

CHAPTER 5

EMPIRICAL RESEARCH

5.1 INTRODUCTION

This chapter focuses on the following aspects:

- Research methodology;
- the procedure followed in collecting data;
- the presentation of the results in tables and figures; and
- the interpretation of the results.

The above aspects are discussed below:

5.2 RESEARCH METHODOLOGY

Information regarding research methodology has been discussed in detail in Chapter one of this thesis and will not be repeated in this Chapter. For detailed information on the research methodology, the reader can utilize Chapter one.

A brief discussion of some of the aspects of research methodology is given below:

The exploratory research design was employed on the condition that there was no research which was conducted concerning the topic of this study. The main aim of employing the exploratory research design was to formulate hypothesis for future research.

Data was gathered by means of questionnaires which were administered in face-to-face interviews during October and November 2000.

The population of the study consisted of all the parents/caregivers whose children were abused in the North West Province during the period 1995-1999 and who receive or received social work services and all the social workers employed by the

Department of Health and Developmental Welfare who are rendering services concerning child abuse.

Purposive sampling was employed to get a representative sample. A sample consisting of one hundred and fifty parents/caregivers whose children were abused in the North West Province - Moretele District and fourteen social workers who are rendering services concerning child abuse in the North West Province – Moretele District were drawn. There were therefore one hundred and fifty parents/caregivers and fourteen social workers who formed the sample of the study.

The criteria to qualify for this study was as follows:

Parent/caregiver

To be regarded as a parent/caregiver, the person must be responsible for taking care of a child who is under the age of eighteen and who has been abused during 1995-1999.

Sex

Both males and females were included in the study.

Age

Parents/caregivers of any age were included in the study.

Race

Only black parents/caregivers were involved.

Residence

Parents/caregivers had to be residing in the North West Province – Moretele District.

Social worker

A person should be registered and authorized in accordance with the Social Work Act (Act 110 of 1970) and practice social work.

Employment

The social worker must be under the employment of the Department of Health and Developmental Welfare, North West Province – Moretele District and rendering services in child abuse cases.

5.3 THE PROCEDURE FOLLOWED IN OBTAINING DATA

The procedure followed in obtaining data in this study can be described as follows:

Before interviews were conducted with the respondents of the research, the Department of Health and Developmental Welfare in Moretele District received a letter informing them about the intended research, see Appendix 1.

A program was later sent to this Department informing them about the dates of the researcher's visit to interview the parents/caregivers and social workers, see Appendix 2.

A second letter was sent a month in advance to this Department confirming the researcher's date of visit, see Appendix 3.

Interviews were conducted at the parents/caregivers homes and the social workers offices during office hours. The first interview focused on the respondent's confirmation of their voluntary participation in the research by attaching signatures next to their names. An explanation for the confirmation of their voluntary participation was clearly given, see Appendix 4.

The second interview focused on the completion of the questionnaires. Before the interview itself started, a full explanation of the purpose of the research was given to the respondents. This explanation was also supported by the covering letter of the questionnaires. These explanations became very important in order to win the confidence of the respondents and also to establish a good rapport with them.

The researcher asked questions and completed the questionnaires herself. At the end of the interviews the researcher expressed her appreciation to the respondents for taking part in the study.

5.4 RESULTS

The research findings are presented graphically and in tables. The questions that do not have significant bearing on the results obtained in the study concerning the types, causes, symptoms and impact of child abuse and the nature of services rendered by social workers concerning child abuse will not be represented in graphs or tables.

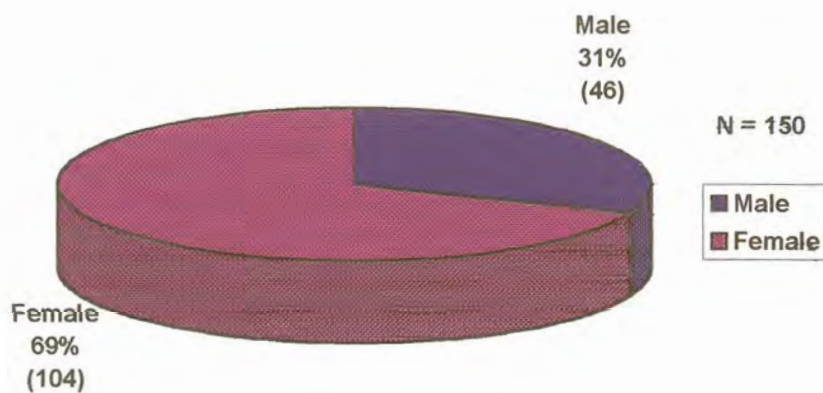
These results are also interpreted. The results obtained from this empirical study and their interpretations will now be provided below:

5.4.1 Personal details of parents/caregivers

This section was answered by all the parents/caregivers. They were requested to indicate their sex, age and marital status as indicated below:

The sex of the parents/caregivers is represented in figure 2 below:

Figure 2: Sex of the parents/caregivers



The above figure shows that 69% (104) of the parents/caregivers are females while 31% (46) are males. This is a discrepancy of 38 % respondents in the distribution of sex. This is due to the inclusion of the whole population of parents/caregivers whose children were abused.

In this study the sex of the respondents will have a significant bearing on the types of child abuse, which were experienced by the children and the symptoms which were noticed, which indicated that these children have been abused.

The age of the parents/caregivers is represented in table 1 below:

Table 1: Age of the parents/caregivers

AGE	FREQUENCY	PERCENTAGE
20-25	88	58%
26-30	30	20%
31-35	16	11%
36-40	10	7%
41-50	6	4%
TOTAL	N = 150	100%

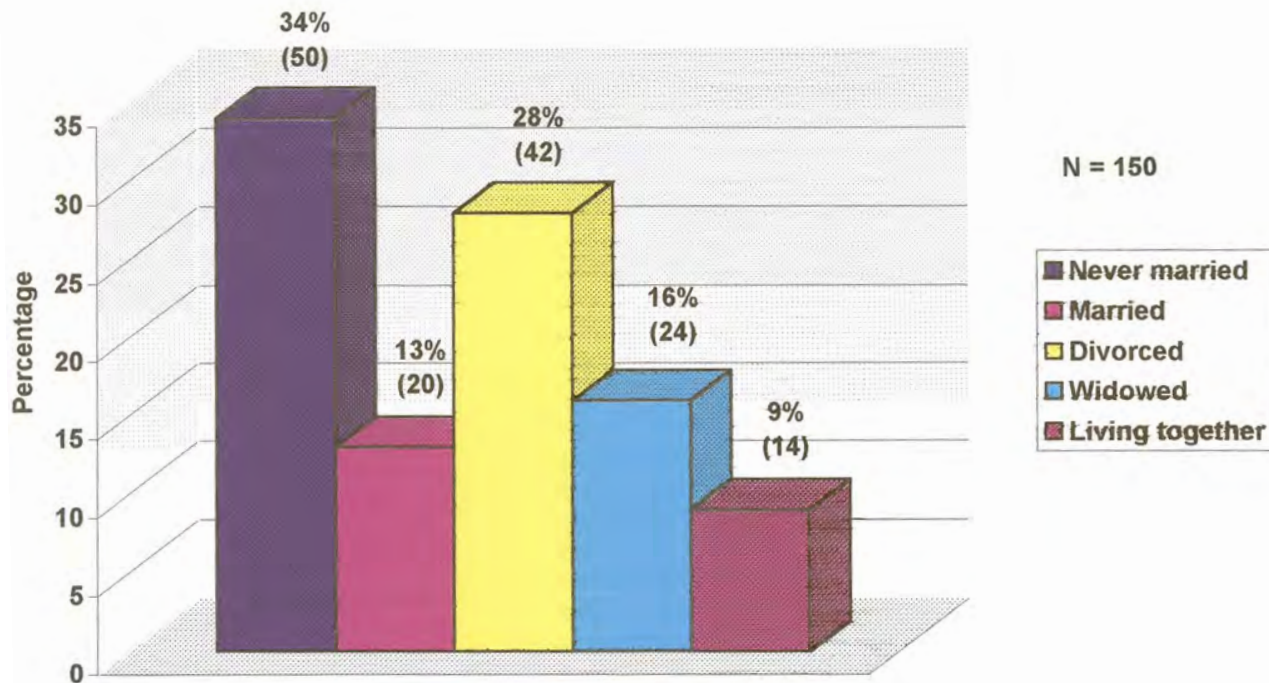
The ages of parents/caregivers range from 20 years to 50 years old. The majority of them 58% (88) is in the age group 20 – 25 years. Followed by 20% (30) in the age group 26-30 years, 11% (16) in the age group 31-35 years and 7% (10) in the age group 36-40 years. The minority 4% (6) is in the age group 41-50 years.

Considering the difference in age, as indicated in the above table, one can relate these findings to the argument by Creighton (1994:77) in which he indicates that the ages of parents determine the responsibilities that parents take towards their children in terms of fulfilling the children's needs.

This finding contradicts what is happening in practice as the parent's age does not determine their responsibility towards the children, there are young parents who exercise more responsibility to their children than elder parents.

The marital status of the parents/caregivers is represented in figure 3 below:

Figure 3: Marital status of the parents/caregivers



The above figure shows that the majority of the parents/caregivers 34% (50) are never married, 28% (42) are divorced, 16%(24) widowed, 13%(20) married and the minority 9% (14) is living together.

The above findings are attributable to the inclusion of the whole population of the parents/caregivers whose children have been abused in the North West Province. These findings will have an influence on the types and causes of child abuse that are experienced by the children in the North West Province.

5.4.2 Number of children

The number of children under the age of 21 who are under the parents/caregivers is represented in table 2 below:

Table 2: Number of children

NUMBER	FREQUENCY	PERCENTAGE
1	10	7%
2	25	17%
3	45	30%
4	70	46%
TOTAL	N = 150	100%

The number of children, under the age of 21, who are under the care of parents/caregivers range from 1 – 4. The largest percentage of parents/caregivers 46% (70) each has 4 children, 30% (45) has 3 children and 17% (25) has 2 children and the minority 7% (10) has 1 child.

The above findings correlates with the findings of Schultz (1992:12) who found that parents that have more than one child are unable to meet their role obligations regarding the children's discipline. These findings contradict what is happening in practice, as the number of children is not related to the parent's role performance regarding the children. Role performance is determined by the parent's clarity of obligations associated with particular responsibilities over the children.

5.4.3 Number of children who have been abused

All the parents/caregivers 100% (150) indicated that only one child who is under their care has been abused. This finding may be related to the practical situation in child abuse cases whereby the parents/caregivers of abused children are involved in childcare services such as prevention services. This involvement can lead to the prevention of further child abuse.

5.4.4 The child abusers

The child abusers are represented in table 3 below:

Table 3: Child abusers

CHILD ABUSERS	FREQUENCY	PERCENTAGE
Child's mother	35	23%
Child's father	16	11%
Child's stepfather	62	41%
A stranger	13	9%
Child's relative	24	16%
TOTAL	N = 150	100%

The above table indicates that the majority of child abusers are the stepfathers 41% (62), followed by the mothers 23%(35), the relatives 16%(24), the fathers 11%(16) and the minority of child abusers are strangers 9%(13).

The above findings contradict the results of the research conducted by Blumenthal (1994:6) in which most of the child abusers were the children's biological parents, i.e. their mothers and fathers.

The findings in this study agree well with Gelles's (1997:216) argument that stepfathers are greatly over represented in child abuse. These findings also correlate with the practical situation in South Africa whereby stepparents are mostly the ones who abuse their stepchildren than any other person. (South African Police Services News Letter, 1997:2)

5.4.5 The children's ages during the abuse

The children's ages during the abuse are represented in table 4 below:

Table 4: The children's ages during the abuse

AGE	FREQUENCY	PERCENTAGE
0-5	47	31%
6-10	51	34%
11-12	35	23%
16-21	17	12%
TOTAL	N = 150	100%

The majority of children 34% (51) experienced abuse at the age of 6-10 years, 31% (47) at the age of 0-5 years and 23% (35) at the age of 11-12 years. The minority of children 12%(17) experienced abuse at the age of 16-21 years.

The above findings are related to the types of child abuse as experienced by the children and correlate well with the findings by Wolf (1999:14) and with the practical situation regarding the ages of the children and the types of abuse which is experienced.

According to Wolf (1999:14) age is associated with the type of abuse as follows:

Neglect is most often reported when children are quite young (infancy to toddler) with the incidence declining with age.

Sexual abuse is relatively constant from age 3 onwards, which attests to children's vulnerability from early preschool years throughout childhood.

Physical and emotional abuse affect a sizeable proportion of all age groups with the highest rate found among adolescents (12-17years) probably because of increasing independence and parent-teen conflict.

The findings of Wolf (1999:14) correspond well with the practical situation regarding age and the type of child abuse.

5.4.6 Years in which parents/caregivers became aware of the abuse

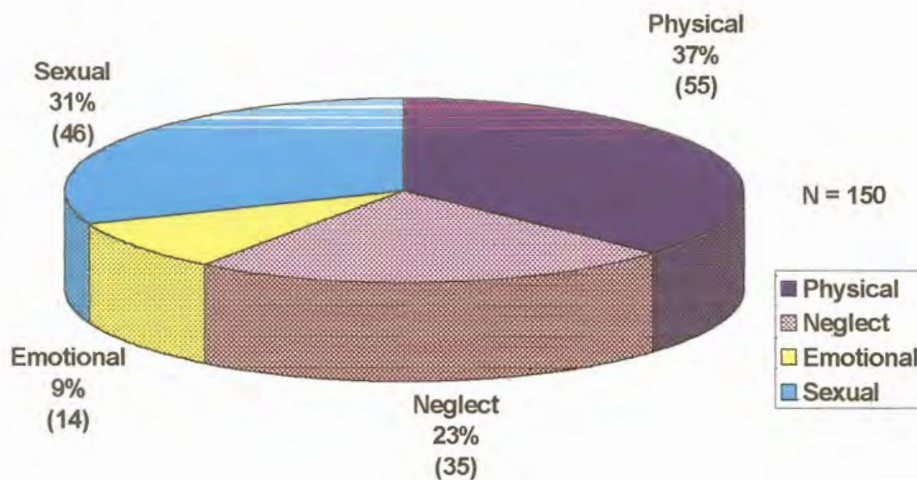
13% (20) of the parents/caregivers became aware of the abuse in 1995.
 13% (20) of the parents/caregivers became aware of the abuse in 1996.
 23% (35) of the parents/caregivers became aware of the abuse in 1997.
 23% (35) of the parents/caregivers became aware of the abuse in 1998.
 28% (40) of the parents/caregivers, which is the largest percentage, became aware of the abuse in 1999.

The years in which the parents/caregivers became aware of the abuse do not have any significant bearing on the results obtained from this research. These years were only included to indicate the periods on which the research focused.

5.4.7 Types of child abuse

The types of abuse experienced by the children are represented in figure 4 below:

Figure 4: Types of child abuse



The above figure shows that 37% (55) of the children experienced physical abuse, followed by 31% (46) who experienced sexual abuse, 23% (35) of the children experienced neglect and 9% (14) experienced emotional abuse.

The above findings contradict the results of research conducted in the United States by Wolf (1999:112) whereby it was found that neglect was experienced by 49%, physical abuse by 23%, sexual abuse by 14% and emotional abuse by 5% of the respondents.

The above findings also contradict the practical occurrence of child abuse. It is practically observed that sexual abuse is showing the largest percentages of child abuse, followed by neglect, physical abuse and then emotional abuse.

5.4.7.1 Physical abuse

This section was completed by 37% (55) of the parents/caregivers whose children experienced physical abuse. These parents/caregivers were requested to indicate the nature, location, substance or item used and the symptoms of physical abuse.

The nature of physical abuse experienced by the children are represented in table 5 below:

Table 5: Nature of physical abuse

NATURE	FREQUENCY	PERCENTAGE
Injuries	41	75%
Burns	0	0%
Poisoning	8	14%
Suffocation	6	11%
TOTAL	N = 55	100%

The majority of the children 75% (41) experienced injuries, 14% (8) experienced poisoning, while the minority 11% (6) experienced suffocation. Burns were not experienced.

The above findings correlate well with the research conducted by Stevenson (1998:5). It was found that the majority of abused children suffered injuries, namely: of the face, head and thorax, followed by those who experienced poisoning and suffocation respectively. Stevenson (1998:6) went further and indicated the following:

Injuries of the head account for more disability and death.

Household substances were used in poisoning in about 80%.

Drugs were used in 20% of the cases.

Suffocation was found in 3% of the cases.

The above findings are related to the practical situation where the majority of physical abused children suffer injuries, followed by poisoning and suffocation respectively. Burns do occur especially in rural areas during winter months, but occur at a very low rate.

- **Physical symptoms of physical abuse**

The parents/caregivers were requested to indicate both physical and behavioural symptoms, which they noticed or did not notice showing that their children have been physically abused. The following results were obtained regarding bruising:

71%(39) of the parents/caregivers noticed bruising.

29% (16) of the parents/caregivers did not notice bruising.

The above results relate well to the nature of physical abuse experienced by the abused children. The report by 71% (39) of the parents/caregivers that they noticed bruises is related to Blumenthal (1994:15) who argued that bruising is the most common symptom in physical abuse.

The following results were obtained regarding lacerations:

62% (34) of the parents/caregivers noticed lacerations.

38% (21) of the parents/caregivers did not notice lacerations.

The report that lacerations were noticed by 62% (34) of the parents/caregivers correlate with the argument by Wolf (1999:8) who stated that lacerations ranging from minor to severe ones indicate physical abuse. The above findings also

compare favourably with the practical situation as bruises and lacerations may indicate physical abuse.

The following results were obtained regarding burns:

Burns and fractures were not noticed by all, 100% (55), of the parents/caregivers.

According to Wolf (1999:9) the severity of injuries resulting from physical abuse may range from minor to severe burns or from minor broken to severe broken bones. Wolf's (1999:9) argument compares favourably with the practical situation regarding symptoms of burns and fractures but contradict the above findings as all the parents/caregivers 100% (55) indicated that they did not notice any burns nor fractures.

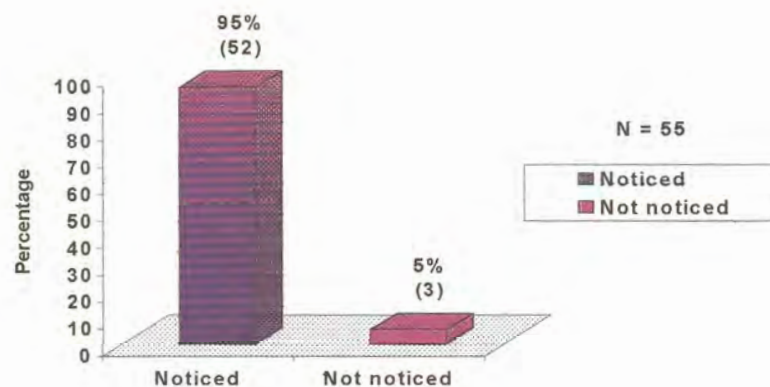
- Behavioural symptoms of physical abuse

The behavioural symptoms shown by their physically abused children who were noticed or not noticed by the parents/caregivers are discussed below:

* Fear of physical contact

The fear of physical contact as reported by the parents/caregivers is represented in figure 5 below:

Figure 5: Fear of physical contact

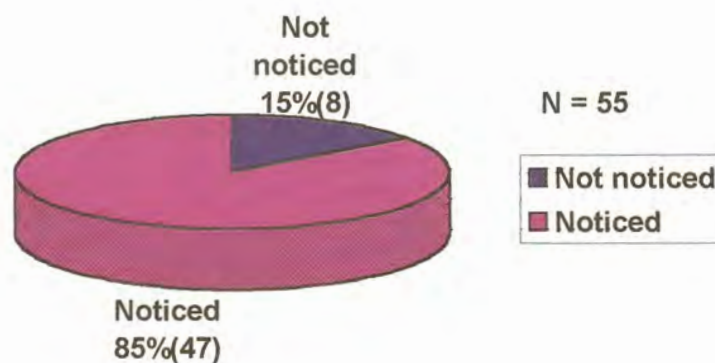


According to Aber & Barry (1994:99) physically abused children are fearful of physical contact especially by their abusers. The findings of this study correlate well with Aber & Barry's (1994:99) statement as the majority of the parents/caregivers 95% (52) indicated that they noticed the children's behavioural symptom of fearing physical contact. The minority 5% (3) indicated that they did not notice such behavioural symptoms. In practice it can be said that physically abused children avoid contact with their abusers.

* **Temper tantrums**

Temper tantrums as behavioural symptom is represented in figure 6 below:

Figure 6: Temper tantrums



Of the parents/caregivers, 84% (47) indicated that they noticed temper tantrums from their abused children and 15% (8) indicated that they did not notice temper tantrums. Therefore the majority of parents/caregivers noticed temper tantrums from their abused children.

Brooks, Gunn & Duncan (1997:115) who also found that physically abused children might show temper tantrums, support this finding. The above finding may be related to the practical situation whereby physically abused children react with temper tantrums accompanied by violence.

* **Craving for attention**

Friedrich, Jawerski & Bengston (1995:70) indicate that the majority of physically abused children crave for attention by making affectionate overtures such as hugs, kisses and physical closeness, demanding affection, exhibiting hostile dependency and engaging in any peer interactions.

These findings contradict the results of this study, as a craving for attention was not noticed by all the parents/caregivers 100% (55). In practice a physically abused child may isolate himself from humans and show negative interactions with anyone around him. This practical situation contradicts the findings of this study as discussed above.

* **Wearing long sleeved clothing**

Wearing long sleeved clothing as a behavioural symptom of physical abuse was not noticed by 100% (55) of the parents/caregivers. This finding is related to the nature and location of physical abuse, as experienced by the abused children. None of the children experienced injuries on their arms, as a result, wearing long sleeved clothing is irrelevant.

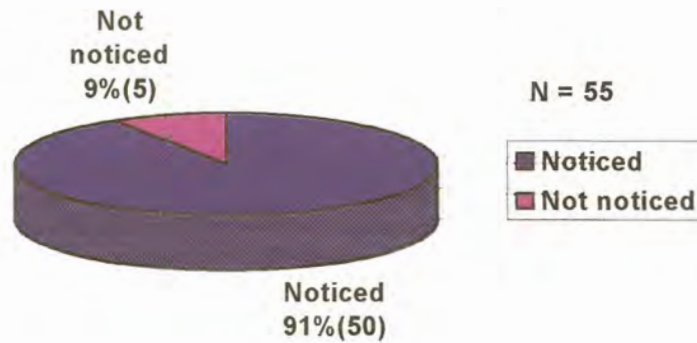
The above finding is supported by research conducted by Kendall, Jackett & Watson (1994:43) in which they argue that the bruises, lacerations, scars or broken bones cannot be concealed, they will always be visible.

In practice symptoms of physical abuse e.g. scars or bruises which are not located on the face, can be hidden by wearing clothes, e.g. long sleeved clothes if the symptoms are located on the arms, or long trousers if they are located on the legs.

* **Fearful of parents/caregivers**

Fearful of parents/caregivers as behavioural symptom, is represented in figure 7 below:

Figure 7: Fearful of parents/caregivers



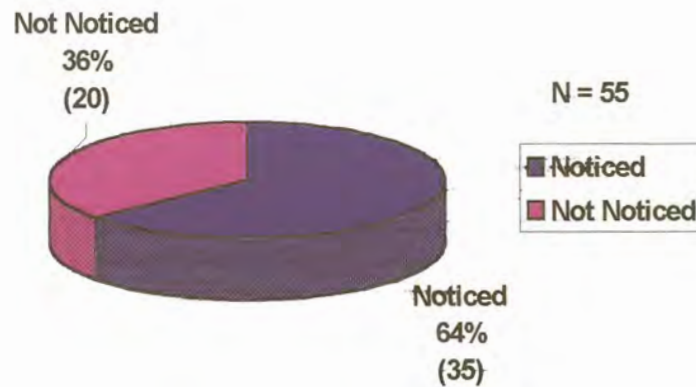
According to Goldman (1993:20) most children who are physically abused are frightened of parents and also fearful especially when the parents are the abusers in that specific case. Goldman's (1993:20) argument is related to the findings of this study as 91% (50) of the parents/caregivers indicated that they noticed the children's fearfulness of the parents/caregivers, while 9% (5) of the parents/caregivers indicated that they did not notice their children's fearfulness of the parents/caregivers.

In practice physically abused children may be fearful or not, depending on who the abuser is, e.g. if the parents/caregivers are the abuser, the child will be fearful as he will have developed mistrust in him. If the parents/caregivers are not the abuser the children will not be fearful as that parents/caregivers will be the children's resource in terms of supporting them to go through the trauma of abuse.

* **Over aggressiveness**

Over aggressiveness as behavioural symptom, is represented in figure 8 below:

Figure 8: Over aggressiveness



Of the respondents, 64% (35) indicated that they noticed over aggressiveness in their abused children and 36% (20) did not notice over aggressiveness.

This finding is supported by Aber & Barry (1994:97), Wekerle (1996:11) and Russell (1998:39) who argued respectively that physically abused children are overaggressive and always experience post traumatic stress. The above finding agree well with the practical situation whereby physically abused children may be overaggressive, which impede their recovery from abuse and they need counseling in general.

*** Withdrawal**

The parents/caregivers were requested to indicate whether they noticed or did not notice withdrawal from their abused children and all the parents/caregivers, namely 100% (55) indicated that they did not notice withdrawal from their children.

This finding contradicts the findings of the research conducted in England by Williams (1997:199) who found that 80% of the respondents withdrew from all peer interaction. The findings of this study are supported by the practical situation whereby physically abused children are not withdrawn, they still continue with their everyday activities especially when those around them give them the necessary support.

* **Sleepy in class**

According to Kendall, *et al.*, (1994:123) it is common for younger children who have been physically abused to have problems of sleeping in class. These children can also show a decline or sudden change in school performance.

These problems can be aggravated if the abuser is the schoolteacher and the child can lose interest in attending school. This view of Kendall, *et al.*, (1994:123) contradicts the findings of this study as 100% (55) of the respondents indicated that they did not notice any symptoms of their children sleeping in class as informed by the children's teachers.

The above finding may relate well to the practical situation of parents/caregivers who do not take the responsibility of taking part in their children's schooling, e.g. in terms of checking the child's performance or responding positively to the teacher's request for meetings regarding their children.

* **Arriving early at school**

All the respondents 100% (55) reported that they did not notice the symptom of arriving early at school from their children as informed by their children's teachers.

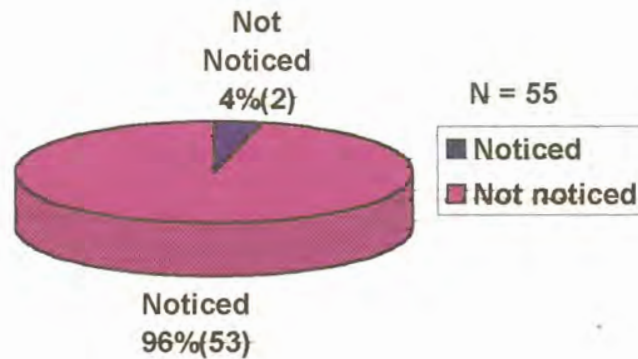
The above finding differs from the findings presented by Lotters (1992:307) that one of the major symptoms shown by physically abused children is to arrive early at school. This finding of Lotters is supported by Berndt (1998:73) in which it was indicated that about 92 % of physically abused children arrive early at school and this behaviour can continue whereby, they even arrive early at work.

The findings of this study may or may not relate with what is happening in practice. The child's early arrival at school may depend on who the abuser is, e.g. if the abuser is the parents/caregivers or someone at home, the child may arrive early at school to avoid the abuser at home. If the abuser is the schoolteacher, the child may even stay away from school to avoid the abuser.

* **Excessive school absence**

Excessive school absence as behavioural symptom, is represented in figure 9 below:

Figure 9: Excessive school absence



The majority of parents/caregivers 96%(53) reported that they have noticed the excessive school absence from their children. The minority of parents/caregivers 4% (2) reported that they did not notice this behavioural symptom.

This finding agrees well with Young's (1997:112) argument that excessive school absence was observed in 100% of physically abused children in research conducted in Canada. Young's (1997:112) view is supported by research conducted in Mozambique by Du Plessis (1993:79) who concluded that children who have been physically abused by their teachers or school mates will show excessive school absence.

The findings of this study relate well with the practical situations in which children that have been physically abused particularly by their teacher, may show signs of excessive absence from school. This is due to avoiding further abuse or contact with the abusers.



5.4.7.2 Sexual abuse

This section was answered by 31% (46) of the parents/caregivers whose children experienced sexual abuse. These parents/caregivers were requested to indicate the nature and symptoms of sexual abuse.

The nature of sexual abuse experienced by the children are represented in table 6 below:

Table 6: Nature of sexual abuse

NATURE	FREQUENCY	PERCENTAGE
Sexual contact of intimate parts	5	11%
Fondling	5	11%
Oral contact	6	13%
Anal intercourse	0	0%
Sexual intercourse	30	65%
Interfemoral	0	0
TOTAL	N = 46	100%

The majority of the children 65% (30) experienced sexual intercourse followed by 13% (6) who experienced oral contact. The minority of the children 11%(5) experienced sexual contact of intimate parts and fondling respectively.

- Physical symptoms of sexual abuse

The physical symptoms shown by their sexually abused children who were noticed or not noticed by the parents/caregivers are discussed below:

*** Pregnancy at an early age**

Pregnancy at an early age as a physical symptom of sexual abuse is represented in table 7 below:

Table 7: Pregnancy at an early age

PREGNANCY AT AN EARLY AGE	FREQUENCY	PERCENTAGE
Noticed	36	78%
Not noticed	10	22%
TOTAL	N = 46	100%

The above table indicates that 78% (36) of the parents/caregivers noticed pregnancy at an early age as a physical symptom of sexual abuse, while 22% (10) of the parents/caregivers did not notice it.

Therefore the majority of sexually abused children 78% (36) experienced pregnancy at an early age while the minority 22% (10) did not experience pregnancy at an early age.

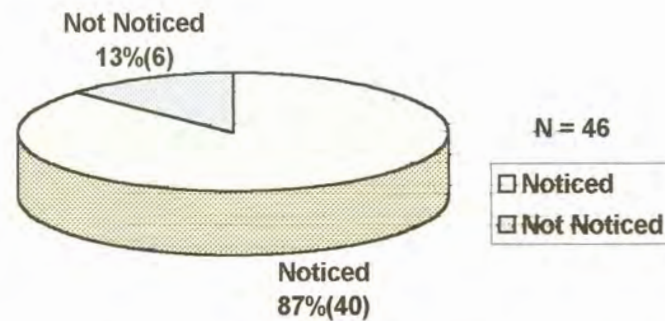
The findings of this study agree with the results of a study conducted by Medicott (1997:79) according to which the majority, of sexually abused children 92% fell pregnant at an early age.

The above findings also agree well with the practical situation of sexually abused children as most of them fall pregnant at an early age, e.g. at 12 years. This is especially occurring to children who conceal the abuse.

*** Bruises of external genitalia**

Bruises of external genitalia as a physical symptom of sexual abuse is represented in figure 10 below:

Figure 10: Bruises of external genitalia



Rosenfeld (1994:29) argues that sexually abused children show bruising and abrasions of the external genitalia which may be seen if the children have been recently abused. This argument is supported by Wooldling (1996:121) who states that bruising of the external genitalia was observed in 72% of sexually abused children in the research conducted in England.

The above findings shows that 87% (40) of the parents/caregivers indicated that they have noticed bruises of the genitalia, while 13% (6) of the parents/caregivers indicated that they did not notice bruises.

Therefore the findings of this study is supported by Rosenfeld (1994:121) and Wooldling's (1996:121) arguments.

In practice bruising of the external genitalia may be noticed in children who have experienced sexual intercourse.

*** Bleeding from external genitalia**

All the parents/caregivers 100% (46) indicated that they did not notice bleeding from the external genitalia as a physical symptom of sexual abuse of their children.

The above finding differ from the findings presented by Rosenfeld (1994:35) that bleeding from the external genitalia is one of the main symptoms of sexual abuse.

The findings of this study may relate to the practical situation of sexually abused children e.g. fondling as there will be no interference with the external genitalia to an extent that bleeding may result.

These findings can also contradict the practical situation of sexually abused children, namely where sexual intercourse have taken place whereby bleeding may occur.

* **Swollen cervix**

All the parents/caregivers 100% (46) indicated that they did not notice swollen cervix as a physical symptom of sexual abuse of their children. This finding correlates with Cauley's (1991:99) view that abnormal cervix is rarely observed among sexually abused children. The above findings contradict the practical situation as the swollen cervix can be noticed through the assistance of visual aids.

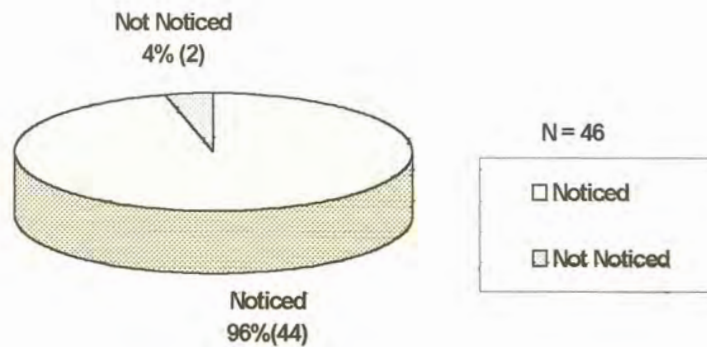
* **Red vagina**

Of the parents/caregivers, 50% (23) indicated that they noticed a red vagina as a physical symptom of sexual abuse of their children while 50 % (23) of the parents/caregivers indicated that they did not notice a red vagina. This finding that 50% (23) of the parents/caregivers indicated that they noticed a red vagina correlates with the finding that forced penetration in sexual abuse can cause damage to the vagina and is helpful in determining the possibility of sexual intercourse (Adams, Ahmed & Phillips, 1998:171).

* **Presence of semen**

Presence of semen as a physical symptom of sexual abuse is represented in figure 11 below:

Figure 11: Presence of semen



The presence of semen has been noticed by 96% (44) of the parents/caregivers and 4% (2) of the parents/caregivers did not notice the presence of semen.

The above findings correlates with Schiff's (1991:17) argument that semen may be found on the child's clothing or any loose material which may be in the clothing. Such clothing must be sent to the forensic laboratories for examination or confirmation. The findings of this study also agree with the practical situation whereby semen can be found in sexual abuse, e.g. sexual intercourse.

*** Torn bloody undergarments**

All the parents/caregivers 100% (46) indicated that they did not notice torn bloody undergarments. The above finding contradicts the findings of the research conducted by Alexander (1991:199) in which it was concluded that torn garments are almost always found at the scene where sexual abuse has occurred. In relation to practice, it can be said that the presence of torn bloody garments are noticed where sexual intercourse or forced penetration have taken place while such garments may not be found in e.g. with fondling.

*** Presence of sexually transmitted diseases**

The presence of sexually transmitted diseases as a physical symptom of sexual abuse is represented in table 8 below:

Table 8: Presence of sexually transmitted diseases

SEXUALLY TRANSMITTED DISEASE	FREQUENCY	PERCENTAGE
Noticed	24	52%
Not noticed	22	48%
TOTAL	N = 46	100%

The above table indicates that 52% (24) of the parents/caregivers noticed sexually transmitted diseases as a physical symptom of sexual abuse, while 48% (22) did not notice a sexually transmitted disease.

This finding correlates with the findings of the Center for Disease Control (1992) as quoted by Mouzakitis (1995:79) whereby it was concluded that a sexually transmitted disease in a child should be considered a sign of sexual abuse, in sexual intercourse. According to the Center for Disease Control (1992) as quoted by Mouzakitis (1995:81), 60% of children who were sexually abused (sexual intercourse) showed signs of sexually transmitted diseases such as gonorrhoea and syphilis.

In relation to practice, the presence of sexually transmitted diseases will depend on whether there was penetration by the abuser who is infected with the sexually transmitted diseases or not.

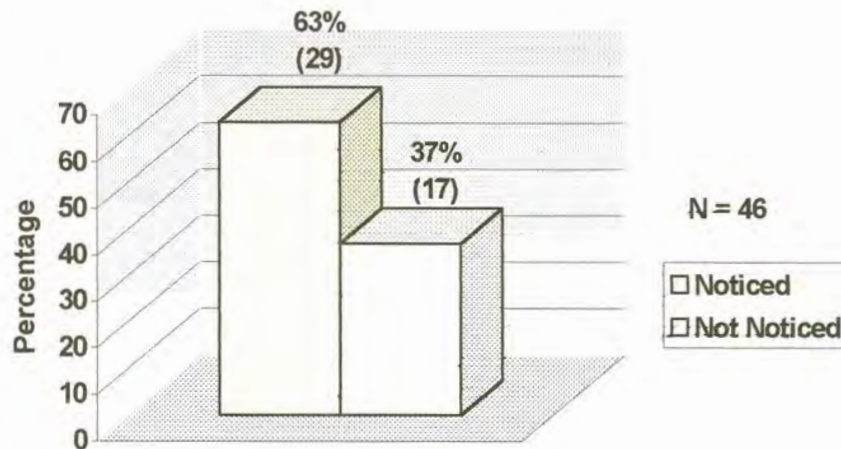
*** Vaginal discharge**

De Jong (1993:131) argues that the prevalence of vaginal discharge in victims of sexual abuse is generally felt to be lower than in adult victims of sexual abuse. This argument of De Jong (1993:131) is supporting the findings of this study as all the parents/caregivers 100%(46) indicated that they did not notice vaginal discharge as a symptom of sexual abuse. The findings of this study can be related to the practical situation whereby vaginal discharge can only be noticed when there was penetration and an infection.

* **Complaints of difficulty in urinating**

Complaints of difficulty in urinating as a physical symptom of sexual abuse are represented in figure 12 below:

Figure 12: Complaints of difficulty in urinating



Elvik & Logan (1992) as quoted by Mouzakitis (1995:117) argue that sexually abused children may present with difficulties in urinating. This difficulty results from pain over injuries of the vulva tissue. The views of Elvik & Logan (1992) as quoted by Mouzakitis (1995:117) correlate well with the findings of this research as 63% (29) of the parents/caregivers indicated that they did notice their children's difficulties in urinating, while 37% (17) did not notice this problem.

In practice the difficulty in urinating can only be noticed in children who have experienced penetration which resulted in damaging the vulva tissue. Therefore the results of this study agrees with the practical situation.

- **Behavioural symptoms of sexually abused children**

The behavioural symptoms shown by their sexually abused children who were noticed or not noticed by the parents/caregivers are discussed below.



* **Poor peer relationships**

Poor peer relationships as a behavioural symptom of sexual abuse is represented in table 9 below:

Table 9: Poor peer relationships

POOR PEER RELATIONSHIPS	FREQUENCY	PERCENTAGE
Noticed	26	56%
Not noticed	20	44%
TOTAL	N = 46	100%

The above table indicates that 56% (26) of the parents/caregivers noticed poor peer relationships, while 44% (20) of the parents/caregivers did not notice poor peer relationships.

The above findings agree with the views of Friedrich, Jawerski & Bengston (1995:73) who argued that sexually abused children may show symptoms associated with a decline in peer relationships. In relation to practice, sexually abused children may be less interested in the activities of their peer group as a result of the trauma of the abuse. The results of this study thus correlate well with the practical situation.

* **Prostitution**

All the parents/caregivers 100% (46) indicated that they did not notice prostitution as a behavioural symptom of sexual abuse. The findings of this study contradict the conclusion made by the research conducted by James & Meyerding (1997:101) whereby it is argued that prostitution is a more frequent sign of sexual abuse.

The results of this study are related to the practical situation as not all sexually abused children can engage in prostitution, especially if counselling is being given to them. It can be said that the children who engage in prostitution after they were sexually abused, choose to do so, i.e. even if they were not abused, they could engage in that behaviour.

*** Comments that the child was assaulted**

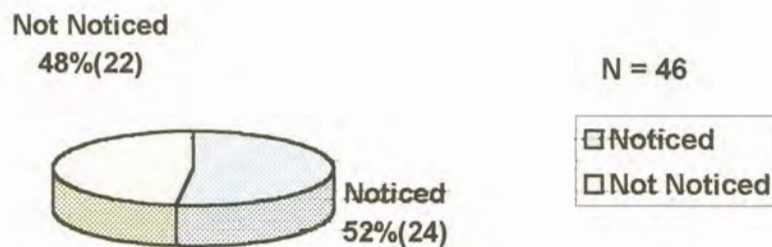
All the parents/caregivers 100% (46) indicated that they did not notice their children's comments of being assaulted. The findings of this study contradict the views of Hibbard, *et al.*, (1991:112) who argued that there is an association between sexual abuse and remarks of being sexually assaulted. According to Hibbard, *et al.*, (1991:112) remarks of being sexually assaulted were reported by 81% of the respondents.

In practice, comments of being assaulted depends on the child's age during the abuse, which can also determine the ability to recall the incidence, e.g. a toddler cannot be able to comment about the abuse, while older children can.

*** Substance abuse**

Substance abuse as a behavioural symptom of sexual abuse is represented in figure 13 below:

Figure 13: Substance abuse

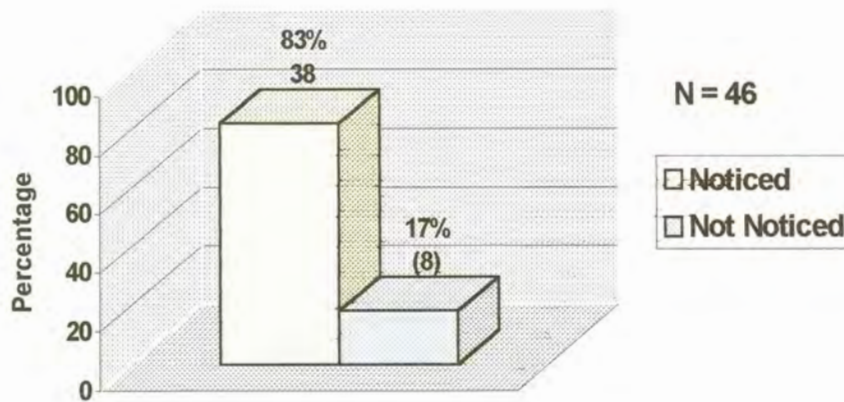


The above figure shows that 52% (24) of the parents/caregivers noticed substance abuse, while 48% (22) of the parents/caregivers did not notice substance abuse. The above findings correlate with the finding that sexually abused children show self-destructive behaviours such as substance abuse (Lindberg & Distad, 1995:79). In practice, sexually abused children can resort to substance abuse as a way of forgetting what happened to them i.e. the abuse. This can aggravate the problem as they may be abused again while being under the influence of such substances.

*** Irregular school attendance**

Irregular school attendance as a behavioural symptom of sexual abuse is represented in figure 14 below:

Figure 14: Irregular school attendance



The above figure shows that 83% (38) of the parents/caregivers noticed irregular school attendance, while 17% (8) of the parents/caregivers did not notice irregular school attendance.

The above findings differ with the findings of the research conducted by Scott & Thoner (1997:137) in which it was found that only 3% of the respondents showed irregular school attendance after being sexually abused.

In practice some children may show irregular school attendance after being sexually abused. This is especially common to those who have been abused at school. Such children may experience problems of seeing their abusers at school and resort to irregular school attendance.

Other children who have been sexually abused may not show irregular school attendance especially when they get counselling or any other help to cope with their situations at school. As a result they will enjoy going to school rather than staying away from school.

*** Engaging in delinquent acts**

All the parents/caregivers 100% (46) indicated that they did not notice any signs of engaging in delinquent acts from their abused children. This finding differ with the views of Lightcap, Kurland & Burgers (1992:211) who stated that sexually abused children present with delinquent behaviours and ultimately land into prison as sexual offenders.

The findings of this study agree with the practical situation, as not all the sexually abused children will show delinquent behaviour. Sexually abused children who receive counselling will not engage in delinquent acts, as they will be helped to deal with the trauma of the abuse. Even those who do not receive counselling who are able to deal with the abuse will not engage in delinquent acts.

*** Sleep disturbance**

Sleep disturbance as a behavioural symptom of sexual abuse is represented in table 10 below:

Table 10: Sleep disturbance

SLEEP DISTURBANCE	FREQUENCY	PERCENTAGE
Noticed	35	76%
Not noticed	11	24%
TOTAL	N = 46	100%

The above table indicates that 76% (35) of the parents/caregivers noticed sleep disturbance, while 24% (11) of the parents/caregivers did not notice sleep disturbance from their abused children. The above findings correlate with the conclusions given by Harrison & Herbert (1995:57) whereby they argue that children who have been sexually abused go through a stage of nightmares and difficulty in sleeping. In practice the older children can experience sleep disturbance.

* **Suicide attempts**

All the parents/caregivers 100% (46) indicated that they did not notice any suicide attempts as signs of sexual abuse. The above finding contradicts the finding by Waller (1991:33) in which he argued that children who have been sexually abused attempt suicide as a way of running away from the abuse. After the attempt, such children may run away from their homes to avoid their problems.

In practice, sexually abused children may attempt suicide as a way of expressing their anger and frustration. Such children do recover from the abuse through the assistance of those around them. The findings of this study therefore contradict the practical situation.

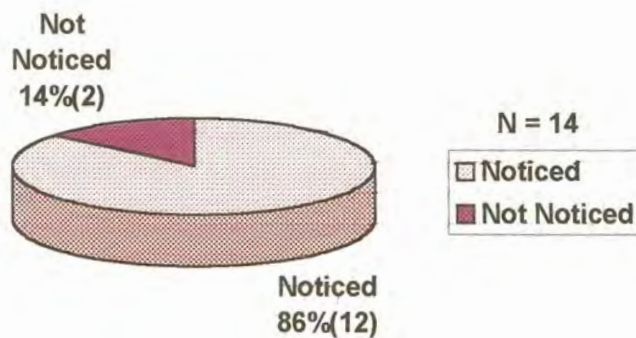
5.4.7.3 Emotional abuse

This section was completed by 9% (14) of the parents/caregivers whose children experienced emotional abuse. These parents/caregivers were requested to indicate the types of emotional abuse which were experienced by their children.

- **Rejection**

Rejection as a type of emotional abuse is represented in figure 15 below:

Figure 15: Rejection



The above figure shows that rejection was noticed by 86% (12) of the parents/caregivers, while 14% (2) of the parents/caregivers did not notice it. The

above findings correlate with the findings of Nicol (1998:77) who found that about 90% of the children he studied have been rejected.

According to Perrin & Perrin (1999:180) rejection of a child occurs when the parents/caregivers use verbal or symbolic acts that express feelings of rejection towards the child. This may be noticed when the parents/caregivers single out a specific child for criticism or punishment, refuses to help the child or routinely reject the child's ideas.

In practice rejection is noticed as a component of both spurning and denying emotional responsiveness such as showing no affection or acknowledging the child's accomplishments.

Therefore if the findings of this study are correlated to the views of Perrin & Perrin (1999:180) and to what is happening in practice. It can be concluded that 86% (12) of the parents/caregivers who noticed rejection from their abused children were able to notice that verbal or symbolic acts that express feelings of rejection towards their children were used, in the form of:

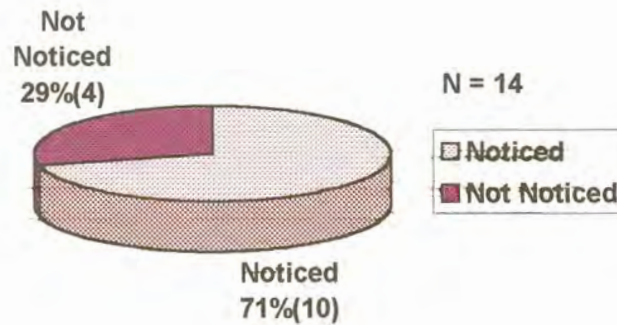
- Singling out a specific child for criticism or punishment,
- refusing to help the child,
- routinely rejecting the child's ideas, and
- showing no affection or acknowledging the child's accomplishments.

Of the parents/caregivers, 14% (2) failed to notice rejection as discussed above.

- **Ignorance**

Ignorance as a type of emotional abuse is represented in figure 16 below:

Figure 16: Ignorance



Of the parents/caregivers 71% (10) noticed ignorance, while 29% (4) did not notice ignorance. According to the findings by McGee & Wolfe (1991:7) ignorance is recognized when the parents/caregivers does not provide the necessary stimulation and responsiveness. Such as when the parents/caregivers are detached and uninvolved with the child, interacts with the child only if it is necessary, fail to express affection, caring and love towards the child and does not look at the child or call the child by name.

In practice ignorance is noticed when the parents/caregivers deprive the child from stimulation whereby the child's emotional and intellectual development is stifled. Thus if we correlate the findings of this study with the views of McGee & Wolfe (1991:7) and what is happening in practice, it can be concluded that 71% (10) of the parents/caregivers were able to notice the following signs which indicated that their children have been ignored:

- Uninvolvement with the child;
- interacting with the child only when it is necessary;
- failure to express affection, care and love towards the child;
- failure to look at the child or call the child by name; and
- depriving the child from stimulation.

Of the parents/caregivers, 29% (4) failed to notice these signs of ignorance.

- Terrorising

All the parents/caregivers 100% (14) indicated that they did not notice any terrorising experienced by their children. This finding contradicts the finding by Crittenden

(1993:192) according to which terrorising was reported by the majority of respondents as a type of emotional abuse.

In practice terrorising is noticed in the form of threats that cause extreme fear and anxiety in a child, e.g. threatening to harm or to abandon him.

- **Corruption**

All the parents/caregivers 100% (14) indicated that they noticed corruption by their children. This finding may be related to the practical situation worldwide whereby the parents/caregivers influence children by modelling, permitting or encouraging anti-social behaviour such as delinquent behaviour, substance or alcohol abuse, and indoctrinating racist values.

- **Isolation**

Isolation as a type of emotional abuse is represented in table 11 below:

Table 11: Isolation

ISOLATION	FREQUENCY	PERCENTAGE
Noticed	10	71%
Not noticed	4	29%
TOTAL	N = 14	100%

The above table indicates that 71% (10) of the parents/caregivers reported that they noticed isolation as experienced by their emotionally abused children, while 29% (4) of the parents/caregivers did not notice isolation.

The above findings correlate with the findings of Brassard, Hart & Hardy (1993:103) who argue that the majority of parents are able to notice when a child is being isolated. According to Brassard, *et al.*, (1993:103) a child is isolated when he is prevented from forming friendships and is made to believe that he is alone in the world.

The above findings are also related to the practical situation in South Africa whereby parents may prevent the child from engaging in normal social activities such as preventing the child from interacting with individuals outside the family or with other relatives. Such parents may be overprotective or too strict to the child.

If the findings of this study are correlated to the findings of Brassard, *et al.*, (1993:103) and to what is happening in practice, it can be concluded that 71% (14) of the parents/caregivers noticed that their children were prevented from forming friendships, made to believe that they are alone in the world and refused to interact with individuals outside the family or relatives.

- **Deprivation**

All the parents/caregivers 100% (14) indicated that they did not notice that their children have been deprived of affection or cognitive stimulation. This finding may be related to the practical situation whereby the majority of black parents, especially those who lack knowledge of child development are unable to notice when their children are experiencing cognitive problems.

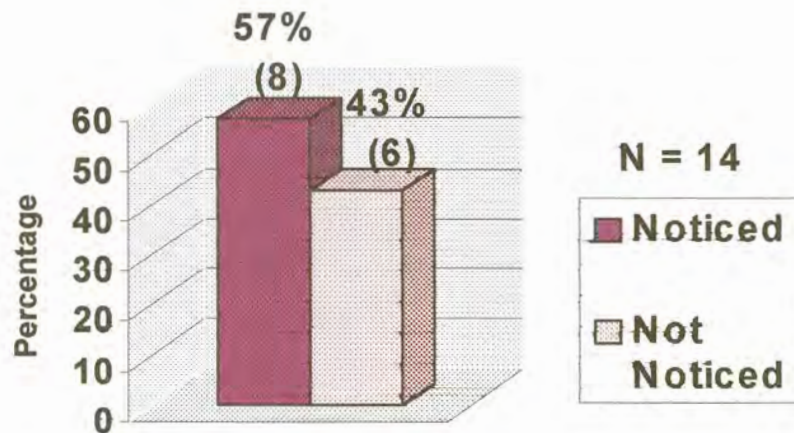
- **Accusations**

All the parents/caregivers 100% (14) indicated that they did not notice accusations as being experienced by their children. This finding contradicts what is happening in practice as the majority of children are being accused of acts that they did not commit, such as theft of money or substance abuse.

- **Insults**

Insults as a type of emotional abuse is represented in figure 17 below:

Figure 17: Insults



The above figure indicates that 57% (8) of the parents/caregivers indicated that they noticed that their children experienced insults, while 43% (6) of the parents/caregivers did not notice insults.

The above findings correlate with the results of the research conducted by Straus (1998:133) whereby the majority of emotionally abused children were insulted, e.g. they were called names. In practice a high percentage of children are being verbally abused by their parents/caregivers. These parents/caregivers may publicly humiliate, constantly criticize and continually yell or swear at their children.

If we relate the above findings with the findings of Straus (1998:133) and what is happening in practice we can conclude that 57% (8) of the parents/caregivers were able to deduce that their children were called names, humiliated, criticized and yelled or sworn at.

5.4.7.4 Neglect

This section was completed by 23% (35) of the parents/caregivers whose children experienced neglect as a type of child abuse. These parents/caregivers were requested to indicate the nature and symptoms of neglect.

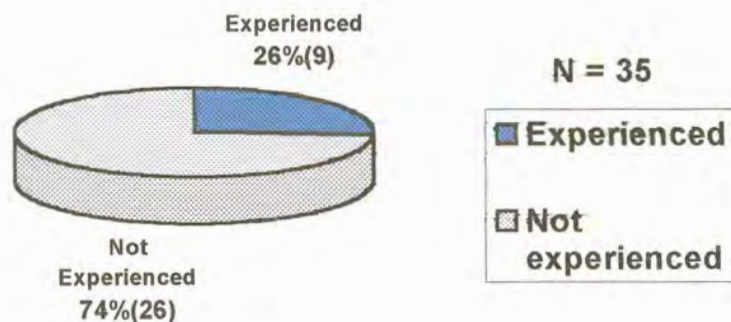
- **The nature of neglect**

The aim of this section was to determine the nature of neglect that were experienced by the children of the parents/caregivers as indicated below:

* **Educational neglect**

Educational neglect as a type of neglect is represented in figure 18 below:

Figure 18: Educational neglect



The above figure indicates that the majority of the parents/caregivers 74% (26) indicated that their children did not experience educational neglect. The minority 26% (9) indicated that their children did experience educational neglect.

The above findings contradict the findings of the study conducted in South Africa by Matube (1994:117) whereby the majority of children were educationally neglected.

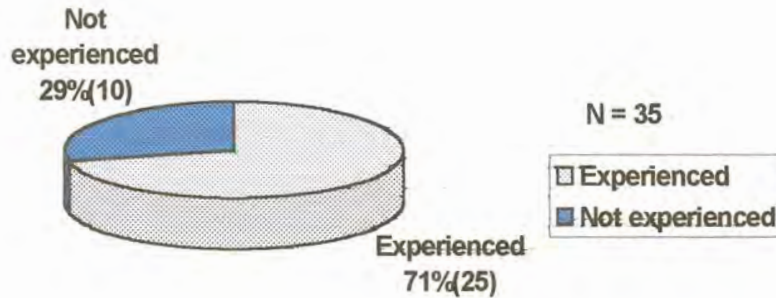
The findings of this study also contradict the practical situation of some of the black children generally, as they are experiencing educational neglect due to the parents/caregivers lack of interest as follows:

- Children of mandatory age are not enrolled in school;
- frequent and chronic truancy are permitted; and
- inattention to special educational needs is paid.

* **Lack of nutrition**

Lack of nutrition as a type of neglect is represented in figure 19 below:

Figure 19: Lack of nutrition



The above figure shows that the majority of the parents/caregivers 71% (25) indicated that their children did experience lack of nutrition, while 29% (10) of the parents/caregivers indicated that their children did not experience lack of nutrition.

The above findings correlate with the results of the research by Sovinski (1997:321) whereby the majority of children experienced lack of nutrition. According to Sovinski (1997:321) such children were not provided with a diet of quality nutritional balance.

The findings of this study also correlate with the practical situation whereby most children are experiencing lack of nutrition in which they get insufficient calories, meals do not represent the basic food groups and food is stale or spoiled. However it also sometimes happens in practice that the parents/caregivers do not have any food to give their children due to poverty, or lack of maintenance from the other parents/caregivers.

* **Lack of love**

All the parents/caregivers 100% (14) indicated that their children did not experience lack of love. Blumenthal (1994:31) argues that the lack of love is shown by self-stimulatory behaviours such as head banging, rocking, rumination, educational problems and problems of school attendance.

In practice, neglected children are seldom offered the love and affection of a caring relationship, which is one of the children's basic needs. If the results of this study are correlated with the views of Blumenthal (1994:31) and the practical situation, it can be concluded that all the neglected children did not experience lack of love as shown by self-stimulatory behaviour and lack of love and attention of a caring relationship. This means that all the children were shown the necessary love to satisfy their basic need of being loved.

*** Lack of protection**

All the parents/caregivers 100% (14) indicated that their children did not experience lack of protection. The findings of this study contradict the results of the study conducted by Blumenthal (1994:31) whereby 77% of the children reported to have lacked protection, e.g. they were predisposed to accidents by lack of attention to their safety and the absence of common protective devices such as fire guards. In practice, the majority of young children may experience lack of protection whereby parents/caregivers fail to keep to the standards of housekeeping care.

*** Lack of supervision**

Lack of supervision as a type of neglect is represented in table 12 below:

Table 12: Lack of supervision

LACK OF SUPERVISION	FREQUENCY	PERCENTAGE
Experienced	10	29%
Not experienced	25	71%
TOTAL	N = 35	100%

Of the parents/caregivers 71% (25) indicated that their children did not experience lack of supervision, while 29% (10) indicated that their children experienced lack of supervision.

According to Molosankwe (1993:123) lack of supervision is related to the parents/caregivers knowledge of the child's development. Parents/caregivers who have knowledge of their child's development provide supervision to their children while those who lack that knowledge do not provide it. However in practice lack of supervision is not related to the parents/caregivers knowledge of child development as not all the parents/caregivers who supervise their children do have knowledge of child development. Child supervision is part of child care which can be exercised by each and every parent/caregiver regardless of whether that parent/caregiver has knowledge of child development or not.

* **Inadequate shelter**

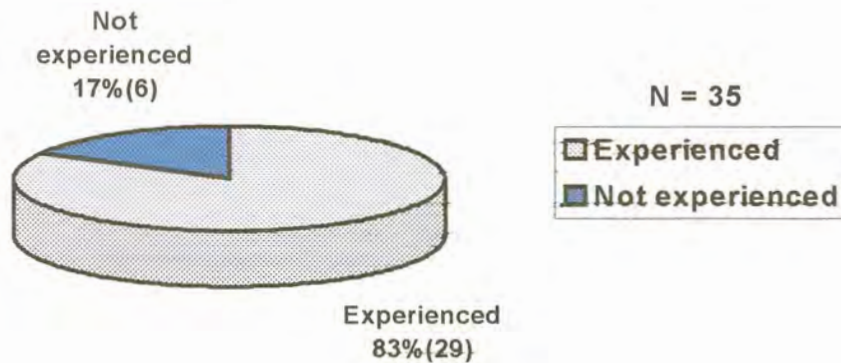
All the parents/caregivers 100% (14) indicated that their children experienced inadequate shelter. The findings of this study correlate with the findings presented by Wang & Daro (1998:211) whereby the majority of children who were studied, reported having been exposed to inadequate shelter in the form of being housed in homes that are overcrowded.

The above findings also correlate well with the practical situation of most of black children in South Africa who are exposed to inadequate shelter. The parents/caregivers do not provide a stable and permanent home; the children are homeless, live in overcrowded homes and are thrown out of the homes to the streets to be street kids.

* **Lack of clothing**

Lack of clothing as a type of neglect is represented in figure 20 below:

Figure 20: Lack of clothing



The most important findings as shown by the above figure are as follows:

Of the parents/caregivers, 83% (29) indicated that their children did experience lack of clothing, while 17% (6) of the parents/caregivers indicated that their children did not experience lack of clothing.

The above findings correlate with the findings of Crouch & Milner (1993:67) according to which lack of clothing was found to be a serious problem among children who were studied. It may happen in practice that children lack clothing because of the parents/caregivers inability to provide such clothing while on the other hand, it may be because of the parent's/caregiver's irresponsibility's towards their children's clothes whereby such children wear dirty clothing. Lack of clothing can also be attributed to lack of maintenance by the other parents/caregivers.

*** Medical neglect**

Medical neglect as a type of neglect is represented in table 13 below:

Table 13: Medical neglect

MEDICAL NEGLECT	FREQUENCY	PERCENTAGE
Experienced	29	83%
Not experienced	6	17%
TOTAL	N = 35	100%

The above table shows that 83% (29) of the parents/caregivers indicated that their children experienced medical neglect, while 17% (6) indicated that their children did not experience medical neglect.

The findings of this study correlate well with the findings of the study conducted by Hadeed & Siegel (1999:29) according to which the majority of children who were studied were medically neglected. In practice it happens that children are medically neglected such as when parents/caregivers fail to obtain a child's immunizations, do not attend to dental needs and psychological treatments.

If the findings of this study are correlated to the findings of Hadeed & Siegel (1999:29) and to what is happening in practice, it can be concluded that 83% (29) of the parents/caregivers reported that their children experienced medical neglect. They are those parents/caregivers who do not meet the child's health needs, by failing to obtain the child's immunization, do not attend to the dental needs and psychological treatment of their children.

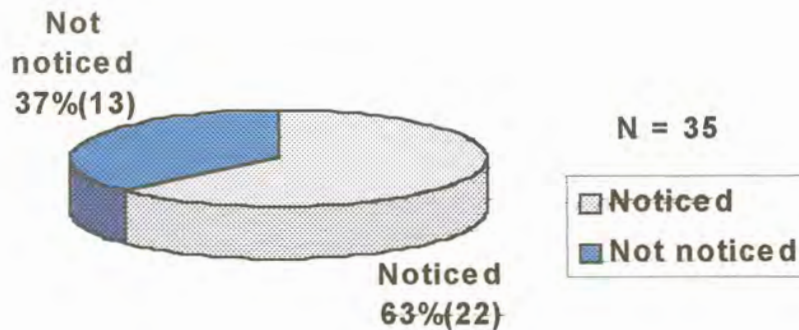
- **The physical symptoms of neglect**

The aim of this section was to determine the physical symptoms that were noticed by the parents/caregivers. These parents/caregivers were requested to indicate whether they noticed or did not notice the symptoms as indicated below:

* **Abandonment**

Abandonment as a physical symptom of neglect is represented in figure 21 below:

Figure 21: Abandonment



Of the parents/caregivers 63% (22) indicated that they noticed abandonment as a symptom of neglect, while 37% (13) of the parents/caregivers indicated that they did not notice abandonment.

The above findings correlate with the findings of Minty & Patterson (1994:93) according to which the majority of respondents indicated abandonment as being a symptom of neglect. According to Minty & Patterson (1994:93) an abandoned child is the one who is physically deserted e.g. thrown in a pit.

The above findings also correlate with the practical situation in South Africa whereby some children, especially newborns, are abandoned in hospitals after birth. Thus, if the findings of this study are correlated to the findings of Minty & Patterson (1994:93) and to what is happening in practice, it can be concluded that:

Of the parents/caregivers, 63% (22) noticed physical desertion and abandonment of newborns in hospitals.

Of the parents/caregivers, 37% (13) did not notice physical desertion and abandonment.

*** Poor personal hygiene**

All the parents/caregivers 100% (14) indicated that they did not notice poor personal hygiene as a symptom of neglect.

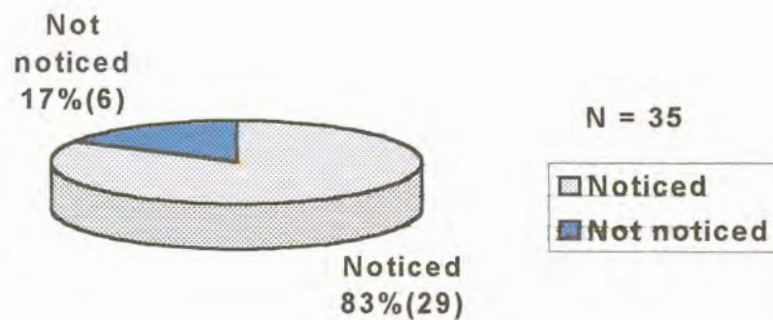
This finding contradicts the idea of Myers (1992:81) according to which it is found that poor personal hygiene in the form of infrequent bathing, poor dental hygiene and poor sleeping arrangements for children were reported by the majority of the respondents as being symptoms of neglect.

The above findings also contradict the practical situation as most of the children who are neglected show signs of poor personal hygiene.

* **Inadequate clothing**

Inadequate clothing as a physical symptom of neglect is represented in figure 22 below:

Figure 22: Inadequate clothing



The above figure indicates that the majority of the parents/caregivers 83%(29) indicated that they noticed inadequate clothing, while the minority 17% (6) indicated that they did not notice inadequate clothing. According to Ney (1994:123) the child who is inadequately dressed is the one who is not appropriately dressed according to the weather and does not change clothes regularly.

In practice it happens that children are not adequately clothed due to the parents/caregivers economic position such as being without any income, and it also happens due to the parents/caregivers carelessness.

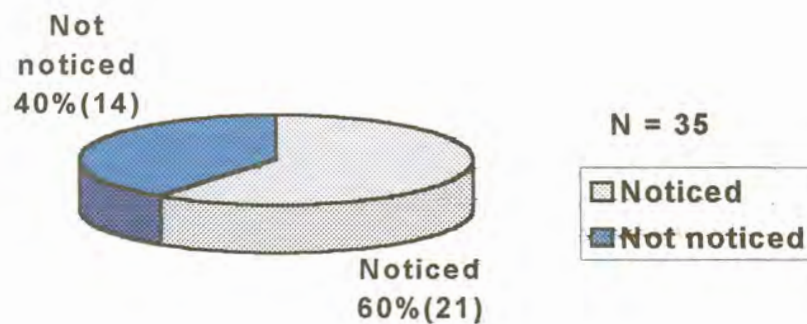
Therefore if the findings of this study are correlated with the findings of Ney (1994:123) and the practical situation, it can be concluded that 83% (29)

parents/caregivers noticed that their children were not appropriately dressed for the weather, did not change clothes regularly and were not adequately clothed due to different circumstances such as a lack of income to buy clothes or carelessness.

* **Absence of medical care**

Absence of medical care as a physical symptom of neglect is represented in figure 23 below:

Figure 23: Absence of medical care



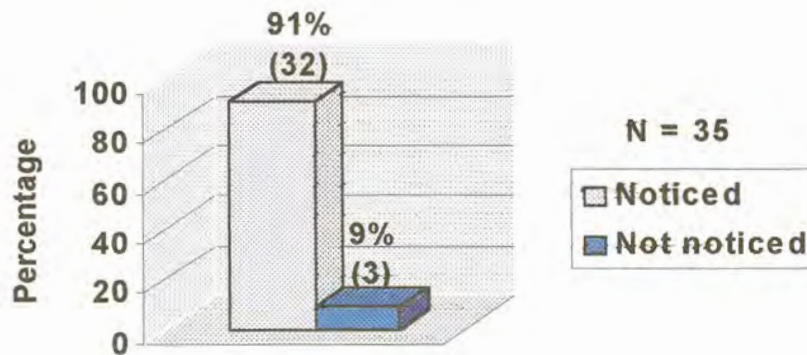
The above figure indicates that the majority of the parents/caregivers 60% (21) noticed the absence of medical care, while the minority of the parents/caregivers 40% (14) did not notice the absence of medical care.

The above findings are related to the views of Birchall & Hallet (1995:211) according to which failure to provide medical attention when the child is not well is one of the main symptoms of neglect. It happens in practice that parents/caregivers fail to provide medical attention to the child when the child is not well, e.g. the parents/caregivers may not report medical problems in their children such as recurring diarrhoea or infected ears.

* **Being hungry**

Being hungry as a physical symptom of neglect is represented in figure 24 below:

Figure 24: Being hungry



According to Stevenson (1998:139) being hungry is one of the symptoms of neglect. The above figure indicates that 91% (32) of the parents/caregivers indicated that they noticed that their children were hungry, while 9% (3) indicated that they did not notice their children being hungry.

Therefore Stevenson's (1998:139) assertion is supported by the findings of this study as indicated by the majority of respondents. In practice children who are hungry roam the streets and parks with the intention of getting food.

- **Behavioural symptoms of neglect**

The aim of this section was to determine behavioural symptoms that were noticed by the parents/caregivers. These parents/caregivers were requested to indicate whether they noticed or did not notice the symptoms as indicated below:

*** Falling asleep at school**

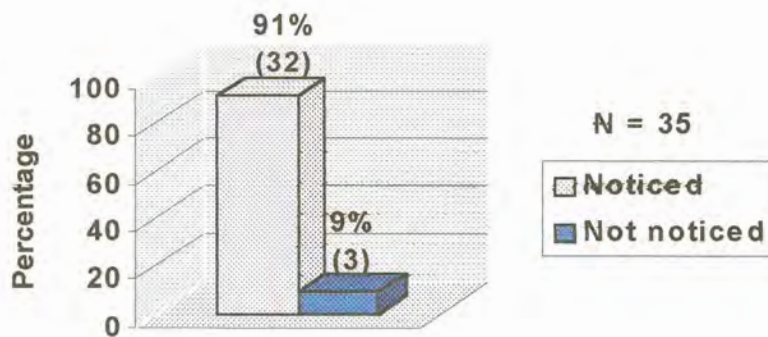
All the parents/caregivers 100% (14) indicated that from the information of the children's teachers their children did not fall asleep at school. The findings of this study contradict the results of the study by Stevenson (1998:144) according to which neglected children were reported to fall asleep at school. This symptom of falling asleep was also manifested in the children's school performance in which they performed very poor.

In practice, neglected children may fall asleep at school as a result of different circumstances, e.g. being hungry or sick. The above finding contradicts the practical situation.

*** Begging for food**

Begging for food as a behavioural symptom of neglect is represented in figure 25 below:

Figure 25: Begging for food



According to Robinson (1996:93) begging for food is one of the most important symptoms indicating child neglect. The above figure indicates that 91% (32) of the parents/caregivers noticed their children begging for food as a symptom of neglect. Of the parents/caregivers, 9% (3) did not notice their children begging for food.

Therefore Robinson's (1996:93) assertion is supported by the finding of this study as indicated by the majority of respondents.

In practice children can beg for food as a result of neglect, e.g. when they are not given enough food.

*** Irregular school attendance**

Irregular school attendance as a behavioural symptom of neglect is represented in table 14 below:

Table 14: Irregular school attendance

IRREGULAR SCHOOL ATTENDANCE	FREQUENCY	PERCENTAGE
Noticed	18	51%
Not noticed	17	49%
TOTAL	N = 35	100%

The above table indicates that the majority of parents/caregivers, namely 51% (18) noticed irregular school attendance, while the minority of parents/caregivers 49% (17) did not notice it.

The above findings correlate with the findings of Straus (1998:93) whereby the majority of the children were found to attend school irregularly as a sign of being neglected. It happens in practice that neglected children show frequent and chronic truancy as manifestations of neglect.

*** Use of drugs**

All the parents/caregivers 100% (35) indicated that they did not notice their children using drugs. The findings of this study contradict the views of Scott & Thoner (1991:98) who argued that neglected children show self-destructive behaviour such as drug abuse.

However in practice the use of drugs is not related to neglect, as not only children who are neglected use drugs. The use of drugs may be related to various factors such as friendship influence and/or missocialization.

*** Engaging in delinquent acts**

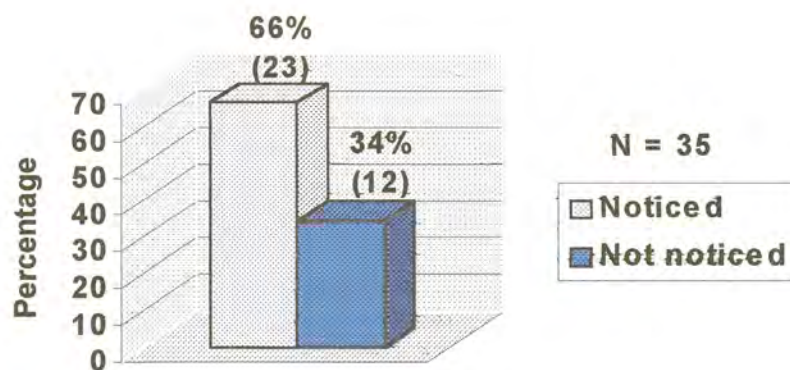
All the parents/caregivers 100% (35) indicated that they did not notice their children engaging in delinquent acts as a symptom of neglect. According to Stevenson (1998:166) neglect encourages the children to engage in illegal behaviours such as stealing. Practically neglect, e.g. the lack of nutrition can foster delinquency as the child can steal money with the intention of buying food.

Therefore the findings of this study contradict the views of Stevenson (1998:166) and the practical situation as indicated above.

*** Failing to thrive as an infant**

Failing to thrive as an infant as a behavioural symptom of neglect is represented in figure 26 below:

Figure 26: Failing to thrive as an infant



The majority of the parents/caregivers 66% (23) noticed failure to thrive as an infant as a behavioural symptom of neglect, compared to the minority 34% (12) of the parents/caregivers who did not notice failure to thrive as an infant.

The above findings correlate with the findings of Blumenthal (1994:32) whereby the majority of the children below three years experienced the problem of failure to thrive due to receiving inadequate calories. In practice, most of the infants may show this symptoms as a result of the parents/caregivers ignorance, misguided views about the quantity or type of food required by children or faulty feeding techniques or preparation of formulas.

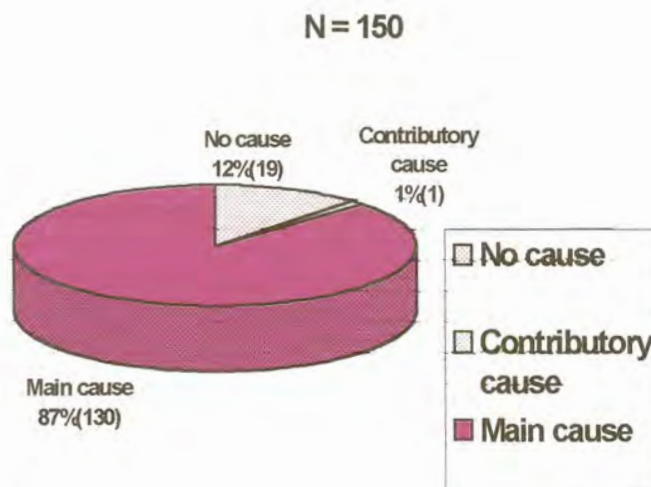
5.4.8 The causes of child abuse

This section was answered by all the parents/caregivers, namely: 150 respondents. The aim of this section was to determine the causes of child abuse. These parents/caregivers were requested to indicate the factors, which they view as being the main cause, contributory cause and no cause of child abuse as indicated below:

5.4.8.1 Lack of mothering imprints

Lack of mothering imprints as a cause of child abuse is represented in figure 27 below:

Figure 27: Lack of mothering imprints



The most significant results from the above figure are as follows: The lack of mothering imprints has been found to be the main cause of child abuse in 87% (130) of the parents/caregivers, in 1% (1) lack of mothering imprints is a contributory cause

and in 12% (19) mothering imprints was not indicated as being a cause of child abuse.

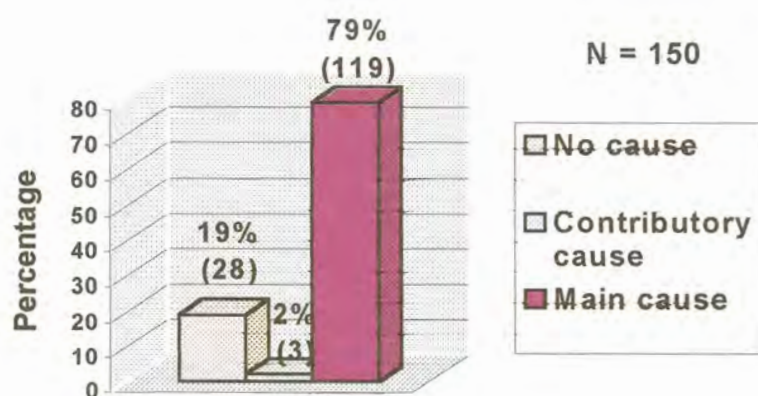
The above findings are related to the argument by Justice & Justice (1993:25) according to which these authors saw the lack of mothering imprints as the basic dynamic of the potential to abuse children. According to Justice & Justice (1993:25) lack of mothering imprints is said to be experienced by a person who has been reared in a way that precluded the experience of being mothered and nurtured. As parents they cannot mother and nurture their own children, instead they abuse them.

The finding that 12% (19) of the parents/caregivers reported that lack of mothering imprints has not been a cause of child abuse may be related to the practical situation whereby parents/caregivers have adequate psychological understanding of their parental roles and do not abuse their children. These parents/caregivers have the ability to nurture and mother their children.

5.4.8.2 Excessive expectations towards the child

Excessive expectations towards the child as a cause of child abuse is represented in figure 28 below:

Figure 28: Excessive expectations towards the child



The above figure indicates that excessive expectations towards the child have been the main cause of child abuse in 79% (119) of the parents/caregivers, 2%(3) of the parents/caregivers indicated that excessive expectations towards the child have been the contributory cause and 19% (28) of the parents/caregivers indicated that excessive expectations have been no cause of child abuse.

The above findings of 79% (119) of excessive expectations towards the child as a main cause of child abuse and the 2% (3) of being a contributory factor correlate with the findings of Blumenthal (1994:7), according to which parents/caregivers who abuse children have high expectations towards these children. Such expectations may be inconsistent with the developmental stages of the children.

In practice it also happens that parents/caregivers may have unrealistic expectations and negative perceptions regarding their children. These parents/caregivers often regard their children as being bad, slow or difficult to discipline. They may view the child's behaviour as it is intended to annoy them. A parent/caregiver may expect a child to be toilet trained at an unreasonable early age and may also interpret the child's continual lack of training as deliberate misbehaviour. The parent/caregiver may abuse the child physically by burning the child and/or confining the child to the toilet for longer periods.

The finding that 19% (28) of parents/caregivers who indicated that excessive expectations towards the child was not a cause of child abuse correlates with the situation of parents/caregivers who have excessive expectations towards their children but do not abuse them. This may be due to the point that they have knowledge of how to deal positively with a child who does not meet their excessive expectations rather than abusing the child.

5.4.8.3 Parental role reversal

Parental role reversal as a cause of child abuse is represented in table 15 below:



Table 15: Parental role reversal

PARENTAL ROLE REVERSAL	FREQUENCY	PERCENTAGE
Main cause	126	84%
Contributory cause	4	3%
No cause	20	13%
TOTAL	N = 150	100%

The above table indicates that parental role reversal is found to be the main cause of child abuse in 84% (126) of the parents/caregivers, in 3% (4) of the parents/caregivers a contributory cause and in 13% (20) of the parents/caregivers no cause of child abuse.

The above findings that parental role reversal is in 84% (126) of the parents/caregivers a main cause and in 3% (4) a contributory cause is related to the argument of Schroeder (1996:88), according to which parents/caregivers who reverse their roles with those of children almost always abuse these children. These parents/caregivers expect the child to act like adults and give the parents/caregivers love and care rather than vice-versa.

Helfer (1997:43) adds to Schroeder's (1996:88) argument by stressing that the parental role reversal determines child abuse and when supporting factors such as illegitimacy, unwanted children or handicapped children are present, these children become at a very high risk of abuse.

This can also be correlated to the practical lives of most parents/caregivers who reverse roles with those of their children due to various reasons such as being an unwanted child. Such parents/caregivers may transfer the role of childcare to the child and if the child is unable to fulfil this role, the child may be abused.

5.4.8.4 Scapegoating

Scapegoating as a cause of child abuse is represented in table 16 below:

Table 16: Scapegoating

SCAPEGOATING	FREQUENCY	PERCENTAGE
Main cause	128	85%
Contributory cause	7	5%
No cause	15	10%
TOTAL	N = 150	100%

The majority of the parents/caregivers 85% (128) indicated that scapegoating is a main cause of child abuse, 5% (7) of the parents/caregivers indicated that scapegoating is a contributory cause and 10% (15) of the parents/caregivers indicated that it is no cause.

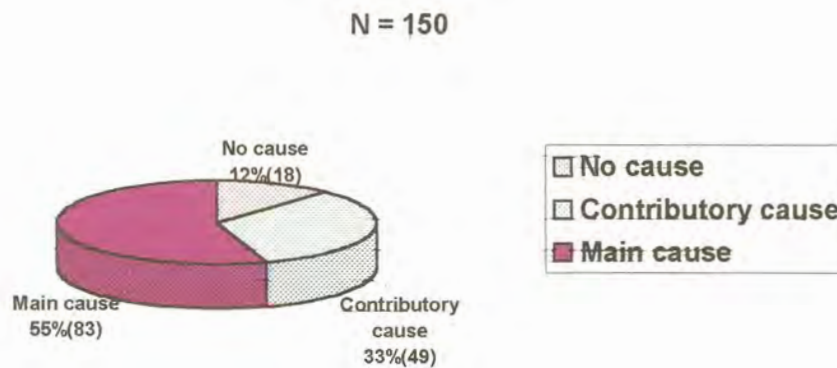
The above findings that scapegoating is in 85% (128) of the parents/caregivers a main cause and in 5% (7) a contributory cause is related to the views of Justice & Justice (1993:29). These authors argued that scapegoating is another behaviour which is always cited as resulting in child abuse.

In practice, scapegoating does cause child abuse in situations where the parents take out their frustrations on a child. It can also happen in practice that scapegoating is not related to child abuse, e.g. in situations where the parents/caregivers are able to handle their frustrations without involving their children. This practical situation can therefore be supporting the finding that 10% (15) of the parents/caregivers reported scapegoating as no cause of child abuse.

5.4.8.5 Immature parents

Immature parents as a cause of child abuse is represented in figure 29 below:

Figure 29: Immature parents



Of the parents/caregivers 55% (83) indicated the immaturity of parents/caregivers as a main cause of child abuse, and 33% (49) of the parents/caregivers indicated the immaturity of parents/caregivers as a contributory cause while 12% (18) indicated immaturity as no cause.

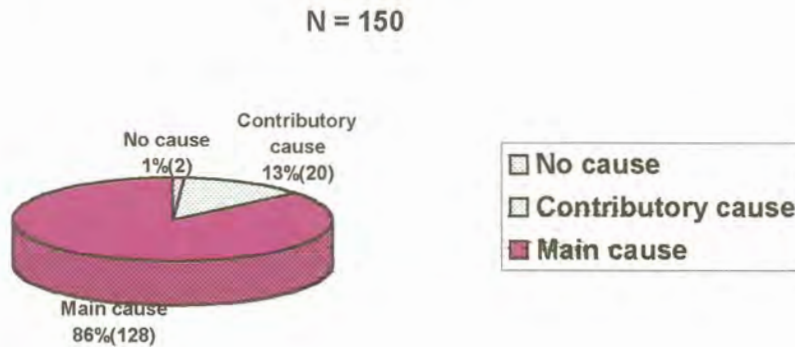
The above findings correlate with what Gelles (1993:111) found whereby abusing parents/caregivers were found to have personality deficits ranging from immaturity to poor emotional control. In practice, parents/caregivers who did not develop the abilities to love are immature and can abuse their children. They may also have learned to abuse their children if they themselves were abused as children.

The finding that 12%(18) of the parents/caregivers indicated immaturity as no cause of child abuse may be related to the practical situation in which immature parents/caregivers accept their immaturity and do not permit it to have an impact on their children. These parents/caregivers may also involve themselves in programs that may help them to cope well with their children instead of abusing them.

5.4.8.6 Mental illness

Mental illness as a cause of child abuse is represented in figure 30 below:

Figure 30: Mental illness



Mental illness have been found to be the main cause of child abuse in 86% (128) of the parents/caregivers, 13% (20) of the parents/caregivers indicated mental illness as a contributory cause and 1% (2) of the parents/caregivers did not indicate mental illness as a cause.

The above findings respectively contradict the idea of Justice & Justice (1993:31) according to which the overwhelming majority of parents/caregivers who abuse their children are not mentally ill.

In relation to the practical situation, mental illness does cause child abuse either as a main or contributory cause. This is based on the view that the majority of abusing parents/caregivers may be psychotic, neurotic or experience organic brain dysfunctions that are included in the psychiatric definition of mental illness.

Therefore the findings of this study that mental illness is the main cause and contributory cause of child abuse as indicated by the parents/caregivers is supported by the practical situation of most of the cases of child abuse.

5.4.8.7 Lack of social skills

All the parents/caregivers 100% (150) indicated that the lack of social skills was not a cause of child abuse. This finding differ with the views of Sedlak (1996:91) according to which failure of parents/caregivers to acquire social skills to adequately parent

their children is related to the occurrence of child abuse. Such parents/caregivers are seen as lacking the social skills as to gain little satisfaction from their roles as parents/caregivers.

In practice lack of social skills does cause child abuse either as the main or contributory cause when parents/caregivers are frequently ignorant of child development and expect behaviours which are too advanced from the child in relation to his developmental stage. This practical situation is therefore supported by the findings of this study.

5.4.8.8 Lack of child rearing skills

All the parents/caregivers 100% (150) indicated the lack of child rearing skills as a main cause of child abuse. This finding is related to the views of Cantwell (1993:67) who pointed out that child abuse results from the parent's/caregiver's lack of knowledge of child rearing skills which can be indicated by the lack of knowledge when the parents/caregivers are:

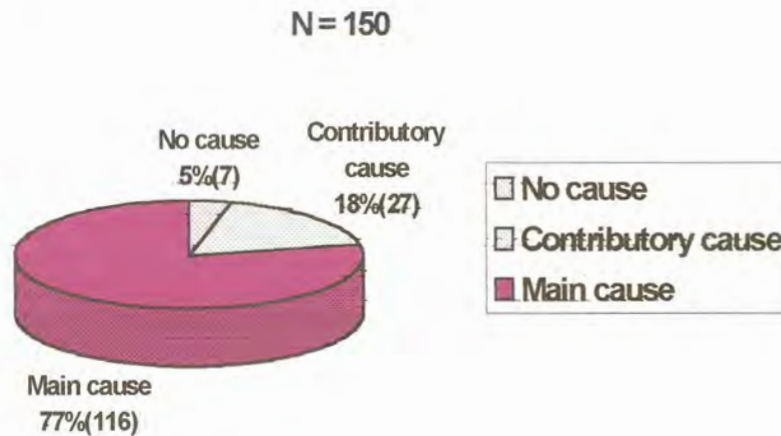
Unaware of the developmental stages of children; and
failing to learn and understand the children's needs and that these children have their own rights.

These findings are also related to the practical situation as most of the parents/caregivers who abuse their children, especially emotionally are those who lack skills of rearing their children. This is clearly reflected in the social worker's caseloads of child abuse.

5.4.8.9 Poverty

Poverty as a cause of child abuse is represented in figure 31 below:

Figure 31: Poverty



Poverty was indicated by the majority of parents/caregivers 77% (116) as being the main cause of child abuse and by 18% (27) of the parents/caregivers as being a contributory cause. The minority of the parents/caregivers 5% (7) indicated poverty as no cause of child abuse.

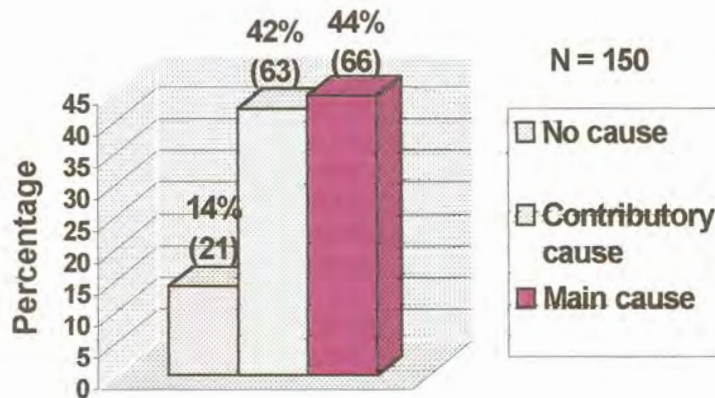
The above findings correlate with the findings of Perrin & Perrin (1999:73) according to which poverty and child abuse were found to be having a causal relationship. It was found that there were high incidences of child abuse amongst the poor (Perrin & Perrin, 1999:73). This finding is supported by Mouzakitis (1995:79) who argued that the vast fatalities of children occur amongst the poor.

However in practice, child abuse can occur in families, who do not experience poverty. This is based on the view that poverty and child abuse are not related as there are other casual factors except poverty, e.g. a well to do parent can abuse the child due to occupational stress. Therefore the finding of this study that only 5% (7) of the parents/caregivers indicated poverty as no cause of child abuse, is supported by the practical situation of most of the child abuse cases.

5.4.8.10 Poor education

Poor education as a cause of child abuse is represented in figure 32 below:

Figure 32: Poor education



Of the parents/caregivers, 44% (66) indicated poor education as the main cause, 42% (63) as a contributory cause, while 14% (21) indicated it as no cause.

The above findings correlate with the views of Blumenthal (1994:8) who stated that most of the abusers are educationally delayed, have little concept of child development and lack knowledge of the basic requirements of normal child care.

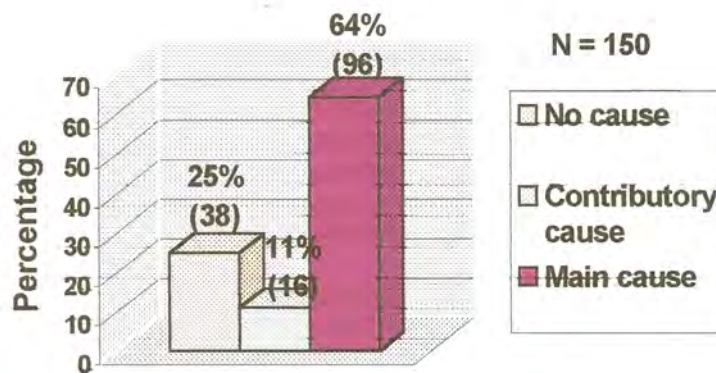
In practice it also happens that parents/caregivers who have poor education, e.g. on the stages of child development abuse their children by having excessive expectations towards the child that do not correlate with the child's developmental stage. However, in practice it also happens that poor education in general does not cause child abuse. Even illiterate parents do not abuse their children, while highly educated parents/caregivers such as teachers, abuse children.

Therefore the findings of this study that the minority of parents/caregivers 14% (21) indicated poor education as not being a cause of child abuse is supported by the practical situation of parents/caregivers who have poor education but do not abuse their children.

5.4.8.11 Occupational stress

Occupational stress as a cause of child abuse is represented in figure 33 below:

Figure 33: Occupational stress



Occupational stress has been indicated by 64% (96) of the parents/caregivers as the main cause of child abuse, by 11% (16) of the parents/caregivers as a contributory cause, while 25% (38) of the parents/caregivers indicated occupational stress as no cause of child abuse.

The findings of this study are related to the results of the study conducted by Fontana (1991:99) whereby it was found that there is a significant relationship between occupational stress and child abuse. Fontana (1991:99) also argued that as job stress increases, so does child abuse.

In practice, occupational stress can lead to child abuse. This is based on the view that occupational stress contributes to the uninhibited discharge of aggressive and destructive impulses towards the child whereby minor child misbehaviour may be viewed as a challenge against the parent and thus trigger abuse.

However, it also happens in practice that parents/caregivers who experience occupational stress do not abuse their children because they are able to handle it positively without it impacting on their children. Therefore the finding of this study that occupational stress is not a cause of child abuse as reported by 25% (38) of the respondents is supported by this practical situation of parents/caregivers who are able to handle their job stress.

5.4.8.12 Inferior health status of the child

All the parents/caregivers 100% (150) indicated that the inferior health status of a child was not a cause of child abuse. This finding contradicts what Mouzakitis (1995:79) indicated about the inferior health status of children and child abuse. According to Mouzakitis (1995:79) children whose health is inferior are at a risk of child abuse, they are more likely to receive poor care than healthy children. However, Justice & Justice (1993:37) argued that the targeting of the child with an inferior health status for abuse depends on the cultural appraisal of the child as discussed below:

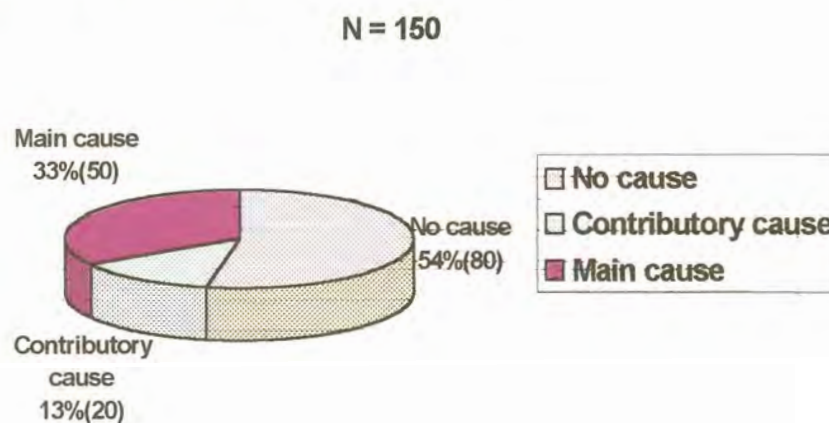
In societies where the child with an inferior health status is seen as an indication of a supernatural gift, the child is awarded special status and care; and in a society where the child is seen as a burden or non-human, that child is not cared for adequately and may be abused.

In practice, the treatment of a child with an inferior health status depends on whether the parents/caregivers accept the child or not. When the child is accepted, the child will be cared for properly, while when the child is not accepted the child will be seen as a burden and may be abused, e.g. a physically disabled child may be locked in a room for a whole day, indicating neglect.

5.4.8.13 Overcrowding

Overcrowding as a cause of child abuse is represented in figure 34 below:

Figure 34: Overcrowding



According to Justice & Justice (1993:82) the conditions in the home play a role in the occurrence of child abuse. Child abuse is more likely to occur in a crowded home that is inadequate to house all of its members, e.g. where about 25 people are housed in a four roomed house. The views of Justice & Justice (1993:82) are supported by the minority of parents/caregivers as indicated by the above figure whereby 33% (50) and 13% (20) of the parents/caregivers respectively reported overcrowding to have been a main and contributory cause of child abuse.

The majority of parents/caregivers namely 54% (80) indicated overcrowding as no cause of child abuse. This finding therefore contradicts the views of Justice & Justice (1993:82) as discussed above.

In practice overcrowding may be strongly associated with child abuse. This is based on e.g. the inadequate sleeping space in overcrowded homes whereby parents may share a bed with children who are still wetting their bed. This child may wet the bed when sleeping with the parent/caregiver after which the parent/caregiver may be angry and abuse the child, e.g. physically by punishing him or may lock the child out of the house during the night; as an indication of neglect.

5.4.8.14 Alcohol abuse

Alcohol abuse as a cause of child abuse is represented in table 17 below:

Table 17: Alcohol abuse

ALCOHOL ABUSE	FREQUENCY	PERCENTAGE
Main cause	87	58%
Contributory cause	45	30%
No cause	18	12%
TOTAL	N = 150	100%

Alcohol abuse is indicated by the majority of parents/caregivers 58% (87) as being the main cause of child abuse and by 30% (45) as a contributory cause, while the minority 12% (18) indicated alcohol abuse as no cause. The above findings that

alcohol abuse is the main and contributory cause of child abuse as indicated above, may be related to the findings of Chaffin, Kellerner & Hollenberg (1996:113) which indicated that alcohol abuse plays a significant role in the onset as well as in the continuation of child abuse.

Alcohol abuse does contribute to child abuse in practice, e.g. a large number of the social worker's case load consists of cases of child abuse caused by alcohol abuse. A large number of cases reported for criminal charges are also due to alcohol abuse. Alcohol abuse therefore changes a person's behaviour and attitude to the extent that he/she engages in unplanned actions that may have negative effects on the children.

However, it also happens in practice that parents/caregivers who abuse alcohol do not abuse their children. This can be parents/caregivers who do not allow their misbehaviours, e.g. of abusing alcohol to have an impact on their children. The finding of this study that 12% (18) of the parents/caregivers indicated alcohol abuse as no cause of child abuse is therefore supported by this practical situation.

5.4.8.15 Drug abuse

Drug abuse as a cause of child abuse is represented in table 18 below:

Table 18: Drug abuse

DRUG ABUSE	FREQUENCY	PERCENTAGE
Main cause	60	40%
Contributory cause	50	33%
No cause	40	27%
TOTAL	N = 150	100%

Drug abuse is indicated by the majority of parents/caregivers 40% (60) as being the main cause of child abuse and by 33% (50) as a contributory cause while the minority 27% (40) indicated drug abuse as no cause.

The above findings may be related to the views of Milner & Dopke (1997:72) who argued that parents/caregivers who abuse drugs such as cocaine become typical child abusers as they are unable to control their anger, they are hostile, have low frustration tolerance and low self-esteem.

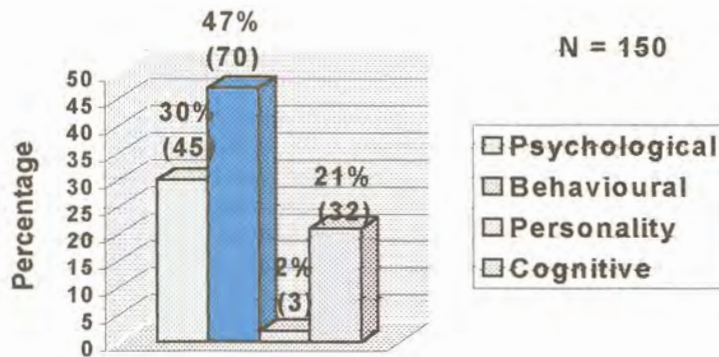
In practice parents/caregivers who abuse drugs such as dagga may abuse their children sexually and may end up in prison.

5.4.9 The impact of child abuse

All the parents/caregivers namely 150 respondents answered this section. The aim of this section was to determine the nature of the impact which child abuse is having on the abused child as indicated below:

The impact of child abuse is represented in figure 35 below:

Figure 35: The impact of child abuse



The majority of the parents/caregivers 47% (70) indicated that child abuse had a behavioural effect on their abused children followed by 30% (45) of the parents/caregivers who indicated that child abuse had psychological effects on their abused children and 21% (32) of the parents/caregivers indicated that child abuse had cognitive effects, while 2% (3) of the parents/caregivers indicated that child abuse had personality effects.

The finding that child abuse has been indicated by the majority of the parents/caregivers 47% (70) as having had behavioural effects on their abused children is related to the argument of Mouzakitis (1995:107) whereby distinct patterns of behaviour were observed from the abused children, namely:

- Destructive behaviour in which children destroyed property;
- disobeyed rules;
- assaulted the other children;
- had limited ego functions; and
- reacted to their parents/caregivers with recriminations.

In practice, abused children do experience behavioural problems shown by their violent affection or restlessness.

The above finding that child abuse had psychological effects on the abused children as indicated by 30% (45) of the parents/caregivers correlates with the findings of Mouzakitis (1995:103) according to which child abuse, especially physical abuse has psychological impacts on the victims. Ego disorganization, narcissistic injury and severe panic often accompany such psychological impacts.

In practice, it happens that abused children show psychological impairment accompanied by feelings of helplessness and compulsion to repeat the trauma which is manifested through post-traumatic stress.

The finding that 21% (32) of the parents/caregivers indicated that child abuse had cognitive effects on their abused children correlates well with what Hurley's (1996:79) research found. According to Hurley (1996:79), one of the consequences of child abuse is the compromised ability for learning as shown by 20% of the children he studied. Authors such as Gregg (1992:21), Martin (1994:33) and Rodeneffer (1996:121) have noted the increased incidence of mental retardation among abused children due to cerebral damage, unpredictable non-nurturing environments, impaired stimulation and anxiety.

However, in practice, abused children may demonstrate 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.

The finding that the minority i.e.2% (3) of the parents/caregivers indicated that child abuse had personality effects on their abused children contradicts the views of Holter (1991:111), according to which the majority of abused children experienced personality disorganization due to the abuse, e.g. they did not develop basic trust and were frequently involved in abusive adolescent relationships.

In practice, it happens that abused children may show a variety of personality traits and act as chameleons in their attempt to adjust to various situations and environments.

5.4.10 The questionnaire for social workers

The questionnaire was compiled for all the 14 social workers that are rendering social work services concerning child abuse. The aim was to determine the nature of services rendered by these social workers concerning child abuse in order to formulate guidelines for social workers rendering services concerning child abuse. The information, which was gathered, is as follows:

5.4.10.1 Personal details of the social workers

The sex of the social workers is represented in table 19 below:

Table 19: Sex of the social workers

SEX	FREQUENCY	PERCENTAGE
Male	1	7%
Female	13	93%
TOTAL	N = 14	100%

The above table indicates that 13 (93%) of the social workers are females, while 1 (7%) of the social workers is male. There is a discrepancy in the distribution of sex which is due to the inclusion of the whole population of the social workers who render social work services concerning child abuse in Moretele District. The sex of the

social workers as discussed above, does not have any significant bearing on the results of this research.

5.4.10.2 Areas of service delivery

The aim of this section was to determine the areas in which the social workers are rendering services and the number of social workers in each area.

The areas of service delivery are represented in table 20 below:

Table 20: Areas of service delivery

AREAS	FREQUENCY	PERCENTAGE
Cyferskuil	1	7%
Ga-Maubane	1	7%
Makapanstad	5	36%
Stinkwater	4	29%
Temba	3	21%
TOTAL	N = 14	100%

The above table indicates that the majority of social workers 36% (5) render services in Makapanstad, followed by 29% (4) in Stinkwater, 21% (3) in Temba and the minority 7% (1) in Cyferskuil and Ga-Maubane respectively.

The areas of service delivery and the number of social workers in each area do not have any significant bearing on the results obtained from this research.

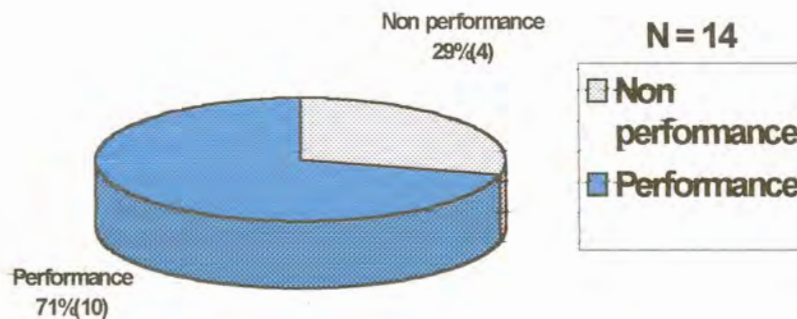
5.4.10.3 Performance of social work functions

The social workers were requested to indicate the functions that they perform in their service delivery concerning child abuse. The results were as follows:

- **Identification**

The performance of identification as a function of social work is represented in figure 36 below:

Figure 36: The performance of identification



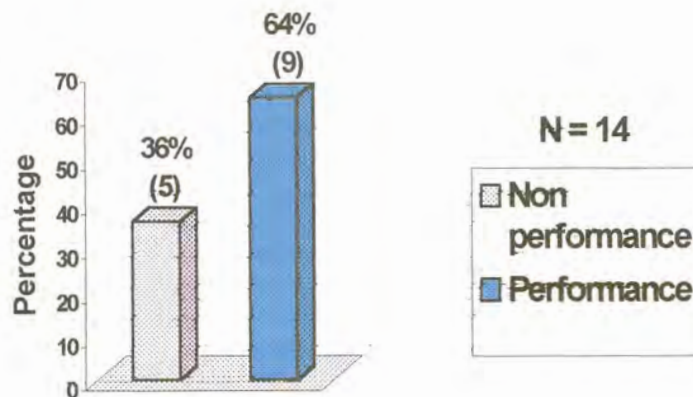
According to Richard (1991:156) identification is the first function of social work in child abuse which must be performed before any other function. The views of Richard (1991:156) can be related to the findings of this study according to which the majority of social workers 71% (10) indicated that they do perform the function of identification, while 29% (5) of the social workers indicated that they do not perform the function of identification in their service delivery.

In practice it may happen that all the social workers perform the function of identification whereby they may start with a case at the beginning until its' termination. This practical situation therefore supports the findings of this study. In practice, it also happens that social workers do not perform identification in which they do not start with the case at the beginning but enter into the process of service delivery at the middle of the case.

- **Investigation**

Investigation as a function of social work is represented in figure 37 below:

Figure 37: Investigation



The above figure indicates that 64% (9) of the social workers perform investigation, while 36% (5) do not perform investigation as a function of social work.

The above findings correlate with the findings of Richard (1991:160) whereby the majority of social workers indicated the performance of investigation through the assessment of the child, parents/caregivers and the family circumstances.

In relation to the practical situation most social workers do perform investigation as the basis to effective planning to resolve the case. This allows them to use their knowledge of family dynamics, human development and environmental factors when making decisions regarding intervention on the various types of child abuse.

There may also be social workers who may not perform investigation such as when the social worker is not available at the time when investigation must be done, e.g. when the social worker is on leave.

- Intervention

All the social workers 100% (14) indicated that they perform intervention as a function of social work. This finding may be related to the views of Molosankwe (1993:79) according to which intervention is the core of service delivery. Intervention is directed at bringing about change in the person-environment situation and can be directed at an individual, family, group, community or by research.

In practice intervention is performed by almost all the social workers rendering services concerning child abuse. The focus is the parents or primary caregiver with the goal of assisting them to deal with a range of problems associated with child abuse. Non-performance of intervention therefore shows non-involvement in service delivery concerning child abuse.

- **Prevention**

All the social workers 100% (14) indicated that they do prevent child abuse. This finding is related to the views of Gough (1993:12) who argue that prevention of child abuse must be performed at all times. The prevention must be aimed at the rearrangement of forces in society, against those negative factors in the life of the child. Prevention can be offered at three levels namely: primary, secondary and tertiary (Jacobsen, 1992:104; Davies, 1994:23 & McMurtry, 1995:42).

In relation to practice, most social workers do offer preventative services on all three levels as discussed above.

5.4.10.4 The employment of social work methods

The social workers were requested to indicate the extent to which they employ the different social work methods in their service delivery concerning child abuse. They had to indicate whether they employ such methods always, sometimes or never employ them as indicated below:

- **Social work with the individual**

All the social workers 100% (14) indicated that they always render social work services with the individual. The aim of social work with the individual is to help individuals on a person-to-person basis to attain the fullest degree of social functioning.

The above finding can be related to the views of Goldstein (1995:40) who argued that social workers who render services concerning child abuse, render the services to

the individuals to help them restore, maintain and enhance their individual, personal and social functioning.

Goldstein (1995:40) went further and argued that social work with the individual is mostly employed with parents/caregivers of abused children and can help such parents/caregivers 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.

In practice, social work with the individual is provided to both parent/caregiver and the abused child. This is based on the perspective that focus on the parent/caregiver of abused children may have an insufficient impact on many abused children. Focus on the abused child takes that child's needs into consideration and this contributes to effective service delivery concerning child abuse.

- **Social work with the family**

All the social workers 100% (14) indicated that they always employ social work with the family in their service delivery in child abuse cases. This finding may be related to the views of Goldstein (1995:53) who argued that the entire family should be involved as child abuse affects all the family members. The involvement of the entire family is based on the assumption that a family is a system that consists of interrelated and interdependent subsystems (members) whereby change in one subsystem will lead to change or changes in the other subsystems.

In practice, the entire family system, including the abused child, non-abused siblings and parents/caregivers is affected by the abuse of the child and is seen together by

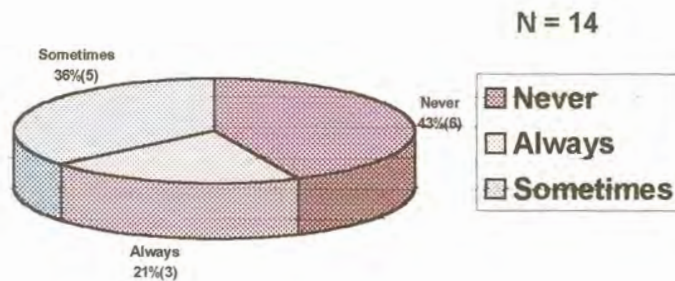
the social workers. The family is therefore seen as a unit of attention and intervention addresses the family as a whole. The involvement of the whole family has the following advantages:

- Family interactions and the roles of the family members in child abuse are easily assessed;
- family interaction can help to solve problems and to empathise with the abused child and other family members; and
- the family can learn and experiment with more effective child management techniques.

- **Social work with the group**

Social work with the group as a method of social work is represented in figure 38 below:

Figure 38: Social work with the group



Of the social workers, 21% (3) indicated that they always employ social work with the group, 36% (5) of the social workers indicated that they sometimes employ the method and 43% (6) of the social workers indicated that they never employ the method.

The finding that only the minority 21% (3) of the social workers employ social work with the group contradicts with the findings of Justice & Justice (1993:73) who found

that 90% of the respondents always employ social work with the group in their service delivery.

This finding also differs with the views of Goldstein (1997: 89) who argued that social work with the group is an effective approach in rendering services concerning child abuse.

The finding that 36% (5) of the social workers sometimes employ social work with the group may be related to Goldstein's (1997:89) argument regarding the effectiveness of this method. According to Goldstein (1997:89) social work with the group has been shown to be effective in its ability to provide the following:

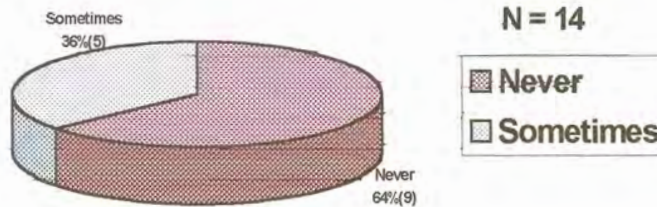
- The opportunity for nurturing, socialization and relating to others;
- powerful experiences in being accepted;
- the development of better communication and other interpersonal skills;
- the atmosphere in which to develop increased empathy for others, new values, attitudes and behaviour; and
- support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

The finding that 43% (6) of the social workers never employ social work with the group can be correlated to the practical situation. Most social workers do not employ this method due to various reasons such as a lack of cooperation from the potential group members, inability to reach the group venue and/or lack of time to attend group meetings.

- **Social work with the community**

Social work with the community as a method of social work is represented in figure 39 below:

Figure 39: Social work with the community



Of the social workers, 64%(9) indicated that they never employ social work with the community, while 36% (5) of the social workers indicated that they employ social work with the community, some of the time.

The finding of this study contradicts the views of Tzeng (1993:106) who argued that most welfare agencies rely on community services to render services to abusive families. This social work with the community includes crisis help lines and coordinating persons who provide information on child abuse.

The findings of this study correlate well with the practical situation of the majority of social workers, as they do not employ social work with the community in their service delivery concerning child abuse due to shortage of time to conduct programs. This means that the majority of social workers still place emphasis on social work with the individual.

Service delivery concerning child abuse is therefore hindered as no objectives, which could be achieved by social work with the community, are achieved.

- **Social work research**

The employment of social work research is represented in table 21 below:

Table 21: Social work research

SOCIAL WORK RESEARCH	FREQUENCY	PERCENTAGE
Always	10	71%
Sometimes	4	29%
TOTAL	N = 14	100%

Of the social workers, 71% (10) always employ social work research and 29% (4) of the social workers sometimes employ social work research. The finding that the majority of social workers employ research is related to the views of Green (1992:77) who argue that most of the social workers conduct research to develop, implement and evaluate intervention strategies, therefore increasing the body of generalized knowledge about social work concerning child abuse.

The findings of this study can also be related to the practical situation whereby research is conducted to investigate social problems and to add to the knowledge base of social work.

5.4.10.5 An integrated application of these methods

All the social workers indicated that they do not integrate the methods in their service delivery. This finding can be related to the practical situation whereby most of the social workers do not integrate the methods. This might be attributed to their lack of training in the integration of the methods.

5.4.10.6 Approaches employed in social work with the individual

The social workers were requested to indicate the nature and extent of the approaches they use in social work with the individual in their service delivery concerning child abuse as indicated below:

- **Problem solving**

All the social workers 100% (14) indicated that they always use problem solving as an approach in their intervention concerning child abuse. Butrym (1993:25) argues that the aim of the problem solving approach is to help a person to solve problems, which the person cannot solve at present.

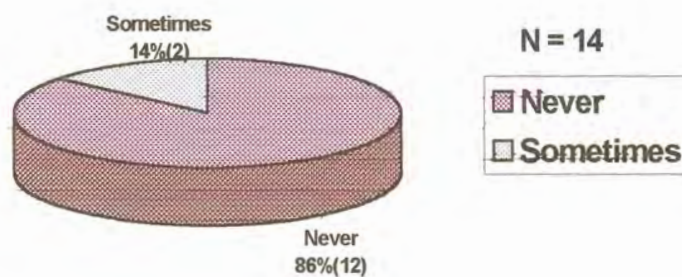
This approach therefore emphasises training in the development of problem solving skills. If the finding of this study is related to the views of Butrym (1993:25) it can be concluded that the social workers' aim is to help the parents/caregivers to develop problem solving skills, which can be used in future.

In practice it happens that social workers employ the problem solving approach to help the clients to be independent in solving problems.

- **Behaviour modification**

Behaviour modification as an approach is represented in figure 40 below:

Figure 40: Behaviour modification



Of the social workers, 86% (12) indicated that they *never employ behaviour modification*, while 14% (2) of the social workers indicated that they do *sometimes employ behaviour modification*.

Vasta (1992:144) argued that the behaviour modification approach is based on a theoretical proposition that maladaptive behaviour is learned and can be unlearned under controlled situations. Vasta (1992:144) went further and indicated that this approach is mostly employed in service rendering concerning child abuse on the basis that child abuse is the result of inadequately or inappropriately learned parenting behaviour.

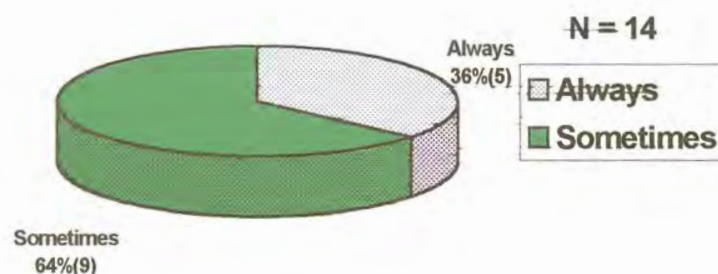
The findings of this study contradict with the views of Vasta (1992:144) as none of the social workers indicated that they always employ the behaviour modification approach in their service delivery concerning child abuse.

In practice, the majority of social workers do not employ the behaviour modification approach to help parents/caregivers to change their parenting styles which are causal or contributory factors towards child abuse, due to the point that they may lack knowledge and skills of employing this approach.

- Cognitive restructuring

Cognitive restructuring as an approach is represented in figure 41 below:

Figure 41: Cognitive restructuring



The cognitive restructuring approach focuses on changing the incorrect thought patterns, beliefs and attitudes of the clients which is believed to lead to lasting behavioural change. Child abuse is addressed in terms of incorrect premises and a proneness to distorted imaginable experiences that lead to incorrect emotions and

responses to external events (Fennel, 1992:129; Vondracek, 1995:120 & Palmer, 1996:77).

The application of this approach will help parents/caregivers to learn the following skills:

- Desirable coping skills to cope with provocation;
- the ability to give less negative meaning to the provoking child;
- relaxation techniques to have the means to alleviate the intense pressure of provocation; and
- problem solving skills to prevent perceived provocations (Fennel, 1992:130; Vondracek, 1995:125 & Palmer, 1996:79).

Of the social workers, 36% (5) indicated that they some of the time employ cognitive restructuring and 64% (9) of the social workers indicated that they employ cognitive restructuring some of the time.

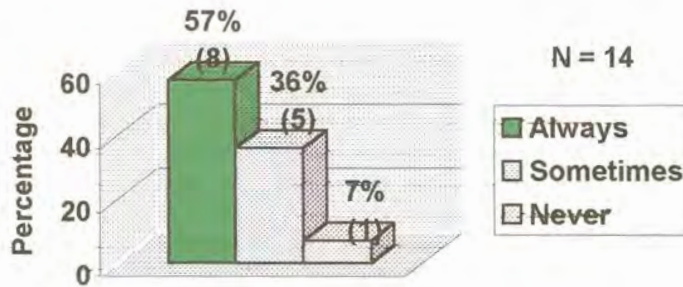
The findings of this study correlate with the views of Fennel (1992:129,130), Vondracek (1995:120,125) & Palmer (1996:77,79) regarding the employment of the cognitive restructuring model as discussed above.

In practice, social workers do employ the cognitive restructuring approach to restructure the parents/caregivers irrational thoughts regarding their parenting / caregiving styles.

- **Ego psychology**

Ego psychology as an approach is represented in figure 42 below:

Figure 42: Ego psychology



Of the social workers, 57% (8) indicated that they always employ ego psychology and 36% (5) of the social workers indicated that they sometimes employ ego psychology some of the time, while 7% (1) of the social workers indicated that they never employ ego psychology.

The above findings agree with Goldstein's (1995:42) & Vondracek's (1995:12) views that social workers use ego psychology to deal with the relationship of personality to reality with the goal of supporting and strengthening the client's ego so that they can function and cope more effectively with their problem areas.

According to Goldstein (1995:42) the employment of ego psychology with parents concerning child abuse should aim at the following:

- Helping parents/caregivers to function more comfortably in their role as parent/caregiver;
- better control of behaviour and feelings;
- improvement of parent –child relationship;
- development of better coping skills when a problem arise;
- remedying early parental developmental defects that may be part of the pattern of child abuse;
- acquiring of greater understanding of the children's needs; and
- bearing better ways of managing the children's needs.

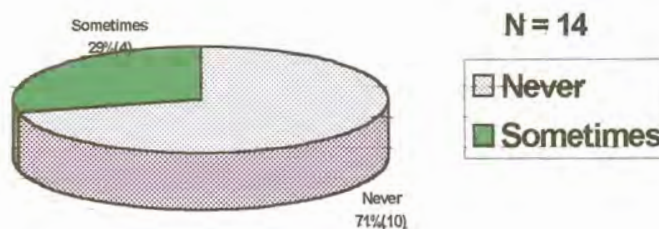
In practice, ego psychology can be employed to provide information, advice and direction to parents/caregivers regarding child development, child-rearing techniques, special problems and parents' needs.

If the findings of this study are related to the views of Goldstein (1995:42) and what is happening in practice it may be concluded that the social workers that employ ego psychology are those who have the aims as outlined by Goldstein (1995:42).

Crisis intervention

Crisis intervention as an approach is represented in figure 43 below:

Figure 43: Crisis intervention



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

Crisis intervention is aimed at the following:

- Ending the abuse through the removal of the abuser or the victim from the abusive situation;
- helping the victim to deal with the emotions;
- strengthening the parent's/caregiver's ability to protect the child; and
- assisting the abuser, victim and other family members to establish appropriate role boundaries (Haas, 1994:5 & Furniss, *et al.*, 1994:866).

Of the social workers, 29% (4) indicated that they sometimes employ crisis intervention some of the time, while 71% (10) of the social workers indicated that they never employ crisis intervention.

The result of this study that 71 % (10) of the social workers never employ crisis intervention contradicts with the views of Haas (1994:5) & Furniss, *et al.*, (1994:866)

as discussed above. The finding that 29% (4) of the social workers do employ crisis intervention partly supports these views.

In practice, crisis intervention should be employed in child abuse cases with the main aim of helping the victim to deal with the emotions.

5.4.10.7 Prevention services offered

The social workers were requested to indicate the nature of prevention services that is offered, that is whether they do offer such services, if it is possible or not possible, applicable or not applicable as discussed below:

Reducing the incidence of child abuse before it starts

This entails the primary prevention of child abuse through its reduction before the abuse starts. All the social workers 100% (14) indicated that they do reduce the incidence of child abuse before the abuse starts.

This finding means that all the social workers are rendering primary prevention of child abuse. The finding of this study may be related to the views of Gough (1993:18) & McMurtry (1995:44) who argued that primary prevention seeks to affect factors that contribute to the appearance of child abuse.

In practice, it happens that social workers prevent child abuse on a primary level through public awareness campaigns and advocacy groups with a view of breaking the cycle of child abuse in the society as a whole.

Factors taken into consideration to reduce the incidence of child abuse before the abuse starts.

The social workers were requested to indicate the factors, which they are taking into consideration when reducing the incidence of child abuse before the abuse starts as discussed below:

- **Low birth weight pre-term infants**

All the social workers 100% (14) indicated that they do not take low birth weight pre-term infants as an etiological factor into consideration in their prevention services.

The above finding is contradicting the views of Siegel (1993:71) according to which he argued that premature or low birth weight infants is one of the factors which must be taken into consideration for successful primary prevention. This view is based on the assumption that prematurity predisposes an infant to anoxia, which in turn causes irritability and fussiness.

Another view is that infants who weigh less at birth may have subtle dysfunctions of the central nervous system, which results in restlessness and distractibility.

In practice, low-birth weight pre term infants is taken into consideration as a causal factor to child abuse. In the primary prevention of child abuse is based on the following factors:

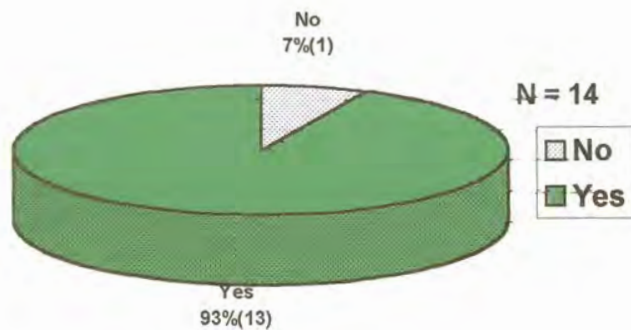
- Biological factors are potential contributors to abuse; and
- low birth weight infants are more difficult to care for than full-term infants, e.g. they are fussy and irritable and therefore frustrating for the parents/caregivers to care for.

Therefore the consideration of low birth weight pre term infants in the prevention of child abuse help the social workers to plan programs that can help parents/caregivers to develop insight into the needs of these infants and how to respond if such children show behaviours resulting from their situations.

- **Children of adolescent parents**

The consideration of children of adolescent parents as a factor in primary prevention is represented in figure 44 below:

Figure 44: Consideration of children of adolescent parents



Of the social workers, 93% (13) indicated that they do consider children of adolescents as a casual factor in their prevention of child abuse, while 7% (1) indicated that they do not consider children of adolescents as a casual factor.

The above findings support the views of Mouzakitis (1995:45) according to which the majority of abusive parents are young and have had little opportunity to learn parenting skills. These parents/caregivers have lack of knowledge and unrealistic expectations about children. Their cognitive immaturity seem to impede the development of realistic expectations of child rearing and produces self-centeredness that prevents them from giving the child's needs preference over their own.

In practice, social workers do consider children of adolescent parents/caregivers as an etiological factor and in their prevention on the basis that these parents/caregivers have had little chance to rehearse the role of parents/caregivers. Prevention programs therefore focus on helping these parents/caregivers to develop parenting/caregiving skills.

- Children with special needs

According to Steele (1995:173) children with special needs, such as handicaps, mental retardation or physical illnesses are at greater risk of being abused than normal children. This factor should be considered in the prevention of child abuse.

This view of Steele (1995:173) contradicts with the findings of this study as all the social workers indicated that they do not consider children with special needs in their prevention of child abuse.

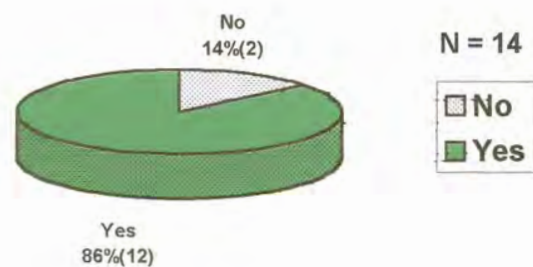
The findings of this study can be related to the practical situation whereby the majority of parents/caregivers cope well with the task of caring for children with special needs such as handicapped children.

However, it also happens in practice that children with special needs are targeted for child abuse, e.g. when the child is seen as a burden by the parents/caregivers, such a child may not be cared for adequately and may be abused. In this case, prevention strategies will consider the needs of these children to reduce child abuse.

- Children of mentally retarded parents

The consideration of children of mentally retarded parents as a factor in prevention is represented in figure 45 below:

Figure 45: Consideration of children of mentally retarded parents



According to Delnero (1994:169) people who abuse their children are sick or mentally ill. Therefore children in families where one or both of the parents are mentally ill seem to be at a risk of abuse. Of the social workers, 86% (12) indicated that they do consider children of mentally retarded parents as a factor in the prevention of child

abuse, while 14%(2) of the social workers indicated that they do not consider children of mentally retarded parents as a factor in the prevention of child abuse.

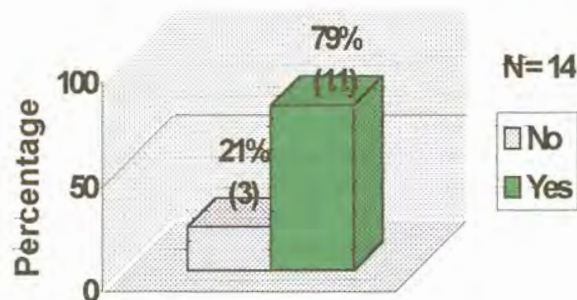
The findings of this study correlate well with the views of Delnero (1994:169) according to which parental mental illness is related to child abuse. In practice, the mental illness of the parents applies to only a fraction of abusive parents.

In practice, it also happens that parental mental retardation is followed by child abuse. In this situation, prevention will consider parental mental retardation and implement diagnosis and treatment plans to determine when and how the child's safety is to be assured. If the mentally ill parent is more abusive during these episodes, decisions to remove either the child or the mentally ill parent can be made.

- Children of substance abusers

The consideration of children of substance abusers as a factor in prevention is represented in figure 46 below:

Figure 46: Children of substance abusers



Of the social workers, 79% (11) indicated that they consider children of substance abusers in their prevention of child abuse and 21% (3) of the social workers indicated that they do not consider children of substance abusers in their prevention of child abuse. Therefore the majority of social workers consider children of substance abusers in the prevention of child abuse.

This finding correlates well with what Harrington (1995:89) found, whereby parental substance abuse was the most important factor, which determines prevention of child abuse. Parental substance abuse was recognised as an integral component of the multi - problem abusive families. This abuse played a significant role in the onset as well as the continuation of child abuse. Prevention strategies were therefore based on it whereby public education, early detection and treatment programs that meet the special needs of the chemically dependent parents were offered.

In practice, substance abuse is related to child abuse during pregnancy whereby the fetus is vulnerable to the damaging effects of maternal substance abuse. This substance abuse also leads to child abuse in later years, e.g. during adolescence in which the parents who abuse substances may abuse their children when under the influence of these substances.

Prevention of child abuse can therefore consider children of substance abusers and intervention may focus on insight development regarding substance abuse and its consequences.

- **Children of parents who were abused as children**

All the social workers 100% (14) indicated that they consider children of parents who were abused as children, in their prevention of child abuse. This finding correlates with the views of Wolf (1999:82) according to which prior abuse perpetuates a cycle of abuse across generations.

Adults who abuse their children were abused as children as they learned through experiences with their own parents that violence is an acceptable method of child rearing. Prevention must therefore focus on the parents's insight into their own past experiences, support services and/or parental education on effective parenting.

In practice the victims of child abuse may grow up to be perpetrators of child abuse, therefore warranting the need to consider the children of parents who were abused as children in the prevention of child abuse. In practice it may also happen that the victims of child abuse do not abuse their children.

- **Children of few support systems**

All the social workers 100% (14) indicated that they do not consider children of few support systems in the prevention of child abuse. This finding contradicts the findings by Mouzakitis (1995:256) whereby it was found that prevention programs were centered on the family's lack of support from the extended family and the community.

The findings of this study also contradict the practical situation of the majority of social workers as their prevention does consider the family's support systems, e.g. outside contacts with friends, the extended family, the neighborhood and social agencies which provide needed assistance. Therefore prevention can focus on maximizing social support systems and the building of family support and cohesion.

- **The identification of potential child abusers**

All the social workers 100% (14) indicated that they focus on the identification of potential child abusers in the prevention of child abuse. According to Katz (1995:178) the identification of potential child abusers involves the secondary prevention of child abuse whereby services are targeted to specific high-risk groups with the aim of avoiding the continued spreading of child abuse. It can therefore be concluded that all the social workers of this study focus on secondary prevention of child abuse by identifying potential child abusers.

The findings of this study correlate with the practical situation of the majority of social workers whereby they focus on secondary prevention of child abuse in their service delivery concerning child abuse.

5.4.10.7 Focal aspects in the identification of potential child abusers

The aim of this section was to determine the aspects on which the social workers are focusing in the identification of potential child abusers. These aspects are discussed below:

- **Nurturing**

Nurturing as a focal aspect in the identification of potential child abusers is represented in table 22 below:

Table 22: Nurturing

NURTURING	FREQUENCY	PERCENTAGE
Focus	7	50%
Not focus	7	50%
TOTAL	N = 14	100%

The above table indicates that 50% (7) of the social workers focus on nurturing in the prevention of child abuse, while 50% (7) of the social workers indicated that they do not focus on nurturing in the prevention of child abuse.

This finding that 50% (7) of the social workers focus on nurturing correlates with the views of Barry (1994:15). This author argued that the prevention of child abuse should also put an effort on the parent's capacity to nurture as the likelihood of child abuse increases when the parent's capacity to nurture decreases.

This finding also correlates with what is happening in practice. Whereby the social workers' focus on the mothering imprints of parents/caregivers as the basic dynamic of the potential to abuse on the basis that a person who has been reared in a way that precluded the experience of being mothered and nurtured cannot mother or nurture his own children.

- The needs of children at different stages

All the social workers 100% (14) indicated that they do not focus on the needs of children at different stages. This finding contradicts with the views of Barry (1994:79) according to which parents/caregivers who abuse their children have lack of knowledge about the needs of children at different stages and fail to meet these needs.

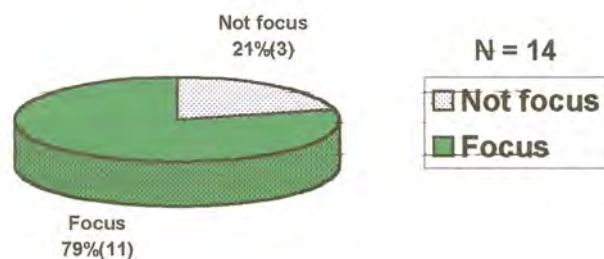
The finding of this study also contradicts the practical situation. Social workers do focus on the needs of children at different stages, on the basis that parents/caregivers lack knowledge of such needs, and need to be assisted to gain knowledge of these needs.

Social workers in general are therefore playing the role of advocate for children by picking up on the needs of children as a group and focusing on what is good for all children and therefore reducing child abuse on a secondary level.

- **Good parenting skills**

Good parenting skills as a focal aspect in the identification of potential child abusers is represented in figure 47 below:

Figure 47: Good parenting skills



According to Mills (1992:93) good parenting skills include positive interactions with the children and effective control of unwanted child behaviour. Werner (1993:17) adds to these skills by arguing that decreasing negative or punitive management techniques is part of good parenting skills.

Authors such as Reidy (1991:140), Morris (1993:99) & Patterson (1995:132) agree that the parent's lack of knowledge of good parenting skills is relevant to the majority of cases concerning child abuse and that prevention should be targeted towards this aspect with a view of improving these skills.

The above figure indicates that 79% (11) of the social workers indicated that they focus on good parenting skills as an aspect in the prevention of child abuse, while 27% (3) of the social workers indicated that they do not focus on good parenting skills as an aspect in the prevention of child abuse.

The finding that 79% (11) of the social workers focus on good parenting skills correlates well with the views of Reidy (1991:140), Morris (1993:99) and Patterson (1995:132) that the parents'/caregivers' lack of knowledge of parenting skills should be the focal aspect in the prevention of child abuse.

In practice, it also happens that social workers focus on the parent's lack of knowledge of parenting skills and reducing child abuse.

- **Family planning**

All the social workers 100% (14) indicated that they focus on family planning in the prevention of child abuse. This finding is related to the findings by Davoren (1991:137) according to which the timing of the child's arrival helped to reduce the rate of child abuse in England. According to Davoren (1991:137), family planning reduced the rate of child abuse as parents avoided the tragedy of unwanted children and were ready for the responsibilities of parenthood when they had children.

In practice, family planning is an aspect which can reduce child abuse in terms of controlling the number of children to have in consideration of the high cost of living. Widespread family planning education can be more effective in preventing child abuse on a secondary level.

- **Stress management**

According to Barry (1994:151) and Ellis (1997:79) the experience of stress is a major factor to be considered in the prevention of child abuse. Poverty, poor housing, unemployment or insufficient money may generate stress. These factors may weaken a person's psychological mechanism of self-control and contribute to the uninhibited discharge of aggressive and destructive impulses towards children.

All the social workers 100% (14) indicated that they focus on stress management in the prevention of child abuse. The findings of this study therefore relate well with the views of Barry (1994:151) and Ellis (1997:79) according to which focus should be on stress in the prevention of child abuse.

The above finding also correlates well with the practical situation as social workers are involved in programs of stress management with potential child abusers with a view of training them to develop stress management skills, which can also enhance childrearing skills.

- **Child development**

All the social workers 100% (14) indicated that they do not focus on child development in the prevention of child abuse. This finding contradicts the views of Mouzakitis (1995:173) who argued that lack of knowledge of child development is the first aspect to be considered in the prevention of child abuse.

The above finding is also contradicting the practical situation as the social workers focus on the parent's knowledge of child development on the basis that lack of knowledge of child development is associated with an increased risk of child abuse. The increasing parental knowledge of child development can be related to a decrease of child abuse.

- **Health**

All the social workers 100% (14) indicated that they focus on health in the prevention of child abuse. This finding correlates well with the views of Barry (1994:159) and Berne (1997:59) according to which health problems such as physical disabilities of a parent or child are factors present in families involved in about 80% of the cases of child abuse in the United States of America.

In practice, the health of the child is an aspect, which is seriously considered in the prevention of child abuse. This is based on the experience that some of the handicapped children are abandoned after birth while others are well cared for.

child prior to abuse, formulation of objectives to prevent a recurrence of those behaviours or to relate to stress in other ways.

In relation to the practical situation, stopping the abuse becomes one of the treatment goals when parents/caregivers are helped to assume responsibilities for the abuse rather than denying their involvement or scapegoating the children.

- **Improving parental functioning**

Mouzakitis (1995:250) argued that parental functioning is improved by setting the following objectives:

- Roles of family members will become appropriate, e.g. the child will no longer parent the adults;
- the parents will hug the children every day; and
- nutritious meals and snacks will be prepared for the children daily.

All the social workers, 100% (14), indicated that they focus on the improvement of parental functioning as a goal of treatment in the prevention of child abuse. If the findings of this study are correlated with the views of Mouzakitis (1995:250), it can be concluded that all the social workers focus on improving parental functioning by setting the following objectives:

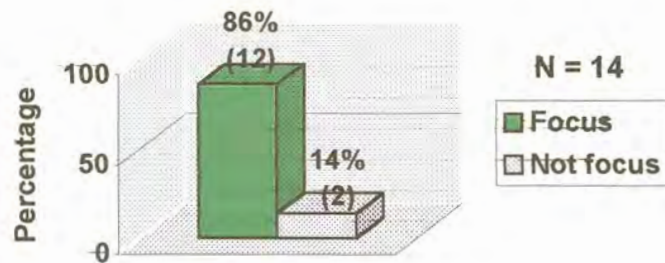
- Appropriate roles of family members;
- parents hugging the children every day; and
- preparation of nutritious meals and snacks for children on a daily basis.

In practice, parental functioning is a goal of treatment which is achieved by strategies such as role modeling by a social worker, homemaker and volunteers.

- **Reducing stress**

Reducing stress as a goal of treatment in the prevention of child abuse is represented in figure 49 below:

Figure 49: Reducing stress



Of the social workers, 86% (12) indicated that they focus on reducing stress in the prevention of child abuse, while 14% (2) of the social workers indicated that they do not focus on reducing stress in the prevention of child abuse.

The above findings that 86% (12) of the social workers focus on reducing stress correlate with the findings by Dreyer (1994:93). Dreyer (1994:93) focuses on the stressors such as low self-esteem, low income and poor conflict management skills with the main aim of improving self-esteem increasing income and developing conflict management skills.

The development of conflict management skills as a goal of treatment is represented in table 23 below:

Table 23: Development of conflict management skills

NURTURING	FREQUENCY	PERCENTAGE
Focus	10	71%
Not focus	4	29%
TOTAL	N = 14	100%

The above table indicates that 71% (10) of the social workers indicated that they focus on the development of conflict management skills as a goal of treatment in the prevention of child abuse, while 29% (4) of the social workers indicated that they do not focus on the development of conflict management skills.

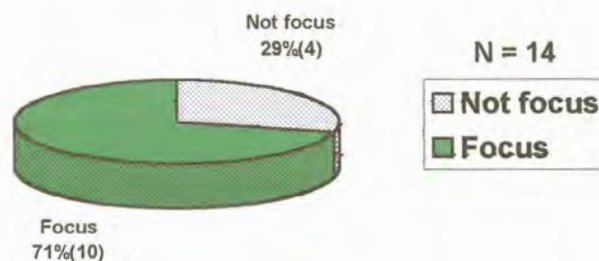
According to Haas (1999:73) in developing conflict management skills the family learns to focus until the problem is defined, list possible solutions and reach a consensus on the solution in developing conflict management skills.

In practice, learning the problem solving skills which can be used to resolve future problem areas can develop conflict management skills. Therefore if the findings of this study are correlated to the findings of Haas (1994:73) and to what is happening in practice, it can be concluded that 71% (10) of the social workers who focus on the development of conflict management skills, learn to focus until the problem is defined, list possible solutions and reach consensus on the solution and learn problem solving skills. The social workers, 29% (4) who do not focus on developing conflict management skills are not involved in teaching families to focus on the problem, and on developing problem solving skills.

- Improvement of self-esteem

Improvement of self-esteem as a goal of treatment in the prevention of child abuse is represented in figure 50 below:

Figure 50: Improvement of self-esteem



Of the social workers, 71% (10) indicated that they focus on the improvement of self-esteem as a goal of treatment in the prevention of child abuse, while 27% (4) of the social workers indicated that they do not focus on the improvement of self-esteem.

The above findings may be related to the argument of Pollak (1996:91) according to which the prevention of child abuse should be centered on the improvement of self-esteem whereby the following objectives may be envisaged:

- The development of interpersonal associations within the family and with others;
- the development of self-control; and
- learning to play and have fun.

In practice, the improvement of self-esteem contributes to the reduction of child abuse as a person becomes able to relate with others and to understand the type of person he is, which include the likes, dislikes, personal strengths and feelings.

- **Improvement of intimacy**

All the social workers, 100% (14), indicated that they do not focus on the improvement of intimacy as a goal of treatment in the prevention of child abuse.

This finding contradicts with the views of Mouzakitis (1995:290) according to which the improvement of intimacy is one of the goals of treatment in the prevention of child abuse. In relation to the practical situation, the improvement of intimacy in terms of becoming trustworthy and respecting others is the goal of treatment in the prevention of child abuse. This goal is usually achieved when the whole family is involved in treatment.

5.5 SUMMARY

The exposition of how the research was executed was given, the focus was on research methodology and the procedure followed in collecting data.

The research findings are analysed, interpreted, discussed and represented in tables and figures.

5.5.1 The most important findings

The types of child abuse that were experienced by the children are physical abuse, sexual abuse, emotional abuse and neglect.

Of the parents/caregivers, 37% (55) indicated that their children experienced physical abuse and 31% (46) sexual abuse and 9% (14) emotional abuse while 23% (35) experienced neglect.

5.5.2 Findings concerning the parents/caregivers

The parents/caregivers were 150 whereby 69% (104) are females and 31% (46) are males.

The parents'/caregivers' ages range from 20 years to 50 years old.

Of the parents/caregivers, 34% (50) were never married, 13% (20) are married, 28% (42) are divorced, 16% (24) widowed and 9% (14) are living together.

The parents/caregivers have between 1 and 4 children, whereby only one child under their care has been abused between the ages of 0 to 21 years during the years 1995 to 1999.

The child abusers were indicated as strangers, the children's mothers, - fathers, - stepfathers and -relatives.

5.5.3 Findings concerning physical abuse

Of the parents/caregivers, 37% (55) indicated that their children experienced physical abuse, namely: injuries, poisoning and suffocation.

The majority of the parents/caregivers noticed bruising and lacerations as physical symptoms of physical abuse, while the minority did not notice bruising and lacerations.

The following behavioural symptoms were noticed by the majority of parents/caregivers:

- Fear of physical contact;
- temper tantrums;
- fearful of parents/caregivers;
- over aggressiveness; and
- excessive school absence.

The following behavioural symptoms were not noticed by the parents/caregivers:

- Craving for attention;
- wearing long sleeved clothing;
- withdrawal;
- sleepy in class; and
- arriving early at school.

5.5.4 Findings concerning sexual abuse

Of the parents/caregivers, 31% (46) indicated that their children experienced sexual abuse, namely: sexual intercourse, oral contact, fondling and sexual contact of intimate parts.

The following physical symptoms of sexual abuse were noticed by the majority of parents/caregivers:

- Pregnancy at an early age;
- red vagina;
- presence of semen;
- presence of sexually transmitted diseases;
- complaints of difficulty in urinating;
- bruises of external genitalia; and
- bleeding from external genitalia;
- the following physical symptoms were not noticed:
- swollen cervix;
- torn bloody undergarments; and
- vaginal discharge.

The following behavioural symptoms of sexual abuse were noticed by the majority of parents/caregivers:

- Poor peer relationships;
- substance abuse;
- irregular school attendance; and
- sleep disturbance.

The following behavioural symptoms were not noticed by all the parents/caregivers:

- Prostitution;

- comments that the child was assaulted;
- engaging in delinquent acts; and
- suicide attempts.

5.5.5 Findings concerning emotional abuse

Of the parents/caregivers, 25% (14) indicated that their children experienced emotional abuse.

The following types of emotional abuse were noticed by the majority of parents/caregivers:

- Rejection;
- ignorance;
- corruption;
- isolation; and
- insults.

The following types of emotional abuse were not noticed by all the parents/caregivers:

- Terrorising;
- deprivation; and
- accusations.

5.5.6 Findings concerning neglect

Of the parents/caregivers, 64% (35) indicated that their children experienced neglect, namely:

The following types of neglect were experienced by the majority of children:

- Lack of nutrition;
- inadequate shelter
- lack of clothing; and
- medical neglect.

The following types of neglect were not noticed by the majority of parents/caregivers:

- Educational neglect;
- lack of love;

- lack of protection;
- lack of supervision;
- poor personal hygiene; and
- absence of medical care.

The majority of parents/caregivers noticed begging for food as a behavioural symptom of neglect.

The following behavioural symptoms of neglect were not noticed by the majority of the parents/caregivers;

- Falling asleep at school; and
- irregular school attendance.

5.5.7 Findings concerning the causes of child abuse

The majority of the parents/caregivers indicated the following factors as the main causes of child abuse:

- lack of mothering imprints;
- excessive expectations towards the child;
- parental role reversal;
- scapegoating;
- immature parents;
- mental illness;
- lack of child rearing skills;
- poverty;
- poor education;
- occupational stress;
- alcohol abuse; and
- drug abuse.

The minority of parents/caregivers indicated the following as contributory causes to child abuse:

- Lack of mothering imprints;
- excessive expectations towards the child;
- parental role reversal;
- scapegoating;
- immature parents;

- mental illness;
- lack of child rearing skills;
- poverty;
- poor education;
- occupational stress;
- alcohol abuse; and
- drug abuse.

The majority of parents/caregivers indicated the following factors as no causes of child abuse:

- Lack of social skills;
- inferior health status of the child; and
- overcrowding.

5.5.8 Findings concerning the impact of child abuse on the abused child

Child abuse had behavioural effects on the majority of children followed by psychological effects.

Child abuse had cognitive and personality effects on the minority of children.

5.5.9 Findings concerning social work service delivery

There were 14 social workers that are rendering social work services in child abuse cases.

Their areas of service delivery were as follows:

- Cyferskuil and Ga-Maubane with one social worker respectively;
- Makapanstad with five social workers;
- Stinkwater with four social workers; and
- Temba with three social workers.

5.5.10 Findings concerning the performance of social work functions

The majority of social workers reported the performance of the following functions:

- Identification;
- investigation;

- intervention; and
- prevention.

5.5.11 Findings concerning the employment of social work methods

The majority of social workers indicated that they always employ the following social work methods in their service delivery:

- Social work with the individual;
- social work with the family; and
- social work research.

The majority of social workers indicated that they never employ the following methods in their service delivery:

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

5.5.12 Findings concerning the approaches in social work with the individuals

The majority of social workers indicated that they always employ the following approaches in their service delivery:

- Problem solving; and
- ego psychology.

The majority of social workers indicated that they never employ behaviour modification and crisis intervention in their service delivery.

The majority of social workers indicated that they do employ cognitive restructuring some of the time in their service delivery.

5.5.13 Findings concerning primary prevention services

All the social workers are offering primary prevention services.

The majority of social workers indicated that they do consider the following factors in the primary prevention of child abuse:

- Children of adolescent parents;
- children of mentally retarded parents;

- children of substance abusers; and
- children of parents who were abused as children.

The majority of social workers indicated that they do not consider the following factors in the primary prevention of child abuse:

- Low birth weight;
- children with special needs; and
- children of few support systems.

5.5.14 Findings concerning secondary prevention services

All the social workers indicated that they do offer secondary prevention of child abuse in terms of the identification of potential child abusers.

The majority of social workers indicated that they focus on the following aspects:

- Nurturing;
- good parenting skills;
- family planning;
- stress management; and
- health.

The majority of social workers indicated that they do not focus on the following factors:

- The needs of children at different stages; and
- child development.

5.5.15 Findings concerning prevention services after child abuse has occurred

The majority of social workers indicated that they focus on the following goals after child abuse has occurred:

- Stopping the abuse;
- improving parental functioning;
- reducing stress;
- development of conflict management skills; and
- improvement of self-esteem.

The majority of social workers indicated that they do not focus on the improvement of intimacy in their prevention services after child abuse has occurred.