EVALUATION OF THE NORTH WEST PROVINCE EDUCATIONAL PROGRAMME FOR THE PRIMARY PREVENTION OF CHILD SEXUAL ABUSE

BY

MOILOE SENGWE DEBORAH

SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS

FOR THE DEGREE M (SD)

IN

SOCIAL WORK MANAGEMENT

FACULTY OF HUMANITIES

DEPARTMENT OF SOCIAL WORK AND CRIMINOLOGY

UNIVERSITY OF PRETORIA

PROMOTER: PROF. G. M. SPIES

MAY 2007

PRETORIA
ACKNOWLEDGEMENTS

I would like to pass my sincere gratitude to the following valuable people:

To my supervisor, Professor. G. M. Spies and my editor, Mrs. I. Noomee for their support and guidance throughout my project.

To the District Manager of the Department of Education, Dr. Moloko and the Baphiring Middle School Management for giving me the opportunity to conduct my study at this school.

To all the respondents who took part in the empirical study, thank you very much for your time and patience in sharing the information with me.

To my family for their constant support: my husband Morgan, my children Lerato, Moses and Palesa.

To my manager, Mrs. Pretorius for affording me the opportunity to study.

Finally I would like to thank God who has given me the courage and strength from the beginning to the end of this study.
SUMMARY

EVALUATION OF THE NORTH WEST PROVINCE EDUCATIONAL PROGRAMME FOR THE PRIMARY PREVENTION OF CHILD SEXUAL ABUSE

BY

MOIL OE SENGWE DEBORAH

Supervisor: Prof. G. M. Spies

Department: Social Work and Criminology

Degree: M (SD) Social Work Management

Child sexual abuse is a widespread problem nationally and internationally. Sexual abuse is traumatic for the child victim. Usually the adult abuser takes advantage of the child’s innocence and trust in adults. In many cases, the abuser threatens or bribes the child to keep silent. Because of the threats, fear and embarrassment, most children do not tell anyone about the abuse. Keeping the secret of abuse only causes more emotional stress for the child and the family.

Because of the betrayal by an adult, the child often experience feelings of guilt as if the abuse is his or her fault. As a result of this, it becomes difficult for the abused child to trust people. Anger, guilt and fear are common feelings that sexually abused children may experience. Childhood sexual abuse can cause lifelong psychological and physical damage, even if the emotional effects of sexual abuse may not be evident immediately. Victims may experience abuse-related problems as adults. This refers to the ability to trust people and form close relationships with them.
Both boys and girls can be the victims of sexual abuse. However, females are more often victims of sexual abuse than males. Due to the increasing number of reports of child sexual abuse cases in the Moses Kotane Local Municipality, North West Province, the researcher decided to evaluate the content and presentation of the educational programmes for the primary prevention of child sexual abuse, to establish whether they are empowering children to protect themselves against sexual abuse. The researcher’s concern is that despite the efforts by different departments to educate children on sexual abuse, more and more cases are reported. The research question to guide this study, was formulated as follows:

How do the children that are exposed to the sexual abuse educational programme that is being presented in the Moses Kotane Local Municipality, experience the content of the programme as well as the way it has been presented?

A quantitative research approach was used to explore the research question. Thirty (30) children from the Baphiring Middle school between the ages eleven (11) and fourteen (14) years, were randomly sampled for inclusion in the study. The data collection method used was a group questionnaire. Three themes were explored, namely child sexual abuse, presentation of the programme and empowerment of children against child sexual abuse. The findings showed that during the programme presentation, most children did learn of certain prevention concepts such as what child abuse is, who could potentially abuse the children, possible signs and symptoms of a sexually abused child and what to do to prevent sexual abuse. The findings also showed that the presentation of the programme on child sexual abuse should continue to empower children. The programme can be adjusted to be more child friendly.

The following are key concepts used in this study:

- Child
- Child sexual abuse
- Rape
• Primary
• Prevention
• Programme
• Protection
• Educational
• Empowerment
• Presentation
OPSOMMING

EVALUERING VAN DIE NOORDWESPROVINSIE SE OPV OEDKUNDIGE PROGRAM VIR DIE PRIMÊRE VOORKOMING VAN DIE SEKSUELE MISHANDELING VAN KINDERS

deur

MOILOE SENGWE DEBORAH

Studieleier: Prof. G. M. Spies

Departement: Maatskaplike Werk en Kriminologie

Graad: M (SD) Maatskaplike werkbestuur

Die seksuele mishandeling van kinders is ‘n wydverspreide probleem, beide op nasionale en internasionale vlak. Seksuele mishandeling is traumatasies vir die kind as slagoffer. Gewoonlik maak die volwassene wat die kind op hierdie wyse mishandel, misbruik van die kind se onskuld en vertroue in volwasse persone. In baie gevalle dreig die persoon wat die kind mishandel die betrokke kind of koop die kind met materiële gunste om sodat die kind nie die mishandeling aanmeld of bekend-mak nie. As gevolg van sulke dreigemente, word vrees en skaamte geskep en sal die meeste kinders die mishandeling nie aan ander persone bekendmaak nie. Die geheimhouding van die mishandeling skep egter nog meer emosionele spanning vir die kind en selfs vir die gesin van sodanige kind.

Deurdat ‘n kind deur ‘n volwasse persoon teleurgesteld is, ervaar die kind dikwels skuldigevoe lens asof dit die kind se skuld is. As ‘n resultaat van laasgenoemde, word dit dus moeilik vir ‘n mishandelde kind om mense te vertrou. Woede, skuld gevoe lens en vrees is emosies wat mishandelde kinders in die algemeen kan ervaar. Seksuele mishandeling gedurende die kinderjare kan lewenslange sielkundige en fisiese skade
meebring, selfs al is emosionele gevolge van seksuele mishandeling nie altyd dadelik sigbaar nie. Die slagoffers kan probleme en vaar wat verband hou met die mishandeling wanneer hulle self volwassenes is. Laaggenoemde verwys onder andere na die vermoë om mense te vertrou en om hegte verhoudings met hulle op te bou.

Beide seuns en dogters kan slagoffers van seksuele mishandeling word. Dit is egter wel waar dat meisies meer dikwels slagoffers van hierdie vorm van mishandeling is as seuns. Die navorser het besluit om die inhoud en aanbieding van die opvoedkundige program te evalueer wat huidiglik in die Moses Kotane Plaaslike Munisipaliteit, in die Noord-Wes Provinsie, ten opsigte van primêre voorkoming van seksuele mishandeling van kinders aangebied word. Hierdie evaluering is belangrik aangesien daar 'n toename is in die aantal gevalle van seksuele mishandeling van kinders wat in hierdie gebied gerapporteer word. Die navorser wou vasstel of hierdie program wel kinders bemagtig om hulself teen seksuele mishandeling te beskerm. Die navorser is bekommerd oor die feit dat, ten spyte van die pogings wat verskeie departemente aanwend om kinders oor seksuele mishandeling in te lig, meer en meer gevalle gerapporteer word. Die navorsingsvraag wat hierdie studie gerig het, was die volgende:

**Hoe het die kinders wat blootgestel is aan die opvoedkundige program oor die seksuele mishandeling van kinders wat in die Moses Kotane Plaaslike Munisipaliteit aangebied is, die inhoud van die program en die wyse waarop dit aanbied is, ervaar?**

'n Kwantitatiewe navorsingsbenadering is gevolg om die navorsingsvraag te eksplorere. 'n Ewekansige steekproef van dertig (30) kinders van die Baphiring Middle School, tussen die ouderdomme van elf (11) en veertien (14) jaar, is in die studie gebruik. Die data-insamelingsteknis was 'n groepsvraelys. Drie temas is ondersoek, naamlik die seksuele mishandeling van kinders, die aanbieding van die program en die bemagtiging van kinders teen seksuele mishandeling. Die bevindings toon dat die meeste van die kinders gedurende die aanbieding van die program geleer het wat seksuele mishandeling van kinders behels, wie moontlik 'n kind seksueel kan mishandel, die tekens en simptome van 'n seksueel
mishandelde kind kan wees, wat om te doen wanneer ‘n kind aan so ‘n situasie blootgestel word en hoe seksuele mishandeling voorkom kan word. Die bevindings het ook aangetoon dat die aanbieding van sodanige programme moet voortgaan ten einde kinders te bemagtig. Die program kan wel aangepas word om meer kindervriendelik te wees.

Die volgende sleutelkonsepte is in hierdie studie gebruik:

- Kind
- Seksuele mishandeling van kinders
- Verkragting
- Primère
- Voorkoming
- Program
- Beskerming
- Opvoedkundig
- Bemagtiging
- Aanbieding
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>i</td>
</tr>
<tr>
<td>SUMMARY</td>
<td>ii</td>
</tr>
<tr>
<td>OPSOMMING</td>
<td>v</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>viii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>xii</td>
</tr>
<tr>
<td>CHAPTER 1: GENERAL ORIENTATIONS</td>
<td></td>
</tr>
<tr>
<td>1.1 INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>1.2 PROBLEM FORMULATION</td>
<td>5</td>
</tr>
<tr>
<td>1.3 PURPOSE, GOAL AND OBJECTIVES OF THE STUDY</td>
<td>8</td>
</tr>
<tr>
<td>1.3.1 Purpose of the study</td>
<td>7</td>
</tr>
<tr>
<td>1.3.2 Goal of the study</td>
<td>8</td>
</tr>
<tr>
<td>1.3.3 Objectives of the study</td>
<td>9</td>
</tr>
<tr>
<td>1.4 RESEARCH QUESTION</td>
<td>10</td>
</tr>
<tr>
<td>1.5 RESEARCH APPROACH</td>
<td>10</td>
</tr>
<tr>
<td>1.6 TYPE OF RESEARCH</td>
<td>11</td>
</tr>
<tr>
<td>1.7 RESEARCH DESIGN AND METHODOLOGY</td>
<td>12</td>
</tr>
<tr>
<td>1.7.1 Research Design</td>
<td>12</td>
</tr>
<tr>
<td>1.7.2 Data Collection</td>
<td>12</td>
</tr>
<tr>
<td>1.7.3 Data Analysis</td>
<td>13</td>
</tr>
<tr>
<td>1.8 PILOT STUDY</td>
<td>14</td>
</tr>
<tr>
<td>1.8.1 Feasibility of the study</td>
<td>14</td>
</tr>
<tr>
<td>1.8.2 Pilot test of measuring instrument</td>
<td>15</td>
</tr>
<tr>
<td>1.9 RESEARCH POPULATION, SAMPLE AND SAMPLING METHOD</td>
<td>15</td>
</tr>
<tr>
<td>1.9.1 Research Universe and Population</td>
<td>15</td>
</tr>
</tbody>
</table>

© University of Pretoria
CHAPTER 2: CHILD SEXUAL ABUSE

2.1 INTRODUCTION ................................................................. 23
2.2 DEFINITION OF CHILD SEXUAL ABUSE ................................. 24
2.3 IDENTIFICATION OR TYPES OF CHILD SEXUAL ABUSE .......... 25
  2.3.1 Familial Abuse ............................................................ 26
  2.3.2 Extra-familial Abuse ...................................................... 27
2.4 INCIDENCE AND PREVALENCE OF SEXUAL ABUSE .......... 30
2.5 THE CAUSES OF CHILD SEXUAL ABUSE .............................. 32
2.6 STAGES OR PHASES OF CHILD SEXUAL ABUSE .................. 33
2.7 GENERAL SIGNS AND SYMPTOMS ....................................... 36
  2.7.1 Physical Indications ...................................................... 36
  2.7.2 Emotional or Behavioral Response ................................... 37
  2.7.3 Direct Communication .................................................. 39
  2.7.4 Familial Indicators ....................................................... 40
2.8 PROFILE OF THE ABUSER .................................................. 43
2.9 RISK FACTORS ................................................................. 43
2.10 LONG-TERM EFFECTS OF CHILD SEXUAL ABUSE ............... 45
CHAPTER 3: CHILD SEXUAL ABUSE PRIMARY PREVENTION PROGRAMMES

3.1 INTRODUCTION ................................................................. 51
3.2 PRE-REQUISITE FOR TARGETING CHILD SEXUAL ABUSE:
IT TAKES THE NATION ......................................................... 54
3.3 PREVENTATIVE TARGETING SYSTEMS ................................. 55
3.3.1 Child Care Systems ...................................................... 55
3.3.2 Schools ................................................................ 55
3.3.3 Work Place ................................................................. 56
3.3.4 The Legal System ....................................................... 56
3.3.5 The Medical/professional’s system ................................. 56
3.3.6 The Media ................................................................. 57
3.4 CHILD SEXUAL ABUSE PREVENTION TARGETS ................. 58
3.4.1 Prevention Efforts in Schools .......................................... 58
3.4.1.1 Educating children .................................................... 58
3.4.1.2 Aims and Objectives of Educating Children ................. 59
3.4.1.3 Life Skills Training .................................................. 63
3.4.1.3.1 The Nature of Preventative Programmes in the School System .......................... 64
3.4.1.4 Preparation for Parenthood ..................................... 67
3.4.1.5 Training Teachers ................................................... 69
3.4.1.6 Educational Services for Parents and the Community ...... 71
3.4.2 Helping At-Risk Families ............................................. 74
3.4.3 Prevention Efforts for Families ...................................... 75
3.5 EFFICACY OF CHILD SEXUAL ABUSE PREVENTION
PROGRAMMES ................................................................. 75
3.6 IMPLICATIONS FOR FUTURE PREVENTION PLANNING ..........76

© University of Pretoria
3.7 RECOMMENDATIONS FOR THE FUTURE ....................................... 77

3.8 FUTURE VISION ................................................................. 82
3.9 A CONCLUSION ................................................................. 84

CHAPTER 4: ANALYSIS AND INTERPRETATION OF THE FINDINGS

4.1 INTRODUCTION ................................................................. 86
4.2 GOAL AND OBJECTIVES OF THE STUDY ............................... 86
4.3 CENTRAL THEMES ............................................................. 88
4.3.1 Child Sexual Abuse ......................................................... 88
4.3.2 Presentation of the Programme .......................................... 93
4.3.3 Empowerment against Sexual Abuse .................................. 102
4.4 CONCLUSION ................................................................. 112

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION ................................................................. 113
5.2 CONCLUSIONS ................................................................. 113
5.2.1 Child Sexual Abuse ......................................................... 113
5.2.2 Presentation of the Programme .......................................... 114
5.2.3 Empowerment against Child Sexual Abuse .......................... 115
5.3 RECOMMENDATIONS ......................................................... 118

BIBLIOGRAPHY ................................................................. 122
ANNEXURE A: Records of Statistics of sexual abuse ...................... 129
ANNEXURE B: Permission Letter from Department of
Education.................................................................................. 130
ANNEXURE C: Permission Letter from Department of
Social Development ................................................................ 131

© University of Pretoria
ANNEXURE D: Informed Consent Letter - Parent ...........................................132
ANNEXURE E: Informed Consent Letter - Child ........................................ 133
ANNEXURE F: Questionnaire ................................................................. 134

LIST OF TABLES

Table 2.1: Warning signs in teenagers .................................................... 41
Table 4.1: Knowledge of child sexual abuse before doing the programme ..... 89
Table 4.2: Improved knowledge of child sexual abuse after the programme .... 90
Table 4.3: Changed view of child sexual abuse after taking part in the programme ................................................................. .91
Table 4.4: To whom was the programme presented .................................... 93
Table 4.5: Experience of the content of the programme ............................. 94
Table 4.6: Information change ................................................................. 95
Table 4.7: Level of comfort in participating in discussions .......................... 96
Table 4.8: Programme presentation rating ............................................... 96
Table 4.9: Child sexual abuse educators ................................................. 97
Table 4.10: Methods of presentation ...................................................... 98
Table 4.11: Need to change the methods of presentation ............................ 98
Table 4.12: Time for discussions ............................................................ 99
Table 4.13: Self-protection against sexual abuse ...................................... 102
Table 4.14 Ability to tell the difference between ‘good’ and ‘bad’ touches ................................................................. 103
Table 4.15: Telling the difference between a ‘good’ and a ‘bad’ secret .......... 104
Table 4.16: Knowing where to report sexual abuse .................................. 105
Table 4.17: Reporting sexual abuse (support) .......................................... 105
Table 4.18: More presentations on child sexual abuse ............................ 106
Table 4.19: Frequency of presentations ................................................. 107
Table 4.20: Exposure of other people to such programmes ....................... 108
Table 4.21: Encouraging other children to attend the programme .............. 109
Table 5.3.1 Prevention plan .................................................................. 119
CHAPTER 1

GENERAL ORIENTATION

1. INTRODUCTION

Like most other crimes against people and property, sexual abuse is publicly rejected and is generally regarded as unacceptable. Blumenthal (1994:1) states that children are weak, dependent and defenseless, making them vulnerable to abuse and exploitation. The protection of children is therefore vital and must override all other considerations. The abuse of children has become a serious concern for the South African government, according to the Child Abuse Protocol (North West Province, 1996:3). Recent alarming statistics have forced the government to put in place new Child Care legislation and services in an effort to combat this serious problem (North West Province, 1999:6). Examples of this legislation include the White Paper for Social Welfare (Notice 1108 of 1997), the Child Care Act (Act 74 of 1983), the Prevention of Family Violence Act (Act 133 of 1993) and the Domestic Violence Act (Act 116 of 1998). The aim of this legislation is to ensure that the safety and welfare of the children is protected under the law.

Child sexual abuse denies the worth of children as human beings. It negates the principle of respect for the rights and needs of each individual. Wolfe (1999:10) defines child sexual abuse as an act such as fondling a child’s genitals, intercourse, incest, rape, sodomy, exhibitionism and commercial exploitation of a child through prostitution or the production of pornographic materials. According to Briere, Berliner, Bulkley, Jenny and Reid (1996:51), child sexual abuse can be defined as any sexual activity with a child where consent is not or cannot be given. This includes sexual contact that is accomplished by force or by threatening force, regardless of the age of the participants, and all sexual contact between an adult and a child, regardless of whether there is deception or the child understands the sexual nature of the activity. The sexual activity may include sexual penetration, sexual touching, or non-contact sexual acts such as
exposure or voyeurism. Briere et al. (1996) raise the important point of ‘consent’. In their definition, they refer to child sexual abuse as a process, which always takes place without the child’s consent. Children are too immature to make properly informed decisions about unacceptable sexual acts, and they do not always have the freedom to give or refuse their consent in a truly independent manner. This is also emphasized by Dr. Uleen Schriller (2005), a private social worker in Pretoria. She stresses the fact that when the abuser is someone close to the children, they do not have the opportunity to refuse to become part of a sexual relationship.

According to Me. S. Lotter (2005), a social worker at the Magistrate’s court in Pretoria, the majority of sexual abuse cases, which are reported, involve incest. Children are almost always unable to report when their family members are abusers, because of issues of trust and the need to belong. They are very scared that they may lose their security. Most of the disclosures are therefore accidental. In the case of incest, the family member to whom children disclose the abuse sometimes do not believe the children and thus these children tend to suffer from what Advocate Lawrence (2005) refers to as the child abuse accommodation syndrome.

Briere et al. (1996:335) and Wiehe (1996:64) identify five observed characteristics or components of “child abuse accommodation syndrome”, namely secrecy, helplessness, entrapment and accommodation, delayed conflict, unconvincing disclosures and retraction. The first two components describe the victim’s vulnerable position. The perpetrator usually approaches the victim in the context of secrecy and the child becomes helpless in this situation. The child may have been taught to obey adults, may be threatened by the perpetrator and does not know how to act to take preventative measures against abuse. The next three components describe a process through which the child can become a victim to sexual abuse. A good example of the latter is when a small girl reports sexual abuse by a visiting uncle a year later when her parents announce that he is returning for another visit. When this disclosure is made, it may not be convincing and the individuals close to the victim may not believe the child or may even blame the
victim. The victim then accommodates the pressures and the consequences of this disclosure process and, as a way of retreating, may deny that the abuse really did occur.

The researcher is a social worker employed by the Department of Social Development, and she deals with cases of sexually abused children as one of her key performance areas. As a co-ordinator of a Child and Family Care programme at the Madikwe service point, the researcher organizes awareness campaigns every year. These campaigns are a primary prevention effort against child sexual abuse. Their aim is to empower children to say ‘no’ to sexual abuse. Usually this programme takes place only during the National Child Protection Week. During the rest of the year, the programme is presented only when local schools ask for it.

The target groups for the programme are parents, teachers and children from Early Childhood Development Centres to high schools. Social workers, in collaboration with police officials, visit the schools to educate children about child sexual abuse. Parents, teachers and children gather in one place and the programme is co-presented by a social worker and a police official. The programme content includes a definition of child sexual abuse, explaining to children who possible abusers may be, information on different forms of sexual abuse, early identification or signs and symptoms of an abused child, long-term effects, safety rules, reporting procedures and the types of services rendered by various departments, such as Social Development, South African Police Service and Department of Justice. After the presentation, children, parents and teachers are allowed to ask questions for clarification purposes. Promotional materials such as rulers and pens are then distributed to the children.

The researcher regards these efforts as a method of primary prevention and as the most viable strategy for reducing the extent and the severity of the problem. According to Thompson (1995:12), primary prevention refers to services provided to the general public, for example, educational talks to reduce or prevent the occurrence of maltreatment. Basley and Thurston (1996:369) emphasize that it is hoped that through their participation in a sexual abuse programme, children can be safeguarded from abuse.
and the long-term and severe consequences thereof. However, despite such an effort by the said departments, cases are still reported on a regular basis. A hundred and twenty-two (122) cases of child sexual abuse were reported in Moses Kotane Local Municipality, North West Province between January 2005 and December 2005. (The records of the statistics from the two police stations in Moses Kotane Municipality are attached as Annexure ‘A’.)

The government spends a lot of money on this educational programme. The researcher is concerned about whether effective services are in fact rendered to the children. Is the content of the programme well planned to meet the educational needs of the children regarding protection against child sexual abuse? Are the presentations meaningful to the children, empowering them to say ‘no’ to sexual abuse?

Advocate Branden Lawrence (2005), who is employed by the National Prosecuting Authority in the sexual offences unit, is of the opinion that more cases are reported as a result of public awareness campaigns in schools. This is because the campaigns empower children to speak out. While this view is encouraging in one sense, the researcher remains concerned because the comment suggests that these campaigns only empower children to speak out after abuse has already taken place. This concern motivated the researcher to embark on this study to evaluate whether the educational campaigns offered by the Department of Social Development are sufficiently designed and implemented to fit the world of children, so as to empower them to protect themselves against sexual abuse. According to Kay (2003:161), effective programmes emphasise building children’s confidence, so that they can trust their own judgment in potentially dangerous situations. Pietrzak, Ramler, Renner, Ford and Neil (1990:9) state that programmes that fail to demonstrate their effectiveness are ultimately vulnerable to public criticism and a loss of support. Through this study, the researcher intends to find out whether the content and the presentation of the educational programmes provided by social workers in the Department of Social Development are appropriate to help build the children’s confidence to say ‘no’ to sexual abuse.
How can child sexual abuse be prevented? Kay (2003:144) is of the opinion that children who have been abused need to be supported to come to terms with what has happened to them. They also need skills not to become further victims of abuse. Children who have never been abused may also need to know how to protect themselves against the possibility of sexual abuse. Teaching children how to protect themselves from abuse is one of the ways of helping them to recognize the difference between acceptable adult behaviour and behaviour that can hurt children. The researcher therefore plans to evaluate whether the content and presentation of the educational campaigns conducted by the Department of Social Development are meaningful to the children. Looking at the statistics of reported cases, the researcher found it necessary to get feedback from the children regarding the educational programme on child sexual abuse that they have been exposed to. Every year social workers present the programme to the children, but the children continue to be victims of sexual abuse. So far, these children have never been consulted on whether they experience the programme as appropriate. Consulting them was a way to improve this programme in order to render more effective services to children.

The researcher is aware of the fact that child sexual abuse can probably not be eradicated completely, but still, efforts need to be made to empower children to protect themselves against abuse, hence the need for child-based primary prevention programmes. This is emphasized by Steel, Sanna, Hammond, Whipple and Cross (2004:797) who admit that primary prevention of child sexual abuse is necessary, but that is not likely that child sexual abuse will be eradicated completely. The researcher is of the opinion that children are vulnerable and need to be informed about sexual abuse. If this does not happen, professionals will be faced with more adult survivors of sexual abuse who experience difficulties in coping with demands in their personal lives.

2. PROBLEM FORMULATION

De Vos et al. (1998:40) describes problem formulation as raising special kinds of questions for which there are no answers, or where answers exist, but where disputes
arise as to their validity. This is fertile soil for the discovery of a researchable problem. That is, if there is no problem, there is no research. According to Strauss and Corbin (1998:35), the research problem is the general or substantive area of focus for a particular piece of research.

Globally, everybody has to take action to prevent child sexual abuse. All social workers have an obligation to protect children. As stated earlier, the researcher deals with cases of sexual abuse on a regular basis in her post as a social worker and supervisor. Looking at the long-term effects of sexual abuse, which according to Doyle (1995: 80) include victims becoming possible abusers themselves, the possibility of children growing up with low self-esteem, sexual problems as well as difficulty in trusting other people which in turn result in anxiety and isolation, the researcher is concerned about the need to protect children against sexual abuse.

As part of her job requirements, the researcher visits schools from Early Childhood Development Centres to high schools, where children are taught about child sexual abuse. Every year, one week is declared National Child Protection Week and money is set aside to focus on the protection of children in South Africa. Events are organized for this week and different stakeholders provide educational programmes for the primary prevention of child sexual abuse at schools in a collaborative effort. The goal of these sexual abuse preventative programmes is to empower children to contribute to the primary prevention of sexual victimization and to create opportunities for children to disclose possible victimization that is already taking place.

Burgess (1992:340) states that service providers and researchers should want to know what approaches to prevention are most effective. According to Grinell (1997:598), feedback is the main purpose of an evaluation. Whether at the case or programme level, feedback generates data upon which further practice and programme decisions are based for programme development. Initial questions include how the children experience the programme with regard to the atmosphere during the presentation, the place, the person presenting the programme, the way the programme is presented, how well the programme
activities are designed and implemented, whether the programme meets the children’s protection needs, whether there is enough time to discuss issues, whether they would like to have more presentations, their understanding of the content, what should be changed and how.

Burgess (1992: 348) believes that children can learn from a well-designed and carefully implemented primary prevention programme, and therefore these programmes need to be child-based. It is the researcher’s opinion that the programme that is currently implemented in practice is not necessarily based on the real needs of children, but only on assumptions made by professionals. Before such a programme can be reconstructed, children’s needs and perceptions must be explored and documented. Only then one can expect that the programme will address the specific needs of children and be effective in preventing sexual abuse. Gow (2001:14) indicates that involving children in prevention is an essential element of ending child sexual abuse. Children can be resilient, resourceful and responsive. The perspectives and understanding of children should inform the development of appropriate policies on the prevention of child sexual abuse and practice.

In this study, the researcher intends evaluated the content and the presentation of the educational programme rendered by the Department of Social Development. The researcher made some suggestions to adapt the current programme for the protection of children against sexual abuse. The problem in this study was formulated as follows:

The content and the presentation of the educational programme for the primary prevention of child sexual abuse in Moses Kotane Local Municipality should be evaluated to assess if it is appropriate to address the needs of children to empower them to protect themselves against sexual abuse.
3. PURPOSE, GOAL AND OBJECTIVES OF THE STUDY

3.1. Purpose of the study

This study is evaluative in nature. The *New Dictionary of Social Work* (1995:23) defines evaluative research as research directed at the evaluation of the impact, efficiency and effectiveness of an intervention in the functioning of individuals, groups, communities and organisations. The focus of this study is programme evaluation. According to Grinell (1997:571), programme evaluation can have other purposes than evaluating whether a programme is effective or not. It can focus on a programme’s conceptualization, design, planning, administration and implementation of its interventions. Some social work programmes have unsuccessful outcomes simply because they are not implemented properly. Through this study, the researcher obtained data on the children’s experiences regarding the content and the presentation of the educational campaigns for the primary prevention of child sexual abuse offered by the Department of Social Development. The information gained can be helpful in the planning of the programme, hence improving its implementation and performance to such an extent that it can meet the protection needs of children.

3.2. Goal of the study

De Vos, Schurink and Strydom (1998:7) define a goal as a dream. It is an end towards which an effort or ambition is directed. After receiving feedback from the children on their experiences regarding the content and the presentation of the current educational programme for the primary prevention of child sexual abuse, the researcher contributed to the possible adaptation of the programme as a way to empower children to protect themselves against sexual abuse when they are in vulnerable situations. The researcher is convinced that prevention programmes are shaped more by the ideology of empowerment than any other considerations. However, the content and the presentation of the programme should be constructed in such a way that it is relevant to the recipients of the programme and empowers them.
The goal of this study was to evaluate the content and the presentation of the educational programme for the primary prevention of child sexual abuse for children between the ages of eleven (11) and fourteen (14) years in the Moses Kotane Local Municipality.

3.3 Objectives of the study

According to De Vos, Schurink and Strydom (1998:7), objectives are a concrete, measurable and speedily attainable conception of an end towards which an effort or ambition is directed. Objectives are the steps one has to take, one by one, realistically, within a certain time frame, in order to attain a dream. The steps that were followed in this study are the following:

- Literature was reviewed on child sexual abuse and the programmes concerned on the primary prevention of child sexual abuse.
- An empirical investigation was conducted to evaluate the content and the presentation of the educational programme for the primary prevention of child sexual abuse for children between the ages of eleven (11) and fourteen (14) years in the Moses Kotane Local Municipality and to come to understand further what the children perceive to be necessary to be included in the programme.
- Conclusions were reached and possible recommendations were made to the Department of Social Development, based on the research outcomes, regarding a possible revision of the current educational programme for the primary prevention of child sexual abuse.
4. RESEARCH QUESTION

Trochim (2001:24) describes a research question as follows:

Some difficulty, which the researcher experiences in the context of either a theoretical or practical solution and to which the researcher wants to obtain a solution. It is the central issue being addressed in the study, which is typically phrased in the language of theory.

This study is evaluative in nature and it followed a quantitative approach. A research question was more appropriate to confirm whether the current educational programme for the primary prevention of child sexual abuse is appropriate to address the protection needs of the children between the ages of eleven (11) and fourteen (14) years in the Moses Kotane Local Municipality. The following research question was used for this study:

How do the children that are exposed to the sexual abuse educational programme that is being presented in the Moses Kotane Local Municipality experience the content of the programme as well as the way it has been presented?

5. RESEARCH APPROACH

The aim and objectives of the study determine the research approach that is followed. Robson (1995:27) states that there are two types of research approach, that is, a quantitative and a qualitative approach. Creswell (1998:15) defines qualitative research as an enquiry process of understanding, based on a distinct methodological tradition of enquiry that explores a social or human problem. The researcher builds up a complex holistic picture, analyses words, reports the views of informants in detail and conducts a study in a natural setting.
This study is quantitative in nature. Quantitative research is associated with numbers and the testing of theories. According to Roestenburg (2005:31), quantitative research is used to confirm people’s ideas, perceptions, attitudes and behaviours about a particular situation or event. This study is based on programme evaluation focusing on the design and the implementation of the programme. The researcher collected data on the children’s ideas, perceptions and experiences regarding the meaningfulness of the educational programme for the primary prevention of child sexual abuse to assess whether it is child-based.

6. TYPE OF RESEARCH

According to Roestenburg (2005:8), there are two types of research, namely, basic and applied research. Researchers use basic research when they want to develop a new theory that can expand professionals’ theoretical knowledge and it is on a more abstract level. Basic research reduces the need to borrow theory from related professions such as Psychology and Sociology. Applied research concerns solving practice-related problems that face professionals. It is about learning lessons from the practice and incorporating these into generalizations that build practice skills, interventions and solutions for practical problems. The goal of applied studies is to develop solutions for problems and applications in practice. Garbers (1998:181) suggests that applied research is conducted with a view of applying the results to some or other practical problematic situation.

In this study, the researcher did applied research. This study is designed to evaluate the appropriateness of the content and the presentation of the educational programme for the primary prevention of child sexual abuse. On the basis of the outcomes, the researcher made recommendations to the Department of Social Development towards the possible revision of the current educational programme.
7. RESEARCH DESIGN AND METHODOLOGY

7.1 Research design

Babbie and Mouton (2001:74) regard a research design as a blueprint or plan of how one intends to conduct a study. Since the researcher intends to conduct an evaluative study, the quantitative-descriptive design or survey will be used. De Vos et al. (2002:143) state that the purpose of quantitative-descriptive designs is to observe or measure the net changes in the dependent variable followed by the introduction of the independent variable. In this study, the dependent variable is the experiences of children of the child sexual abuse educational programme that they have been exposed to. The independent variable is the content and presentation of the educational programme that is offered by the Department of Social Development. The researcher evaluated whether the content and the presentation of the educational programme for the primary prevention of child sexual abuse fits the world of the children and to make recommendations to the Department of Social Development for a possible revision of this programme as a way to empower children to protect themselves against child sexual abuse.

According to Fouche (2002:142), questionnaires are used as data collection methods in quantitative-descriptive designs. Respondents are selected by means of randomized sampling methods.

7.2 Data collection

The data collection method best suited to gather the information required for the purposes of achieving the aim and objectives of this study is a questionnaire. According to De Vos and Fouche (1998:89), a questionnaire is an instrument with open and closed questions or statements to which a respondent must react. The objective of the questionnaire is to obtain facts and opinions about a phenomenon from people who are informed on a particular issue. The researcher administered a group questionnaire. The respondents who are present in a group completed a questionnaire on their own, as explained by De Vos.
and Fouche (2002:174). The researcher was present for clarification purposes and each respondent completed his or her own questionnaire without discussing it with other members of the group.

### 7.3 Data analysis

The researcher analysed data quantitatively. According to De Vos and Fouche (1998:203), analysis involves categorizing, manipulating, ordering and summarizing data to obtain answers to the research question. In this study, the data was analyzed and interpreted by means of the following steps as described in Roestenburg (2005:42):

- The researcher managed the data collected by developing a filing system to order the questionnaires, she was then able to identify and manage the information.
- The researcher then read through all the answers thoroughly to get a holistic picture of the data. Some notes will be made for interpretation purposes. Univariate analysis will be used, which means that one variable will be analysed at a time mainly with a view to describing that variable.
- The researcher clustered together and described all the identified information using the simple frequency distribution. Basically, this means that all the data gathered for one variable will be summarized for easy comprehension and utilization. Differences and similarities were identified. The information was interpreted to enable the researcher to gain insight into the experiences of children between the ages eleven (11) and fourteen (14) years regarding the content and the presentation of the educational programme on child sexual abuse, as well as to make recommendations for the future.
- The information obtained from the literature study was used to verify the interpretations.
- The researcher then documented the findings, which formed the basis for the conclusions and recommendations.
8. PILOT STUDY

The *New Dictionary of Social Work* (1995:45) defines a pilot study as a process whereby the research design for a prospective survey is tested. The aspects of a pilot study that are included in this proposed study are the feasibility of study and the testing of the measuring instrument.

8.1. Feasibility of the study

According to Barret (1998:23), the researcher needs to check whether it will be possible to conduct research in the chosen area. There are certain aspects that the researcher needs to look into. Those aspects include available subjects, the subjects’ permission, manageable costs, and available time.

- **Permission and availability of subjects**: The researcher’s written request to conduct research at Baphiring Middle School was approved by the school management. A copy of the permission letter is attached to this document as Annexure ‘B’. A meeting was held with the children and their parents or guardians where they were informed of the purpose of the research. It was up to the children and their parents or guardians to provide their voluntary written consent for the subjects’ participation in the study. Permission letters were issued out to parents and children during that meeting.

- **Costs**: The costs for the entire study was kept to an absolute minimum, involving only the duplication of questionnaires, time required for the administration of the questionnaire, as well as fuel for the researcher’s transport. The researcher covered all the costs herself.

- **Time**: The researcher conducted and completed this study in one year.
8.2 Pilot test of the measuring instrument

The measuring instrument for this study is the questionnaire. Fouché (1998:158) is of the opinion that in all cases it is essential that newly constructed measuring instruments be thoroughly pilot-tested before being utilized in the main investigation. This ensures that any errors can be rectified immediately, at little cost. The questionnaire was pilot tested on three (3) children. This allowed for the necessary alterations prior to the commencement of the actual study. These children were not included in the main study.

9. RESEARCH POPULATION, SAMPLE AND SAMPLING METHOD

9.1 Research universe and population

The universe refers to all the potential subjects who possess the attributes that the researcher is interested in. In this study, the universe is all children between the ages of eleven (11) and fourteen (14) years in the North West Province.

Trochim (2001:349) defines the population as follows:

The group you want to generalize to and the group you sample from in a study.

The population is the term that sets boundaries on the study units. For the purposes of this study, the population refers to all the children at Baphiring Middle School between the ages of eleven (11) and fourteen (14) years. There are two-hundred and twenty (220) children on the school roll. The researcher chose these children because this is the age group that the educational programme on child sexual abuse is presented to.
9.2 Sampling

Trochim (2001:352) defines a sample as the actual units the researcher selects to participate in the study. Thirty (30) children between the ages of eleven (11) and fourteen (14) years from Baphiring Middle School were selected for inclusion in the study by means of the simple random sampling method. According to Trochim (2001:352), simple random sampling can be defined as:

A sampling method that involves drawing a sample from a population so that every possible sample has an equal probability of being selected.

This means that the researcher throws all the possible respondent names into a bag and draws names until the required number is drawn. Strydom and De Vos (1998:195) categorises this method of sampling as one of the probability sampling procedures. This implies that each individual in the population has an equal chance of being included. In addition, the selection of persons from the population is based on some form of random procedure.

10. ETHICAL ASPECTS

The *New Dictionary of Social Work* (1995:81) defines ethics as follows:

Principles, standards and expectations resulting from accepted values and norms, which determine the researcher’s professional actions with or in the interest of the subjects.

The researcher paid attention to several aspects in order to ensure that the study is ethical. What follows is an account of the manner in which the relevant concerns were addressed in this study.
10.1 Potential harm to subjects

According Strydom (1998: 25), subjects can be harmed in a physical and/or emotional manner. It is a researcher’s ethical obligation to protect subjects against any form of physical discomfort and/or emotional harm that may emerge within reasonable limits, from the researcher’s project.

Roestenburg (2005:16) states that problematic situations occur when respondents have to recall traumatic events, which may cause them harm. If the researcher could have identified a child who has been exposed to sexual abuse, there was the likelihood that the child concerned might have experienced an emotional discomfort. The researcher would have referred the child to the social worker for counseling, with permission from his or her parent or guardian. There was no physical risk associated with the study. The researcher administered the questionnaire at school in a safe environment.

10.2 Informed consent

The participants were not forced to take part in the study. The researcher obtained written permission from each child and his or her parents or guardian for inclusion in the study. Such permissions were asked for after the researcher had explained the purpose of the study fully to the children and their parents or guardians. Roestenburg (2005:16) states that obtaining informed consent implies the following:

Adequate information on the goal of the investigation, the procedures which will be followed during the investigation, the possible advantages, disadvantages and dangers to which respondents may be exposed, and the credibility of the researcher should be provided to the respondents prior to their participation in a research project.

They were informed that they have the right to withdraw at any stage of the study.
10.3 Deception of subjects or respondents

Deception involves withholding information or offering incorrect information in order to ensure the participation of subjects when they would otherwise have refused it (Strydom, 2002:66). The researcher made every attempt from the outset of the study to ensure that the subjects are aware of the real goal of the study. The researcher explained the purpose of the study, its objectives and her expectations to the participants to ensure that their right to self-determination is respected. The participants or sample and their parents were given an opportunity to ask questions after the goal of the study was explained and the researcher tried to provide clarity.

10.4 Violation of privacy

Strydom (1998:28) stresses the right to privacy of the respondents, describing it as follows:

The individual’s right to decide when, where, to whom and to what extent his or her attitudes, beliefs and behaviour will be reviewed.

In order for confidentiality or privacy to be maintained, the subjects participated anonymously and no reference was made to the subjects’ real names in the final report. Their questionnaires were assigned letters in the alphabet instead of using the respondents’ names.

10.5 Release or publication of findings

The researcher will release information as obtained from the respondents and it will be made available to them on request. The respondents were informed that the empirical results of the study will be shown to the researcher’s supervisor without disclosing their identity. The dissertation on the study will be made available to be read by other professionals and interested parties. An article will also be submitted for publication.
11. DEFINITION OF KEY CONCEPTS

11. 1. Child sexual abuse

According to Wolfe (1999:9), child sexual abuse refers to activities such as the following:

Fondling a child’s genitals, intercourse, incest, rape, sodomy, exhibitionism, and a commercial exploitation through prostitution or a production of pornographic materials.

According to Kay (2003:36), child sexual abuse could include the following:

- Sexual intercourse including vaginal or anal penetration.
- Rape.
- Masturbation of a child or of an adult by a child.
- Oral sex with a child or by a child.
- Touching, fondling or kissing the child in a sexual manner and for sexual gratification.
- Child pornography involving the inclusion of children in sexual activities with other adults or each other and recording these activities in video, film or photographs which can be sold or otherwise distributed.
- Child prostitution, which would involve the child in sexual activity with a number of partners who pay.
- Showing the child pornographic material in order to sexually stimulate the child.
- Involving the child in sexual activities with other adults and children for the sexual gratification of the adult present.
- Indecent exposure.

Taking into account both these definitions, the researcher views child sexual abuse as an act in which an adult uses a child for his or her sexual gratification. The child may be
forced into a sexual activity and/or bribed or threatened to prevent disclosure of the abuse.

11.2 PRIMARY PREVENTION

The *New Dictionary of Social Work* (1995:46) defines prevention as a process aimed at minimizing and eliminating the impact of conditions that may lead to social malfunctioning.

According to Briere *et al.* (1996:343), primary prevention targets services to the general population, with the objective of stopping any new reports of a given condition.

Wolfe (1999:98) states that primary prevention of child abuse involves efforts to reduce the incidence of such events. Such efforts are targeted at large segments of the population, regardless of any signs and symptoms of concern. Identification of the most important groups to reach is guided by epidemiological studies that point to particular characteristics of the population who have a problem.

In the researcher’s opinion, primary prevention is a process undertaken to stop a problem from happening or re-occurring. It is population-based rather than individually based, so its successful application is reflected by the reduction in the rate of the problem in the selected population.

11.3 PROGRAMME EVALUATION

The *New Dictionary of Social Work* (1995:49) defines programme evaluation as judging the course, cost efficiency and results of a social welfare programme on the basis of specific criteria.

According to De Vos (1998:365,367), evaluation means a process of weighing or assessing the value of something. Programme evaluation is described as the application
of social research techniques to judge and improve the ways in which programmes are conducted, from the earliest stages of defining and designing programmes through their development and implementation.

In the researcher’s opinion, programme evaluation focus on obtaining data that are helpful in the planning of the programme and in improving its implementation and performance.
12. OUTLINE OF THE RESEARCH REPORT

The research report consists of six chapters, organised as follows:

Chapter 1

The rationale, the overall aim and the specific objectives of the study, as well as the research methods used and important concepts used in the study were addressed in this chapter.

Chapter 2

In this chapter, an overview was presented of literature on child sexual abuse.

Chapter 3

In this chapter, child sexual abuse primary prevention programmes were discussed.

Chapter 4

This chapter focused on the empirical study and its findings.

Chapter 5

This chapter contains the conclusions and presents recommendations based on the outcomes of the study.
CHAPTER 2

CHILD SEXUAL ABUSE

2.1 INTRODUCTION

The problem of child sexual abuse within our society is an epidemic of such vast proportions that virtually all children are at risk of abuse. Daily, the media present accounts of children who have been sexually abused. One good thing to come out of all this attention is that the problem is now out of the closet. Muller (1998: 12) emphasizes that South Africa has an alarmingly widespread incidence of sexual abuse and that this is not only the work of a dangerous stranger, for instance, a serial killer, as it is allegedly experienced in most communities. Children are abused by loved ones, friends, family friends, those in whom they place their trust, and those bound to care for them. They are abused by people they hardly know and by some they do not know. Children of all ages are at risk and vulnerable to sexual abuse, whether in their homes, their community or even over the internet.

According to Bolen (2001:3), the most influential person in the professional literature on child sexual abuse is Sigmund Freud, with his seduction theory. In this theory, he conceptualized child sexual abuse as synonymous with father-daughter incest. He renounced that theory later. Freud’s renunciation of the seduction theory influenced the study of child sexual abuse. Kay (2003:7) stated that in the USA during the 1970’s David Finkelhor, a psychologist, working with victims of child sexual abuse became aware of the frequency of this type of abuse. His research was given prominence and succeeded in bringing child sexual abuse to the forefront of that awareness of the child maltreatment problem. This epidemic of child sexual abuse then became public knowledge. In order to discuss the problem we need to ask what child sexual abuse is?
2.2 DEFINITION OF CHILD SEXUAL ABUSE

Bolen (2001: 42-45) argues that researchers have not yet reached consensus on how inclusive the definition of child sexual abuse should be. Across studies, variability is found with regard to the following issues:

- **Type of abuse allowed**, that is, whether both contact and non-contact abuse should be included;
- **The age differential between the victim and the offender**, that is whether to include sexual contact between same age peers;
- **The age cutoff for the adolescents**, first, what is the age limit for child sexual abuse? Second, when is sexual abuse involving an adolescent abusive? and
- **The victim-offender relationship**, while child sexual abuse may be committed by any familial or non-familial relations to the victims, many clinical studies restrict their samples to the victims of intra-familial abuse, especially victims of father-daughter incest.

Bolen (2001) presents a very important argument but the researcher is of the opinion that for the purpose of research, a definition is needed to guide the research process. Child sexual abuse is defined by Margolin (1999:4) as follows:

*Any sexual behaviour with minor children, whether wanted or unwanted, that occurred when there was a power deferential or significant age difference between the persons involved. Any possible relationship is betrayed by the older, more powerful person’s use of the child for personal satisfaction.*

According to Briere, Berliner, Bulkey, Jenny & Reid (1996:51) sexual abuse involves:

*Any sexual activity with a child where consent is not and cannot be given. This includes sexual contact that is accomplished by force, or threat of force,*
regardless of the age of the participants, and all the sexual contacts between an adult and a child, regardless of whether there is deception or the child understands the sexual nature of the activity. The sexual activity may include sexual penetration, sexual touching and non-contact sexual acts such as exposure or voyeurism.

In view of the above definitions, the researcher is of the opinion that sexual abuse is the use of a child by an adult for the sexual gratification of an adult. The adult uses sex to gain power, dominance and control over the child. The child is manipulated through force, enticement and threats to comply with the adult’s desires. It is natural for a child to participate because of the child’s trust, respect or love for an adult. Consent should not be considered. In order to consent, one must have knowledge and authority. Children do not have knowledge of the meanings of sexuality and the information to enable them to foresee the direction of a sexual relationship. Legally, children are unable to marry; therefore children are also considered unable to consent to relationships that carry as many implications as sexual liaisons with adults. Now, one may ask oneself, how can we distinguish child sexual abuse from other types of abuse?

2.3 IDENTIFICATION OR TYPES OF CHILD SEXUAL ABUSE

Various authors categorize the types of sexual abuse into two groups, namely familial and extra-familial child sexual abuse. Margolin (1999:99) sees familial abuse as sexual abuse by a relative, while extra-familial abuse is sexual abuse by anyone other than a relative. These categories are clarified below:
2.3.1. Familial abuse

Examples of familial abuse include the following:

**Incest:** It is the most disgraceful form of sexual abuse. Incest is described by Parton, Thorpe and Wattam (1997:13) as follows:

> A sexual union between persons who are so closely associated that their marriage is illegal or contrary to the custom, for example, father, mother, brother, sister, grandfather, uncle or stepfather. It does not only include sexual intercourse but an act designed to stimulate the child’s sexuality or to use the child for the sexual stimulation of the perpetrator.

Mayer (1983) in Tower (1996:134) cites categories of incestuous activities within families. They are:

- **Sexual molestation** includes petting, fondling, exhibitionism and voyeurism. All these result in sexual stimulation for the perpetrator.
- **Sexual assault** consists of manual, oral or genital contact with the genitals of the victim and masturbatory activities.
- **Forcible rape** includes forced sexual contact, resulting in assault, with the abuser’s private parts. Bribery, fear, violence and threats are used to ensure compliance by the victim.

According to Mayer (1983) the latter two categories produce the most trauma for the sexually abused child. It is the researcher’s perception that every child’s uniqueness need to be taken in consideration regarding his or her experience. Some children can experience more trauma through an indecent act like sexual touching, versus a child who is being raped. Muller (1998:15) believes that incest affects a child differently from rape by a stranger. The father or older brother is in a primary relationship with the child, which means that he has a great deal of emotional power over the child. Home is the only
place for the child, and should an incestuous situation develop, the abused child has no other place to run to.

Bolen (2001:128) also argues that incest can be committed by grandparents, brothers and even uncles. According to Bolen, children are at greater risk when they are in the temporary care of their grandparents. In sibling incest, most of the abusers are older brothers and victims are younger sisters. Society does not see this behaviour as serious. O’Brien (1991) in Bolen (2001:128) concludes that society must send out a stronger message. The notion that brother-sister incest is a harmless and mutual interaction, is seriously wrong.

2.3.2 Extra-familial abuse

In this form of abuse, the perpetrator is someone outside the child’s family. The type of this sexual abuse includes:

- **Child pornography**: this is a situation where the abuser uses children to produce sexually explicit materials such as graphics, photographs, films, slides, magazines and books. This stimulates the perpetrator to commit a sexually abusive act linked to the above exploitation (Tower, 1996:134).

- **Rape**: according to Muller (1998:13), rape can be defined as follows:

  Forced intercourse of a female which also includes forced sexual assaults on males especially that of young males which is often associated with physical approaches as experienced with that of young females. The defining element being that of lack of consent.
Bolen (2001:100-104) differentiates between various groups of perpetrators who commit extrafamilial abuse:

- **Strangers**

  One most frightening of all types of abuse, is that by strangers. The fear is that children will be accosted by strangers in the neighbourhood and will be raped and sometimes murdered. The public seems to be most concerned about this type of abuse and prevention programmes are often targeted at this type of abuse. Offenders purposely move into an area with children to target them for perpetration. The primary situations in which strangers approach the children are as follows:

  (a) **Walking to or from locations like schools and others**: In the majority of incidents, most of which involve some form of penetration or its attempt, victims are approached on foot. Victims are grabbed while walking on the street. Some victims are approached by perpetrators in cars. In those instances in which the victim refuses to get in, the victim is likely to be physically dragged into the car. The researcher believes that most children are enticed by a man or woman in a car offering them sweets or money, in return for showing them directions. This puts them in a vulnerable situation for child sexual abuse.

- **Acquaintances**

  Sexual abuse by acquaintances is the largest category of child sexual abuse. According to Bolen (2001:102), the following categories describe the types of approaches used by acquaintances:

  (a) **Neighbours**

    Neighbours represent the largest group of acquaintance abuse. In most cases, abuse occurs at a neighbour’s house. Children are enticed by candy or money.
(b) **House of known a person**

Abuse occurs when the children go to the house of someone they know. Most of the abuse involves penetration or its attempt.

(c) **Minor role**

Another large group of victims are abused by someone in a minor role, for example, parents’ co-workers, customers, shoemakers, a servant, a photographer, a delivery man or a person collecting newspaper money. These persons use their casual relationship to the child to gain access. Some children are abused by a worker on the farm where the child lives or visits.

(d) **Friends of the family**

Children are abused by adult friends while visiting or at other locations. Some men use their special non-familial relationship to approach the child, for example, godfather. A mother’s boyfriend can fall into this category. The majority of these incidents involve penetration or its attempt. This can be achieved through enticements or threat.

(e) **Friends**

Abuse occurs in the context of some type of contact play situation between friends. Boys take advantage of more innocent play situations to fondle their victims. Other acts result in penetration or its attempt. In most instances, the perpetrators are older than their victims.
(f) Authority figures

The perpetrator has either a specific caretaking or a supervisory role with regard to the victim. Examples of these can be teachers. Teachers gain access to the children by asking them to stay after school, asking for help cleaning the office or threatening to lower the child’s grades if they refuse. In some situations, victims are abused by church officials while or after performing church related activities.

These situations are all graphic examples of the betrayal of those who should protect the children.

2.4 INCIDENCE AND PREVALENCE OF SEXUAL ABUSE

According to Briere et al. (1996:52), the exact incidence and prevalence of sexual abuse in the general population is not known precisely. This is because most sexual abuse cases are not reported at the time it occurs. In South Africa, there are no national reporting systems for crimes against children and child abuse statistics tend to be unreliable. Tower (1996:138) states that the difficulty in obtaining more accurate statistics arises from several factors:

- The public is naïve about the existence of such a problem.
- There is no national standardization in data-gathering or reporting on this issue.
- Few agencies, if any, have units specifically designed to study and uncover this type of abuse.
- There has been little funding for research on sexual abuse.
The reported cases of sexual abuse are likely to represent only a small portion of the children actually abused. According to Tower (1996:138 -139), the following reasons apply:

- Sexual abuse is difficult to identify, prove and it is easy to deny.
- Efforts to deal with the problem of child sexual abuse focus on punishing the offender, and in family situations, prosecution upsets the family balance both economically and physically.
- Treatment methods are not coordinated or sufficiently effective to elicit a desire for treatment on the part of families or victim.
- Society’s taboo on sexual deviations places a stigma on both the victim and the perpetrator; therefore not to report is not to suffer disgrace.
- Parents feel they can handle the situation of their child’s abuse on their own.
- Perpetrator may be an important community member.
- Parents do not know where to report the offence.

Bolen (2001:71) indicates that while official incidence rates cannot accurately reflect the scope of the problem of child sexual abuse, they do serve important purposes:

- First, they give some indication of the response by government and state agencies to the problem of child sexual abuse. In this regard, the current response is clearly inadequate. For example, only perhaps a quarter of the abuse that occurs is disclosed, and less than that comes to the attention of authorities, meets the criteria and is investigated and substantiated. In other words, even in the small minority of sexual abuse cases that meet the criteria for investigation, child protective services cannot respond adequately. One is left wondering what would be required for the government to address the entire scope of the problem of sexual abuse adequately.
- Second, the use of knowledge gained to make policy decisions about how to adequately intervene is limited.
There are people who claim that with regard to child sexual abuse, false allegations are also made. They charge that the incidence of sexual abuse has been greatly exaggerated or even fabricated. They believe that our society has become preoccupied with sexual abuse to the point of obsession. They go on to characterize the evaluators of sexual abuse allegations as untrained, with no certification, and often with little knowledge or experience. They also question the assumption that children never lie and whether indicators of sexual abuse are in fact reliable (Tower, 1996:140). The researcher’s concern is that voicing such arguments only serves to prevent those who might otherwise have sought help for abuse from doing so. This brings us to the next crucial question: Why does child sexual abuse occur?

2.5 THE CAUSES OF CHILD SEXUAL ABUSE

Iverson and Segal (1996:18) mention the four-factor model identified by Finkelhor (1986). This model provides a useful conceptualization of the causes of sexual abuse. These are:

- **Emotional congruence**

  This refers to apparent fit between the emotional needs of adult sexual abusers and the characteristics of the children that they abuse. Due to their immaturity, poor self-esteem or because of a poor sense of social efficacy, the perpetrators may gain a false sense of power, respect or control from sexual behaviours with children.

- **Sexual arousal by children**

  Finkelhor (1986) in Iverson and Segal (1996:18), reviews evidence that some sexual abusers show increased physiological arousal to children. The arousal may be conditioned by the abuser’s experiences as a child or the abuser may have been exposed to pornography or other sexual activities with children which have led to heightened arousal in similar situations.
• **Blockage**

This refers to the inability of some sexual abusers to obtain sexual gratification from some socially appropriate sexual activities such as adult heterosexual relationships. Other possible sources of blockage include marital stress and traumatic sexual experiences.

• **Lack of responsiveness**

Lack of responsiveness on the part of a sexual abuser to the conventional social prohibitions which serve as deterrents. Normal inhibition may be lacking in individuals with disorders in impulse control or under the influence of alcohol.

Insufficient knowledge of normal child development may also lead to inappropriate expectations of children, which can place the child at a risk of sexual abuse. A good example of the latter is when individuals who do not realize that young children cannot anticipate danger or reason out solutions, may leave children unsupervised and not realizing that the situation can be potentially harmful.

Iverson and Segal (1996) have tried to explain the causes of child sexual abuse, as stated above. The researcher believes that child sexual abuse is not something that happens in a split of moment. It is a planned act which takes place through stages. It is important to understand how the abusers plan to commit this act of child sexual abuse.

### 2.6 STAGES OR PHASES OF CHILD SEXUAL ABUSE

There is usually a progression in the sexual abuse of a child. The abuser may try out various behaviors to gauge the child’s level of comfort. If the child allows the abuser to continue, the abuse is intensified. According to Muller (1998:16), sexual abuse is usually not a once-off event. The sexual contact between the child and the adult extends over a
period of time. It can occur at birth and continue throughout the child’s life. The abuse may progress through the following phases discussed by Tower (1996:135 -136):

- **Engagement phase**

  Here the perpetrator gains access to the child and convey the notion to the child that the behaviour is acceptable. An example is when a man says to the child; ‘This is what every father does with his daughter’. Basically Tower (1996) argues that perpetrators play on the child’s need for affection and human contact, the need for adult approval and the child’s interest in a material reward. This may end up in pressured sex, whereby the perpetrator encourages the child to cooperate with sexual activity by means of bribery, or rewards the child with attention, affection or material goods. Where the child does not comply, the abuser may use forced sex. The perpetrator may attempt to intimidate the child using his position as an adult.

- **Social interaction and the secrecy phase**

  This is the actual sexual contact phase. The abuse may range from watching or fondling the child to sexual intercourse. The third or secrecy phase ensures that the abuse continues, as the abuser uses his power to dominate, bribe, emotionally blackmail or threaten a child into keeping the secret. Muller (1998:16) state that sexually abused children rarely tells anyone of the abuse. After all, the child has been told to keep the abuse a secret and the abuse happens only when a child is alone with the abuser. As the abuser is likely to be a trusted adult, the child does not know how to cope with the resulting feelings aroused and is entirely dependent on that adult for an interpretation of the experience. The child has to believe the self-protective stories of the abuser; for example, the abuser may say it is a secret, so the child must not tell his or her mother because it would kill her.
• Disclosure phase

Disclosure may or may not occur during childhood. During disclosure, the abuse is uncovered, either purposely if the child tells another adult or accidentally, through observation or if the child demonstrates physical or emotional trauma resulting from the abuse. According to Briere et al. (1996:54) accidental disclosure includes unusual behaviours or statements, medical findings of injury or infection, pornographic pictures found in the possession of the victim and when he or she admits what is going on. Based on the above, the researcher concludes that disclosure is often a process not an event. Most child sexual abuse is neither disclosed immediately nor reported to the authorities subsequent to disclosure.

• Suppression phase

This is the final phase. It occurs when the parents, because of their status and the risk of a scandal, compel the child to deny or pretend to forget the abuse. Muller (1998:16) mentions that if the child speaks out, the secret can become even more powerful. Adults can collude in a conspiracy of silence. The non-abusing parent may make it clear that she or he does not want to know. The parent may make comments such as ‘you have a filthy mind,’ ‘your father would not do such a thing’. The child then develops what Wiehe (1996:64) calls the ‘child sexual abuse accommodation syndrome’. According to Briere et al. (1996:54), this syndrome consists of several dynamics that can affect the child’s ability to disclose the abuse. Those dynamics are secrecy, helplessness, entrapment and accommodation and this can lead to delayed and unconvincing disclosure. In addition, Iverson and Segal (1998:18), state that the abuser may undermine the credibility of the child in an effort to avoid responsibility. The child accommodates the pressures and consequences he or she experienced in a disclosure process, and as a way of retreating, denies that the abuse really did occur, hence allow the abuse to go on.
To summarize, child sexual abuse is accomplished in a variety of ways. Abusers engage in a gradual process of sexualizing the relationship over time. Most abusers calculate and plan their approach to victimizing children, employing various strategies to involve children, maintain their cooperation and prevent them from reporting the abuse. In some cases, abusers use force, threaten the child or induce fear of injury or death. In other cases, abusers employ emotional coercion, offer tangible rewards or misuse adult authority. In the researcher’s opinion, children have the right to be listened to. Parents should learn not to take children for granted because the children’s future, survival and protection depend on the parents’ ability to listen to them. Parents should create a parent-child relationship which is characterized by openness and trust. Children should feel free to talk to their parents about the issues that affect their lives.

It seems to be generally agreed that for a sexually abused child, the process of disclosure is neither a spontaneous decision nor one which is taken lightly. The child will carefully choose who to tell and will often start by giving small bits of information in order to gauge what the person’s reaction will be. The response of the adult is critical to the child. If the adult is knowledgeable about sexual abuse and if the attitude is one of belief in what the child is saying, this will make a full disclosure by the child much easier. If the child is met with doubt and disbelief, he or she may decide not to pursue the matter and the abuse will continue.

2.7 GENERAL SIGNS AND SYMPTOMS

The above section highlights how sexual abuse takes place. The next important question is what to look for in an abused child. It is vital that all concerned with the child should be alert for possible signs and symptoms of sexual abuse in the child. According to Bolen (2001:65 -66) and Driver & Droisen (1989: 92 -93), the following hints may be helpful in detecting indirectly or confirming suspicions of sexual abuse in both girls and boys:
2.7.1 Physical indications

- Babies can be killed by rape. Choking from penetration of the mouth by the penis can cause suffocation, which may result in death.
- Other injuries can include laceration, bleeding, bruises, grasp or bite marks; the child’s lips may be bruised in the middle if the offender has held his hand over the child’s mouth to prevent him or her from making any sound.
- Other physical damage could be urinary tract infection, unusual discharge or venereal disease. Torn, stained or bloody underclothing may also be a warning signal.
- A child may suffer from anal dilatation or dropped bowel, his or her ability to sit down comfortably or walk properly may be affected and she may suffer from vomiting, stomach ache or abdominal cramps.
- Asthma, paralysis, nausea and fainting may elicit a range of responses, from disgust to self-defense.
- Unusual odours around the genital area may be a symptom.

2.7.2 Emotional or behavioural responses

- The outset of the abuse

At the outset of sexual abuse, the most obvious sign is an abrupt change in behaviour, whether the child suddenly becomes shy or clinging or whether he or she suddenly begins to behave in an outgoing manner. This behaviour is used as a way of coping with the abuse, thus, if the child hides behind his or her mother or under the furniture, he or she may be showing fear. If he or she runs to a stranger and begins to behave in a sexual way with that person, he or she may be showing that this behaviour is expected of him or her. When the abuse begins to happen at an older age, the child may respond to this change by redefining his or her relationship with the offender and may be calling him or her by the first name (Bolen, 2001:183).
• **Confidence and energy**

According to Driver and Droisen (1989:183), the emotional neglect inherent in sexual abuse may induce failure to thrive. Sexual abuse produces a sense of powerlessness in children and this may decrease their confidence in their bodies and mental abilities. Children may thus develop learning disabilities comparable to dyslexia, problems of expression such as poor eye contact, stammering and blushing. Stress may affect their play or school work, reducing their ability to concentrate and inducing hyperactivity, destructiveness and aggression.

• **Fear**

Fear may affect the child’s sleeping pattern, for example, the child may suddenly request a night-light in the bedroom or suffer from nightmares, insomnia or bedwetting. Abuse committed at night can result in the child’s developing patterns of sleep-walking or sleep-talking. It may also lead to drowsiness during the day if the child has kept him or herself awake in order to ward off abuse (Driver & Droisen, 1989: 183).

• **Disgust**

Disgust can affect the child’s eating habit, for example, the child may refuse to eat or drink milky liquids, perhaps because they remind the child of semen. The child may also express disgust by washing or wiping him or herself repeatedly. Displaced disgust may take a form of phobias such as irrational fears of birds, reptiles and others. Self-hatred is another response. This begins at a point when one perceives that physically one is vulnerable to abuse, as anger that the child’s body has let him or her down. Self-hatred is acted out by the abuse of nurturing media such as food, drink, medicines and when a young child becomes anorexic, bulimic, alcoholic, addicted to smoking or sniffing solvents or uses harmful drugs (Gow, 2001: 33).
• **Trust**

Trust is an important issue for a sexually abused child, especially if he or she has been betrayed by a close relative. The child may develop behaviours such as jumpiness, watchfulness, or covering the mouth with the hand as he or she speaks. Children may display introversion or secretiveness in other areas of their life and some will act out their mistrust by dishonest forms of behaviour such as stealing. The child might stop talking completely as a shock reaction or as a conscious choice (Gow, 2001:33).

• **Pain and grief**

These symptoms are to be found in young people whose arms are constantly protectively folded or in those who seem emotionally matured than their developmental years. Grief is seen in a teenage girl who appears to be in mourning, as she is permanently wearing dark, drab clothing.

• **Anger**

Anger is expressed through temper tantrums, rebelliousness, and apparently unrelated outburst of rage (Gow, 2001:33).

• **Power and control**

The child, especially as he or she grows older, attempts to assert some form of power or control over his or her life. There are recognized forms of rebelliousness and disobedience to authority. Examples are disruptiveness in class groups or running away from home or institutions (Tower, 1996:401).
2.7.3 Direct communication

According to Tower (1996:168 -169) and Driver & Droisen (1989:188-189), there is various ways that the child could communicate directly to inform people about the abuse:

- **Verbal reports**

  Some children will tell someone directly about the sexual abuse they are experiencing. Such reports must always be taken seriously, since small children do not have the cognitive or emotional ability to invent sexual stories or to manipulate adults.

- **Visual representation**

  Children may tell about the sexual abuse by drawing pictures of it. There are four cases in which one should be alerted to the possibility of abuse. First, if a child resists drawing any human figures at all, but sticks to objects like animals, it would be worth asking oneself whether the child is not drawing human figures because he or she finds them frightening. Second, one can note the anatomy of any figures drawn for example, if they have no hands, this may indicate that the child wishes that someone would stop touching him or her. If the child draws human faces without eyes or mouth, there is a chance that he or she has been made to feel watched or to see something that upsets him or her. Thirdly, the image of a house without windows or doors may indicate that the child feels trapped at home or unable to escape from abuse. Fourthly, if a little boy repeatedly draws a representation of himself or a man with emphasized nipples, he may be feeling upset and confused about gender roles as a result of being sexually abused by a man.

- **Acting out**
Children may approach other children and adults sexually in an effort to demonstrate and expose what is happening to them in secret. Children may also act out their abuse with dolls or toys. For some children, compulsive masturbation can be a way of showing that something sexual is disturbing them.

2.7.4 Familial indicators

The following indicators in the family may be symptomatic (Mayes, Currie & Macleod, 1992:92-93):

- Jealousy and extreme protection of the child by the abusive parent.
- Isolation of the child by the abuser from the rest of the family and community members.
- Frequent absences from school by the child which is justified by a guardian or the parent of the child.
- Frequent absences from home by one parent.
- Restrictive control by the father of one or more of his female children.
- A father whose behaviour is characterised by frequent drinking and/or a history of abusive, unfeeling treatment of other family members.
- The assumption of heavy child care and household responsibilities by the child for the mother.
- Excessive parental control over any medical complaints regarding the child.

The above can be viewed as the general signs and symptoms of a sexually abused child. Mayes et al. (1992:95) elaborates on the warning signs and symptoms associated with sexual abuse in the developmental stage of an adolescent. The researcher focuses specifically on the development of children between the ages of eleven (11) and fourteen (14). The signs are as follows:
Table 2.1: Warning signs in teenagers

<table>
<thead>
<tr>
<th>Developmental stage</th>
<th>Physical signs</th>
<th>Emotional or behavioral effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 – 14 years</td>
<td>Recurrent unitary tract infection, Abdominal pains, Stress expressed in the form of migraines, digestive problems, cramps, extreme gain or loss of weight, Eating disorders, Frequent visits to a GP for minor complaints, Requests for contraceptive advice, Hysterical conversion syndrome, Anorexia Nervosa, Compulsive overeating, Pregnancy, abortion or miscarriage, especially when the identity of the father is kept a secret.</td>
<td>Obsessive cleanliness or conformity to punk-style fashions, wearing ragged or patched clothes, Sleep disturbances, School failure, Poor peer relationship, Secretiveness, Obvious lies, Stealing, Sudden mood changes, Eagerness to please, Anxiousness, Assumes maternal role in the home, Aggression at home, Refusal to go home from school Over closeness to adults, Day-dreaming used as mental distancing technique either to retreat or fly away from the fear induced by his or her experience, Unexplained suicide, attempts or self-poisoning, Running away or truancy, Drug or alcohol abuse.</td>
</tr>
</tbody>
</table>
Unexplained wealth,
Depression or despair,
Phobic states,
Sexual abuse of smaller children.

Source: Adopted from Mayes, Currie & Macleod (1992: 95)

2.8 PROFILE OF THE ABUSER

It is important to understand the characteristics of an abuser, the type of person who is likely to abuse children. According to Tower (1996:145), 95% to 98% of abusers are men. Their profiles may confirm to the following:

- Most have experienced mild to extreme levels of childhood deprivation with dysfunctional chaotic families of origin.
- Many have been sexually abused themselves as children and left home at an early age.
- Intellectually, these men present an average picture, but they appear to have poor impulse control, low frustration tolerance, social and emotional immaturity and frustrated dependency needs, in addition, they have low ego strength, low self-esteem, denial, manipulation, may abuse alcohol and they usually rationalize their acts by saying alcohol caused them to abuse children.
- They hunger for closeness, a sense of belonging and intimacy lacking in their own childhood.

Justice and Justice (1979) in Tower (1996:144), further groups these men into four types:

- **Introverts** - they remain totally isolated and within this isolation derive pleasure from their children.
• **Rationalize** - some rationalizers see themselves as lovers, others as teachers and others as protectors of their daughters.

• **Tyrants** - the man rules his home and his word is final.

• **Alcoholics** - they have a need to be dependent and to be taken care of.

Mothers can be abusers too. Tower (1996:145) is of the opinion that mothers who abuse their children tend to be less intelligent and are more emotionally disturbed than their male counterparts. A mother who sexually abuses her son may seek for closeness with another man in her life. She usually has an emotionally or physically absent husband and wants her son to fulfill her needs.

### 2.9 RISK FACTORS

Why are some children abused whilst others are not? What really put the children at risk of being sexually abused? Bolen, 2001:135 states that previous work on the risk of abuse, has focused almost solely on which children are at greater risk of sexual abuse. An equally compelling question is why these children are at greater risk of abuse. From the prevention standpoint, a more targeted prevention approach can be developed when professionals know why certain factors increase the rate of sexual abuse. The implications of moving from who to why are also important in considering policy recommendations. Why children are at risk of sexual abuse is best explained by looking at socio-cultural factors, followed by factors within the family (Bolen, 2001:135).

Bolen (2001:135), Fergusson and Muller (1999:52) and Tower (1996:142) have identified the following risk factors:

• **Gender**

Girls are thought to be facing a higher risk of abuse than boys. Parton *et al.* (1997:56) disagree. They state that, while girls are at higher risk than boys, increasingly
research is suggesting that more boys experience sexual abuse than was at first thought.

- **Age of child**

  Ages eleven (11) to thirteen (13) may be a time of particular risk for female children, although there is consensus that risk remains high from age of seven (7) onward.

- **Limitation of a child**

  There is some speculation that children who have a psychological or cognitive problem, that is, children with a disability, may face an increased rate of sexual abuse. This confirms the report that offenders select children whom they perceive to be vulnerable to manipulation.

- **Maternal employment**

  Children who are often left alone or unsupervised are more likely to be abused. With mothers employed outside home, supervision of children decreases with a concomitant increase in vulnerability of children.

- **The presence of a step-father**

  The presence of a step-father in the home can make a child more vulnerable. Stepfathers that make no emotional investment in a step-child life, can create vulnerability.
• Problems within the family

Children are at a higher risk for sexual abuse if one or both parents abuses alcohol. Mothers are likely to abuse their sons if they are single parents or if they exhibit emotional or mental problems. Fathers are likely to abuse their sons and daughters sexually if they are dominant parents, if there is marital discord or if they have physically abused their wives.

2.10 LONG-TERM EFFECTS OF CHILD SEXUAL ABUSE

Research conducted indicates that a wide range of psychological and interpersonal problems are more prevalent among those who have been sexually abused than among individuals with no such experiences (Mayes, Currie & Macleod, 1992:116). According to Pardeck (1995:63), there are a number of factors which may effect the outcome of abuse, including the type of abuse, such as whether it was achieved by force, bribery or mutual consent, the age and the maturity of the child when the abuse occurred, whether the episode was an isolated one or whether there has been ongoing abuse over a long period, the relationship of the offender to the victim and the age difference between the abuser and the abused. Other factors are the nature and the extent of sexual contact such as intercourse, genital manipulation or exhibitionism, whether the abuse was recognized, whether in case of intrafamilial abuse the offender and the child remain in home following disclosure and the underlying strengths and weaknesses of the child’s family. Fergusson and Muller (1998:84) distinguished between the effects of child sexual abuse on adults and on children. These effects will be discussed as follows:

2.10.1. Effects of child sexual abuse on adults

Exposure to sexual abuse during childhood may lead to psychological, interpersonal and social difficulties in adult life. There is enough evidence to confirm that there is a link between child sexual abuse and a wide range of adult problems like depression, anxiety disorders, antisocial behaviours, eating disorders, suicidal and self-damaging behaviors,
post-traumatic stress disorder and problems regarding sexual adjustments (Fergusson & Muller, 1998:84). According to Tower (1996:143 -144), the degree of trauma the adult survivor of sexual abuse experience depends on several variables:

- **The type of the abuse**

  Some victims of incest appear to be more deeply affected than those who were abused by someone outside the family.

- **The identity of the perpetrator**

  When the relationship with the abuser is close, the victims describe being more traumatized. This trauma result is based on the betrayal of trust.

- **The duration of the abuse**

  Abuse that continues over a period of time, rather than a one -time incident seems to create more trauma. The exception is when the one-time incident involves violence.

- **The extent of the abuse**

  A perpetrator who takes a child further along the progression or does more physical damage to the child creates more residual effects.

- **The age at which the child was abused**

  Developmentally children pass many milestones. Each interrupted developmental stage causes its own particular effects. When a child is sexually abused, it implicates that a child emotionally jumps from childhood to adulthood. This can lead the loss of their childhood.
• The first reaction of the significant others at disclosure

If the adults in the child’s life are not willing to believe the child, he or she may be blamed or forced to keep the guilty secret into adulthood. Secret-keeping does compound the trauma.

• Personality structure of the victim

Children differ in many ways. One child abused in a similar manner to another might react totally differently. Individuals are unique and so are their experiences. Their reaction to a similar situation, for example rape, may differ.

A comprehensive attempt to explain links between child sexual abuse and later adjustments has been provided by Finkelhor (1986) in Fergusson and Muller (1998:87-88) who postulated that child sexual abuse is linked to later adjustments by a number of processes as he describes as follows:

• Traumatized sexualization

This involves the developmentally inappropriate and dysfunctional ways in which exposure to child sexual abuse, shapes the child’s sexuality. The effects of this process are to disrupt sexual development and may include inappropriate sexual behaviours during childhood and sexual dissatisfaction during adulthood. Gow (2001:33) defines sexual trauma as the violation of the most intimate and personal aspects of the self. One’s body becomes the setting in which the atrocities are perpetrated. One long-term consequence is that victims may have sexual problems including avoidance of sexual activity altogether (Kay, 2003:127).
• **Betrayal**

It involves the realization on the part of the children exposed to child sexual abuse that someone on whom they were dependent, has caused harm. The effects of this betrayal may include depression, overdependence and impaired judgment in interpersonal relationships, anger and hostility (Fergusson & Muller, 1998:87).

• **Stigmatization**

This refers to the development of a negative self-image as a result of exposure to child sexual abuse. The effects of stigmatization may include low self-esteem, self-destructive behaviors and attempted suicide. Gow (2001:33) adds that victims usually develop feelings of self-blame. Many girls blame their fate on themselves and have an exaggerated sense of their part in the interaction that led to such circumstances.

• **Powerlessness**

This involves two main concepts: first, the child’s wishes are overruled and frustrated, and second, the child experiences the threat of injury. The effects of powerlessness may include fear and anxiety, including symptoms of post-traumatic disorder, impairment of individuals’ coping skills and aggressive or delinquent behaviours. Post-traumatic stress disorder is defined as a condition that reflects a response to extreme and traumatic stress characterized by intense fear, helplessness, horror, persistent avoidance of stimuli associated with the trauma and an umbing of general responsiveness (Fergusson & Muller, 1998:88).

Gow (2001:33) adds that the victims may develop grief and depression, that is, they can develop a sense of hopelessness at the loss of their innocence. Feelings of shame may also develop. The victims’ sense of personal value falls to such an extent, that they can view suicide as an option, because they feel so worthless.
2.11 CONCLUSIONS

Sexually abused children feel betrayed in response to being used as sexual objects as well as spoilt and violated. Bewildering feelings of guilt are mixed with anger and shame. It is not surprising that such children have poor self-images. Sometimes those feelings were projected on the community by delinquent acts and sometimes on themselves through self-destructive behavior, eating disturbances, depression and suicide. Sexually abused children are also at a risk of contracting other sexually transmitted diseases and can also fall pregnant as a result of penetration. Fear may be created through the latter, as victims are fearful of contracting AIDS. With regard to interpersonal problems, sexually abused children tend to be less socially competent; can become more aggressive and more socially withdrawn than children who have not been abused.

According to the researcher, children cannot give consent to sex because they are too young and vulnerable. Sexual abuse deprives a child of the most important gift of all, namely normal development and a stable child-parent relationship. Child sexual abuse can be defined as the exploitation of power, which disrupts the developmental tasks of childhood. Because of the latter, prevention of child sexual abuse should always be a priority. The next chapter will deal with the current prevention strategies of child sexual abuse.
CHAPTER 3

THE PRIMARY PERVENTION PROGRAMMES OF CHILD SEXUAL ABUSE

3.1 INTRODUCTION

Child sexual abuse has been described in relation to harmful socialization practices that often have a pervasive impact on the child’s development. There are no easy remedies for the problem of child sexual abuse, much more must be done to correct this national problem. According to Tower (1996:410), prevention is one way to combat this form of abuse. Wolfe (1999:95) states that, because child sexual abuse is a learnt behaviour, it can be prevented, presumably by the availability of appropriate learning opportunities and resources. The goals of prevention involve the establishment of positive socialization practices that are responsive to situational and develop mental changes, the development of strong, positive child-rearing abilities by strengthening the early formation of the parent-child relationship, improvement in parents’ abilities to cope with stress through exposure to support systems and the development of all the child’s adaptive behaviours that can contribute to his or her emotional and psychological adjustment.

Iverson and Segal (1990:143) suggest that the best way to prevent child sexual abuse is through public education. They describe child sexual abuse prevention efforts as primary, secondary and tertiary prevention.

• Primary prevention is concerned with anticipatory efforts that foster healthy family development and prevent abuse from happening. The dramatic increase in the number of reported incidents of child abuse has, in fact, given great impetus to the national surge in educational and support services designed to enhance parenting skills and provide support for families. Such educational programmes focus on child development, parenting and interaction between children and parents. These programmes can prepare new parents with knowledge of child development. They are built on a wellness model. Their objective is to enhance
positive growth in families and strengthen the family as a unit. Primary prevention is sometimes criticized on a cost/benefit basis, because it services many families, even those that are not at risk of abuse.

- Secondary prevention is concerned with intervention efforts that target the at-risk population. Secondary prevention programmes service families under stress. These services include emergency assistance, counseling, developmental assessments of children, group discussions, play groups and skills building workshops (Iverson & Segal 1990:152). In the researcher’s opinion, these programmes are more costly than those aimed at primary prevention, because the intervention efforts are more intense. At the same time, secondary prevention programmes are more efficient in reducing the incidence of abuse in future generations, because they focus exclusively on at-risk families.

- Tertiary prevention takes place when abuse is impending or has already occurred. The objective of secondary prevention may be to prevent impending abuse, reduce the incidence of further abuse, or mitigate the effects of disruptive intervention measures. Tertiary prevention for children includes a wide range of therapeutic programmes, crisis intervention programmes and foster care placements. Therapeutic programmes have several purposes. These include mitigating the effects of the abuse experienced, breaking the generational cycle of abuse, easing the child’s pain and reducing the potential of provocative behaviour that could lead to a recurrence of abuse. Play therapy, as part of a therapeutic programme, provides the child with opportunities to replay negative experiences in a safe environment and to play out feelings of anger, rejection, anxiety and repressed hostility. Art therapy and dance therapy can be incorporated successfully into play therapy sessions. Play therapy can take place on an individual or group basis.

Tertiary prevention programmes for parents also exist. Tertiary prevention models include family therapy, substance abuse programmes and stress management.
programmes. Intervention agents include nurses, social workers and foster parents, as well as centre-based and institutionally-based therapists (Iverson & Segal, 1990:157). In the researcher’s opinion, tertiary initiatives could be looked upon as treatment. It could be thought of as long range primary prevention, potentially reducing the incidence of child sexual abuse in future generations.

According to Bolen (2001:265), adequately preventing child sexual abuse requires us to target the offending behaviour. In order to successfully perform this task, we need to design and fund programmes that test innovative prevention approaches. Enough research is available to suggest that child sexual abuse is often an extension of the socialization patterns of males. Thus prevention programmes that target socio-cultural factors need to be given priority. There is also a need to consider programmes that teach the bounds of appropriate behaviour to children and adolescents. Gow (2001:9) argues that there are underlying factors that allow situations of child sexual abuse to continue. They invariably include weak legislative provisions and ineffective enforcement structures. Another crucial factor on common thread is low levels of awareness, which lead child sexual abuse, to remain hidden and undisclosed.

To summarize, prevention can be regarded as involving the targeting prevention efforts on families, children, systems affecting families and children or broader socio-cultural issues. The effort can represent primary, secondary or tertiary prevention. For child sexual abuse prevention, primary and secondary prevention efforts are more attractive, because interventions at an earlier stage in the process may restore appropriate developmental pathways and minimize harm. For the purpose of this study, focus will be on primary prevention efforts.
3.2 PREREQUISITE FOR TARGETING CHILD SEXUAL ABUSE: IT TAKES THE NATION

Bolen (2001:275) argues that to target an epidemic effectively requires changes by all members of society. They must buy into the need for addressing the epidemic. The following prerequisites may apply:

- The first prerequisite may be that the intolerable level of violence within society be reduced. To reduce the level of violence will require the nation, the media and the institutions within society to embrace the belief that we have the right or even demand the right to live in a violence-free nation.
- The second prerequisite may be that society must become more child-centered. As long as we are in a country that believes in the ownership of children, they will remain at risk of abuse by those who have power over them.
- The third prerequisite may be a far less patriarchal society. Sexual abuse remains primarily a gendered abuse of females by males. Child sexual abuse may remain a significant problem until males are willing to cede some of their gendered-base power and take responsibility for their abuses of that power.
- The final prerequisite may be that the public be so outraged about the problem that our nation becomes intolerant of the sexual abuse of any child.

In the researcher’s opinion, change is probably many years away. Yet we must hope that the time will come when simply being a child, or worse, being a girl, will not be a significant risk factor for child sexual abuse.
3.3 PREVENTATIVE TARGETING SYSTEMS

The following are the preventative targeting systems that have a direct or indirect impact on families at risk for abuse:

3.3.1 Child care systems

According to Iverson and Segal (1990:159), adults interacting with children and child care workers are potential abusers of children. Laws have therefore been enacted to protect children in child-care settings. Child care is a critical resource for families. Concerns about protecting children from the possibility of abuse in child care have led to a proliferation of child care laws and ordinances. Training courses are designed to make child care workers aware of unacceptable disciplinary practices, to alert child care workers to signs and symptoms of child sexual abuse and inform them of mandatory reporting procedures. Training components focus on improving child care skills represents primary prevention, but those aspects of training that involve recognising and reporting abuse are tertiary in nature.

3.3.2 Schools

Programmes have been implemented in schools to sensitize school personnel about the problems of abuse. Workshops, manuals for teachers and media presentations have been used to educate teachers to identify signs of child sexual abuse, to be good listeners when children disclose abuse and to follow appropriate reporting procedures. School systems are involved in primary sexual abuse prevention efforts. Schools that are responsive to the needs of individual students, provide opportunities for decision-making and value clarification and help young people to recognize their own potential and to explore career opportunities. All these efforts are primary in nature (Iverson & Segal, 1990:160).
3.3.3 Work place

Iverson and Segal (1990:160) stress that most mothers with children under the age of six are working. The stressors experienced by these mothers include problems associated with long working hours and inflexible schedules. Corporate policies that reduce stress may include flexible working hours, job-sharing opportunities, more liberal overtime and personal days, variable maternity and paternity leave procedures, employee assistance and counseling services as well as child care support. Employers who have instituted child care on their premises point to several advantages. Employee morale is higher, absenteeism is reduced and corporations are able to attract and maintain higher quality employees.

3.3.4 The legal system

The legal system has the ultimate responsibility for enforcing child abuse laws. In most cases, decisions related to child abuse are a matter of judgement and judges and jurists are left wrestling with questions revolving around parental rights, the best interests of children and the ability of the family to respond to treatment (Iverson & Segal, 1990:160).

3.3.5 The medical/ professionals systems

Another area for consideration is the education and training of professionals working in the area of child sexual abuse, and especially of professionals in a decision-making capacity about cases, that is, those who decide whether a case involves sexual abuse or not (Bolen, 2001: 270). Iverson and Segal (1990:161) are of the opinion that because nurses, doctors and hospital personnel are in a prime position to identify signs and symptoms of child sexual abuse, medical professionals play a central role in child sexual abuse prevention. Robertson (1989:59) states that it is important for medical staff to ensure that they are up to date on the latest findings in the field of child sexual abuse.
According to Iverson and Segal (1990:161), the primary programmes that target the medical profession include the following:

- Educational programmes to sensitize professionals to the importance of preparing young parents for parenthood and of teaching them parenting skills. Tower (1996:418) emphasizes that medical or social service personnel may be able to recognize high-risk parents during pregnancy through screening. They may be able to distinguish between those who can and those who cannot parent effectively. An assessment of family circumstances sheds some light on the environment into which the baby will arrive. Does the marriage appear stable? Do the parents support each other? What type of support system does the mother have? Do the parents describe their own upbringing as positive? Was the baby planned or unwanted? Does the family have a stable income? Once high-risk parents have been screened and identified, they should be referred to a variety of agencies that offer support services to train these families in order to prevent child sexual abuse. These are primary prevention efforts.

- Educational programmes for medical personnel working in maternity wards and nurseries represent secondary prevention. They alert doctors and nurses to early signs of parenting disorders, including maternal depression, substance abuse and difficulty with bonding in the child.

- Educational programmes can alert all medical professionals to the indicators of abuse and inform personnel of the required reporting procedures. These programmes are tertiary in nature.

3.3.6 The media

Iverson and Segal (1990:161) state that, because violence on television has been associated with increased aggression, child sexual abuse is often blamed on television watching. The argument is that people who often watch violent shows, develop a distorted set of values in which violence is permissible and even justified. Bolen (2001:266) raises a very important question, namely how the media can be utilized to
give messages about appropriate conduct with children. Iverson and Segal (1990:16) are of the opinion that while the media has been implicated in the spread of child sexual abuse, it can also play a critical role in child sexual abuse prevention. Several excellent documentaries on child sexual abuse have received national coverage. Popular magazines and newspaper articles have sparked a grassroots effort to heighten public awareness of child sexual abuse.

3.4 CHILD SEXUAL ABUSE PREVENTION AREAS OR TARGETS

According to Tower (1996: 411) and Wolfe (1999:97), prevention has been successful in four areas: schools, with families, with professionals and within the community.

3.4.1 Prevention efforts in schools

3.4.1.1 Educating children

Tower (1996:411) emphasizes that prevention efforts should begin in schools where the parents of tomorrow learn what will be expected of them. The hope is that if children are taught what abusive parents have never learned, they will have a better chance of becoming healthy adults and concerned parents. According to Mayes, Currie and Macleod (1992:43), preventing abuse, therefore, can be seen as a process of altering the potential perpetrator, the potential victim or the environment in which both exist. Bolen (2001:266) suggests that age-specification programmes could be integrated into the curriculum of all elementary, middle and high schools. These programmes should focus on the bounds of behaviour between males and females and same sex relationships should not be ignored. According to Driver and Droisen (1989:52), there is more benefit to be derived from a sex education approach which challenges power relations in society and which views sex not as sets of individual acts, which are seen as acceptable or taboo, but as a part of relationships between people with discussions on issues such as trust, pleasure and discomfort. There is no need to fear that children will lose their innocence in the process.
3.4.1.2 Aims and objectives of educating children

The fact remains that by the time sexual abuse is uncovered, in most cases it has been continuing for between one and three years. The aim of educating children should therefore be to give children enough information to be able to respond to a sexual abuse situation before it becomes serious (Mayes et al. 1992:43). According to Johnson (1997:69), the objectives of educating children about sexual abuse are the following:

- To give children knowledge and practice in identifying situations that may lead to abuse.
- To teach children some rules to prevent them from being hurt by others.
- To help children understand the ‘grooming’ done by offenders.
- To assist children to know ways they can be manipulated into sexual behaviour.
- To assist children to understand how offenders keep children from telling.
- To encourage children to use trusted adults as resources to ask for advice when they are not sure about something.
- To sensitize children regarding the seriousness of making abuse allegations.
- To ensure children know who to go to for help if they think someone is unsafe.
- To have children help other children by making a prevention pamphlet.

In 1982, California passed a law that children be introduced to sexual abuse prevention training at least three times during their educational career (Johnson, 1997:70). The programmes available strive to educate children about what child sexual abuse is, to make children more aware of who potential abusers are and to teach children what action to take when someone tries to abuse them. Such programmes are becoming more prevalent. The programme material addresses all ages of children and total programmes provide age-appropriate information from kindergarten through all grades.

Prevention efforts in the classrooms should emphasize that children have the right not to be hurt and that if they are being abused, they should tell a trusted adult like a teacher.
Robertson (1989:72) emphasizes that children have always been educated about the problem of child sexual abuse by strangers. Research into children’s safety has shown that while children seem to carry out what they have learnt, they tend to forget this knowledge within a short space of time. This implies that to be effective, safety messages have to be repeated fairly regularly. According to the National Programme of Action for Children in South Africa ([sa]:37), governments must protect children from all forms of sexual exploitation and sexual abuse, as stated in Article 34 of the United Nations Convention on the Rights of the Child. The National Programme of Action for Children emphasizes that the first message children need to get about sexual abuse is that it is not their fault. Robertson (1989:72) lists the following messages that may be taught to children to protect themselves from stranger abuse:

- Children must be discouraged from accepting lifts from strangers, even if they look friendly or seem to have a good reason why the child should accompany them. Sometimes strangers tell lies and might say that the child’s parents have asked them to pick him or her up. Children must be taught to wait in a safe place until their lift arrives. If someone is sent to pick them up, children and their parents should devise a code for example, saying the dog’s name, which anyone wanting to pick up the child must use. If a person offering a lift uses this code, then the child will know that all is safe.

- Children must also be told that men or women may make very tempting offers in order to entice them. A stranger may try to entice a child with an offer of sweets, toys, money or other gifts. It is possible that the sweets and drinks offered may be drugged. Child stealers have used this method often around the world and it is a common phenomenon of child abduction.

- If a stranger approaches them, children should be told to walk or run away. It is not rude for a child to ignore the stranger. If a stranger becomes a nuisance, the child should make a noise or create a disturbance so that people will notice. If a child needs
to shout out loud he or she should do so. No one will mind a child shouting in a difficult situation, especially if it helps to keep the child safe.

Robertson (1989:73) adds some general safety rules that should also be followed to reduce the risk of abuse by strangers:

- If a child walks home or uses public transport to get home from school, he or she should always try to be with a friend. Being in a group is safer than being alone.
- When a child is walking in the street, he or she would always keep a safe distance from people he or she does not know. This will allow him or her to get away if a stranger tries to do something strange, like grabbing him or her.
- If the child gets lost, he or she should go into a shop or some other crowded place and ask for help. Children should learn their own address and telephone number and should also be taught how to make a telephone call from a private telephone or a public call box.
- Children should never play in dark or deserted places and if possible should never play alone. Before going out to play, children should tell their parents where they are going and when they expect to return. They should also tell parents with whom they are going to play so that, should the child return late, or not return at all, the parents can check up on his or her movements.
- When a child is at home alone, he or she should not open the door to a stranger. If someone telephones, the child should never tell the caller that he or she is alone at home. This may be a way for abusers to check on their proposed victim.

According to Robertson (1989:74-75), it is easy to teach children how to keep safe from a stranger’s approaches. However, it is a fact that most people who abuse children are known to them. Many abusers are actually family members or relatives. Children need to be taught a very special set of rules that they can use to keep themselves safe:
• Children should have basic sex education that is age appropriate. In this manner, children learn that they can speak openly about sex and their parents are also willing to do so. The child will also be able to use the correct terminology for various sex organs. This will help in a case where a child has to talk to another adult about the abuse as that adult will immediately know what the child is referring to if the correct terms are used.

• Children must be taught that their bodies belong to them. This means that they have some right to privacy. When explaining privacy, it may be useful to tell the child that private parts are those areas normally covered by underwear. They should be told that only those people who have to help them can touch those areas. Doctors, mothers and fathers may sometimes need to help if a private part is sore.

• Children should learn that in certain circumstances they can say ‘no’ to adults. If anyone is hurting them or making them feel uncomfortable, they have the right to say ‘no’. When this happens they should immediately report the incident to another adult. If the adult does not stop after the child has said ‘no’ or even told someone what is happening, the child should tell someone else and keep telling until someone does something.

• The National Programme of Action for Children in South Africa ([sa]:37) emphasizes that children should be taught that somebody could touch them in a place they do not want to be touched. Somebody could ask them to touch them and show them pictures of people touching each other inappropriately. Children should be taught that the person who does this could be someone they know very well. He or she could be a mother, father, uncle or a neighbour. Robertson (1989:75) further states that children should be taught the difference between good and bad touches. A few examples of good and bad touching should be given to enable the children to be in a position to differentiate touches. Good touching happens when a father gives the child a nice tight hug or a teacher ruffles a child’s hair or a friend pats the child on the back. Bad
touching happens when someone touches children in their private areas or kisses them in a strange manner.

- Children love secrets, but they should be taught that there are good secrets as well as bad secrets. Secrets like surprise birthday parties or the concept of presents are fun. Other secrets, like when an adult hugs, kisses and touches the child inappropriately, are bad secrets and should be reported to a trusted adult. The National Programme of Action for Children in South Africa ([sa]:37) stresses that children should know that whoever that person or adult is, what he or she is doing is wrong and because it is wrong, he or she may ask the child to keep it a secret. If a child does keep it a secret, it will never stop. Sometimes children are very poor and hungry and can be persuaded to do things they do not really understand in exchange for food and money. Some of these things involve having sex with adults or taking part in films or plays or photographs that show such things.

The school can contribute to the empowering of children using the above child sexual abuse prevention efforts and provides the following training to children:

3.4.1.3 Life skills training

To cope with our complex society, our children need more skills than those of generations ago. Several basic and appropriate skills can be taught to children. They include:

- Making decisions

Children need to learn to make decisions. The assumption must be that children have the right to choose. Increasingly, schools are creating more flexible curricula to encourage choices and develop the right to self-determination.
• **Coping with crisis**

Tower (1996:411) mentions that another life skill children need, is the ability to cope with crisis. Some schools teach their learners the appropriate people to approach when a crisis occurs. More recently, children are also being educated on what to do during the crisis of being abused (for example say no, run away, or tell someone). When they know the multitudes of resources available to them, children are less likely to become isolated adults who do not know how to seek protection.

• **Learning socialization**

Tower (1996:412) emphasizes that children must also be encouraged to learn appropriate ways to get their needs met. When adults actively listen to children, they encourage the children to express their needs. When children know that they have been heard, they are then more likely to be patient in waiting to have these needs met and to delay gratification. In this way, children find a way to separate feelings from actions. In a society filled with violence, children must learn that violence need not follow feelings of anger. In whatever they do, children must learn to take responsibility for their own actions.

• **Building a positive self-image**

Building a good self-image should be more fully integrated into the curriculum and teachers should help children to create and enjoy successes in order to feel better about themselves.

3.4.1.3.1 **The Nature of Preventative Programmes in the School System**

Mayes *et al.* (1992: 43-47) have discovered variations with regard to child abuse prevention programmes and they include the length of the programme, type of trainer,
presentation medium, the type of abuse covered, assertiveness and self-defense skills and programme content that will be discussed as follows:

- **Length of the programme**

  The length varies from one lesson to many, spanning weeks or even months. The length can vary according to the aim of the prevention programme; for example, if a school wishes to implement a programme as a way to motivate abused children to come forward, then a different type of prevention effort is needed, compared with a situation where children are to be taught self-protection skills. The former objective may require one short session and the latter many more.

- **Trainer**

  Mayes *et al.* (1992:44) raise an interesting question. Should a prevention programme be taught by a teacher and/or another expert in the field? Mayes *et al.* (1992:44) argue that programmes that are presented by teachers in a specific school are in the best position to be structured in such a way that it meets the individual needs of those specific children. Such programmes need to incorporate the preventive measures for children to protect themselves against sexual abuse. The use of experts or professionally trained personnel, on the other hand, makes any programme seem special to children and different from their normal school work.

- **Presentation medium**

  Different types of presentations may include plays by visiting theatre groups, videos, role-playing exercises, work-books, colouring books, comics, books and any combination of these (Mayes, *et al.* 1992:45). Teaching aids are used in school prevention programmes like tapes (Tower, 1996:414). Franzem (1993) in Tower (1996:415) suggests that games can be further integrated into prevention curricula, as
it is within a child’s frame of reference and offer some predictability. It may enable children to learn more effectively.

- **Type of abuse covered**

  Mayes *et al.* (1992:45) state that programmes vary in terms of what type of abuse is covered, that is, is it only sexual, or physical, or does the programme attempt to talk about keeping safe generally. In terms of sexual abuse prevention programmes, the contents should be accepted by parents and teachers, otherwise we run the risks of harming children and prevention efforts by sending mystical and confusing messages to the children. On the one hand we want to open communication lines with children and encourage reporting of sexual abuse. Yet, at the same time, by avoiding a discussion of genitals we demonstrate our inability to talk with children about even the simplest sexually related issues. This could clearly present problems for a child who wants to disclose sexual abuse.

- **Assertiveness and self-defense skills**

  Many programmes emphasize various assertive behaviours such as to teach a child to say ‘no’ to uncomfortable touches and even to try to run away or to tell someone. The point which has to be emphasized to children is not that they can successfully take on an adult, but that they have the right and also are competent enough to say ‘no’ for someone who would like to hurt them in this way. Even if children cannot be armed with successful self-defense techniques to ward off a possible assault, if the process of learning the technique nevertheless increases their self-confidence and esteem, then the exercise is far from futile. Therefore, if assertiveness and self-defense skills can improve a child’s self-esteem and confidence, they would seem to be a worthwhile element in a prevention programme (Mayes, Currie & Macleod, 1992:46).
• **Programme content**

Mayes *et al.* (1992:47) are of the opinion that most programmes attempt to educate children about what sexual abuse is, including the concept of body ownership, what constitutes good and bad touching and the concept of secrets, particularly that there are secrets that need to disclose. They also attempt to tell children who offenders might be, that is, strangers and known individuals. Furthermore, they teach children rules and actions they need to follow if someone tries to abuse them sexually. These rules usually include saying ‘no’, running away and sharing. Driver and Droisen (1989:52) argue that whilst it is of immediate practical use to teach children how to say ‘no’ or to get protection, we must realise that abused children have been saying ‘no’ all along, whether in words or otherwise, and that many offenders are hardly likely to be intimidated by a mere verbalization of this refusal.

The researcher is of the opinion that teaching life skills should help children to become healthy adults who feel capable of controlling their own lives and experience more comfort in caring for and guiding their own children in future. The inclusion of sex education on the curriculum may be vital. It must not be a once-off session, but a regular course for all ages, supplemented by discussions in other classes such as those covering current affairs, ethics, religious education and the life sciences. The most important aim of sex education is to make the public more knowledgeable about sexuality and to discourage any secretiveness or exploitation of privacy.

**3.4.1.4 Preparation for parenthood**

Children must be provided with knowledge about sexuality, child development and parenting skills:
• **Normal sexuality**

According to Tower (1996:412), sexuality should be part of the regular curriculum. Driver and Droisen (1989:52) also emphasize that increased access to sex education with information about homosexual and heterosexual relationships should be welcomed in schools. The thoughts behind it must be revised to take account of the fact that abuse does not start at the point when the child is actually assaulted. It starts in the mind of the abuser and need to be effectively prevented at that point already. Tower (1996:412) adds that teaching children more about their bodies and sexual functions might actually protect them from being abused or abusing. Giving children age-appropriate material, beginning in elementary school, will increase their level of comfort with and broaden their understanding of their own sexuality.

• **Child development**

Adolescents should be acquainted with the developmental stages of children. If adolescents are taught what to expect from children, child-rearing might be viewed more realistically and less idealistically (Tower, 1996:413).

• **Parenting skills**

Tower (1996:413) stresses that learners must learn parenting skills. Parenting skills involve the roles and responsibilities expected by society. Discussions on a variety of parenting issues, both the children’s own culture and that of others, are also helpful. Debates on discipline, the assignment of chores, the question of allowances and budgeting and facts about nutrition may even help children recognize how their own parents feel about and are handling these issues. Children who learn what parenting entails may be less eager to become parents too early.
3.4.1.5 Training teachers

If one considers that the child spends more than a third of his or her day in the care of teachers, it is obvious that teachers can play a vital role both in detecting any form of abuse and also in helping the child to cope with it. A teacher is in most cases the most significant adult in a child’s life and if he or she sees children suffering, it should be his or her moral duty to do something to try to help them (Robertson, 1989:58). Schools are increasingly being involved in helping children to protect themselves against child sexual abuse.

A prerequisite for classroom prevention programmes to work on is the training of teachers to become involved with and committed to the prevention of child sexual abuse (Tower, 1996:413). Teachers potentially represent a very useful resource in the prevention and detection of child sexual abuse. In order to be effective, they have to be knowledgeable about sexual abuse, alert to its symptoms and prepared to report suspected cases. However, it would seem that a teacher also has to come to terms with his or her own feelings about abuse in order to be in a position to help children. Research showed that teachers report feelings of anxiety, feel they are not well trained to cope with the disclosure of sexual abuse, express concern about how to respond to a child whom they suspect is being abused, what official channels to follow after disclosure, what will happen to the child, the abuser and his or her family and exactly where their own involvement begins and ends (Mayes et al. 1992:76). David (1994:93) stipulates what teachers’ training should address. These issues are as follows:

- Help teachers explore their own feelings, attitudes and values about sexual abuse. Feelings, attitudes and values can inhibit people from taking action, so they need to examine what they think sexual abuse is and why it occurs, in order to recognize how their ideas might differ from their professional obligations.
- Consider how best to handle a child sexual abuse case. For instance, if a child starts to disclose information during a class presentation, is there a place where the teacher can take the child to talk? According to Robertson (1989:58), teachers should stay calm
and try not to look or act as if they are shocked, even if he or she is shocked. If the revelation is made during class, without ignoring the child, the teacher may pass a comment such as “is that so, would you tell me afterwards?” If a teacher stops the lesson abruptly, the obvious disruption of the class will undoubtedly affect the child’s privacy, a factor about which he or she did not think about when making the comment.

- Develop relationships with social services and the police and increase knowledge of the role of these agencies in child protection.

- Examine the local authority child protection procedures and work out how to use them.

- Empathize with the feelings of a child who is attempting to disclose abuse, and develop skills to respond effectively, including information on how the child and his or her family can be supported after disclosure. Robertson (1989:59) adds that the teacher should create an opportunity soon after the disclosure to discuss the problem with the child. The teacher should reassure the child that the matter is important and in order to help the child, other people should be told, like the principal and welfare officers, who will also maintain confidentiality. The teacher should also offer support to the abused child. The teacher is not expected to give any specialist counseling or treatment. If it is in the child’s choice, the teacher needs to be available to support the child when he or she makes a statement to the police. The teacher can play a major role in the child’s recovery by assisting in the rebuilding of his or her self-esteem and trust in others.

- Develop skills in relating to the parents after a referral has been made and consider how all parents can be made aware of the specific school child protection procedures and authorities involved.

- Become more familiar with community agencies and resources that can support children, parents and staff in order to be able to refer abused children and their families for support.

- Examine how child protection issues should be included in the curriculum.

- Evaluate the school child protection policy and develop it in the light of the issues raised by the training.
On the matter of what form training should take, teachers shared a strong preference for small groups, talks, written information and active participation. Teachers generally considered the health services, the psychological services and the social work departments as being the best sources of information. They felt that a multi-disciplinary effort involving all these services would be the most effective in training (Mayes et al. 1992:50).

3.4.1.6 Educational services for the parents and the community

According to Tower (1996:418), training fathers and mothers is vital. Tower (1996) is of the opinion that fathers contribute to child sexual abuse, because they receive less instruction on how to parent effectively than do mothers. Many fathers are unaware of issues related to child development, pregnancy or child-birth itself. Tower (1996:418) postulates that mothers are less likely to sexually abuse their children, because of their involvement in the total functioning of the child, from feeding and bathing to toilet training. Fathers, on the other hand, have traditionally been less involved in these daily tasks and therefore are not as emotionally involved at a multi-dimensional level. Perhaps the training of fathers in other areas would enable them to become more appropriately involved with their children and to see them less in a sexual context.

An important prevention programme is basic education for communities. This should be a priority so that parents become aware of the threat of child sexual abuse to their children. Parents, teachers and all individuals who come into contact with children should be made aware that false disclosure is rare (Bolen, 2001:266). Mayes et al. (1992:60) state that one problem, which seems to be pervasive is denial, that is, there is an unwillingness by adults (parents, professionals, the public at large) to face up to the reality of all kinds of ill-treatment, including sexual abuse that is being perpetrated against children. A necessary step is the acceptance that the problem exists; then, a willingness to do something about it.
Education plays a vital role in overcoming the denial of the existence of child sexual abuse, but it is also very important in the prevention, detection and handling of the problem. According to Tower (1996:416), education includes community awareness campaigns. Schools can further these efforts through workshops, opening their facilities to self-help groups and through adult education. This acquaints the participants with the problems facing abusive parents, educates them about resources available to combat child sexual abuse and engages them in a discussion of how to prevent child sexual abuse in future. Schools may further offer support to other prevention programmes by allowing the use of their facilities and resources, for example, classrooms for meetings. Schools’ films or books could also be available to interested groups or individuals. Finally, schools could provide adult education programmes for parents. Schools might offer evening courses in child development, parenting skills, budgeting, stress reduction and problem-solving skills to help parents expand their capabilities, feel more in control at home and perhaps be less likely to abuse.

Many parents do not talk to their children about sexual abuse. They are embarrassed themselves, or consider their children too young for such knowledge or decide they are not in danger. Tower (1996:422) maintains that sometimes parents do not feel that they have appropriate vocabulary to talk about sexual abuse. The reasons are that they may be unsure of their own values about sexuality and fear that a discussion on sexual abuse will uncover their ambivalence. For various reasons, parents are often hesitant to educate their children on the subject. Prevention efforts should therefore train parents to talk with their children, because, in addition to educating their children, parents have an obligation to create a home atmosphere that discourages keeping harmful secrets, encourages open communication and creates healthy sexuality.

The importance of educating parents to prevent child sexual abuse is set out by Mayes et al. (1992:60) as follows:

- Sexual abuse can begin very early in life and parents may be the only ones who are in a position to help very young children avoid potentially abusive situations.
• There is no guarantee that anyone else will talk to children about sexual abuse if parents themselves do not.

• Much abuse occurs within the family and it may be that children may be more inclined to heed warnings concerning their families if these come from a family member.

• In telling children about sexual abuse, parents open up channels of communication and consequently make children less vulnerable. According to Kobbe (2004:16), parents should always encourage good communication with their children. This is one of the best ways to protect children from sexual abuse.

Kobbe (2004:16-17) states that the National Committee for Prevention of Child Abuse in America, as well as experienced therapists, offers the following guidelines for parents in dealing or preventing child sexual abuse:

• Parents should be alert to possible warning signs, including changes in behaviour or appetite, nightmares, bed-wetting, unusual knowledge of or interest in sexual matters, fear or intense dislike of a person or of being left somewhere, and questions about persons that seem abnormal, such as whether someone is ’supposed to hurt children?’

• Parents should ask questions to find out what is troubling the child. If the symptoms persist, parents should consult a mental health professional for an assessment of the child.

• If abuse is confirmed, parents should contact a local child protection services agency and take steps to protect his or her child immediately from the suspected offender.

• Parents should send their children for medical examination to protect him or her against venereal diseases, as well as to gather possible evidence.

• Parents should try to maintain a calm environment and resume as normal a life as possible, encouraging the child to get back to his or her routine.

• Parents should be strong advocates for the child and help the child with investigators. A parent should reassure the child during questioning and ask for the child to be interviewed by a specialist.
• Parents should be patient with the process of investigation and the length of time that it takes for the child to make a full disclosure.

• Parents should not be consumed by the desire to revenge or obsessed with vindication through the criminal justice system. For many children, the mere act of telling their story and being believed promotes healing.

To summarize, parents have the potential to play a very effective role as child educators in the area of child sexual abuse, provided they have themselves been educated about child sexual abuse. In addition, adults who have an understanding of sexual abuse are in a better position to detect abuse and are less likely to disbelieve or contradict a child who discloses experiences of abuse. The researcher believes that there is still a great deal to be done in terms of educating parents and the community at large and of helping parents to give their children the necessary knowledge and skills to be as safe as possible. Children are less likely to be victims when they feel good about themselves, when they are not hampered by sexual stereotypes and when they know that they have parents who will listen and take their fears seriously.

3.4.2 Helping at-risk families

In every community there are families who are potentially abusive. Tower (1996:416) states that families need to minimize their stresses and strengthen their coping abilities. Schools could offer evening programmes for parents who work or for those who need extra relief from child care responsibilities. Late afternoon programmes for adolescents might alleviate stress. Underutilized schools sometimes donate space for crisis nurseries. When parents feel a need for support or temporary relief from child care, they can leave their children in this place for a while. As part of their course structure, high school students assist in these nurseries. The researcher believes that it is important to educate the parents of tomorrow so that they do not become abusive.
3.4.3 Prevention efforts for families

Some parenting enhancement programmes are offered to those who are specifically designated as at a high risk of abusive behaviour. The most effective programmes for parents focus on improving their coping skills, educating them about child development, facilitating bonding and communication with their children and increasing their ability to access helpful resources. The programmes are designed to be used with issue-oriented discussion groups with topics such as children’s developmental stages, children’s fears and feelings, family relationships, positive discipline, children’s independence, cooperation and responsibility as well as children’s self-esteem. Such programmes have demonstrated positive changes in the abilities of these families.

3.5 EFFICACY OF CHILD SEXUAL ABUSE PREVENTION PROGRAMMES

In seeking to evaluate the efficacy of child sexual abuse prevention programmes, two questions can be asked. Firstly, to what degree are such programmes successful in reducing the incidence and severity of child sexual abuse? This question relates to the successes of child sexual abuse prevention efforts. Secondly, can child sexual abuse prevention programmes be justified from an economic as well as a humanitarian point of view? This question relates to the cost/benefit ratio. According to Iverson and Segal (1990:164), programme evaluation is seen as costly and difficult. Where evaluation has been undertaken, it often measures intermediate objectives, such as programme attendance, rather than demonstrating a change in abuse statistics.

Finkelhor (1988 in Tower 1996:415) has considered twenty-five (25) evaluative studies to ascertain the usefulness of child empowerment efforts. Finkelhor’s (1988) conclusion was that children did learn prevention concepts. The most easily learned were what child sexual abuse is, parts of the body and types of touching. As children become older, they were more able to integrate these ideas. Another benefit of the prevention programmes, besides teaching children concepts that will protect them from possible sexual abuse, is that training stimulates disclosure. Children who have been abused tend to come forward
to report once they have taken part in school training. Through these efforts, children communicate more openly both in the classroom and at home with their parents. Gow (2001:13) also emphasizes that surveys by the International Society for the Prevention of child sexual abuse has shown that children who were involved in prevention programmes, were increasingly likely to use self-protection strategies and talk more openly and that they were more knowledgeable about sexual abuse. They are also more likely to report abuse after it has been attempted.

Hopefully, there will continue to be some evaluation and revision of school-based and other prevention programmes, so that children can be adequately prepared to protect themselves and so will society.

3.6 IMPLICATIONS FOR FUTURE PREVENTION PLANNING

Despite the promising outcomes of prevention programmes, several conditions may hamper further expansion. First, the growing gap between the need to provide all identified victims with adequate therapeutic services and the resources available to fill this need present a double challenge to the prevention field. Not only are child welfare administrators failing in their treatment function, they are unable to devote any notable resources to intervening in a family before abuse occurs. Second, the extent to which resources are allocated becomes increasingly important for prevention services to document that they do indeed prevent child sexual abuse. In the absence of large-scale longitudinal studies, acceptance of the ultimate efficacy of prevention programmes will remain more theoretical than empirical. Although programmes can and should be more rigorous in how they assess changes in their clients, proving that such changes translate into fewer cases of child sexual abuse, remains a challenging task. Limited resources, as well as the limited reliability and lack of proven validity of existing assessment tools, suggest that a significant volume of research acceptable in the scientific community is unlikely to be developed in the immediate future (Briere, Berliner, Bulkley, Jenny & Reid, 1996:353).
3.7 RECOMMENDATIONS FOR THE FUTURE

Gow (2001:9) pointed out seven recommended areas for action. These seven areas seek to find ways to prevent abuse against children, to protect the children from violence around them and to provide support and reintegration services for those children who are survivors of violence.

3.7.1 Governments should enact laws that protect all children from sexual abuse, violence and exploitation.

According to Gow (2001:10), World Vision conducted four studies. They revealed the inadequacy of national legislation to protect children from abuse. In some countries laws are non-existent. In others, the laws treat the children as criminals rather than as victims. Adequate legislation on abuse issues must have some basic core components, particularly regarding the following:

- Laws must clearly define abuse and making abuse and sexual exploitation illegal, with specified minimum punishments. Although legislation in individual states will differ markedly, all such laws should be based on international best practice and reflect the guidance offered by the Convention on the Rights of Children.

- A national register of sexual offenders must be established. Such legislation was passed in the United Kingdom in October 2000. The Protection of the Children Act requires the public to check a national register of offenders before offering a person employment that might bring children into contact with an offender.

- A legal requirement must be set whereby governments must report on the progress made in addressing issues of abuse and in producing and updating national strategies for child protection.
National independent child rights monitor must be created, that is, children’s commissioners and ombudsperson.

The researcher believes that without such an underlying foundation on legislation, any attempts to protect children from sexual abuse is likely to fail. Gow (2001:10) states that, in accordance with the UN Convention, states should consider the relevant statements of the UN Committee on the Rights of the Children. The Committee has made constructive comments on a number of articles of the Convention on the Rights of Children, including article 19, which stresses the protection of children from violence; article 2, which focuses on non-discrimination against all children, and article 3, which looks into the best interest of children.

Even if countries create the most protective and progressive legislation to protect children from abuse, it is meaningless without enforcement. Implementation must also be an important consideration.

3.7.2 Train welfare and law enforcements agencies about child abuse issues and promote effective child-sensitive policies based on international standards.

According to Gow (2001:10), no child who has suffered abuse should be retraumatized by the welfare system and legal process. Welfare and law enforcement agencies have a dual role in the protection of children from abuse. They can be instrumental in identifying situations of child abuse and removing children or perpetrators from those situations, and they must also play a role in listening to children and prosecuting adult offenders. Research conducted by World Vision in Gow (2001:10) indicates that employees of these agencies are themselves often ill-informed and inadequately trained. Children must be supported and must not be retraumatised by the very system that is supposed to protect and promote their rights. Training, education and resources are urgently required by many welfare and law-enforcement agencies. In line with this, governments should be encouraged to develop child-protection systems that promote the obligation to report instances or suspicion of violence against children and that ensure investigations where such reports have been made. To the researcher’s knowledge, in South Africa, most
provinces are in the early stages of piloting such a programme of reporting suspicion of violence against children. A Child Protection Register has been put in place, nationally and at least five agencies per province are being piloted in this regard.

It is essential that states have effective referral systems to deal with situations of abuse. Interestingly, the Convention on Rights of Children Committee has also recommended that special training attention be given to promoting direct and constructive dialogue between the police and children, because, in some instances, rather than being protectors, law enforcement officers can be part of the violence perpetrated against children (Gow, 2001:11). Training therefore increases their capability.

3.7.3 **Raise awareness of sexual abuse against children by educating the public.**

Help-lines, where feasible, and support should be provided to abused and at-risk children. Marais (1990:111) states that the purpose of help-lines is:

- To provide an emergency service for all children in danger and distress.
- To help parents who have difficulties with their children or who fear that they may abuse their children.
- To give concerned members of the public an opportunity to report cases of suspected child sexual abuse.
- To be a source of access to professionals, such as medical doctors, teachers and social workers.

Gow (2001:12) emphasizes that until it is acceptable to talk about and openly address issues of sexual abuse, children will continue to suffer in silence. The public must recognize its role in creating and sustaining an environment in which violence against children can be combated. Children must feel that they are able to speak, and adults need the awareness that would compel them to listen.
Public education campaigns are required informing people that child abuse is a violation of children’s human rights. Passive perpetrators, that is, those who see and know that violence is occurring and do nothing about it, should not be tolerated. Governments should develop national plans of action to tackle violence against children. One of the most effective interventions in supporting public knowledge is the use of help-lines. These help-lines work in a dual capacity: they provide access for people to report situations of child violence and also enable the children themselves to seek assistance. In both India and South Africa NGO-run help-lines have been developed (Gow, 2001:12). Toll-free numbers are used to encourage people to report cases of child sexual abuse.

3.7.4 Government must work with community groups, churches and civil society organizations to promote the protection of children, the prevention of child sexual abuse and rehabilitation of those who have been victims.

The government should be encouraged to work more cooperatively with community groups, churches and other organisations to address sexual abuse issues. Effective prevention strategies are community-based and focus on education that is gender-aware and culturally sensitive. Community prevention measures such as hotlines, crisis centres, safe houses and counselors can provide immediate support to children in situations of violence at the local level. Gow (2001:13) adds that each of us needs to become an advocate for the rights of children. We need to challenge ourselves, our communities and our governments to be accountable to the children and to protect their right to security. Governments with community-based support structures need to build communities in which children are secure, respected and appreciated. Deliberate and systematic programmes to reduce and prevent sexual abuse against children must be part of every state’s plan.
3.7.5 Government must seek and commit resources, whether national or international, to protect children from sexual abuse.

A reassessment of government spending priorities is required if children are to be protected from the violence that they currently suffer. Gow (2001:14) indicates that under obligation to a number of human rights instruments, including the Convention of the Rights of Children, governments have committed themselves to co-operating in terms of financial and in-kind resources to solve problems such as sexual abuse and the trafficking of children and violence directed against them. Governments should be urged to meet those international obligations.

3.7.6 Governments must support comprehensive efforts, including those by UN, to study and address violence against children.

There is a little comprehensive understanding of the extent and complexity of child sexual abuse. It has been noted that definitional difficulties between countries have limited some attempts to tackle the problem of child sexual abuse. At the same time, silence around issues such as incest makes effective programme response difficult (Gow, 2001:15).

3.7.7 Governments must invite children to be full participants in establishing measures that offer protection, foster development and guarantee human rights.

Research on child abuse has indicated that involving children is an essential element in addressing the problem of child sexual abuse. Children can be resilient, resourceful and responsive. The perspectives and understanding of children should inform the development of appropriate policy and practice. Findings for World Vision’s research noted that violence is reduced where children are directly involved in the prevention and protection strategies (Gow, 2001:15). Child sexual abuse is very hidden and private in nature. If children are not encouraged to speak out, the problem will never be adequately addressed. Generally children do not lie about sexual abuse. We must learn to trust
children and to listen to them. There are a number of ways in which children can be empowered to participate in ending child sexual abuse and in assisting those children who continue to suffer from this type of abuse.

3.8 FUTURE VISION

If we lived in a society that is fully focused on reducing the tragedy of child sexual abuse, what would the response be? Bolen (2001:275 -277) believes that the following may be the responses:

- People in this future society would lead the battle, for mothers and fathers, as well as schools and communities, would demand protection for their children. Most individuals would have a working knowledge of the prevalence and the risk factors associated with child sexual abuse, as well as its effects. Armed with that knowledge, survivor-led organisations would advocate the protection of children. Mothers and fathers would take responsibility for socializing their children differently, especially their boys, parenting them in ways that would not perpetuate messages that provide children with implicit permission to be sexually aggressive.

- Curriculum-based prevention programmes would be implemented in all schools for all ages and grade levels. Not only would these programmes teach young children about the rights they have over their bodies, but they would also teach children about the boundaries of appropriate behaviour with others.

- The media would support these programmes, so that male domination, the sexualization of children and sexual aggressiveness would no longer be premium fare for prime-time viewing.

- Community-based programmes would also be in place to prevent child sexual abuse, including regular screening for previous and ongoing sexual abuse.

- Offenders would be treated differently. A punitive model would remain in place for repeat offenders; mandated treatment or restorative justice programmes would be required for all first-time offenders in addition to any type of punishment.
• The system protecting children from known offenders would also be sophisticated. Reports of suspected intra-familial and extra-familial abuse would be made to community-based multidisciplinary advocacy sites, where teams comprised of highly-trained licensed professionals with graduate-level degrees would be assigned to each case. The decision to investigate would be made jointly by team members. A central goal of these investigations would be to determine whether the abuse was occurring, while also protecting the rights of the accused.

• When children disclose abuse and identify specific offenders or when abuse is strongly suspected but has not yet been proven conclusively, individuals suspected of committing the abuse would be asked to remove themselves from the children’s premises for the length of the investigation. Once the abuse was determined to have occurred, the case would immediately be brought before a special court to determine whether enough evidence existed to order the alleged offender to be removed from the child’s environment and to be monitored.

• Technological advances might also allow much more effective monitoring. Future monitoring systems might also be designed not to infringe upon the rights of the accused unless they violated the orders, would offer protection to the victim and would eliminate the need to make non-offending guardians responsible for the protection of the victim, while providing law enforcement with the technology necessary, to enforce this protection.

• Removals would be rare. When necessary, the child would be placed in a therapeutic foster home in which the foster parent is a specifically trained professional whose sole job is taking care of a single child for as long as the child is out of the home. Non-offending guardians would have ongoing supervised access to their children. In instances where children are not removed from home, their treatment team would be comprised of interdisciplinary professionals plus all the significant non-offending legal guardians. Non-offending guardians would be consulted about all options, and decisions would be made about the child’s welfare only in consultation with them.
3.9. A CONCLUSION

In conducting this literature review, the researcher discovered that there is little literature on prevention programmes regarding child sexual abuse in South Africa. The available books were written mainly in 1989 and 1990. Most of the literature used in this study, is a literature from abroad.

There are no easy answers as to why sexual abuse occurs and therefore no easy ways of stopping it. But if we do not start from the ideal of preventing abuse, rather than merely protecting children, we lose opportunities for developing explanations and therefore limit our options for helping. As has been shown, parents and the community require information about the facts concerning child sexual abuse, the support and resources available to them. Not only that, but they also need help in talking with their children about sexual abuse.

The prevention of child sexual abuse must be given increased priority in the future. Effective prevention should mean that fewer children need ever be exposed to the hurt of being sexually abused. The responsibility of educating children about sexual abuse and other forms of prevention, will have to be shared by people outside the family as well. Only a combined and coordinated effort can accomplish this goal. It will probably require a concerted effort on the part of social services, child protection agencies, parents, teachers and the media to bring about the necessary changes in order that children get sufficient and accurate education about and protection from sexual abuse. This means that engaging teams of professionals and laypeople in prevention efforts should begin to make our communities safer places in which children can develop. This commitment must be community-wide in order to make a significant impact.

In South Africa, individuals, families and communities have a distinct and imperative role to play in combating child sexual abuse. Part of this role is pressuring the government for policies and resources to fight this abuse at the national level. It is also about admitting individual responsibility for child protection. Supporting the children
themselves to speak out, listening to the lessons and advice of children and being guided by their insights are essential. Each of us must be challenged, not just to imagine a world where children are safe, but to build one.
CHAPTER 4

ANALYSIS AND INTERPRETATION OF THE FINDINGS

4.1 INTRODUCTION

The research findings are presented in this chapter. The findings focus on the central themes and the information that was extracted from the respondents’ answers, which reflects their knowledge and experiences.

A total of thirty (30) questionnaires were completed by the respondents. The respondents were learners aged between eleven (11) and fourteen (14) years. They attend the Baphiring Middle School in the Moses Kotane Local Municipality in the North West Province. A questionnaire administered to a group was used as a data collection method. The questions were designed mainly to assess the children’s knowledge of child sexual abuse and their views regarding the content and the presentation of the educational programme for the primary prevention of child sexual abuse that was presented to them at their school by members of the Department of Social Development.

4.2 GOAL AND OBJECTIVES OF THE STUDY

The goal or aim of this study was to evaluate the content and the presentation of the educational programme for the primary prevention of child sexual abuse for children between the ages of eleven (11) and fourteen (14) years, presented in the Moses Kotane Local Municipality.

The rationale for the selection of the research topic was the fact that the possibility exists that the current educational programmes for the prevention of child sexual abuse may not address the needs of children to protect themselves against sexual abuse. As part of her job requirements, the researcher regularly visits a range of schools, from Early Childhood Development Centres to High Schools, where children are taught about child sexual
Every year, one week is declared National Child Protection Week and money is set aside to focus on the protection of children in South Africa. Events are organised for this week and different stakeholders provide educational programmes for the primary prevention of child sexual abuse at schools in a collaborative effort. The goal of these sexual abuse preventative programmes is to empower children to contribute to the primary prevention of sexual victimization and to create opportunities for children to disclose possible victimization that is already taking place. However, despite such an effort by various stakeholders, cases are still frequently reported. A total of a hundred and twenty-two (122) cases of child sexual abuse were reported in the Moses Kotane Local Municipality in the North West Province between January 2005 and December 2005 alone.

The question asked in this study was how children that are exposed to the sexual abuse educational programme that is presented in the Moses Kotane Local Municipality, experienced the content of the programme as well as the way it has been presented.

The following were the objectives of the study:

- To review literature on child sexual abuse and the programmes concerned with the primary prevention of child sexual abuse.
- To conduct an empirical investigation in order to evaluate the content and the presentation of the educational programme for the primary prevention of child sexual abuse for children between the ages of eleven (11) and fourteen (14) years in the Moses Kotane Local Municipality and to come to a better understanding of what the children would like to be included in the programme.
- To draw conclusions and make possible recommendations to the Department of Social Development based on the research outcomes, regarding a possible revision of the current educational programme for the primary prevention of child sexual abuse.

A literature study on sexual abuse and sexual abuse programmes was conducted. The empirical study was conducted by collecting data from thirty (30) randomly selected
respondents who were learners at the Baphiring Middle School in the Moses Kotane Local Municipality. Questionnaires were administered in a group context at the social work offices for one and half hours after the researcher had explained the questions to the respondents.

The respondents’ knowledge and experiences were assessed after their participation in the programme, focusing on the following central themes summarised below.

4.3 CENTRAL THEMES

The central themes that the questionnaire focused on in order to assess the children’s knowledge of child sexual abuse were, first, sexual abuse (see Section 4.3.1), second, the presentation of the programme (see Section 4.3.2) and, third, empowerment against child sexual abuse (see Section 4.3.3).

4.3.1 Child Sexual Abuse

The responses regarding this theme are discussed below in relation to the questions asked in respect of this theme. A similar pattern is followed for the remaining themes.
4.3.1.1 How would you rate your knowledge on child sexual abuse before you did the programme?

Table: 4.1 Knowledge on child sexual abuse before doing the programme

<table>
<thead>
<tr>
<th>Knowledge of child sexual abuse ratings</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Average</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td>Good</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td>Excellent</td>
<td>2</td>
<td>6.6</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

From table 4.1, it is evident that the children’s knowledge could be rated as average. Of the respondents, 20% rated their own knowledge of child sexual abuse as poor. They did not know what child sexual abuse was before they participated in the programme. Of the remainder, 36.7% rated their knowledge as average. They had read about child sexual abuse in the newspapers. Their understanding of child sexual abuse was that children may be sexually abused at home by parents or their brothers. They define child sexual abuse as an act where older persons force themselves on children.

Another 36.7% of the children rated their knowledge as good. They defined child sexual abuse as an older person, for example, a father, touching the private parts of a person under the age of 18 years. Touching is usually accompanied by an uncomfortable feeling. They knew that they should tell their mothers when this happen to them. They stated that child sexual abuse occurs at school and at home.

Only two children (6.6%) rated their knowledge as excellent. They defined child sexual abuse as the rape of a person younger than 18 years by an older person, for example, a
brother or an uncle, and they said that the rapist will tell the child to keep quite about the rape.

4.3.1.2. Did your knowledge of child sexual abuse improve after you did the programme?

Table: 4.2: Improved knowledge of child sexual abuse after the programme

<table>
<thead>
<tr>
<th>Improvement on knowledge of sexual abuse</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>24</td>
<td>80</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.2 illustrates clearly how the children’s knowledge of sexual abuse has improved after their participation in the programme. Of the children, 80% of the children indicated that their knowledge improved tremendously after their participation in the programme. After the presentation of the programme, they knew that the forensic specialists can trace a perpetrator using any pubic hair that may be left on the child’s private parts. They now know that sexual abuse transmits sexually transmitted diseases, including HIV/AIDS. They have learnt that children may be sexually abused by their mothers and fathers. It is important for them to say ‘no’ to sex and to tell someone trustworthy when they are abused. They have also learnt that abused children need help in the form of counselling and that they should report the case. They are made aware that the statistics show that the number of sexually abused children is escalating.

Of the respondents, 20% felt that their knowledge had not improved. One learner stated that the programme could have contributed towards behaviour change among the children but it did not, because some children continued with their previous patterns of sexual activity even after participation in the programme.
4.3.1.3: Did your view of child sexual abuse change after you took part in the programme?

Table 4.3: Changed view of child sexual abuse after taking part in the programme

<table>
<thead>
<tr>
<th>Change of view on child sexual abuse</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>22</td>
<td>73.3</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

The table illustrates that the majority of the respondents, namely 73.3% did change their views and perceptions regarding child sexual abuse. They have noticed that child sexual abuse is a very serious matter. They feel that they have learnt more about child sexual abuse and they are in a position to use that knowledge when they are threatened by a sexually abusive situation. They now believe that girls should abstain from sex, as sex is not for children. One child stated that older people used to touch her buttocks and she did not know that it is one form of child sexual abuse. She is now in a position to stop them. One way of protecting themselves is to stop going out at night. They stated that child sexual abuse is not acceptable as abusers have only one thing in mind namely ‘power’.

Of the respondents, 26.7% did not change their views and perceptions. They did not really state clear reasons. Their responses are that sexual abusers are not ‘good’ people and they should be reported to social workers. One learner stated that people may come to the house, rape the child and threaten to kill that child.

4.3.1.4 Concluding remarks on the theme of child sexual abuse

On the basis of the findings presented above, it is clear that one of the most important reasons why the children should be informed about child sexual abuse is to empower them to protect themselves against it. According to Johnson (1997:69), the objectives of
educating children about sexual abuse include giving children knowledge and practice in identifying situations that may lead to abuse and to ensure that children know who to go to for help if they think they or someone they know is unsafe. Out of thirty (30) children who participated in this study, more than twenty (20) rated the programme above average with reference to their knowledge of child sexual abuse after their participation in the programme. They defined child sexual abuse as an act of older persons’ forcing themselves on children. They further defined child sexual abuse as the touching of the private parts of a person under the age of eighteen (18) years by an older person for example, a father. Touching is usually accompanied by an uncomfortable feeling.

The other indicator of improved knowledge of child sexual abuse after participation in the programme is that children got to know that their private parts’ being touched is not a sign of appreciation, but a form of sexual abuse. This is emphasized by Robertson (1989:74) who argues that children must be taught that their bodies belong to them. This means that they have some right to privacy.

Children were empowered to say ‘no’ to sexual abuse. The majority of the children who participated in the programme (24 children or 80%) feel that they are now in a position to say ‘no’ to sexual abuse. They know that they are not supposed to bath or wash their clothes after such an incident if they need to preserve proof that the abuse has taken place. They now know that forensic specialists are in a position to assist in tracing the perpetrator through the use of pubic hair that might be left on the private parts of the victim during the process.

There were few children (six children or 20%) who felt that their knowledge of child sexual abuse did not improve with their participation in the programme. This means that the programme presented may not necessarily empower all the children at the same time to protect themselves against child sexual abuse. As most of the complaints focused on these children not being able to hear properly, presenters should take the necessary steps to ensure that all programme participants can see and hear what is presented properly.
4.3.2. Presentation of the Programme

4.3.2.1 Where was the programme presented?

All the respondents, 100% responded that the programme was presented at school.

4.3.2.2 To whom was the programme presented?

Table: 4.4: To whom was the programme presented?

<table>
<thead>
<tr>
<th>Knowledge on sexual abuse improve</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Children</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Parents</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>All</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

From the table 4.4, we can see at a glance that all the children agree that the programme was presented to learners and educators.
4.3.2.3: How did you experience the content of the programme?

Table: 4.5: Experience of the content of the programme

<table>
<thead>
<tr>
<th>Experience of the content of the programme</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Average</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Good</td>
<td>18</td>
<td>60</td>
</tr>
<tr>
<td>Excellent</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

From the information reflected in table 4.5, the majority of children were satisfied with the content of the programme. A majority of 60% rated the content as good. They feel that the learners know what to do when abused sexually. They stated that they have learned something new and that they are now in a position to help other children when they are faced by the same situation. They now know what child sexual abuse is all about. Of the respondents, 26.7% rated the programme as excellent. They stated that many children did not know where to turn when they were abused. They have therefore gained knowledge.

Three (3) children (10%) rated the content as average. They stated that the programme did not make sense to them, especially as they were sitting at the back of the hall and did not hear what was presented to them clearly. However, only one (1) child (3.3%) rated it as poor. The child explained that people were making noise during the presentation and as a result, the child did not hear well.
4.3.2.4 Do you think the information presented to you needs to be changed in any way?

Table: 4.6: Information change

<table>
<thead>
<tr>
<th>Information change</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>19</td>
<td>63.3</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

From table 4.6, we can see at a glance that the majority of the respondents, namely 63% do not recommend any changes in the information presented. They indicated that the information was relevant and important as it was presented. Through the presentation they realised that abuse happens everywhere for example at home, at school and in the community. They know learnt through the programme to say ‘no’ to sexual abuse. They feel that the campaign was long overdue, because teaching the children is the only way to impart information and give children direction to avoid danger. Furthermore, they stated that what they were taught is the truth and said that they wish that all children could be exposed to the same programme. The information gained in the presentation will help them to keep themselves safe, for example, one child mentioned that she now knows that when her father touches her breasts, it is a threat of being sexually abused by him and that she has to take action immediately.

However, 36.7% made some recommendations to improve the programme. They agree that the presentation was good, but to improve it even more, the presenters could include some ‘fun’ such as drama on child sexual abuse to make the presentation more meaningful and memorable.
4.3.2.5  *Did you feel comfortable enough to participate during discussions?*

**Table 4.7: Level of comfort in participating in discussions**

<table>
<thead>
<tr>
<th>Comfortable to participate</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>19</td>
<td>63.4</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The table shows that a higher percentage of the respondents, 63.4% felt comfortable during the discussions because they were able to ask questions. A third of the children, 33.3% who did not feel comfortable discussing sex issues in front of their teachers. One child (3.3%) did not respond.

4.3.2.6  *Rate how well do you think the programme was presented*

**Table 4.8: Programme presentation rating**

<table>
<thead>
<tr>
<th>Programme presentation ratings</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Average</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Good</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>Excellent</td>
<td>18</td>
<td>60.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

A total of 60.1% rated the programme as excellent. They were of the opinion that the social worker educated them on everything they needed to know about child sexual
abuse. They stated that there had been a change in other children’s behaviours. They have started to be more caring. One third, which is 33.3%, rated the presentation as good. They understood what the programme was all about. They have gained new information, including the fact that children can contract HIV/AIDS from child sexual abuse. They strongly believe that child sexual abuse needs to be prevented at all costs. They are of the opinion that programmes like these, teach children to be responsible. Unfortunately, 3.3% rated the programme as poor.

4.2.2.7 Who do you think should educate you on child sexual abuse?

Table 4.9: Child sexual abuse educators

<table>
<thead>
<tr>
<th>Child sexual abuse educators</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social worker, Teacher and/or Police</td>
<td>20</td>
<td>66.7</td>
</tr>
<tr>
<td>Parents and/or Teachers</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Nurses, Caregivers and/or lifeline workers</td>
<td>2</td>
<td>6.6</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Most children, 66.7% preferred to be educated by a social worker, a teacher and the police. Their view is that these professionals know most about child sexual abuse. One child stated that if the education is continuous, in the next ten years child sexual abuse will be minimized. Another 26.7% would prefer to be educated on this matter by parents and teachers. The respondents’ reasons were that their parents and teachers stay with them on a daily basis. The remaining 6.6% would prefer to be educated by nurses, caregivers and life-line workers. They consider them most knowledgeable on the subject.
4.2.2.8 What methods were used during the presentation?

Table 4.10: Methods of Presentation

<table>
<thead>
<tr>
<th>Methods of presentation</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal presentation</td>
<td>28</td>
<td>93.3</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Almost all the children, namely twenty-eight (28) children (93.3%) responded that the social worker used a presentation method where she communicated by speaking to them and the children were listening. Two (2) children (6.7%) did not respond.

4.2.2.9 Is there a need to change the methods that are used in presenting the programme?

The children were asked whether they thought the methods of presentation were satisfactory. Their responses are set out in table 4.9.

Table 4.11: Need to change the methods of presentation

<table>
<thead>
<tr>
<th>Change of presentation method</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>28</td>
<td>93.3</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

The table illustrates that a majority of children namely 93.3% were satisfied with the method used. The respondents stated that there is no need for change because the method used was easy to understand, but drama may be added to make the presentation more effective and easier to understand. However, 6.7% of the children argued that the
presentation was not practical enough. They suggested that the presentation should show what happens when a child is sexually abused. Only 6.7% did not respond. The responses made by all learners’ show that they needed to own the programme by participating through other medium of presentation for example dramas.

4.2.2.10 Was there enough time for discussions?

Table 4.12: Time for discussions

<table>
<thead>
<tr>
<th>Enough time for discussion</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>18</td>
<td>60</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

From information presented in Table 4.12, we can see at a glance that the majority of the respondents namely 60% felt that there was enough time for discussions. They stated that the presentation took two-and-a-half hours which gave them enough time for questions and discussion. Another 33.3% felt that there was not enough time to ask questions and clarified some information. Two (2) children or 6.7% did not respond.

4.2.2.11 Concluding remarks on the theme of presentation

With regard to the children’s experience of child sexual abuse programme content, most of the children (18 children or 60%) were satisfied with the content of the programme. Their knowledge has improved to the point where they feel that they are now in a position to assist others who find them in an abusive situation. The children emphasized that they know where to report the problem when they are sexually abused, namely to the police, teachers, a social worker or someone they trust. This is in line with what
Robertson (1989:75) has argued, namely that children should learn to report the incident immediately to an adult or someone they trust until someone does something.

Twenty-eight (28) children (93.3%) strongly believe that teaching children is the best way to impart the information necessary to empower them. Even though children were satisfied with the content of the programme and felt that it did not need to be changed, they strongly suggested that more ‘fun’ should be added to the content of the programme to ensure more effective learning. They recommended that sexual abuse dramas or films be part of the programme. Research on child sexual abuse has indeed indicated that involving children is an essential element in addressing the problem of child sexual abuse (Gow, 2001:14). Children can be very resourceful in the planning and designing of such programmes.

Some children felt that the content of the programme needs to be expanded. They suggested that it should include other topics, such as HIV/AIDS, other forms of child abuse and teenage pregnancy. The role of the Department of Health should also be included in the programme for children to be more empowered about child protection protocol with regard to the roles played by all the relevant professionals.

The responses made in respect of this central theme ‘presentation of the programme’ indicate that the method that was used, namely an educational talk, was in general appreciated by most of the children (28 children or 93.3%). Although they regard the method as effective, they strongly suggested more personal involvement as well as the use of dramas, to increase their level of understanding. Tower (1996:415) has also suggested that games be integrated into prevention curricula. Games are within a child’s frame of reference and offer predictability. This may enable children to learn more effectively.

There are a few children who did not feel comfortable discussing sexual related issues in front of their educators. If educators can be empowered on child sexual abuse issues, they may be more able to talk to children about sexual related issues. Consequently a trusting
teacher-child relationship will develop and children will feel safer to communicate with educators about sexual-related issues. If one considers that children spend more than a third of their day in the care of teachers, it is obvious that teachers can play a vital role both in detecting any form of abuse and in helping the child to cope with it. Tower (1996:413) states that a prerequisite for classroom prevention programmes to work is the training of teachers to become more involved and committed to eradicating child sexual abuse. Such training will help teachers explore their own feelings, attitudes and values about sexual abuse. Feelings, attitudes and values can inhibit people from taking action. If teachers are not trained in the subject of sexual abuse, they may feel that it is not their responsibility to teach children to protect themselves against sexual abuse or that it is also not their responsibility to deal with the suspected cases of abuse.

Even if the learners who participated in the programme could not agree on how often the programme should be presented to children, they all agree that it should not be a once-off event. Repeated presentations will empower children to protect themselves against child sexual abuse because they will gain more knowledge on the subject. Furthermore, more children will be exposed to the programme, which means that more children will learn how to stay clear of child sexual abuse, how to protect themselves in a sexually abusive situation and most importantly, what to do when they or their friends are abused. The statistics of sexually abused children may even decrease. However, research on children’s safety, has shown that while children seem to carry out what they have learnt, they tend to forget this knowledge within a short space of time. This implies that to be effective, safety messages have to be repeated fairly regularly (Robertson, 1989:72).

Most children felt that teachers should be responsible for the presentations, as the children spend most of their time with the teachers. Other children preferred outsiders such as social workers. Mayes et al (1992:44) argue that programmes which use teachers are in a good position to structure training to meet individual children’s special learning needs can incorporate the prevention training into the regular training of the child’s day and are in a position to review material periodically overtime to ensure that children retain learning. The use of outsiders or professionally trained personnel on the other
hand, makes any programme seem special to children and different from their normal school work.

4.3.3 Empowerment against sexual abuse

4.3.3.1 What do you think you would do if a person tries to abuse you sexually?

The children responded that they would report the case at a police station for the perpetrator to be arrested. Some felt that they would tell their teachers and the social worker. One child responded that she will say ‘no’ and scream loudly, others will tell their parents, teachers and a person close to them whom they trust and who will believe them. One child responded that she will fight for herself, make a scar on the person who tries to abuse him or her that will serve as evidence and then report the case to the police.

4.3.3.2 How well do you think the information presented during the programme may help you to protect yourself against sexual abuse?

Table 4.13: Self-protection against child sexual abuse

<table>
<thead>
<tr>
<th>Self protection against child sexual abuse</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Average</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Good</td>
<td>6</td>
<td>20.1</td>
</tr>
<tr>
<td>Excellent</td>
<td>22</td>
<td>73.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.13 reflects that one (1) child (3.3%) rated this aspect as poor. He or she still did not know what to do when a person tries to abuse him or her sexually. One (1) child (3.3%) rated the information as average. This is the child that said he or she would go to
the social worker or the police when somebody tries to abuse him or her. Six (6) children (20.1%) rated the information as good. They are of the opinion that the information gained during the presentation of the programme, would help them to protect themselves against possible sexual abuse. One child stated that she understood that girls are not to be touched on their ‘assets’.

A majority of 22 children (73.3%) rated the information as excellent. They were of the opinion that they could protect themselves more than they could before the presentation was made. They are now aware that abusers befriend children. They said that when they are faced by a sexually abusive situation, they will call the police, their parents and educators. They also stated that they can tell the difference between good’ and ‘bad’ touches, for example, they now know that being touched on their private parts, is also a form of sexual abuse. They will not allow a person to abuse children in front of them and they also know that sex is not for children, but rather for married couples.

4.3.3.3 Can you tell the difference between ‘good’ and ‘bad’ touches?

Table 4.14: Ability to tell the difference between ‘good’ and ‘bad’ touches

<table>
<thead>
<tr>
<th>Differentiating between ‘good’ and ‘bad’ touches</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>43.3</td>
</tr>
<tr>
<td>No</td>
<td>13</td>
<td>43.3</td>
</tr>
<tr>
<td>No response</td>
<td>4</td>
<td>13.4</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

The table shows that almost half of the respondents, thirteen (13) children (43.3%) know the difference between ‘good’ and ‘bad’ touches. They believe that good touching is when they are touched on the parts of the body where they feel comfortable about it. It includes touching a child on his or her hands, feet, head or arms. Bad touches include
touching the child on the breasts, private parts, buttocks and the touches are always accompanied by uncomfortable feelings.

An equal number of thirteen (13) children (43.3%) responded that they did not know the difference. They argued that they have never experienced ‘good’ or ‘bad’ touches. They do not know what it feels like, especially the abuser’s touches; perhaps the touches may feel good or bad. Another 13.4% of the children did not respond.

4.3.3.4 Can you tell the difference between a ‘good’ and a ‘bad’ secret?

Table 4.15 Telling the difference between a ‘good’ and a ‘bad’ secret

<table>
<thead>
<tr>
<th>Differentiating between a ‘good’ and a ‘bad’ secret</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20</td>
<td>66.7</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

From table 4.15, we can see at a glance that the majority of respondents, 66.7% now know the difference between a ‘good’ and a ‘bad’ secret. In their opinion, a good secret makes a person feel happy and a person can keep it to himself or herself, for example, when their parents promise to buy them jeans or a birthday present. They believe that a bad secret needs to be shared with others, for example, having sexual intercourse with an older person for R200.00 and keeping quiet about the incident. One child gave an example of having sexual intercourse with one’s grandfather and then the grandfather convinces the child that it is a good secret and the child does not tell anybody about it. The remaining 33.3% responded that they do not know the difference between a ‘good’ and a ‘bad’ secret. One child stated that he or she is still a child and does not know the difference.
4.3.3.5 After the presentation of the programme, would you say you know how to report sexual abuse.

Table 4.16: Knowing where to report sexual abuse

<table>
<thead>
<tr>
<th>Reporting sexual abuse (place)</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>24</td>
<td>80</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The table shows that 80% of the children know the reporting process of a sexual abuse case. They know that they are not supposed to bathe or wash the clothes they were wearing during the incident. They are aware that if the children are afraid to tell their parents, they may tell their teachers or someone they trust and who will believe them. They know that they can report such matters to the police, a social worker, a clinic, a teacher and anyone who can offer assistance. Nevertheless, there are children (20%) who have no idea where to report the matter when they are abused.

4.3.3.6 Would you say the content of the programme supported you to report sexual abuse?

Table 4.17: Support on knowing where to report sexual abuse

<table>
<thead>
<tr>
<th>Reporting sexual abuse (support)</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25</td>
<td>83.3</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>13.4</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
The table illustrates clearly that a large number of children, 83.3% are empowered to report abuse after participation in the programme. They stated that at first they did not know where to go. They now know that if someone tries to abuse them, they can tell their parents, social workers, police or a person they trust. They are aware that criminals who torture children will be arrested. One (1) child responded that he or she has the power to protect him or herself by speaking about the abuse and this in turn, will make him or her feel more protected. However, 13.4% responded that they have no idea. One (1) child still feels shy to talk about sexual related issues. One child (3.3%) did not respond.

4.3.3.7 After you participated in the programme, when do you think you need to report sexual abuse?

The children responded that child sexual abuse needs to be reported right away or immediately after the incident. In their opinion it is important to report the matter immediately because if the incident is reported later, the victim runs the risk of destroying or losing the evidence. One (1) child stated that if a report is not made, abuse will continue. The perpetrator should therefore be arrested as soon as possible. One child suggested that one should report the matter only if one has enough evidence that the abuse has taken place.

4.3.3.8 Would you like to have more presentations on child sexual abuse?

Table 4.18: More presentations on child sexual abuse

<table>
<thead>
<tr>
<th>More presentation</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25</td>
<td>83.3</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>
The table shows that no fewer than twenty-five (25) children (83.3%) would like to have more presentations for more information about child sexual abuse. Five (5) children (16.7%) felt that it is not necessary to provide more presentations, because they have enough information on child sexual abuse. These children may also obtain information about sexual abuse from another source.

4.3.3.9 How often do you think these programmes should be presented in the school?

Table 4.19: Frequency of presentations

<table>
<thead>
<tr>
<th>Frequency of presentations</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every Wednesday</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Once per month</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>Once in six months</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Once per year</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Two (2) children (6.7%) prefer every Wednesday; ten (10) children (33.3%) wanted programmes once per month, eight (8) children (26.7%) would prefer them once in six months and ten (10) children (33.3%) once a year. Their reasons are that the programme is good for the children as it will empower them to say ‘no’ to sexual abuse. There are children who still do not know what child sexual abuse is and the programme will inform them about it so that they can protect themselves against it. Continuous presentation of the programme will keep on reminding the children that child sexual abuse exists and it needs to be prevented.
4.3.3.10 Please indicate what other aspects you would like to be included in the content of the programme?

The following are some other aspects that the children feel need to be included in the programme:

- A programme for parents and teachers so that they can all learn about child sexual abuse to protect their children against it.
- Information on the developmental stages of a teenager and the prevention of diseases.
- Information on emotional abuse that goes hand in hand with sexual abuse.
- Clarity on the role of the Department of Health with regard to child sexual abuse.
- Pictures or posters of abused children.
- Information on sex, pregnancy and HIV/AIDS.
- Information on domestic violence and cancer.

4.3.3.11 Should other people (like teachers and parents) also be exposed to those programmes?

Table 4.20: Exposure of other people to such programmes

<table>
<thead>
<tr>
<th>Parents and teachers included in the programme</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>28</td>
<td>93.4</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

From table 4.20, it is clear that the response was overwhelmingly positive: twenty-eight (28) children (93.4%) responded ‘yes’. They are of the opinion that no-one is too old for new information. They believed that parents and teachers lack the information on child sexual abuse. They stated that some parents get scared when this happens to their...
children and they need to be empowered. They further stated that some parents are abusers themselves. As a result, the information will have an impact on their behaviours. By the same token, some teachers on the other hand, abuse children at school and need to be made aware that they are committing an offence. One (1) child (3.3%) responded that parents and teachers should not be exposed to the same programme but did not state his or her own reasons. One (1) child (3.3%) did not respond.

4.3.3.12 Would you encourage other children to attend the primary prevention programme on sexual abuse?

Table 4.21: Encouragement of other children to attend the programme

<table>
<thead>
<tr>
<th>More presentations for children</th>
<th>Frequency</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25</td>
<td>83.3</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The table reflects that a majority of twenty-five (25) children (83.3%) would definitely encourage other children to participate in the programme. Their reasons are that the programme is about child sexual abuse, so, because they are children and possible victims, they should know about child sexual abuse. They stated that children should be educated on child sexual abuse to place them in a position to protect themselves against it. They believe that child sexual abuse can be limited if more children know more about it.

However, five (5) children (16.7%) responded that they would not encourage other children to participate in the programme but they did not give reasons. One of them stated that parents should be exposed.
4.3.3.13 Concluding remarks on the theme of empowerment

With regard to ‘empowerment against child sexual abuse’, the children responses show that most children, who participated in the programme, are more empowered to protect themselves against it. With one exception, all the children who participated in the programme felt that they are now in a better position to protect themselves. Ways of protecting themselves include screaming loudly, saying ‘no’ to sexual abuse, biting the abuser and/or leaving a scar which will serve as evidence, telling someone they trust (parents, teachers, police, social worker, nurse, caregiver), running away and avoiding walking alone at night. Gow (2001:13) emphasizes that surveys by the International Society for the Prevention of Child Sexual Abuse, has shown that children who were involved in prevention programmes were increasingly likely to use self-protection strategies and talk more openly about child sexual abuse.

Nearly half of the participants (13 children or 43.3%), are now able to differentiate between ‘good’ and ‘bad’ touches. They understand that ‘bad’ touches involve being touched on their private parts, breasts or buttocks and that the touch is always associated with an uncomfortable feeling. According to Gow (2001:13), surveys by the International Society for the Prevention of Child Sexual Abuse, have shown that children who were involved in prevention programmes were more knowledgeable about sexual abuse than those who were not involved. However, it is worrying that at thirteen (13) children (43.3%) still cannot differentiate between ‘good’ and ‘bad’ touches even after participating in the programme. Ten (10) children (33.3) do not know the difference between a ‘good’ and a ‘bad’ secret. The researcher believes that the latter may refer to the part of the programme that needs to be revised, to be more effective in practice.

Prior to their participation in the programme, most of the children did not know what to do when they were sexually abused. After participation in the programme, twenty-five (25) children (83.3%) indicated that they were more able to protect themselves against sexual abuse. Steps to be taken include telling parents, police, nurses, social workers or someone they can trust who can offer some help. They know that sexual abuse needs to
be reported immediately to prevent the incident from recurring and in order not to lose evidence. Gow (2001:13) states that children who were involved in the prevention programmes of child sexual abuse, are more likely to report abuse immediately after it has happened.

The vast majority (25 children or 83.3%) believe that more children need to be exposed to the programme. They believe that when children were educated to protect themselves, the nation will become healthier in this regard.

They further recommended the initiation of these programmes for parents and educators. Children are of the opinion that they are in the presence of their parents and teachers on a daily basis and if parents and teachers are empowered in this field, they will be more effective in protecting children. Some of the children who participated in this study argue that some parents and teachers are abusers themselves and if they are empowered, they may change their behaviour patterns in the best interests of the children.

Mayes et al (1992:76) state that teachers potentially represent a very useful resource in the prevention and detection of child sexual abuse. In order to be effective, they have to be knowledgeable about sexual abuse, alert to its symptoms and prepared to report suspected cases. Many parents do not talk to their children about sexual abuse because they are embarrassed themselves or consider their children too young for such knowledge. For various reasons, parents are often hesitant to educate their children on the subject. Tower (1996:422) maintains that prevention efforts should therefore train parents to talk with their children. Parents have an obligation to create a home atmosphere that discourages keeping harmful secrets, encourages open communication and creates healthy sexuality.
4.4 CONCLUSION

The findings overall suggest that the programme was well received, but some reservations were expressed. It is clear that through participation in this study, children did learn some prevention concepts.

Education does not only play an important role in overcoming denial of the existence of child sexual abuse, it is also important in the prevention, detection and handling of the problem. According to Tower (1996:416), education includes children, parents and community awareness campaigns. Schools can further these efforts by offering workshops to children and adults. This acquaints participants with the problem of child sexual abuse, its signs and symptoms, its long-term consequences and it also educates them with the resources available to combat child sexual abuse and engages them in discussions on how to prevent child sexual abuse in the future.

In the next chapter, conclusions and recommendations will be presented.
CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Child sexual abuse is a widespread problem and the protection of children is everyone’s responsibility. As sexual abuse is traumatic for all children victims, it becomes difficult for the abused child to trust people in future. Anger, guilt and fear are feelings commonly experienced by these children. The primary prevention programme of child sexual abuse taking place at schools and facilitated by the Department of Social Development, aims to support children to protect themselves against child sexual abuse. Through this study, the researcher has managed to obtain data from the children who participated in this study. In this chapter, conclusions are drawn, based on the literature review and data analysis presented in Chapter 4. This is followed by some recommendations which are based on the conclusions.

5.2 CONCLUSIONS

The following conclusions were drawn from the results of the research process with reference to the central themes:

5.2.1 Child Sexual Abuse

- Child sexual abuse is a serious problem threatening the welfare of all the children and it needs to be prevented at all costs. According to the results of the literature review and the empirical study, educational programmes on child sexual abuse are necessary and they need to be presented in schools to empower the children to protect themselves against child sexual abuse. Iverson and Segal (1990:143) believe that the best way to protect children against sexual abuse, is through public education. In terms of the National Programme of Action for Children in South Africa ([sa] : 37),
governments must protect children against all forms of sexual exploitation and sexual abuse, as stated in Article 34 of the United Nations Convention on the Rights of the Child.

- The majority of children who participated in this study, namely 80% felt that their knowledge of child sexual abuse had improved after participation in the programme and they would definitely encourage other children to participate in this programme. The researcher aligns herself with the statement by Wolfe (1999:95), who says that if children are aware of certain concepts and issues pertaining to child sexual abuse and appropriate learning opportunities and resources are available, child sexual abuse can be prevented. This is based on the premises that children who are knowledgeable about child sexual abuse are:

  o Able to identify situations that may lead to abuse.
  o Know some rules to protect themselves from being hurt by others.
  o Know about ways in which they can be manipulated into sexual behaviour.
  o Understand how offenders keep children from telling.
  o Are encouraged to use trusted adults as resources for advice.
  o Are sensitized about where to go for help if they think they are unsafe.

5.2.2 Presentation of the Programme

- The results of the empirical study show that 93.3% of the children who responded to the questionnaire believe that the method (verbal communication) that was used during the presentation was effective for the purpose of the programme. However, children need to experience a sense of ownership of the programme that has been presented.

- Many children felt that for effective learning to take place, they can be exposed to other medium of presentations like drama, posters, pictures or films on child sexual abuse. Mayes et al (1992:45) indicate that different types of presentations may include plays by visiting theatre groups, videos, role-playing exercises, work-books,
comics and books plus any combination of these. Tower (1996:415) suggests that games may be further integrated into prevention curricula because games are within a child’s frame of reference and may enable the child to learn more effectively.

- The majority of children who responded would prefer to be educated on child sexual abuse by a social worker, teacher and members of the police. This implies that even if the programme can be integrated into the school curriculum, it may be more effective if it is occasionally presented by an expert. Mayes et al (1992:44) suggest that the use of experts in the field of sexual abuse or professionally trained personnel makes any programme seem special to children and different from their school work, which they have to do on a daily basis.

- The empirical results further show that there were ten (10) children (33.7%) who did not feel comfortable discussing issues related to sexual content in front of their teachers. The researcher is of the opinion that if the teachers are the primary implementers of the programme, communication between teachers and children on sexual issues may be more effective. When children learn more about sexuality as part of their educational programme, they may be more prepared to communicate about sexual-related issues. According to Mayes et al (1992:45), teachers must open communication lines with children and encourage reporting sexual abuse. The empirical results show that children prefer to be educated by experts such as social workers.

### 5.2.3 Empowerment against Child Sexual Abuse

- According to the results of the empirical study, children felt more empowered through the presentation of the programme to protect themselves against child sexual abuse. Of the children, 80% now know what to do and where to report the matter when they are exposed to a sexually abusive situation. The children for example, responded that they can act in different ways by reporting at a police station for the perpetrator to get arrested, they can tell their teachers and a social worker, they can...
say ‘no’ and scream loudly, they can tell their parents or a person close to them whom they trust and who will believe them and can make a scar on the perpetrator’s face or other part of his body that can serve as evidence. These responses confirm that there is a correlation between education and empowerment. Tower (1996:411) confirms this when he indicated that children need to learn to cope with a crisis. Some schools do teach their learners who are the appropriate people to approach when a crisis of this nature occurs, and also what to do about it. When they are aware of the resources available to them such as teachers, social workers and the police, children are more likely to know how and where to seek for help.

- Most of the children (83.3%) who participated in this study agreed that more programmes on child sexual abuse should be presented at schools every year on a regular basis to keep on reminding the children that the problem exists in their community. This indicates that there is a need for more children to be exposed to the programme. Bolen (2001:275) suggests that curriculum-based prevention programmes should be implemented in all schools. Such interventions should not be a once-off session, but a regular course for all ages and grade levels. These programmes would not only teach young children about their rights regarding their bodies, but they would also make children aware of the boundaries of appropriate behaviour with others, which they are not allowed to trespass.

- The results of the empirical study further suggest that if the parents and teachers are also exposed to the programme, they will feel more comfortable communicating with the children about sexually-related issues. Programmes for teachers and parents should be designed to empower them to protect children against sexual abuse. Such programmes will also contribute to changes in the behaviour of teachers and parents who sometimes become abusers themselves. Many parents do not know how to talk to their children about sexual abuse or any sexual related issues. They feel embarrassed to talk about it or consider their children too young for such knowledge and may decide that they do not need to talk about it as the children are not in danger. Parents need to be supported to talk to their children about these aspects as parents
have an obligation to create a home atmosphere for the children that will discourage harmful secrets, encourages open communication and creates healthy perceptions regarding their sexuality (Tower, 1996:422). According to Bolen (2001:275), empowered mothers and fathers would take responsibility for socializing their children differently, especially boys, parenting them in ways that would not perpetuate messages that provide children with implicit permission to be sexually aggressive.

- There is a small number of children (13.4%) who cannot still differentiate between ‘good’ and ‘bad’ touches. As already mentioned, it seems as if they are still not aware of their own personal boundaries and of those of others. The objective of the programme is to empower all the participating children to stand up against sexual abuse.

- Some of the children who participated in this study recommended also other forms of presentations like the use of ‘dramas’ or plays in the presentations. Some children mentioned that they sat at the back of the hall, and did not follow the presentation properly. Both these comments need to be taken into consideration for future planning and implementation of the programme. This will improve the effectiveness of the programme.

- In their concluding remarks, the majority of participants stated that all children should be given an opportunity to be exposed to such a programme. If this can happen, the likelihood is that more children will be empowered and they will be able to protect themselves more effectively against sexual abuse.
5.3 RECOMMENDATIONS

A number of recommendations can be made, based on the above-mentioned conclusions.

- Currently, the Primary Prevention of Child Sexual Abuse Programme is presented in schools to children of all ages and grade levels at the same time. At Baphiring Middle School the programme was presented to the grade six (6), seven (7) and eight (8) at the same time in one venue. The fact that programme planning and implementation was not done in accordance with the age difference between the learners and for different grade levels, may explain why some children felt that the programme did not support them to protect themselves against sexual abuse. The programme should be adjusted for various age levels. The researcher recommends that the prevention measure to safeguard children from sexual abuse should begin early, since a number of child sexual abuse cases, involve preschoolers. Such programmes should be integrated in school curriculum for children of all ages and grade levels. Not only should these programmes make children aware about the rights they have over their bodies, but they should also teach children about the boundaries of appropriate behaviour with others.

- Small scale classroom presentations by teachers designed according to the various grade levels to fit the developmental stages of children, will encourage all the children to participate and the likelihood is that all the participating children will be empowered. Children will be more able to internalize all the concepts of child sexual abuse and safety rules. As children become more empowered, they would be able to integrate these ideas and such training would stimulate disclosure. Due to such efforts, children will communicate more openly in the classroom and at home with parents. The researcher aligns herself with the American Academy of Pediatrics (2000:3), who suggested guidelines that offer age-appropriate topics to discuss with children. This prevention plan is suitable for both the teachers and parents. It can be explained as follows:
<table>
<thead>
<tr>
<th>AGE</th>
<th>PREVENTION PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 months</td>
<td>Teach a child proper names for body parts .</td>
</tr>
<tr>
<td>3-5 years</td>
<td>Teach a child about ‘private parts’ of the body and how to say ‘no’ to sexual advances. Give straightforward answers about sex.</td>
</tr>
<tr>
<td>5-8 years</td>
<td>Discuss safety away from home and the difference between being touched in the private parts of the body and other touching. Encourage children to talk about scary experiences.</td>
</tr>
<tr>
<td>8-12 years</td>
<td>Stress personal safety and give examples of possible problem areas, such as a video arcades, malls, locker rooms and out-of-the-way places outdoors. Start to discuss rules of sexual conduct that are acceptable by the community.</td>
</tr>
<tr>
<td>13-18 years</td>
<td>Re-stress personal safety and potential problem areas. Discuss rape, ‘date rape’, sexually transmitted diseases and unintended pregnancy.</td>
</tr>
</tbody>
</table>

**Table 5.3.1: Prevention Plan**

The above can be followed during the presentation of the programme that was researched in this study.

- Experts such as social workers and the police or other people trained in the field of sexual abuse, may occasionally be invited to schools to present parts of the programme designed according to the developmental stages of children to ensure the effectiveness of the programme.

- The primary prevention of child sexual abuse programme, should not be presented as a once-off event as is happening in the Department at present. It should be presented at schools on a regular basis as a combined effort by all the professionals’ concerned.
(social workers, members of the police, nurses and teachers). The programme should be planned and implemented according to the developmental phases and different grade levels in small scale sessions to encourage peer learning among the children to empower them to protect themselves against sexual abuse. The researcher aligns herself with a statement by Robertson (1989:72), who argues that research on children’s safety, has shown that while children seem to carry out what they have learnt, they tend to forget this knowledge within a short space of time. This implies that to be effective, safety messages have to be repeated fairly regularly.

- Training of parents is essential, as parents are seen as the main support structure for children. The school board may be requested to arrange trainings to take place at school after hours. The programme may be facilitated by experts in the field. Training may involve providing information on what is child sexual abuse, signs and symptoms of child sexual abuse, long-term effects, how to listen to children when children are disclosing abuse, how to help children to understand that the abuse is not their fault, knowing whom their children are spending time with and how to inform the authorities if they suspect that their child or someone else’s child, is being sexually abused. It is true that empowered mothers and fathers may be the only ones who are in a position to protect very young children against potentially abusive situations. In informing children about sexual abuse, parents open up lines of communication and consequently make children less vulnerable to it.

- Training teachers about the dynamics of child sexual abuse through their involvement in workshops and short courses, is also of utmost importance. Accredited institutions like universities or Lifeline organizations may educate teachers on what is child sexual abuse, its signs and symptoms, long-term effects and what to do when they suspect child sexual abuse. Teachers are often the most significant adults in children’s lives and if they see a child suffering, it should be their moral and ethical duty to do something (such as listening to the child, face the issue or taking charge of the situation, supporting the child and asking for crisis support systems and reporting the case to the police where necessary) to try to support the child.
• To design the programme to be more appropriate for children, the researcher would like to suggest that other forms of presentations that need to be included in the programme may be created by Drama Department of Universities through which children may learn more about the phenomenon and the protection against it, in a non-directive way. This will be more child-friendly and will reach more children. In this manner more effective learning will take place.

• More research need to be done to improve the effectiveness of the primary prevention of sexual abuse programmes to empower children to protect themselves, but also how to attend to children in a more child-friendly way.

• Workshops and short courses can be presented by experts in this field to professionals like teachers, social workers, nurses, doctors and the police officers to understand the dynamics of sexual abuse and the way to address it when it occurs. Too many children are presently retraumatised by professionals who are not well trained in the field of sexual abuse.
6. BIBLIOGRAPHY


ANNEXURE A:

Records of statistics
ANNEXURE B:

Permission letter to conduct research from Department of Education
ANNEXURE C:

Permission letter to conduct the research from the Department of Social Development
ANNEXURE D:

Informed consent - Parent
ANNEXTURE: E

Informed Consent - Minor
ANNEXTURE F:

Questionnaire
QUESTIONNAIRE FOR THE CHILDREN WHO ATTENDED THE EDUCATION PROGRAMME FOR THE PRIMARY PREVENTION OF CHILD SEXUAL ABUSE IN MOSES KOTANE LOCAL MUNICIPALITY

CASE NUMBER

Please answer all the questions.
Indicate your answer by marking the appropriate box with an “X”.
All questionnaires will be dealt with anonymously.
(No one will know the name of the person who answered this questionnaire)
Thank you for your co-operation.

After the programme has been presented to you, assess your knowledge on child sexual abuse, based on the following questions.

A. SEXUAL ABUSE

1. How would you rate your knowledge on child sexual abuse before you did the programme?

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>
2. Explain briefly what you knew about child sexual abuse before the presentation of the programme.

________________________________________________________________
________________________________________________________________
________________________________________________________________

3. Did your knowledge of child sexual abuse improve after you did the programme?

Yes  No

Give reasons for your answer.

________________________________________________________________
________________________________________________________________
________________________________________________________________

4. Did your view of child sexual abuse change after you took part in the programme?

Yes  No

Give reasons for your answer.

________________________________________________________________
________________________________________________________________
________________________________________________________________

© University of Pretoria
5. How did you experience the content of the programme?

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

Give reasons for your answer.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Do you think that the information presented to you needs to be changed in any way?

Yes  No

Give reasons for your answer.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B. PRESENTATION OF THE PROGRAMME

7. Where was the programme presented?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
8. To whom was the programme presented?

<table>
<thead>
<tr>
<th>Teachers</th>
<th>Children</th>
<th>Parents</th>
<th>All</th>
</tr>
</thead>
</table>

9. Did you feel comfortable enough to participate during discussions?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Give reasons for your answer.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

10. Rate how well do you think the programme was presented.

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>excellent</th>
</tr>
</thead>
</table>

Give reasons for your answer.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

11. Who do you think should educate you on child sexual abuse?

________________________________________________________________
________________________________________________________________

© University of Pretoria
12. What methods were used during the presentation?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

13. Is there a need to change the methods that are used in presenting the programme?

Yes  No

Give reasons for your answer.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

14. Was there enough time for discussions?

Yes  No

Give reasons for your answer.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
C. EMPOWERMENT AGAINST SEXUAL ABUSE

15. What do you think you would do if a person tries to abuse you sexually?
________________________________________________________________
________________________________________________________________
________________________________________________________________

16. How well do you think the information presented during the programme may help you to protect yourself against sexual abuse?

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

Give reasons for your answer.
________________________________________________________________
________________________________________________________________
________________________________________________________________

17. Can you tell the difference between ‘good’ touches and ‘bad’ touches?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Give reasons for your answer.
________________________________________________________________
________________________________________________________________
________________________________________________________________

© University of Pretoria
18. Can you tell the difference between a ‘good’ secret and a ‘bad’ secret?

Yes  No

Give reasons for your answer.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

18. After the presentation of the programme, would you say you know how to report sexual abuse?

Yes  No

Give reasons for your answer.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

19. Would you say the content of the programme supported you to report sexual abuse?

Yes  No
Give reasons for your answer.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

20. After you have participated in the programme, when do you think you need to report sexual abuse?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Give reasons for your answer.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

21. Would you like have more presentations on child sexual abuse?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Give reasons for your answer.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
22. How often do you think these programmes should be presented in the school?

________________________________________________________________
________________________________________________________________
________________________________________________________________

Give reasons for your answer.
________________________________________________________________
________________________________________________________________
________________________________________________________________

23. Please indicate what other aspects you would like to be included in the content of the programme.

________________________________________________________________
________________________________________________________________
________________________________________________________________

Give reasons for your answer.
________________________________________________________________
________________________________________________________________
________________________________________________________________

24. Should other people (like teachers and parents) also be exposed to these programmes?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
Give reasons for your answer.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

25. Would you encourage other children to attend the primary prevention programme on child sexual abuse?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Give reasons for your answer.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Thank you for your time