the consequences of the proposed alternatives;
- choosing the best plan and implementing it;-evaluating the outcomes of the plan and its relevance to similar future situations of child abuse;- overt behavioural change whereby the social worker intervenes directly when abusive parental behaviour occurs, e.g. a mother who hits her child in frustration might be helped to remove herself from the child's presence when she begins to feel angry. The parent might also be helped to talk to the child rather than striking her; and
- modification of systemic family processes, e.g. communication, interpersonal relationships and structure. In some instances, problems among the other family members, such as a marital conflict e.g. anger, that is displaced on the child can result in child abuse. In this case, the social worker can encourage the parents to attend to their conflict to improve their marital relationship.

4.2.3.3 Social work with the group

Social work with the group refers to one of the primary methods of social work through which a trained social group worker provides aid, in a professional way, to groups consisting of unique individuals by managing and applying the group processes, the underlying relationships and the programme media in a purposeful and skilful way (Du Preez, 1998:25). Goldstein (1997:80) adds to this definition by arguing that social work with the group involves an alliance of people who are brought together to work on a common task, to use the group experience for support and mutual aid, for educational purposes or to effect personality change. Social work with the group thus involves different types of groups that have distinctive though sometimes overlapping goals ranging from those that are supportive to those that are educational.

Goldstein (1997:89) argues that social work with the group is an effective approach in working with child abuse cases. It has been shown to be effective in its ability to provide the following:

- The opportunity for nurturance, resocialization and relating to others;
- powerful experiences in being accepted;
- the development of better communication and other interpersonal skills;
- the atmosphere in which to develop increased empathy for others, new values, attitudes and behaviour; and
- support networks that diminish the individual's sense of isolation and enhance their ability to take or offer help.

Billy (1996:193) states that social work with the group focussing on child abuse cases employ both supportive and educational goals to focus on issues such as:

- Isolation;
- feelings of hopelessness;
- interpersonal problems;
- poor socialization skills;
- poor parenting;
- poor child management skills;
- low self-esteem; and
- poor ego functioning in key areas such as impulse control.

Howing (1993:330) and Corey & Corey (1992:14) argue that social work with the group can also use self-help groups to assist abusive parents. The program of such groups involves group sessions where parents can talk about their behaviour towards their children, their values, anger, hurt feelings and any other issue that may result from a parent abusing a child.

Self-help groups for abusive parents can focus on parent education or parenting skills. Self-help groups that aim at improving parenting skills for abusive parents often focus on improving verbal communication as an alternative to physical discipline, on enhancing impulse control and social skills. Parents are taught the following skills:

- To discipline effectively through reasonable punishments;

- setting the limits of disciplining their children;
- to know the particular needs of their children;
- to give approval, affection and attention to their children; and
- not to be overly giving in such a way that their resentment builds up when the child does not return or appreciate their self sacrifice (Billy, 1996:203; Goldstein, 1997:87, and Jacobs, Harvil & Masson, 1994:384).

Howing (1993:331) adds to the use of self-help groups in child abuse cases by arguing that self-help groups for abusive parents is a component of effective intervention. This view is supported by Cohn (1999:516) who states that self-help groups are increasingly used for abusive parents and are proved to be a success. Cohn (1999:516) goes further and argue that structured, time limited parent training programs are used for educational purposes. These programs present information on the following aspects:

- Child development;
- child management;
- stress reduction; and
- anger management.

Parents are thought to benefit from the mutual sharing of coping strategies, peer feedback, support, imitating a successful learner, i.e. a parent who has overcome the same problem of child abuse, and in regaining their self-esteem as they see that they are not the only persons with the problems of child abuse.

4.2.3.4 Social work with the community

Lombard (1991:72) define social work with the community as a method of social work based on a scientific process which is directed towards achieving one or more of the following objectives:

- To satisfy the broad needs of the community and to create and maintain a balance between the needs and the resources in the community;
- to provide the community with the opportunity to exploit its strengths and potential knowledge and skills and to develop these, in order not only to be able to deal with social problems and needs but also to prevent them; and
- to effect change in the community, in group relations and the distribution of decision-

making powers.

This definition of social work with the community concurs with that given by Ross (1991:71), George (1994:29), Dunham (1994:41) and Batten (1995:3) who defined social work with the community as a conscious process of social interaction and a method of social work concerned with:

- The meeting of needs, bringing about and maintaining of adjustments of resources to needs in a community;
- helping people to deal effectively with their problems and objectives by assisting them to develop, strengthen and maintain qualities of participation, self-direction and co-operation; and
- the bringing about of changes in group and intergroup relationships and in the distribution of decision-making power.

Briscoe (1992:183), George (1994:35) and Batten (1995:13) argue that social work with the community is carried out specifically by welfare agencies which employ social workers.

According to Tzeng (1993:105) an agency can take many different approaches to offering services to abusive or potentially abusive families and increasingly rely on a broad range of community services to render services to these families. These agencies develop community based services rendering programs such as:

- Perinatal support;
- education for parents;
- early and periodic childhood screening;
- social skills training such as coping skills in times of problems; e.g. child abuse or communication skills;
- mutual aid programs;
- neighbourhood support groups;
- family support services focussing on family planning, child care or crisis care; and
- public awareness campaigns on child abuse.

Barton (1990:176) adds to the services of the community concerning child abuse by stating that communities should have crisis helplines and co-ordinating persons from where people can gain information on the most accessible and appropriate time. Such crisis helplines will have a major impact in the community as they will provide non judgmental listening and

emergency counselling for the overwhelmed parent. It can also provide referral to community resources when necessary.

Howing (1993:333) argues that social workers rendering community services concerning child abuse should perform the following functions:

- Establish linkages between the people and community resources concerned with child abuse. This occurs where people are not aware of the resources available to them e.g. child crisis centres.
- Facilitating interactions between the people with resources. This is applicable in cases where the existing resources cannot be used by the people because of problems with regard to these resources, e.g. unavailability of funds for clients. It is therefore the social worker's function to improve interaction between the clients and the resources.

4.2.3.5 Social Work Research

De Vos (1998:19) defines social work research as a scientific inquiry about a social work problem that provides an answer contributing to an increase in the body of generalisable knowledge about social work concerns. This definition implies that social work research investigates a social work problem and in the process also adds to the general underlying body of scientific knowledge available to the profession. Most research which is conducted in social work is "applied" research which aims at developing, implementing and evaluating intervention strategies. Social work research should thus focus on research which yields results that can further develop their practice and wisdom necessary for intervention and problem solving (De Vos, 1998:248). Leedy (1993:9) argues that social work research follow a process which is largely circular in configuration, beginning with a problem and ending with a resolved problem.

In following the process, a social worker can choose between a qualitative or quantitative research approach or can choose a combination of the two approaches (De Vos, 1998:38).

The process of social work research employing the quantitative approach concerning child abuse can be as follows:

- Selection of a research problem, e.g. child abuse;
- formulating questions or hypothesis;

- formulating a research design, e.g. an exploratory research design;
- collecting data e.g. by means of interviews scheduled;
- analysing data; and
- writing the research report (Rothery (1993) as quoted by De Vos, 1998:39).

4.2.3.6 The application of social work methods by means of an integrated approach

An integrated approach of social work methods refers to uniting the various methods of practice from which social work is made up, e.g. social work with the individual, family, group, community and research (Goldstein, 1994:22, Welsh, 1995:99 and De Villiers, 1996:81). The integrated approach does not detract from the individual character of the methods but aims at achieving the same goal as that which the social work profession is aiming at with each respective method. The purpose of an integrated approach is to be helpful to people as individuals, families, groups or communities.

A social worker always begins with individuals or families who have a problem or need and formulates a plan to meet the need or resolve the problem based on an assessment of the client's situation. Intervention may be directed to different systems, e.g. individual, family, group or community or to the relationships among them to resolve the problem, e.g. child abuse as discussed in this chapter under social work with the individual, the family, group, community and research.

4.2.4 Prevention

Prevention is defined by the New Dictionary of Social Work (1995:46) as a process aimed at minimising and eliminating the impact of conditions that may lead to social malfunctioning, e.g. child abuse. Gough (1993:17) argues that prevention is aimed at the rearrangement of the forces in the society against those negative factors in the life of a child.

According to authors such as Jacobsen (1992:104), Davies (1994:23) and McMurtry (1995:42) prevention can be offered at three levels, namely: primary, secondary and tertiary.

A discussion of these three levels of prevention follows below:

4.2.4.1 Primary prevention of child abuse

Primary prevention seeks to affect factors that contribute to the appearance of child abuse. It refers to efforts aimed at positively influencing parents/caregivers before abuse occurs (Gough, 1993:18 and McMurtry, 1995:44). Primary prevention thus concerns itself with reducing the incidence of new cases of child abuse before it starts. Usually these operate at the societal level through public awareness campaigns and advocacy groups and are then realized by social, legal and educational processes of change. Gelles & Cornell (1995:103) suggested the following actions for the primary prevention of child abuse:

- Elimination of the norms that legitimate and glorify child abuse in the society and family, such as the use of violence as a form of media entertainment;
- reducing violence-provoking stress created by society, such as poverty and inequality;
- incorporation of families into a network of kin and community, to reduce isolation;
- changing the sexist character of society by educational development; and
- breaking the cycle of child abuse in the family by teaching alternatives to child abuse as a way of controlling children.

The above proposals call for fundamental changes in family life and society as a whole. If they are not unrealistic, they are at least long term solutions.

Since it is so costly to mount prevention programs, social workers are devoting more time and resources to high-risk populations. The following are high-risk factors for child abuse which are considered:

- Low birth weight pre term infants;
- children of adolescent parents;
- handicapped and special needs children;
- children of mentally retarded parents;
- children of substance abusers;
- children of parents who were abused as children; and
- children of parents with few or inadequate support systems, i.e. family, friends, neighbours (Richard, 1991:170).

Children may belong to more than one of these population groups with the risk factor increasing as group membership increases.

4.2.4.2 Secondary prevention of child abuse

Secondary prevention of child abuse involves the identification of potential child abusers and treating them before child abuse can take place. It is thus a before the fact technique in its timing which attempts to direct services towards specific parents identified as having a high potential for experiencing child abuse (McMurtry, 1995:42).

The purpose of secondary prevention of child abuse is to avert the onset of child abuse. Secondary prevention can be used in maternity units e.g. by identifying parents who may later present with parenting difficulties which may result into child abuse. The aim will be to prevent the onset of child abuse by improving the birth care of these identified parents at risk (Buchanan, 1995:142).

McMurtry (1995:47) states that adult education classes should be attended by high risk parents expecting a new baby. These parents should attend prenatal classes that deal with labour, delivery, the demands of caretaking and the normal anxiety and anger engendered by babies. Once the baby is born, parenting classes should also be attended. Such classes can provide parents with a rehearsal of the types of stresses that children frequently cause. These classes are especially helpful for parents with unrealistic expectations of children's behaviours, and may focus on the following aspects:

- Stressing of discipline and counselling with a strong stand taken against hard discipline;
- exploration of alternative means of disciplining children as opposed to abusing the children; and
- difficulties experienced in child developmental phases which are usually provocative to parents, with toilet training being the worst phase which may lead to bruises and burns to the genitals and anal area.

Barton & Schmidt (1990:175) stress the importance of parent education courses as an effective technique of secondary prevention of child abuse. This view is supported by Hawkings (1993:197) who recommends a training program for parents and prospective parents which will improve the quality of child-rearing and prevent the development of child abuse. Such programs can teach parents about the following aspects:

- Nurturing;

- the needs of children at different stages;
- how parents respond to those needs;
- good parenting skills;
- family planning;
- stress management;
- conflict management;
- child development;
- health;
- personal growth; and
- the warning signs of their own potential to abuse the child.

4.2.4.3 Tertiary prevention of child abuse

Authors such as Tzeng (1992:104), Gough (1993:19) and McMurtry (1995:43) argue that tertiary prevention of child abuse refers to the services offered to families after child abuse has occurred. It is thus a reactive intervention aimed at preventing an abused child from being further abused. Prevention here focuses on keeping the families from developing abusive cycles in which children are repeatedly abused.

Tertiary prevention is rendered by the provision of treatment to the abusive families (Mouzakitis, 1995:248). Treatment is defined by the New Dictionary of Social Work (1995:103) as a helping action by the social worker in the client's problem situation which is aimed at guiding the client towards a better understanding of his problems with a view to solving them and improving his social functioning. In this study, treatment will refer to the helping action of the social worker in the abusive parent's problem situation which is aimed at guiding these parents towards a better understanding of their problems of child abuse with a view of solving them and improving their social functioning.

Tertiary prevention of child abuse will focus on the following treatment goals:

- Stopping the abuse;
- improving parental functioning;
- reducing frustration, stress and conflict within the family and the environment; and
- developing conflict management skills.

A discussion of the above treatment goals follows below:

- **Stopping the abuse**

Stopping the abuse may require several strategies such as having the parents list the types of behaviours manifested by the child prior to abuse. Objectives can be formulated to prevent a recurrence of the particular set of circumstances, such as to relate to the stress in other ways, to recognise that the child's behaviour is developmentally normal and to learn new methods for disciplining the child's undesirable behaviours.

- **Improving parental functioning**

The social worker can set objectives such as:

- Roles of family members will become appropriate, i.e. the child will no longer "parent" the adults;
- nutritious meals and snacks will be prepared for the children daily;
- the parents will hug the child each day; and
- parents and children will play a game together each day.

Strategies to achieve these objectives may include role modelling by a counsellor, homemaker or volunteers.

- **Reducing stress and conflict in the family**

In reducing stress and conflict, the following aspects may be improved:

* **Housing, income and quality of food**

Since housing, income and nutrition affect family attitudes, strategies may include obtaining public housing, getting utility service restored, seeking employment or job training, learning the basic nutrition requirements and reducing sugar intake.

* **Developing conflict management skills**

In developing conflict management skills, the family learns the following:

- To focus until a problem is defined;
- to list possible solutions; and
- to reach a consensus on the solution.

* **Self-esteem**

Improvement of self-esteem requires the family to develop interpersonal association with others, e.g. the positive interaction that occur in group modalities, positive attempts to make complimentary statements about themselves and others, listing of their personal strengths, learning to play and have fun, development of a daily routine and feeling in control of themselves and not helpless in the environment.

* **Intimacy**

Improved intimacy within the family requires learning the importance of appropriate touch, becoming trusting of others and being trustworthy, learning to respect one's spouse, sharing sexually and communicating openly and respectfully (Mouzakitis, 1995:253, and Goldstein 1995:87).

Kempe (1992:70) argues that if the situation dictates that the family will never be able to provide adequate care to the child, the only alternative is to separate the child temporarily or permanently from his family with the main aim of protecting him from further abuse. Such a child may be temporarily placed in family foster care homes or permanently in residential treatment centres such as psychiatric hospitals for severely disturbed abused children.

4.3 SUMMARY

4.3.1 Social work has its own functions for child abuse, namely:

- Identification;
- investigation;
- intervention; and

- prevention.

4.3.2 Social work service delivery is given on the basis of these functions of social work concerning child abuse as follows:

4.3.2.1 Identification which includes interviewing,

4.3.2.2 Investigation which includes parent and child assessment,

4.3.2.3 Intervention which includes social work with the individual, the family, the group, community, research and an integrated approach.

Social work with the individual mostly employ the following models:

Problem solving, Cognitive restructuring, ego psychology, behaviour modification and crisis intervention.

Social work with the family entails working with the family as a unit.

Social work with the group entails working with a group of clients who experience the same problem areas, namely: Child Abuse.

Social work with the community.

This involves the community in the satisfaction of needs or solving of problems such as child abuse.

Social work research.

Social work research focuses on social work problems with the aim of adding knowledge to the general underlying body of knowledge of the profession of social work

An integrated approach of social work methods entails uniting the various methods of social work in service delivery in child abuse.

4.3.2.4 Prevention of child abuse is given on three levels, namely:-

Primary prevention refers to efforts aimed at positively influencing parents/caregivers

before abuse occurs.

Secondary prevention refers to the efforts directed at the identification of potential child abusers and their treatment before child abuse can take place.

Tertiary prevention refers to services, which are offered to families after child abuse has occurred. It thus prevents an abused child from being further abused.